

**International Primary Care Respiratory Group
(a company limited by guarantee)**

Directors' Report and Financial Statements

For the year ended 31 December 2014

Registered Company Number: SC256268

Registered Charity Number: SC035056

International Primary Care Respiratory Group

Directors' Report and Financial Statements

For the year ended 31 December 2014

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Directors and Trustees

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Dr Niels Chavannes
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International Primary Care Respiratory Group

Directors' Report

For the year ended 31 December 2014

The directors submit their report and the audited accounts of the charitable company for the year ended 31 December 2014.

The accounts comply with current statutory requirements, the Memorandum and Articles of Association and the Statement of Recommended Practice – Accounting and Reporting by Charities 2005.

Structure, governance and management

Nature of governing document

International Primary Care Respiratory Group ("IPCRG") is a company limited by guarantee (company number: SC256268) and a registered Scottish charity (charity number: SC035056). The charitable company is governed by its Memorandum and Articles of Association.

Organisational structure

A Board of Directors administers the charity. This comprises a minimum of three and a maximum of eight individuals including:

- ex officio, the President of the Company;
- ex officio, the President Elect of the Company;
- ex officio, the Immediate Past President of the Company;
- ex officio, the Treasurer of the Company; and
- up to four persons co-opted by the Directors

The President, President Elect and Treasurer of the Company are elected by Ordinary Resolution.

It is the charity's policy to seek to appoint directors who have a specific interest in its objectives and whose skills complement those already in place. In the first half of 2014 the Board co-opted the maximum four directors as part of its ambition to improve the organisation's sustainability by widening the numbers of people with Board level experience; this converted to the appointment as President Elect of Assoc Prof Jaime C de Sousa at the AGM in May, leaving three co-optees for the remainder of the year.

Each Ordinary Member of the IPCRG is entitled to appoint one individual as a member of the Senate. The function of the Senate is to advise and assist the directors and act as ambassadors of the IPCRG.

The Board is advised by sub-committees. During 2014 these sub-committees were Governance, Education, Research, Athens 2014 Organising and Singapore 2015 Organising Committee. An Executive Officer, Siân Williams, is appointed by the directors to manage the day-to-day operations of the charity with support from a Business Manager, Samantha Louw assisted by an Administrative Assistant, Lucy Searles.

Directors

The directors of the company during the year ended 31 December 2014 were as noted on page 1.

Recruitment and appointment of directors

The Board has decided that succession planning, the development of potential recruits for decision-making and governance roles, recruitment and appointment of directors is a core function of the Board. The Board uses the co-option facility to give people Board experience. The Board considers potential directors for appointment and recommends candidates for the posts of President and Treasurer for decision by members at the AGM. Any director may be removed by Ordinary Resolution of the members.

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Ordinary members

The following organisations were ordinary members in 2014 (and have the power to appoint an individual as a member of the Senate and to vote at general meetings):

Australia, National Asthma Council Australia
Bangladesh, IPCRG-Bangladesh
Canada, Family Physician Airways Group of Canada
Chile, Grupo de Respiratorio de Atención Primaria (GRAP),
Cyprus, Cyprus Respiratory Group
Greece, Greek Primary Care Respiratory Group (GPCRG)
India, Chest Research Foundation India (CRF)
Ireland, Irish Respiratory Group
Italy, Società Italiana Interdisciplinare per le Cure Primarie (SIICP)
New Zealand, New Zealand Primary Care Respiratory Group
Norway, Lunger i Praksis
Pakistan, IPCRG – Pakistan
Portugal, Portuguese Association of Family Physicians - respiratory group, GRESP
Romania, Respiro*
Singapore, COPD Association Singapore
Spain, Grupo de Respiratorio de Atención Primaria (GRAP)
Sri Lanka, Primary Care Respiratory Group, Sri Lanka
Sweden, Swedish Respiratory Group in Primary Care
The Netherlands, CAHAG
UK, Primary Care Respiratory Group-UK (PCRS-UK)
Vietnam – Primary Care Respiratory Group – Vietnam (Chăm Sóc Hô Hấp Ban Đầu)

* Elected at 2014 AGM

Related parties and affiliations

The ordinary members of the charitable company are national and international organisations.

Induction and training of directors

Newly appointed directors are introduced to the workings of the Board through their first meetings. They are also provided with an induction pack, drawn from the Office of the Scottish Charity Regulator (OSCR) Guidance for Charity Trustees, which includes:

- What the IPCRG does;
- Its finances and reporting requirements;
- Recent Board papers;
- Organisational structure, and
- Governance policies such as risk management, declaration of interest, sponsorship and endorsement

As an international organisation with directors working in Europe, Australia and Singapore, face-to-face training is not an option; therefore discussions about the role are maintained by email and telephone contact.

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Risk management

The Governance sub-committee regularly assesses the IPCRG's exposure to risk, in particular anything related to its reputation and finance. It makes recommendations to the directors on how best to deal with any identified risk, and reviews systems to manage any exposure.

Objectives and activities

The IPCRG's charitable mission is "to improve public health by carrying out, funding and organising research into the care, treatment and prevention of respiratory illnesses, diseases and problems in a community setting, and to make available the results of such research for the benefit of the public and healthcare professionals." It is the only international primary care respiratory organisation, and the only international primary care organisation with a respiratory research mission. Members believe that the best place to diagnose and treat people with respiratory problems is in the communities where they live and work, and the best way to do this is through the provision of high quality primary and community care. This requires testing of how best to provide high quality primary care, with the resources available.

The IPCRG is both an organisation of organisations and a global community of interest that enables us to work locally but collaborate globally. Increasingly, it is a global community of practice, and offers demonstration projects that show how primary care can contribute to improved public health. The Board's Strategic Plan was reviewed at the end of 2012 and agreed four strategic objectives:

1. Promote good clinical respiratory practice
2. Actively lead the respiratory health research and education agenda
3. Identify and unlock the global potential of flagship products
4. Appreciate and strengthen the core business enablers

Achievements and performance 2014

1. Promote good clinical respiratory practice

The IPCRG believes the best way it can add to this agenda is to offer demonstrations of effective and innovative ways forged in the real world of primary care. Some of our members see 30-40 patients a day, others up to 200 patients a day, for a range of minor and serious respiratory infections and chronic illness including tobacco dependency; our examples need to reflect that diversity and complexity. In order to meet local needs and align with local healthcare systems, culture and access to medicines, we continue to follow our mantra: we work locally, but collaborate globally.

World Health Organisation

The World Health Organisation-Global Alliance against Chronic Respiratory Diseases (WHO-GARD) has previously endorsed a number of our projects as demonstration projects and we have continued to represent primary care on WHO-GARD to link up theory and practice. Our President Elect, Jaime Correia de Sousa attended in 2014, and has begun planning for the Portuguese hosting of the 2015 meeting. Two other IPCRG colleagues attended on behalf of their organisations: Kristine Whorlow and Osman Yusuf.

WONCA

We also ran a series of respiratory workshops at the Wonca Europe 2014 conference as the Special Interest Group of Wonca Europe, which is a successful collaboration to share and spread primary care respiratory knowledge and updates to wider family physician audiences. At this meeting we also had the opportunity to discuss setting up new respiratory groups to promote good clinical practice in other countries such as Turkey and Bulgaria.

International Primary Care Respiratory Group

Directors' Report

For the year ended 31 December 2014

European COPD Coalition

Following a change in its constitution the IPCRG became a full voting member of this coalition of organisations set up to increase awareness of COPD amongst European agencies and policy-makers. We actively participated in a review of COPD, emphasising the role of primary care and the value of interventions such as stop smoking as a treatment for the people with COPD who smoke and pulmonary rehabilitation, and contributed ideas to the Coalition's World COPD Day awareness campaign at the European Parliament.

European Respiratory Society (ERS) ad hoc committee on COPD advocacy

The IPCRG has attended two meetings to support the ERS in the development of its advocacy plans.

Conferences

At our 7th World conference in Athens in May, we received our best ever audience of 1007 delegates from 55 countries interested in improving respiratory care for patients in primary and community settings. Primary care researchers and innovators submitted 193 abstracts on their respiratory research. This represents a real growth in worldwide primary care respiratory research capacity and the potential to start to influence policy and practice.

UBIOPRED

As this major European research programme aiming to create a "genetic handprint" for severe asthma approaches its final year in 2015, the IPCRG produced its dissemination plan approved by UBIOPRED. This absorbs the UBIOPRED findings into a teach the teacher programme followed by national meetings about asthma and difficult to manage asthma, to ensure that we spread messages about good clinical care of people with asthma consistently, in a way that fits with national health systems.

2. Actively lead the respiratory health research and education agenda

2.1 Education

Strategy

During the year the Education Sub-Committee chaired by Dr Hilary Pinnock published the IPCRG's strategy for education:

<http://www.theipcr.org/display/HOME/2014/09/30/IPCRG+publishes+education+strategy+in+Nature+Partner+Journal>

This prompted us to set up a small team to develop a curriculum for IPCRG Teach the Teacher, and to commission branding to strengthen the identity of this new programme.

Global Bridges: tobacco dependence education in Uganda

IPCRG is one of 19 organisations worldwide selected to receive a financial award to expand work in the field of tobacco dependence treatment in low and middle income countries. This grant, of 100,000 USD was presented by Global Bridges Healthcare Alliance for Tobacco Dependence Treatment, hosted by Mayo Clinic, and Pfizer Independent Grants for Learning & Change (IGLC), to support healthcare professional training and advocacy in Uganda.

We bid for a second project with Global Bridges in European countries that was not successful.

2.2 Research

Research coordination

To improve coordination between our network of researchers we invited each member and associate member country to identify a Research Coordinator who would attend a research coordinator meeting. The first meeting occurred in May 2014 where it was decided that a key role would be acting as an information node between IPCRG and its members with research interests.

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Research in low and middle income countries: FRESH AIR

We continued to invest in our FRESH AIR programme investigating the level and impact of exposure to tobacco and indoor biomass smoke because we believe it demonstrates how research can be conducted in low income countries in a way that truly engages the local community and copes with limited local clinical knowledge and research capability in chronic disease. We funded an extension to the FRESH AIR Uganda programme to initiate data collection in children and we supported a pilot in rehabilitation for people recovering from TB in Uganda. If we can demonstrate the effectiveness and cost-effectiveness of pulmonary rehabilitation in low income countries, this could have worldwide significance. We have raised 25,000 euro for the start of FRESH AIR Kyrgyzstan in support of the European Lung Foundation's Breathe Clean Air campaign. ELF is funding this from a donation by Novartis and Sandoz. For more information on FRESH AIR see <http://www.theipcr.org/display/RES/FRESH+AIR>.

In November we identified a potential major EU grant to further extend the work to support testing implementation of prevention and treatment strategies and committed a fundraising budget from reserves.

Working with our colleagues from The International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR), and our Bangladesh member, Primary Care Respiratory Group Bangladesh, we bid for a project to improve vaccination rates, including influenza vaccination in Bangladesh. Unfortunately this was not successful, but helped strengthen the relationship between IPCRG and one of the foremost health research organisations in low income countries.

Research using primary care datasets: UNLOCK

The UNLOCK Group is an international collaboration of 14 research groups with primary care data generated from either routine consultations or previous research projects. The aim is to answer research questions relevant to the delivery of care in real life practice by analysing these existing data from several countries or regions together to have larger, and more representative datasets. This work was originally funded by Novartis. During the year we appointed an UNLOCK researcher to facilitate the development and publication of protocols and the analysis of data. The first UNLOCK study was published during the year, indicating significant progress since the formation of the group. <http://www.theipcr.org/display/RES/2014/03/11/Latest+UNLOCK+study+published>.

IPCRG Research Pilots

At our Scientific Meeting in Uppsala 2013 we hosted a research design workshop that debated what research could be funded by the IPCRG to address some of the IPCRG's published Prioritised primary care respiratory research questions. The outcome was support for three proposals that began in 2014:

- Pain in COPD
- Tobacco dependence
- Mobile health in Uganda

We also commissioned a review of asthma control tools that will identify any new tools or translations since the publication of our original guide in 2005.

ICAAP

The ICAPP study (Improving Asthma Care in Portuguese Patients) is investigating the effectiveness of an electronic medical record in the control of asthma and rhinitis in primary care patients and developing studies in adherence, concordance and enablement. Templates have been designed and are being tested.

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Building research capability

The IPCRG fellowship programme

The first IPCRG Fellowship Programme is supporting the living costs of a doctoral candidate to enhance research capacity in low and middle-income countries. This is a multi-national collaboration between four universities and the IPCRG:

- Family Medicine Department, University of Medicine and Pharmacy at Ho Chi Minh City, Vietnam
- Medical School, University of Crete, Heraklion, Crete, Greece
- Primary Care Research, University of Southampton, Southampton, UK
- Department of Public Health and Primary Care, Leiden University Medical Center, Leiden, Netherlands
- International Primary Care Respiratory Group, London, UK

Despite some delays, the first Fellow, Vinh Nguyen, spent time in each country developing his protocol and has now begun data collection in Vietnam.

E-Faculty

Our E-Faculty project that aims to improve research capacity in primary care research-naïve teams has been focused on Chile. The IPCRG's Spanish member, GRAP, is collaborating with GRAP Chile, and had a successful teaching visit in Autumn 2014. The outcome of the previous E-Faculty work in Romania resulted in a publication in *npjPCRM*.

3. Identify and unlock the global potential of flagship products

Conferences

Despite cautious estimates for our 7th biennial world conference in Athens in 2014 due to the financial situation in Greece it was a highly successful meeting attracting 1007 delegates which improved on every previous measure of success except exhibitor numbers. Over 100 people received some form of IPCRG support in terms of registration, travel and accommodation either as speakers (50), board directors, sub-committee members and project teams (27) or bursary (51).

Programming, fundraising and events management is well under way for both our 4th Scientific Meeting in Singapore in 2015, including our 1st Respiratory Research School, and the first IPCRG meeting in Asia, and our 8th World Conference in Amsterdam May 2016.

E-Quality programme

The E-Quality programme contributes to our knowledge about primary care education, service improvement and outcomes for clinicians and patients.

There have now been three calls for proposals. Whilst some projects have completed, some projects are running from all three calls. From the IPCRG E-Quality programme Call 1 the Chest Research Foundation, Pune, India has made progress to recruit GPs to engage in the impact of a one-day asthma education programme, CHAMPS for GPs, on their prescribing of inhaled medicines.

From Call 2 our Brazilian team submitted its final report on an ambitious matrix programme in Sao Bernardo Do Campo, Sao Paulo, to improve primary care management of asthma and COPD supported by hospital-based teams. As well as supporting the team through our Portuguese group, we also provided English coaching to the project lead, to facilitate communication and therefore expand the numbers of the IPCRG network who could offer support.

Another project from Call 2, in Eritrea, has been subject to delays due to changes at ministerial level.

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We received 6 bids for Call 3 that we adjudicated in May. Three projects were successful:

- An educational project in Sri Lanka to improve the diagnosis of obstructive lung disease by increasing the availability and accuracy of spirometry so that it becomes an affordable investigation in low and middle income countries;
- A teleconsulting education project in Brazil to provide support, training and mentoring to primary care; and
- A combined research and education project in Macedonia to investigate antibiotic prescribing and to use the data to generate guidance and educational programmes.

Further information about our other flagship projects can be found here:

E-Quality link to <http://www.theipcr.org/display/EDUEQU/IPCRG+E-Quality+Programme>

Position Statements and Desktop Helpers link to

<https://www.theipcr.org/pages/viewpage.action?pagelId=689661>

RespiratoryAt@Glance

https://www.theipcr.org/display/respatglanceen/RespiratoryAt@Glance+English#.Ut_h6vbFKMw in English and Spanish <https://www.theipcr.org/display/RespAtAGlanceSpanish/RespiratoryAt@Glance+Spanish>, as an in-kind donation from Teva Pharmaceuticals Ltd, and FluAt@Glance

http://www.stimumind.com/images/flu_ipcr1_en.html donated by Stimumind.

4. Appreciate and strengthen the core business enablers

Nature Partner Journals Primary Care Respiratory Medicine (npj PCRM)

Following the successful tender award to Nature Group at the end of 2013, we have spent this year developing policies and relationships with the management team, and promoting the journal widely to potential authors. This is important because the business model has changed from subscriber pays to author-pays. The journal is on course to meet its performance indicators including budget and Impact Factor. We have agreed preferential rates for IPCRG sponsorship of articles.

Member growth

During 2014 we increased the numbers of researchers actively working with the IPCRG, both highly experienced experts, and also primary care clinicians keen to embark on research as a career or as part of a portfolio of work.

We now have identified groups in the USA and Germany and are working with colleagues in Israel, Bulgaria, Slovakia, and Czech Republic to set up groups there. Our relationship with WONCA Europe continued to strengthen, and our collaborations are summarised on our web platform:

<http://www.theipcr.org/display/wonca/IPCRG+and+WONCA>

Our associate corporate members in 2014 were Boehringer Ingelheim, Cipla, Mundipharma, Novartis, Teva and Vitalograph with whom we shared our experiences and insight about the international development of primary care and the population need for respiratory care. We continued to collaborate with our associate members – invited organisations, particularly the European COPD Coalition, European Federation of Allergy & Airways Diseases Patients' Associations (EFA) and World Allergy Organisation and European Respiratory Society on specific projects. We have also supported the establishment of a primary care group within the European Academy of Allergology and Clinical Immunology (EAACI) and its leadership is also drawn from our network.

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Financial review

We keep our policies and processes under review to ensure they cover our current exposures to risk. We ensured that the 2014 conference and our growing research portfolio had robust risk management plans.

The Board continued to meet ten times a year by teleconference, which is the directors' preferred way to keep a grip on the charity's activity with one face-to-face meeting to coincide with their attendance at our World Conference in Athens.

The financial result for the year is shown in the Statement of Financial Activities. After accounting for an unrealised exchange loss of £52,498 (2013: gain of £9,902), the net movements in funds for the year is a £58,955 decrease (2013: increase of £22,638). If the detailed profit and loss figures are reviewed, the causes of that movement become apparent.

The IPCRG's principal funding sources are membership subscriptions from associate corporate members, grants for projects and conference income. The level of the subscription is set at the AGM and is revised every three years. Rates were set at 35,000 Euro for pharmaceutical companies and a lower rate for device companies. We had six associate corporate members in 2014 and we thank them for their subscriptions and engagement with us (listed under Member Growth).

Our performance record and robust clinical networks have enabled us to bid successfully for two grants in 2014: 100,000 USD from Global Bridges for tobacco dependence education in Uganda and 25,000 euro from the European Lung Foundation to support work in Kyrgyzstan.

The IPCRG budgets to spend no more than its anticipated income in any year. We held to this principle in 2014 and are able to plan for a similar pattern of expenditure in 2015 but with some additional commitment from undesignated and unrestricted reserves as we have now built up sufficient reserves.

We continued to refine our 24-month budgeting cycle, to better reflect the pattern of our income and expenditure, given our biennial conference and to take account of the shifts in charitable activity.

Reserves

The reserve policy of the IPCRG is to build as quickly as possible a free liquid asset position that enables the organisation to continue running for a year in the event of a catastrophe or permit the closure of the organisation with a minimum loss of reputation. Our risk management strategy identifies our biennial world conference as our single most important exposure to financial risk. Therefore, the directors established a specific conference reserve which, at the end of 2011, had reached £175,000, which the Board deemed sufficient to meet current risk assessments, as well as a prudent general reserve to cover an estimated year's running costs and payments to contractors and agents in the unlikely event we should close for business.

Plans for future periods

The IPCRG directors consider that the IPCRG now has a robust track record demonstrating how primary care can detect and improve the lung health of populations and individuals. The IPCRG is now the first point of contact for many policy-makers and organisations wanting to collaborate with, understand or influence the international primary care respiratory community. We are regarded as a thought-leader offering practical solutions in tobacco dependence, asthma, allergic rhinitis, chronic obstructive pulmonary disease and respiratory infection. Our financial security has strengthened as funders' trust in our ability to represent real life and deliver results increases. This has afforded us a platform to do two things: firstly to proactively set the agenda for what we think is important and secondly, it enables us to extend further into low and middle income countries.

Strengths and opportunities

We believe we have a reach and experience that offers substantial insight into how best to provide respiratory care to patients in the community.

International Primary Care Respiratory Group

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Challenges

Our challenges remain the busyness of most of our communities, and how we help them to create the time, energy, tools and relationships to develop and share best practice. We have expanded our use of reliable contractors to deliver as much of our work as possible, limiting the commitments of our clinical and academic networks to those elements only they can deliver. This has worked successfully for fundraising, education coordination, UNLOCK, design, conference management and communications. The other challenge is to find ways to help colleagues with an interest in forming a group to build the critical mass to make that a reality.

Plans 2015-2017

Promote good clinical respiratory practice

We will continue to advocate for primary care's role in lung health by showing practical solutions to prevention, case-finding and management that include not only general practice but also other primary care approaches. We will also demonstrate the value of primary care in managing multiple morbidities by helping people change behaviours to stop smoking and/or inhaling indoor smoke, to eat a better diet and to increase physical activity as well as offering safe and effective pharmacological interventions. We will advocate for access for populations to effective respiratory medicines in primary care as part of the UN Global Action Plan for non-communicable diseases. We will contribute the primary care perspective to international awareness and advocacy campaigns for tobacco dependence, COPD, asthma, allergic rhinitis and the role of primary care working with our colleagues in ERS, ECC, EFA, EAACI, Global Bridges, WAO and WONCA.

Actively lead the respiratory health research and education agenda

Education

Our education strategy is to produce carefully designed, multifaceted educational programmes that engage health professionals in their learning, provide ongoing support, are sensitive to local circumstances and are delivered in combination with other quality-improvement strategies or incentives because the literature shows these are most effective.

Some key objectives include:

- Support adult learning and build capacity through developing a teach the teacher programme, using the Difficult to Manage Asthma programme in the first instance and using this to disseminate the findings from UBIOPRED;
- Manage the E-Quality programme, drawing out learning about the most effective educational methods and evaluation techniques;
- Creating and testing a peer-review service for education programmes and helping endorsed programmes receive accreditation;
- Sharing best practice from npj Primary Care Respiratory Medicine; and
- Delivering the tobacco dependence education programme in the context of lung health in Uganda, and reporting findings to Global Bridges.

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Research

Our research strategy is to promote the messages of our Prioritised Research Needs Statement either by dissemination or by supporting studies and to build research capacity.

Some key objectives include:

- Deliver a successful first Respiratory Research School, May 2015 in Singapore;
- Monitor and evaluate the implementation of the first IPCRG Research Fellow in collaboration with the universities of Heraklion, Leiden, Southampton and Ho Chi Minh;
- Support the delivery of the first multi-national IPCRG research projects to address our research needs statement: COPD and pain; an evaluation of stop smoking guidelines for primary care; the use of m-health to improve respiratory outcomes in low resource countries;
- Work with Nature Publishing Group to internationalise the npjPCRM;
- Support, monitor and evaluate the FRESH AIR Kyrgyzstan project, reporting monthly to European Lung Foundation; and
- Coordinate a cohesive bid to the EU Horizon 2020 call for prevention and treatment of lung diseases, and provide lessons to the IPCRG in collaborative research design and bid preparation regardless of the outcome of the bid.

Identify and unlock the global potential of our flagship products

We will expand these flagship products into new clinical and geographical areas:

Conference

- Deliver a successful 4th Scientific meeting and generate learning about how to operate successfully in Asia Pacific;
- Plan for the delivery of a successful 8th World Conference, "Teamwork – who cares?" in Amsterdam May 2016 for delegates and supporters;
- Begin planning for 5th Scientific Meeting in 2017;
- Have a strong presence at WONCA conferences including Istanbul and possibly Africa in 2015; and
- Support member conferences in India, Bangladesh and Kyrgyzstan.

E-Quality: monitor all projects, and draw out key lessons about the delivery of education for primary care.

E-Faculty: Support delivery of outputs from the E-Faculty programme in Chile.

FRESH AIR: Franchise FRESH AIR to new countries and develop interventions to address the problems found in Uganda.

UNLOCK: Expand UNLOCK to asthma and deliver new COPD studies incorporating more datasets with the support of the UNLOCK researcher. Collaborate with Respiratory Effectiveness Group to disseminate findings and enable larger studies to be performed.

Strengthen our core: membership and communities of interest

We will expand our network beyond the 125,000 clinicians we reach now through supporting membership drives to new primary care groups, corporate members and associates. The Board and Committee Chairs will actively seek new talent for Board and committee positions. We will strengthen the web platform as the hub for communities of interest and practice.

We plan to increase activity in Slovenia, Czech Republic, Macedonia, Turkey, Germany and USA aiming for full membership by 2015. We will use the planning process for our Singapore 2015 conference to engage colleagues in the colleges of general practice in Asia Pacific. Marketing the npjPCRM to authors provides further opportunities to connect with and support primary care researchers.

We will continue to assess our conference strategy and review the management requirements to ensure these can deliver it.

International Primary Care Respiratory Group

Directors' Report

For the year ended 31 December 2014

Statement of directors' responsibilities

The directors (who are also trustees of International Primary Care Respiratory Group for the purposes of charity law) are responsible for preparing the Directors' Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires the directors to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charitable company and of the incoming resources and application of resources, including the income and expenditure of the charitable company for that period. In preparing these financial statements, the directors are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the charities SORP;
- make judgments and accounting estimates that are reasonable and prudent;
- state whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the company will continue in business.

The directors are responsible for keeping adequate accounting records that are sufficient to show and explain the charitable company's transactions and disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005 and Regulation 8 of the Charities Accounts (Scotland) Regulations 2006 (as amended). They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Provision of information to auditor

To the knowledge and belief of each of the persons who are directors at the time the report is approved:

- So far as each director is aware, there is no relevant information of which the charitable company's auditor is unaware; and
- Each director has taken all steps that they ought to have taken as a director to make themselves aware of any relevant audit information and to establish that the charitable company's auditor is aware of that information.

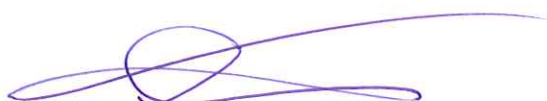
Auditor

The auditor, Scott-Moncrieff, will be proposed for reappointment at the annual general meeting in accordance with section 485 of the Companies Act 2006.

Special exemptions

The Directors' Report has been prepared in accordance with the special provisions of Part 15 of the Companies Act 2006 relating to small companies.

Signed on behalf of the Board of Directors on 7 April 2015



Director – N Chavannes

International Primary Care Respiratory Group
Independent Auditor's Report to the Members and Trustees
For the year ended 31 December 2014

We have audited the financial statements of International Primary Care Respiratory Group for the year ended 31 December 2014 which comprise the Statement of Financial Activities, Balance Sheet and related notes. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

This report is made exclusively to the members, as a body, in accordance with Sections 495 and 496 of the Companies Act 2006 and to the charitable company's trustees, as a body, in accordance with section 44 (1) (c) of the Charities and Trustee Investment (Scotland) Act 2005 and Regulation 10 of the Charities Accounts (Scotland) Regulations 2006 (as amended). Our audit work has been undertaken so that we might state to the members and the charitable company's trustees those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and its members and trustees as a body, for our audit work, for this report, or for the opinions we have formed.

Respective responsibilities of trustees and auditors

As explained more fully in the statement of directors' responsibilities set out on page 12, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view.

We have been appointed as auditor under section 44 (1) (c) of the Charities and Trustee Investment (Scotland) Act 2005 and under the Companies Act 2006 and report in accordance with regulations made under those Acts.

Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (United Kingdom and Ireland). Those standards require us to comply with the Auditing Practices Board's (APB's) Ethical Standards for Auditors, including "APB Ethical Standard – Provisions Available for Smaller Entities (Revised)", in the circumstances set out in note 14 the financial statements.

Scope of the audit of the financial statements

A description of the scope of an audit of financial statements is provided on the Financial Reporting Council's web-site at www.frc.org.uk/auditscopeukprivate.

Opinion on financial statements

In our opinion the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 31 December 2014 and of its incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005 and regulation 8 of the Charities Accounts (Scotland) Regulations 2006 (as amended).

International Primary Care Respiratory Group

Independent Auditor's Report to the Members and Trustees - continued

For the year ended 31 December 2014

Opinion on other matters prescribed by the Companies Act 2006

In our opinion the information given in the Directors' Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters where the Companies Act 2006 and the Charities Accounts (Scotland) Regulations 2006 (as amended) requires us to report to you if, in our opinion:

- the charitable company has not kept proper and adequate accounting records or returns adequate for our audit have not been received from branches not visited by us; or
- the financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of directors' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit; or
- the directors were not entitled to prepare the financial statements in accordance with the small companies regime; or
- the directors were not exempt from the requirement to prepare a strategic report.

Michael Harkness

Michael Harkness, Senior Statutory Auditor
For and on behalf of Scott-Moncrieff, Statutory Auditor
Chartered Accountants
Eligible to act as an auditor in terms of Section 1212 of the Companies Act 2006
Exchange Place 3
Seiple Street
Edinburgh
EH3 8BL

7 April 2015

International Primary Care Respiratory Group

**Statement of Financial Activities and
Income and Expenditure Account**

For the year ended 31 December 2014

	Notes	Unrestricted Funds £	Restricted Funds £	Total 2014 £	Total 2013 £
Incoming resources					
Incoming resources from generated funds:					
<i>Voluntary income:</i>					
- Grants and donations		136,920	73,964	210,884	234,568
- Membership services	2	151,095	-	151,095	149,991
Investment income					
- Interest received		63	-	63	1
- Share of joint venture income		-	-	-	5,857
Total incoming resources		<u>288,078</u>	<u>73,964</u>	<u>362,042</u>	<u>390,417</u>
Resources expended					
Cost of generating funds:					
- Costs of generating voluntary income		24,375	-	24,375	5,947
Charitable activities:					
- Membership services	3a	36,766	-	36,766	45,535
- Education	3a	115,360	93,149	208,509	251,671
- Research	3a	63,058	-	63,058	24,557
Governance costs	3	35,791	-	35,791	49,971
Total resources expended		<u>275,350</u>	<u>93,149</u>	<u>368,499</u>	<u>377,681</u>
Net incoming/(outgoing) resources before transfers		12,728	(19,185)	(6,457)	12,736
Gross transfers between funds		<u>1,563</u>	<u>(1,563)</u>	<u>-</u>	<u>9,902</u>
Net incoming/(outgoing) resources before other recognised gains and losses		14,291	(17,622)	(6,457)	12,736
(Loss)/gain on currency conversion		<u>(52,498)</u>	<u>-</u>	<u>(52,498)</u>	<u>9,902</u>
Net movements in funds	6	<u>(38,207)</u>	<u>(20,748)</u>	<u>(58,955)</u>	<u>22,638</u>
Total funds brought forward		<u>588,847</u>	<u>152,982</u>	<u>741,829</u>	<u>719,191</u>
Total funds carried forward		<u>550,640</u>	<u>132,234</u>	<u>682,874</u>	<u>741,829</u>

All of the results relate to continuing activities.

There were no recognised gains or losses for the current year or prior year other than those stated above.

International Primary Care Respiratory Group

Balance Sheet

As at 31 December 2014

	Notes	2014 £	2013 £
Current assets			
Debtors	7	55,435	117,019
Cash at bank and in hand		684,230	637,030
		<u>739,665</u>	<u>754,049</u>
Current liabilities			
Creditors: Amounts falling due within one year	8	(56,791)	(12,220)
		<u></u>	<u></u>
Net assets		<u>682,874</u>	<u>741,829</u>
Funds			
Restricted funds	9	132,234	152,982
Unrestricted funds:			
- General reserve	10	254,785	283,359
- Designated funds	10	295,855	305,488
		<u>682,874</u>	<u>741,829</u>

The financial statements have been prepared in accordance with the special provisions of Part 15 of the Companies Act 2006 and the Financial Reporting Standard for Smaller Entities (effective April 2008).

The financial statements were authorised for issue by the directors on
and signed on their behalf by:

7 April 2015



Director – N Chavannes

Company number: SC256268

The notes on pages 17 to 24 form part of these financial statements

International Primary Care Respiratory Group

Notes to the Financial Statements

For the year ended 31 December 2014

1. Accounting policies

(a) Basis of accounting

The financial statements have been prepared in accordance with applicable accounting standards in the United Kingdom, the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005, the Charities Accounts (Scotland) Regulations 2006 (as amended) and Statement of Recommended Practice - Accounting and Reporting by Charities (SORP 2005).

(b) Incoming resources

- **Voluntary income**
Donations are included in the Statement of Financial Activities in the year in which they are receivable.
- **Membership services**
Annual subscriptions are included in full in the year to which they relate. Subscriptions received in advance are released to the Statement of Financial Activities over the period to which they relate.
- **Conference income**
The company's share of the conference income, in respect of the biennial conference, is included in the Statement of Financial Activities in the year in which the conference is held.
- **Grants receivable**
Income from grants, including capital grants, is included in the incoming resources when it is receivable except where the charity has to fulfil conditions before becoming entitled to it or where the donor has specified that income is to be expended in a future period. In these circumstances income is deferred until those periods.

(c) Resources expended

Resources expended are included in the Statement of Financial Activities on an accruals basis, inclusive of irrecoverable VAT.

Expenditure is directly attributed to the relevant category in the Statement of Financial Activities where practical. Executive Officer and business support fees are allocated across activities based on time incurred in each area.

- Costs of generating funds comprise the costs associated with attracting voluntary income and the costs of trading for fundraising purposes.
- Charitable expenditure comprises direct and support costs incurred by the company in the delivery of its activities and services.
- Grants or instalments of grants offered in connection with projects with institutions are charged to the Statement of Financial Activities in the year when the offer is conveyed to the recipient except in those cases where the offer is conditional, such grants being recognised as expenditure when the conditions attached are fulfilled. Grants offered subject to conditions which have not been met at the year end are noted as contingent liabilities, but not accrued as expenditure.

International Primary Care Respiratory Group

Notes to the Financial Statements - continued

For the year ended 31 December 2014

1. Accounting policies - continued

(c) Resources expended - continued

- Governance costs include those costs associated with meeting the constitutional and statutory requirements of the company and include costs linked to the strategic management of the company.

(d) Taxation

The company is recognised by HM Revenue and Customs as a charity and, as a consequence of the tax reliefs available in relation to the current year, income is not liable to taxation. The company is not registered for VAT and accordingly irrecoverable VAT is included within the cost category to which it relates.

(e) Foreign currencies

Assets, liabilities, revenues and costs denominated in foreign currencies are recorded at the rates of exchange ruling at the dates of the transactions; monetary assets and liabilities at the balance sheet date are translated at the year-end rate of exchange. The resulting profits or losses are dealt with in the Statement of Financial Activities.

(f) Funds

Unrestricted funds include incoming resources receivable or generated for the objects of the charity without further specified purpose and are available as general funds. These funds can be used in accordance with the charitable objects at the discretion of the directors.

Designated funds are unrestricted funds earmarked for the directors for specific future purposes or projects.

Restricted funds are to be used for specific purposes as laid down by the donor.

(g) FRS 1 – Cash Flow

The company has taken advantage of the exemption from preparing a cash flow statement as conferred by Financial Reporting Standard No 1 on the grounds that it qualifies as a small company.

(h) Going Concern

The directors consider that the charitable company will continue in existence for the foreseeable future and are therefore of the opinion that it is appropriate to prepare these financial statements on a going concern basis.

International Primary Care Respiratory Group

Notes to the Financial Statements – continued

For the year ended 31 December 2014

2. Membership services

	2014	2013
	£	£
Subscriptions	151,095	149,991

3. Resources expended

	Charitable activities £	Governance costs £	Total 2014 £	Total 2013 £
Executive officer	33,891	11,539	45,430	45,014
Secretariat	22,581	5,145	27,726	25,131
Website	4,646	-	4,646	4,684
Travel & accommodation	25,286	-	25,286	58,226
Executive committee honoraria	-	6,306	6,306	16,947
Project costs	118,099	-	118,099	147,206
Support costs (note b)	103,830	12,801	116,631	74,526
	<u>308,333</u>	<u>35,791</u>	<u>344,124</u>	<u>371,734</u>

a. Charitable expenditure

	Membership services £	Education £	Research £	Total 2014 £	Total 2013 £
Executive officer	13,370	17,337	3,184	33,891	33,022
Secretariat	4,287	16,008	2,286	22,581	19,540
Website	4,556	90	-	4,646	4,684
Travel & accommodation	4,514	19,658	1,114	25,286	58,156
Project costs	-	66,583	51,516	118,099	147,206
Support costs (note b)	10,039	88,833	4,958	103,830	59,155
	<u>36,766</u>	<u>208,509</u>	<u>63,058</u>	<u>308,333</u>	<u>321,763</u>

International Primary Care Respiratory Group

Notes to the Financial Statements – continued

For the year ended 31 December 2014

3. Resources expended - continued

b. Support costs

	Charitable activities £	Governance £	Total 2014 £	Total 2013 £
Professional fees	11,909	-	11,909	853
Audit and accountancy	1,347	8,504	9,851	13,665
Other support costs (see below)	90,574	4,297	94,871	60,008
	<u>103,830</u>	<u>12,801</u>	<u>116,631</u>	<u>74,526</u>

Other support costs

	Charitable activities £	Governance £	Total 2014 £	Total 2013 £
Travel, room hire and refreshments for meetings	9,739	14	9,753	21,378
Conference expenses	2,793	-	2,793	10,420
Subscriptions	1,673	1,898	3,571	2,727
Administrative assistance	2,285	190	2,475	2,080
Consultancy	23,673	-	23,673	-
Other	50,411	2,195	52,606	23,403
	<u>90,574</u>	<u>4,297</u>	<u>94,871</u>	<u>60,008</u>

4. Staff costs and numbers

The company had no employees during either the current or prior year.

International Primary Care Respiratory Group

Notes to the Financial Statements – continued

For the year ended 31 December 2014

5. Directors' emoluments and expenses

Niels Chavannes, director, received honoraria totalling £Nil (2013: £7,456) from the company during the year. At the year end £Nil (2013: £Nil) was outstanding.

Ioanna Tsiligianni, director, received honoraria totalling £Nil (2013: £248) from the company during the year. At the year end £Nil (2013: £Nil) was outstanding.

Karin Helena Lisspers, director, received honoraria totalling £Nil (2013: £2,000) from the company during the year. At the year end £Nil (2013: £Nil) was outstanding.

Miguel Roman Rodriguez, director, received honoraria totalling £413 (2013: £Nil) from the company during the year. At the year end £Nil (2013: £Nil) was outstanding.

Ron Tomlins, director, received honoraria totalling £7,500 (2013: £Nil) from the company during the year. At the year end £Nil (2013: £Nil) was outstanding.

A total of 7 (2013: 8) directors were reimbursed travel expenses totaling £9,251 (2013: £6,175) in connection with undertaking the company's charitable activities.

6. Net movement in funds for the year is stated after charging:

	2014 £	2013 £
Auditor's remuneration		
- audit fees	8,000	8,748
- non-audit fees	684	4,917
	<u>8,684</u>	<u>13,665</u>

7. Debtors

	2014 £	2013 £
Trade debtors	29,217	150
Prepayments	26,218	-
Accrued income	-	116,869
	<u>55,435</u>	<u>117,019</u>

International Primary Care Respiratory Group

Notes to the Financial Statements – continued

For the year ended 31 December 2014

8. Creditors

	2014 £	2013 £
Trade creditors	118	-
Accruals	13,100	12,220
Deferred income	43,573	-
	<u>56,791</u>	<u>12,220</u>
Deferred income		
At 1 January 2014	-	-
2015 membership and conference income deferred	43,573	-
	<u>43,573</u>	<u>-</u>
At 31 December 2014	<u>43,573</u>	<u>-</u>

9. Restricted funds

	At 1 January 2014 £	Incoming Resources £	Resources Expended £	Transfers £	At 31 December 2014 £
UBIOPRED	19,349	11,161	(13,336)	-	17,174
Inhaler Device Project	6,094	-	(1,715)		4,379
GSK Middle East	8,806	-	(7,243)	(1,563)	-
Difficult Asthma	1,864	-	(1,048)	-	816
UNLOCK	116,869	-	(32,540)	-	84,329
Global Bridges Project	-	62,803	(37,267)	-	25,536
	<u>152,982</u>	<u>73,964</u>	<u>(93,149)</u>	<u>(1,563)</u>	<u>132,234</u>

UBIOPRED: The IPCRG is one of 41 partners across Europe participating in the U-BIOPRED study led by Dr Peter Sterk (Unbiased BIOMarkers used for PREdicting disease progression and medication efficacy in severe asthma) that has been selected for funding by the European Union Innovative Medicines Initiative. Our role is in Ethics & Safety and Dissemination.

Inhaler Device Project: The IPCRG hosted an international meeting on inhaler therapy focusing on real-life solutions to the problems confronting clinicians and patients in choosing and using inhaler devices. This was supported by sponsorship from Mundipharma International Limited and Optimum Patient Care Ltd.

GSK Middle East: The IPCRG received funds from a medical communications agency IMC to support a programme, funded by GlaxoSmithKline, relating to the development of the Middle East and Africa (MEA) Respiratory Institute Educational Programme. The transfer from the fund is to correct a prior year misallocation of travel costs.

Difficult Asthma: The IPCRG received funding from Novartis to help provide and produce practical guidance for health care professionals about how to improve their care of patients with difficult to manage asthma.

UNLOCK: The IPCRG received funding from Novartis to enable them to develop a sustainable infrastructure and after project support for the UNLOCK group.

International Primary Care Respiratory Group

Notes to the Financial Statements – continued

For the year ended 31 December 2014

9. Restricted funds (continued)

Global Bridges Project: The IPCRG received funding from Pfizer Independent Grants for Learning & Change (IGLC), to enable them to support a programme hosted by the Global Bridges Healthcare Alliance for Tobacco Dependence Treatment.

10. Unrestricted funds

	At 1 January 2014 £	Incoming resources £	Resources expended £	Transfers £	Loss on currency conversion £	At 31 December 2014 £
General	283,359	268,385	(180,594)	(63,867)	(52,498)	254,785
Designated funds						
Future Conferences	175,000	-	-	-	-	175,000
Conference Bursary	36,000	-	(14,481)	14,481	-	36,000
Research	67,342	19,693	(44,904)	-	-	42,131
IPCRG Promotional Materials	4,097	-	(532)	-	-	3,565
Education	4,900	-	(11,928)	20,790	-	13,762
ICT	6,846	-	(3,475)	-	-	3,371
E-quality	11,303	-	(19,436)	30,159	-	22,026
	305,488	19,693	(94,756)	65,430	-	295,855
Total unrestricted funds	588,847	288,078	(275,350)	1,563	(52,498)	550,640

The conference designated funds have been set up to provide a fund for costs relating to loss or potential cancellation costs of future conferences.

The Board agreed to continue with their commitment to a bursary programme, increasing the amount for the next conference and have also agreed to allocate funds to support the delivery of the IPCRG's strategic objectives.

Transfers from general funds are made to meet any shortfalls in designated funds.

11. Analysis of net assets between funds

	General fund £	Designated funds £	Restricted funds £	Total funds £
Debtors	55,435	-	-	55,435
Cash and bank	256,141	295,855	132,234	684,230
Current liabilities	(56,791)	-	-	(56,791)
Net assets at 31 December 2014	254,785	295,855	132,234	682,874

International Primary Care Respiratory Group

Notes to the Financial Statements – continued

For the year ended 31 December 2014

12. Related party transactions

Control

Throughout the year the charitable company was controlled by the directors, who are also the trustees of the charitable company.

Transactions

Sian Williams, Executive Officer, received consultancy fees totaling £60,488 (2013: £60,419) (inclusive of VAT) from the charitable company during the year for her services. At the year end £nil (2013: £nil) was outstanding.

Directors' emoluments and expenses are disclosed in note 5.

13. Legal status

International Primary Care Respiratory Group is a charitable company limited by guarantee and not having a share capital. The members' liability in the event of winding up is limited by guarantee not exceeding £1 per member.

14. Non-audit services

In common with many other organisations of its size, the charitable company uses its auditors to assist with the preparation of the financial statements. Scott-Moncrieff is also engaged to provide advice on VAT and other tax matters.