

# *Annual Report* *2006*

## *The Patients Association*

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**Registered Charity No: 1006733**



**President** Claire Rayner  
**Vice Presidents** Dr. Phil Hammon  
Lynn Faulds Wood  
Angela Rippon

**Supporters** Earl Howe  
Lord Clement-Jones  
Sir Donald Irvine  
Dr. Thomas Stuttford

**Chairman** Dr. Anthony Halperin  
**Vice Chairman** Michael Summer  
**Company Secretary** Alison Baker  
**Council Members** Sir Alexander Macara  
Edwina Currie-Jones  
Clive Halperin  
Roger Odd  
Roswin Hakesley-Brown

**Volunteers** Ken Appel  
Gill Balen  
Janet Collins  
Carol Dibben  
Elizabeth Grosch  
Francis Kafka  
Thusitha Perera  
Patricia Rae  
Stan Russell  
Sally Rosenthal  
Benita Tucker  
Norma Weatherhogg  
Sian Grainger  
Bhavna Palmer  
William, James, Ted and George from Harrow School

**Staff** Katherine Murphy  
**Director of Communications**

Sapna Nayer  
**Office and Account Manager (left 12.06)**  
Catherine Angwin  
**Office and Account Manager**

Vanessa Bourne  
**Head of Special Projects**

Elisabeth Davies  
**Interim Director (left 10.06)**  
Simon Williams  
**Director of Policy (left 09.06)**

# *Index*

<i>Message from the President</i> .....	4
<i>Chairman's Report</i> .....	6
<i>Helpline Review</i> .....	8
<i>Profile of a Helpline volunteer</i> .....	10
<i>The Patients Association year in review "Coming up to 60"</i> .....	12
<i>Corporate members of the Patients Association</i> .....	14
<i>Report of the Directors</i> .....	15
<i>Independent Auditor's report</i> .....	19
<i>Financial Statements</i> .....	20
<i>Balance sheets</i> .....	21

## *A message from the President*



This year has been another busy one for the Patients Association. For me, however, it has been a frustrating one because I haven't been able to play my usual active part in its campaigns since I have been an inpatient again more than I would have wished.

It did, however, give me the chance to ask staff about hand washing, alcohol rubbing, etc. and to point out to the "matron" where the contract cleaners have failed to do the job properly. (I use the quotation marks for "matron" because of course they are not at all like matrons used to be, when they were in charge of the whole hospital and not just a small corner. Some big hospitals have a dozen or more "matrons".)

Nevertheless, I have been delighted to be present where possible at the parliamentary launches of our reports. This year we have surveyed front line staff dealing with infection control, and looked at pain and pain management from the carers' perspective and the care offered to those in nursing homes. We have also continued our campaign into hospital acquired infections and we shall continue to do so until it is dealt with in the vigorous way we demand.

Our Awards evening was a first for us, and one we plan to continue. So many people do their bit to improve our health services in a variety of ways and it is vital that we give recognition and praise where it is due.

Our corporate members and sponsors make possible all the work we do. Many have supported our work since I became President ten years ago, and others have joined us along the way. To all of them I say a very warm and heartfelt thank you. We need you more than ever so that we can expand our work into the hidden crevices of the NHS.

I am delighted to acknowledge the support we get from so many different parts of the media in the UK. We get plaudits for "punching above our weight" and for that we owe a debt of gratitude to our colleagues in television, radio, newspapers and magazines.

Finally, let me say a big thank you to our volunteers who staff our Helpline and to our small salaried staff. The commitment of each of them is immense, and much valued by the callers to the Helpline and indeed all of us in the office. Long may they prosper, and the PA with them.

The need for the independent voice of the Patients Association has never been more needed and it is that that spurs all of us to work for patients whoever and wherever they are.

A handwritten signature in black ink, appearing to read 'Claire Rayner', with a stylized flourish at the end.

**Claire Rayner**

## *Chairman's Report*



It is a great privilege to chair the Patients Association and I thank my trustee colleagues for confirming me in the post this year following a brief period as acting Chairman. Whatever our titles within PA, we all work as one to ensure that the voice of patients is foremost in the planning and delivery of health services in the UK.

It is a paradox that the more patients are supposedly placed at the centre of health services, the more their voice and their views are harder to discern in the seemingly continuous barrage of health “chatter”.

Ensuring that the patient's voice is heard above the rest requires knowledge of how things work in health, and for that I am grateful to my professional colleagues who give their time freely as trustees.

It also necessitates a constant alertness to the tin voice of tokenism in health services. We campaign on a daily basis against this, and on behalf of patients who have unhappy experiences and outcomes.

There are some critics of the Association who think we should be more content to go along with the majority of users of the NHS who are satisfied. To them I would say: if you saw the correspondence we get, and the calls to our Helpline, you would understand immediately what drives our campaigns.

Our work is important for all patients, and the need for the right information - both clinical and administrative - to reach them is vital. It all takes money, so I gratefully acknowledge the support we get from all our members, both individual and corporate. If you are reading this, but are not yet a member, please join us. This can be as a full, voting member or, shortly, as an e-member informing our work through our website surveys.

We have a strong body of Trustees and it is my pleasure to thank each of them for their untiring work on behalf of the Association. Increasingly each of us responds to an ever-wider range of requests for comment, criticism and even praise of the UK's health services. We live in different parts of the UK and bring to Council Meetings a broad base of experience and expertise. We have also been pleased to contribute to a wide range of committees, working parties and the like, offering at all times the only independent voice of the patient in those forums.

I am also delighted to pay tribute to my fellow volunteers who staff the Helpline. Elsewhere in this Annual Report there is a fuller account of the vital work they do. Their assistance and guidance to individual patients should never be underestimated.

Everyone listed in this Annual Report contributes to the success of the Patients Association. In whichever way you assist our work, on behalf of the Trustees I thank you and we look forward to working with you in the lead up to the 60<sup>th</sup> anniversary of the founding of the NHS in July 2008.

**Anthony Halperin**

## Helpline Review



The Helpline is central to the Patients Association work of “Listening to Patients, Speaking up for Change” as our strapline states. The thousands of calls cover any and every aspect of health services in the UK and while, sadly, our resources do not allow us to follow up and investigate complaints, we can and do act as a signposting service for callers.

We receive calls from all over the country and often they have been referred to us from other charities, disease-specific groups and even NHS Direct. We have around a dozen volunteers, mostly with a health service background, and are always on the lookout for more. Currently we are trying to recruit law and medical students. The requirements are a good telephone manner, strong communication and time management skills and, above all, a sympathetic listening ear. The Helpline operates from our offices in Harrow.

We endeavour always to answer calls left on our answerphone and as our website - [www.patients-association.org.uk](http://www.patients-association.org.uk) - becomes more widely known so the number of email enquiries increases. From all these ways of getting in touch with the Patients Association, patients across the UK can alert us to their concerns generally and from these we can determine what our campaigns should be.

There has been a substantial increase in letters and emails to our helpline over the last year. We regularly review our enquiries and our aim is to examine the records of calls and correspondence with a view to identifying commonly occurring themes. We can then use this information to:

- Inform the Patients Association media statements and responses to consultations
- Identify priorities for further work
- Provide updates for volunteers handling the calls and correspondence.

The issues raised most frequently were, in order of frequency: information about how to access patients’ medical records, the lack of effective communication (not only between patient/doctor but also between other healthcare professionals). Such topics are of vital concern as they can trigger increased and unnecessary anxiety for patients. We receive calls on a daily basis on issues and concerns around Healthcare Acquired Infections, other patient safety issues, complaints in primary and secondary care. We have also seen an increase in enquiries relating to social services issues, i.e. who can receive domiciliary care, transport concerns and others. In fact, a frightening number of problems related to the quality of healthcare.

With increasing pressure on the Helpline, we are most grateful to the Sir John Ellerman Foundation for their most generous 3 year grant which will enable us to recruit a Helpline Manager. This new member of staff will be invaluable in enabling us to access relevant case studies more quickly, and offer professional support to the volunteers at the conclusion of their rosters. We should not underestimate the stress to those taking the calls, many of which are harrowing and very testing. For all the rhetoric about patient involvement, the need for independent “signposting” by the Patients Association has never been greater.

**Patients Association Helpline: [0845 608 4455](tel:08456084455)**  
**Email: [mailbox@patients-association.com](mailto:mailbox@patients-association.com)**

## *Profile of a Helpline volunteer*



*“Hello! My name is Elizabeth and I am a volunteer on the help line for the Patients Association. Thank you for ringing us. How may I help you?”*

I retired on April 1<sup>st</sup> 2000 from my post as Consultant Clinical Oncologist in the cancer centre at Mount Vernon Hospital Northwood. I had been in the post for 25 years working at Mount Vernon Hospital and also at St Albans City Hospital and

Hemel Hempstead Hospital. My main interests were in the treatment of breast cancer and gynaecological cancer.

Once I had settled into retirement I realised that I needed to take up some voluntary work, possible related to my career. I spotted an advertisement in the newsletter of the Retired Fellows Society newsletter of the Royal Society of Medicine. It had been put there by Gerald Wootliff, a retired dental surgeon and a volunteer for the patients association. Sadly he is now deceased.

The work sounded interesting so I visited the then Chief Executive (Michael Stone) and met Katherine Murphy. They asked me to attend for some training with one of the other volunteers and after a few sessions I was let loose. I have been here now for 6 years and attend for one half day a week (when I am not away travelling or visiting my grand children in Scotland!). During a typical morning there are usually about 6-8 calls. The reasons for calling us are very varied, quite a few relate to complaints about treatment, some are requests for information about all sorts of topics, accessing medical records is a very common one. As we are a signposting organisation I explain that we can only try and point callers in the right direction. We are not in a position to offer medical advice or recommend specific doctors or other professionals such as lawyers. Sometimes the callers want a listening ear, having been down many pathways already. A few have mental health problems and these are probably the most difficult to deal with.

Some what are the rewards to the volunteer? Travelling expenses can be claimed. We get invited to Patient's Association special events including 2 conferences held in London on hospital-acquired infections and other events, which have been held at the House of Commons. Many of our callers are very grateful to us for listening to them and this is perhaps the best reward.

We need more volunteers. The qualifications needed are to be a good listener, a sense of humour and if possible some past experience of the health service. Basic computer literacy is helpful. More volunteers would enable us to improve our help line and also to deal with the emails and other correspondence, which are an ever-increasing part of the Association workload.

Elizabeth

## *The Patients Association Year in review*

### *“Coming up to 60”*

Sixty years of age is an important milestone and for many it also spells the start of retirement or important change. Next year the NHS too will be 60 and the debate has started about whether it too should be changed or retired. Whatever happens, 60 is a time for reflection on what the future should hold.

Sixty years ago the NHS promised a new form of healthcare for the United Kingdom with equality of coverage and, finally, the end of the financial fear of becoming ill. Those who remember their healthcare pre-NHS recall a time when the doctor's bill was a thing to dread. The NHS was designed to change all that. It has transformed the lives of many, and today it can do so in ways that its founders never even dreamed of.

For over 40 of those years, the Patients Association has fought for a better voice for patients – the customers of the NHS. It has also campaigned for a better voice in private healthcare, but the essence of private care is that it must be responsive to its customers by offering them what they want, or it goes out of business. Looking back to the start of the Patients Association it is perhaps depressing to see that many of the campaigns then are still being fought today. Nutrition – good food and help where necessary with feeding – is prime among the examples. We receive calls and letters on this over and over again, and it is generally the same complaint: lack of help with feeding, particularly of elderly patients. What is needed is not another government catering stunt but a radical reassessment of nursing priorities to incorporate nutrition – food and fluids – into the care of each patient. This is what NICE recommended over a year ago and it remains to be seen what happens. We shall campaign on this, as predecessor members of the Association did before us.

During the past year the Patients Association has continued to campaign vigorously on HCAs - Healthcare Acquired Infections – and the whole question of infection control. Our Report, *“Infection Control – Is it only Skin Deep?”* was an important survey of those in the front line of this insidious problem. Many parts of the media followed up our findings and we believe our campaigning has made it less easy for the NHS to ignore the whole problem of healthcare acquired infection. This major worry for patients going into hospital has become an unavoidable subject for clinicians and managers. We have no intention of letting it slip.

Our other main pieces of work on behalf of patients have been in the areas of pain management and NHS standards. On the subject of chronic pain, we have published two Reports. The first *“Pain in Older People – the Carer's Perspective”* highlighted the problems endured by carers of elderly people in pain. The second *“Pain in Older People – a Hidden Problem”* investigated pain endured by the elderly in nursing homes. In both cases, people's lives are made a misery, quite unnecessarily, by inaction on the part of those whose work should be active management of their patients' symptoms. We are continuing this campaign by taking the information, and possible solutions, to those within the health and social services of the UK who are in

a position to improve care for their customers and for carers. We look forward to building upon the relationships being formed during this work.

On the increasing worry of postcode care, we published a Report: “NHS = *National Health Standards?*” that continued the work done previously on this area of wide concern. It is particularly appropriate leading up to the 60<sup>th</sup> Anniversary of the NHS. Postcode care is something that everyone talks about regardless of age, geography or profession. It is the antithesis of what the Service aimed to achieve when it was founded. It is something that patients worry about all the time as each new clinical technique, drug or building emerges.

Yet for all the plethora of organisations that exist to ensure equity of care and standards, the huge variability continues. Our Report showed that patients and patients’ organisations believe they have greater rights in relation to the NHS than actually is the case. It also showed that there is a strong patient view that the NHS should be offering equity of care and equity of access to care. We took the opportunity to discuss this important Report with the then Health Minister, Andy Burnham, who was the lead on the possible establishment of a constitution for the NHS, and with John Baron and Norman Lamb for the opposition parties. We trust that our work will feed into the planning for each party in the coming months, and look forward to seeing it being incorporated into policy.

Our Helpline, manned by our hardworking and courageous volunteers, has taken thousands of calls. Responding to these worried individuals is a central part of our daily work. We receive calls from patients who have been referred by other agencies, charities and organisations, so many are calls of ‘last resort’.

We aim to act as a signposting service for them, answering their queries where others have been unable to do so. It enables us to know in a very direct way what the real concerns of patients are. Increasingly these contacts are by email and we hope in the coming weeks to have our revamped website become even more responsive to patients. Rapid response surveys, e-membership and our own database of patients will all enable us to offer a better service of ‘Listening to Patients and Speaking up for Change’ as our strapline puts it.

All of these aspects of our work will, we trust, contribute to a new era for the voice of patients in UK healthcare. As the 60<sup>th</sup> Anniversary approaches, it is more important than ever that patients have accessible information on how to be responsible, educated customers. Our close working with professionals, too, is vital to achieving this goal. We are grateful for the wide support we enjoy among clinicians and politicians, made possible by the generous support of our members both individual and corporate. Each of these relationships contributes to the better service for patients that we all seek.

As we move towards 2008, it is more important than ever that the rhetoric of the NHS matches the reality for patients and the Patients Association will work harder than ever to bring this about.

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## *Corporate Members of the Association*

We would like to thank each of our Corporate Members for their support of our work throughout the past year. Our research work is made possible by such support.

**AMGEN**  
**AXA PPP HEALTHCARE**  
**BMI HEALTHCARE**  
**DEB**  
**DENPLAN**  
**ENTURIA**  
**GLAXO SMITH KLINE**  
**HARLEY MEDICAL GROUP**  
**IMS HEALTHCARE**  
**ISS MEDICLEAN**  
**JOHNSON DIVERSEY**  
**MEDIREST**  
**MERCK SHARP & DOHME**  
**NAPP PHARMACEUTICALS**  
**NORWICH UNION HEALTHCARE**  
**NOVARTIS VACCINES**  
**PFIZER**  
**PRIMARY PLUS (Formerly Excellcare)**  
**STANDARD LIFE HEALTHCARE**

Each corporate member is asked to sign the Patients Association Principles of Understanding. This sets out the principles under which joint research or work is undertaken which include: transparency, confidentiality, no undue influence, use of PA logo, PA editorial control and absence of individual product endorsement.

The full text of the Principles of Understanding is available on our website on [www.patients-association.org.uk](http://www.patients-association.org.uk)

## *Report by the Directors*

### *For the year ended 31<sup>st</sup> December 2006*

The board of Trustees present their report and financial statements for the year ended 31<sup>st</sup> December 2006.

#### **STRUCTURE AND GOVERNANCE**

##### **Constitution and organisational structure**

The Patients Association is a charitable company limited by guarantee, incorporated on 17<sup>th</sup> June 1991 and registered as a charity in 1963.

The Trustees (who are also the Directors of the Company) who served during the year ended 31<sup>st</sup> December 2006 were:

Dr Anthony Halperin (Chairman)  
Dr Alison Baker  
Mrs Edwina Currie Jones  
Ms Elisabeth Davies (resigned September 2006)  
Clive Halperin Esq  
Sir Alexander Macara  
Ms Vanessa Bourne (resigned June 2006)  
Ms Norma Morris (resigned September 2006)  
Roger W Odd Esq  
Mrs Sally Rosenthal (resigned September 2006)  
Michael Summers Esq

The Patients Association is managed by the Council. The Trustees, as members of the Council, meet five times a year and have general management and control of the affairs and assets of the company.

Operation of the organisation is managed by the Director of Communications, and overseen by the Chair.

##### **Recruitment and appointment of Trustees**

Trustees are appointed through an open selection process and in accordance with the terms of the Memorandum and Articles of Association.

All elected Trustees retire from office after a three-year term but may be re-elected.

## Induction and training of Trustees

All new Trustees are provided with induction information packs and encouraged to spend time in office to become familiar with the charity and how it works.

## Risk mitigation

During the year, key risks are brought to the Trustee Board meeting for discussion. Where necessary, individual options appraisals are carried out and documented. The Trustees are currently carrying out a risk management of the major activities of the organisation and documenting these in an expanded risk register. Policies and procedures will be implemented to minimise the significant risks identified.

## *OBJECTS AND ACTIVITIES*

The consumer voice in healthcare began with the Patients Association. We offer an opportunity for patients to share their experiences of healthcare and we use the knowledge from patients to improve services and to assist people in accessing the best treatment.

Our most important role is ensuring that the patients' perspective is brought to bear on all the key health issues which emerge during the year. We do this by maintaining a high profile media, and by frequent discussions with senior parliamentarians, civil servants and professional bodies. We use the patient stories which come to us through letters, phone calls and emails to identify the issues of most importance to patients and to initiate campaigns for change and improvement.

## Achievement and performance

- 1. To improve/highlight patient safety with a particular focus on healthcare acquired infections**
  - Continued to press for cleaner hospitals: major conference in April 2006: launched report in November 2006.
- 2. To improve access to quality services and treatments**
  - Supported the production and distribution of patient information guides on six health conditions; reviewed by patients and opinion leaders alike, they combine accuracy and accessibility.
  - Tips for patients going into hospital on the website have received good feedback.
  - Research initiated on the management of pain in older people. With support from Napp Pharmaceuticals.
- 3. To protect and promote patient rights**
  - Carried out a major survey of patient organisations on patient rights and presented the results to a meeting of patients and senior healthcare personnel, and subsequently to Ministers and Opposition parties. With

support from MSD, developed the European Charter of Patients rights; served as the sole UK representative.

**4. To provide a helpline**

- Responded to 5,000 enquiries and calls via the Patients Association Helpline, providing advice and relevant patient information and literature.

**5. To represent the patient voice**

- Representation achieved on influential bodies including NICE Interventions and Procedures Advisory Board and the National Cleaning Standards Review Board.
- Almost daily response to media requests for comments and information. Achieved major coverage of infection control, mixed-sex wards, out-of-hours services, charges for telephones in hospitals, postcode lottery in national press.
- Responded to consultations on a variety of subjects, including the selection of topics for NICE guidelines, GMC guidance, healthcare commission consultation document on Core standards; Nursing and Midwifery Council on student selection.

**6. To effectively manage resources**

- Exercised prudent financial management during a challenging year.
- Secured 3 new corporate members.

## ***VOLUNTEERS***

Our helpline is run and maintained by volunteers. During the year 16 people worked in a voluntary capacity on the Helpline or as Trustees.

Recruitment continues to be a key focus that we are in the process of addressing. The training needs of Helpline volunteers are being addressed as part of the strategic review.

We have initiated quarterly reviews of calls and letters to enable us to identify material to be used in policy work and lobbying and to help us plan new areas of work. We have discussed a plan for training with volunteers and the first session was held in early 2007.

## ***FINANCIAL REVIEW***

During the year, the company had a surplus of £11,040 (2005: deficit of £19,417). Funds at the year end totalled £140,692 (2005: £129,652) of which £nil was held in restricted funds. The Trustees consider that the funds are sufficient to meet the foreseeable ongoing requirements of the company.

## Reserves policy

Due to uncertainties in the continuity of funding, the Trustees consider it prudent to maintain unrestricted reserves equivalent to six to nine months running costs. This will provide adequate funds to meet current and anticipated future liabilities and provide financial flexibility in the event of an adverse drop in funding.

## *PLANS FOR THE FUTURE*

The Trustees are currently working alongside staff on the following plans:

- Review the telephone helpline; ensuring we meet the Telephone Helplines Association standards and that the helpline service is fully integrated in the work of the Patients Association.
- Take a lead in working with European patient groups and on the rights of patients whose health care is provided across national borders.
- Continue our work on the management of pain in older people.
- Continue our campaign on the importance of good hospital food and ensuring there is help with eating.
- Continue our work highlighting inequality, inefficiency and waste in clinical and managerial settings.
- Develop resources and diversify the funding base with a particular focus on grant making bodies.
- Implement a clearer prioritisation process; using the Helpline and other patient sources to identify the chief concerns of patients.
- Review our staffing needs to ensure we have an appropriate mix of experience and skills to deliver our plans effectively and economically.
- Review the responsibilities of trustees to ensure we use their skills to the best advantage of the charity. Continue to seek new trustees, particularly with financial skills.

**Dr Anthony Halperin**  
**Chairman**

Dated: 12 June 2007

# *Independent Auditors' Report to the Members of the Patients Association Limited*

*(a company limited by guarantee)*

We report on the accounts of the company for the year ended 31 December 2006.

## **Respective responsibilities of Trustees and reporting accountants**

As the charity's Trustees, you are responsible for the preparation of the accounts; you consider that the audit requirement of section 43(2) of the Charities Act 1993 (the Act) does not apply. It is our responsibility to state on the basis of procedures specified in the General Directions given by the Charity Commissioners under section 43(7)b of the Act, whether particular matters have come to my attention.

## **Basis of opinion**

Our work was conducted in accordance with the Statement of Standards for Reporting Accountants, and so our procedures consisted of comparing the accounts with the accounting records kept by the company, and making such limited enquiries of the officers of the company as we considered necessary for the purposes of this report. These procedures provide only the assurance expressed in our opinion.

## **Opinion**

In our opinion:

- (a) (a) the accounts are in agreement with the accounting records kept by the company under section 221 of the Companies Act 1985;
- (b) (b) having regard only to, and on the basis of, the information contained in those accounting records:
  - (i) the accounts have been drawn up in a manner consistent with the accounting requirements specified in section 249C(6) of the Act;
  - (ii) the company satisfied the conditions for exemption from an audit of the accounts for the year specified in section 249A(4) of the Act and did not, at any time within that year, fall within any of the categories of companies not entitled to the exemption specified in section 249B(1).

**David Finn FCA**  
**Newman & Partners**

Chartered Accountants  
Reporting Accountants  
Lynwood House, 373/375 Station Road,  
Harrow,  
Middlesex,  
HA1 2AW

Dated: 18 July 2007

# *Financial Statements*

## *For the year ended 31<sup>st</sup> December 2006*

The Patients Association Limited  
(A Company Limited by Guarantee) Company N°.2620761

	Notes	2006 £	2005 £
<b><u>Incoming resources from generated funds</u></b>			
Donations and legacies	2	<b>157,898</b>	158,889
Investment income	3	<b>2,063</b>	2,258
		<hr/>	<hr/>
		<b>159,961</b>	161,147
Activites for generating funds	4	<b>4,896</b>	13,117
		<hr/>	<hr/>
<b>Total incoming resources</b>		<b>164,857</b>	174,264
<b><u>Resources expended</u></b>			
	5		
<b>Costs of generating funds</b>			
Fundraising and publicity costs		<b>20,971</b>	25,684
		<hr/>	<hr/>
<b>Net incoming resources available</b>		<b>143,886</b>	148,580
<b>Charitable activities</b>			
Support costs	6	<b>128,492</b>	164,370
		<hr/>	<hr/>
Governance costs		<b>4,354</b>	3,627
		<hr/>	<hr/>
<b>Total resources expended</b>		<b>153,817</b>	193,681
		<hr/>	<hr/>
<b>Net income/(expenditure) for the year/ Net movement in funds</b>		<b>11,040</b>	(19,417)
Fund balances at 1 January 2006		<b>129,652</b>	149,069
		<hr/>	<hr/>
<b>Fund balances at 31December 2006</b>		<b>140,692</b>	129,652
		<hr/>	<hr/>

The statement of financial activities also complies with the requirements for an income and expenditure account under the Companies Act 1985.

*Balance sheet*  
*As at 31<sup>st</sup> December 2006*

The Patients Association Limited  
(A Company Limited by Guarantee) Company N°.2620761

	Notes	2006		2005	
		£	£	£	£
<b>Fixed assets</b>					
Tangible assets	9		223		870
<b>Current assets</b>					
Debtors	10	20,490		7,552	
Cash at bank and in hand		127,848		131,829	
		148,338		139,381	
<b>Creditors: amounts failing</b>					
<b>Due within one year</b>	11	(7,879)		(10,599)	
<b>Net current assets</b>			140,459		128,782
<b>Total assets less current liabilities</b>			140,692		129,652
<b>Income funds</b>					
Unrestricted funds			140,692		129,652
			140,692		129,652

The company is entitled to the exemption from the audit requirement contained in section 249A(2) of the Companies Act 1985, for the year ended 31 December 2006. No member of the company has deposited a notice, pursuant to section 249B(2), requiring an audit of these accounts.

The directors acknowledge their responsibilities for:

- (a) ensuring that the company keeps accounting records which comply with section 221 of the Act; and
- (b) preparing accounts which give a true and fair view of the state of affairs of the company at 31 December 2006 and of its profit for the year then ended in accordance with section 226, and otherwise comply with the requirements of the Act relating to accounts, so far as applicable to the company.

Approved by the Board for issue on 12 June 2007

A. Halperin Esq  
**Director**  
12 June 2007

M. Summers  
**Director**  
12 June 2007

