

**NATIONAL ASSOCIATION FOR PATIENT PARTICIPATION (CIO)**

**ACCOUNTS**

**1 APRIL 2022 TO 31 MARCH 2023**

**NATIONAL ASSOCIATION FOR PATIENT PARTICIPATION (CIO)  
TO 31 MARCH 2023  
(continued)**

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TO 31 MARCH 2023  
(continued)**

The Trustees present their Report and Accounts of the organisation from 1<sup>st</sup> April 2022 to 31<sup>st</sup> March 2023.

**Charity Number** 1187058

**Principal Office** N.A.P.P., c/o HHAS, Weltech Business Centre, Ridgeway,  
Welwyn Garden City, Herts, AL7 2AA

**Governing Document** The charity was established by Deed in 1978 and became a registered charity in 1985, the CIO was registered 19 December 2019.

**Trustees** The following were trustees of the charity during the financial year.

Dr Folarin Majekodunmi	Chair
Sandy Gower	Vice-chair
Philip Linnegar	Trustee

**President** Dr Patricia Wilkie, OBE, PhD, FRCR (Hon), FRCGP (Hon)

**Patron** Sir Denis Pereira Gray, OBE, FRCP, FRCGP, FMedSci  
The Patron is actively involved in an advisory capacity.

**Bankers** Barclays Bank PLC  
Barclays Business Centre

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PO Box No 193  
8/12 Church Street  
Walton on Thames, Surrey, KT12 2YW

and

CAF Bank  
25 Kings Hill Avenue  
Kings Hill  
West Malling, Kent ME18 4JQ

**Independent Examiner**

Janice Matthews FCA,  
Menzies LLP,  
2nd Floor, Magna House  
18-32 London Road  
Staines-Upon-Thames  
TW18 4BP

**Appointments:** In January 2023, Phillip Linnegar was appointed as a trustee

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**Introduction from the Chairman**

In my fifth and final year serving as the Chairman of N.A.P.P, it is with immense pride and profound pleasure that I present the comprehensive Trustees' report for the period from 1st April 2022 to 31st March 2023. As we look back, it is clear that the journey, although challenging in many respects, has been incredibly rewarding, marked by resilience, adaptability, and consistent growth.

The focus of the trustees this year has been on increasing N.A.P. P's capacity. This has been achieved primarily by preparing for the recruitment of additional trustees and securing more resources to support both the day-to-day management of N.A.P.P and enhanced support for our members. We have facilitated this through VeryConnect and the enquiry line (telephone and email). We have used these channels to expand our capability as an organisation to support our members in managing the challenges General Practice has faced since the pandemic, challenges that have been exacerbated by ongoing national crises. We are now better positioned as an organisation to assist our members in driving and sustaining positive change. However, both individually and collectively, we acknowledge the need for continuous efforts and improvements.

Our financial position remains stable. We have dedicated significant time and effort towards reengaging lapsed members, a move that has boosted our funds—a crucial step as we work on rebuilding post-pandemic. Although we currently have a much smaller number of trustees than our constitution permits, we have made progress in preparing our recruitment drives, bringing more clarity about what we expect from our trustees and outlining our key areas of focus for the coming years.

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Our collaborative efforts with NHS England are shaping the evolution of patient participation within the transformed NHS landscape, particularly with the emergence of Integrated Care Systems. These efforts are influencing both national guidelines and emerging policies. Near the end of the fiscal year, we reintroduced our regular bulletins, receiving an overwhelmingly positive reception from our members and partners alike. As has been the case since its rollout, the VeryConnect platform remains central to our engagement and communication efforts. VeryConnect has developed beyond simply being a medium for fostering collaboration across our community (and member PPGs), to also providing a critical channel to decision makers, which supports timely and responsive, patient-centred decision-making. Over the recent months, engagement on VeryConnect has surged, with the platform evolving as an invaluable hub for disseminating knowledge and information within our vibrant community.

At present the NHS is facing serious challenges in relation to capacity. General Practice, serving as the initial point of contact for approximately 90% of cases within the health system, undoubtedly plays a pivotal role in bolstering capacity throughout the health and care system. At the heart of this initiative are the Patient Participation Groups (PPGs). Their insights into challenges, expertise in positively engaging patients, and capabilities in aiding the delivery of diverse services are invaluable. While the engagement of PPGs by general practices has shown improvement over the past year, there's a considerable journey ahead—especially if practices aim to stay a step ahead of the escalating demand. We, the trustees of N.A.P.P, are steadfast in our belief about the vital role of PPGs in navigating the complexities General Practice currently grapples with. We remain committed to offering the necessary backing through N.A.P.P in a multitude of ways.

Despite my unwavering decision to step down as Chair—a decision I made public in 2021—I, alongside my fellow trustees, remain deeply committed to N.A.P.P and our cherished members. We are in search of several new trustees and a successor for the Chair position. Rest assured, our priority is to integrate these individuals seamlessly, enabling them to meaningfully

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contribute to N.A.P. P's objectives and cater to our members' needs as soon as it is appropriate. Our ability to recover and revert to the service levels we maintained pre-pandemic is credited to the unwavering dedication and tireless efforts of several key individuals:

- Our new Trustee, Mr. Philip Linnegar, who has spearheaded our recruitment initiatives and infused N.A.P.P with much-needed operational strength, astuteness, and vitality.
- Our Acting Treasurer, Miss Mwamba Nyambe.
- Our Administrative and Member Support Manager, Mrs. Victoria Ridgway.
- Our Communications and Engagement Manager, Mrs. Beth Moore.
- Our Webmaster, Mrs. Chris Oxtoby.
- Our esteemed President, Dr. Patricia Wilkie.
- Our Patron, Sir Denis Pereira Gray.

And, undeniably, our passionate members who have always been at the heart of everything we do. Each one of you has played an invaluable role, and for that, we are deeply grateful.



Dr Folarin Majekodunmi, ARCS, PhD

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(continued)**

**Principal Activities**

The object for which the Association is established is, through the medium of patient participation, to promote and contribute to the relief of sickness and preservation and protection of health for the public benefit, by fostering the highest possible standards of primary medical care, through the medium of patient participation by:

1. Giving health professionals and patients the opportunity to meet and discuss topics of mutual interest.
2. Providing a means for patients to make positive suggestions about the practice and their own health care.
3. Encouraging health education activities within the practice.
4. Developing self-help projects to meet the needs of fellow patients.
5. Acting as representatives to attempt to influence the local provision of health and social care.

**1. Overview of activities**

We are delighted to have made substantial progress in several key areas over the past financial year. Notably, many of these were areas that our members identified as priorities in the previous year. These achievements can be summarised as follows:

**(a) Recruiting and Onboarding New Trustees:** Building on our work last year, over the past few months, we have dedicated concerted effort in crafting a robust recruitment and onboarding process tailored for new trustees. This



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initiative, championed by Mr. Philip Linnegar, aims to (i) identify and recruit suitably experience and motivated trustees and (ii) ensure that every new trustee integrates seamlessly into N.A.P. P's vision and ethos. This process not only covers the basics of trustee responsibilities but also embeds our organisational values, ensuring alignment with N.A.P. P's broader strategic objectives. Recognising the significance of diversity, we're also emphasising outreach to underrepresented regions and communities, ensuring our board is reflective of the multifaceted communities our members and their practices serve.

**(b) Growing our Membership:** Building on our achievements from past years, we have amplified our outreach, especially towards reconnecting with lapsed members. The efforts, spearheaded by our Administrative and Member Support Manager, Mrs. Victoria Ridgway, and our Communications and Engagement Manager, Mrs. Beth Moore, have borne some fruit. However, a pressing concern remains the significant underrepresentation from Northern Ireland, Scotland, and Wales. To address this, we are in the process of defining the scope and remit of regional groups, which we hope will be a more effective means of engagement.

**(c) Member Engagement:** By the end of the financial year, we had 1,251 members from 569 PPGs, actively using VeryConnect. This indicates a significant decrease from the previous year. VeryConnect remains pivotal to our member engagement strategies. It not only aids in connecting with our members, but also serves as a platform to communicate their accomplishments, requirements, and concerns to the broader health and care system stakeholders. In the coming year, the Trustees will be exploring opportunities to enhance and increase the usage of this vitally important tool.

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**(d) Reintroducing the Corkill Awards:** Following a hiatus due to the COVID crisis, we are in the process of reviving the esteemed Corkill Awards. In the light of current challenges, we felt reintroducing the awards was timely. These awards are a hallmark of recognition, celebrating the exemplary achievements of a Patient Participation Group (PPG) from the preceding year, benchmarked against a selection of pivotal themes. Defined annually, the criteria spotlight the evolution, resilience, and adaptability of PPG activities, reflecting their innovative approaches to address the demands of a rapidly transforming health service. The Corkill Awards not only acknowledge outstanding work but also serve as an inspiration for all PPGs to continuously raise the bar, showcasing best practices and pioneering initiatives amidst the shifting landscape of modern healthcare delivery. This year the theme is celebrating PPGs working in their wider communities.

**(e) Ensuring Financial Sustainability:** Recognising the importance of a robust financial foundation, this year has been pivotal in our efforts in relation to better financial management. This endeavour, spearheaded by Mr. Philip Linnegar, will ensure better ongoing management of N.A.P. P's finances and better use of income. The focus in the coming year will be on improving arrangements further to ensure sustainability and resilience in the face of any challenges, safeguarding N.A.P. P's missions and commitments for the years to come.

**(f) Reviving the Member Bulletins:** Reinvigorating our communication channels, we are on the cusp of relaunching our member bulletins, with content that directly resonates with and benefits our members. This concerted effort, spearheaded by Mrs. Sandy Gower and by Ms. Moira Auchterlonie, aims to deliver timely, relevant, and impactful news directly into the hands of our members. Driven by feedback (largely from the previous AGM) and a keen understanding

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of member needs (from Very Connect), we're tailoring these bulletins to serve as an indispensable resource for our community. The revamped format will foreground pressing issues, opportunities, and insights, fortifying the bond between N.A.P.P. and its cherished members.

**(g) Strengthening Partnerships and Amplifying N.A.P.P.'s Influence:**

Over the year, our engagement with various organisations pivotal to our members' interests and concerns has been unwavering. We have effectively liaised with and influenced the following institutions:

- The Royal College of General Practitioners
- The Practice Management Network
- The General Medical Council
- The General Dental Council
- NHS England
- 

Furthermore, we have sustained our consultancy partnership with NHS England Public Participation Team (for the third year running) via the Primary Care Community Strategy Committee and the PPG Champions Group. This collaboration involves a project centered around patient and wider community engagement within Primary Care, for which we offer our specialized consultancy services. Notable input has included PPG Awareness Week webinars, development of the PPG Champions group, recruitment expertise for the Community Engagement Strategy Group, N.A.P.P. into a community engagement video. It is through these activities that NAPP retains a place at the top table and influences on behalf of its member PPGs that PPGs remain an important part of the wider community engagement architecture.

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Beyond these formal relationships, our connection with a diverse range of fora and organisations remains robust. We actively participate in several national NHS committees and working groups, including:

- •The GP Development Reference Group
- The Patient Online Stakeholder Forum
- The GP/Secondary Care Interface Working Group
- The Self Care Forum
- The GP Patient Survey

Our involvement across these platforms underscores our commitment to ensuring the best outcomes for our members and the broader healthcare community.

**(h) Engaging Decision-Makers:** The reduced number of trustees this year meant that N.A.P.P representatives were unable to attend any major conferences or symposia. However, our trustees have been persistent in their efforts. We've nurtured and strengthened relationships with a range of key regulatory bodies, arm's-length agencies, and leading organisations. This includes the NHS Confederation, NHS Providers, the Health Foundation, the Care Quality Commission, and the Medicines and Healthcare products Regulatory Agency. Our commitment to collaboration and knowledge-sharing remains undiminished, despite the challenges.

N.A.P.P continues to deliver its core membership activities, including those in relation to:

**1. Policy and Best Practice Guidance:** We offer comprehensive guidance in line with current policies and recognised

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best practice.

2. **Membership Support:** Dedicated support and guidance are readily available for our members.
3. **Expertise Sharing:** We share our vast knowledge and experience in the establishment and development of PPGs.
4. **Collaborative Improvement:** We actively encourage patients to collaborate with healthcare professionals to enhance service quality.
5. **Patient-Centric Decision Making:** Our aim is to bolster patient involvement in, and influence over, key decisions in healthcare.
6. **Evidence-Based Feedback:** We relay patient opinions, grounded in concrete evidence derived from robust engagement with our member base.
7. **Influential Patient Role:** We empower patients, giving them a significant voice in shaping healthcare services.
8. **Patient Participation in Care Quality:** Our objective is to enhance care quality by harnessing the power of patient participation.
9. **Prioritising Patients:** Above all, we always put the needs and concerns of patients at the forefront.
10. **Promoting N.A.P.P:** We champion N.A.P.P as "the national voice for patient participation in primary care", ensuring our message reaches a wide audience.

Through these activities, we remain committed to championing the rights and voices of patients across the primary care sector.

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**2. Governance, structure, and management**

Through our interactions with members and our collaborations with a spectrum of health service providers, commissioners, and arm's-length bodies, N.A.P.P. emphasises the imperative of enhancing quality and standards in primary care, all from the viewpoint of the patient. Patient Participation Groups (PPGs) serve as a fundamental tool in aiding, enlightening, and equipping patients to take greater control of their health and wellbeing. In line with this, the Trustees consistently comply to the duty outlined in section 4 of the Charities Act 2006, ensuring due regard for public benefit. This commitment is also enshrined in our governing document.

**(a) Board of Trustees:** The Board is now composed of a President, Dr Patricia Wilkie, Chairman, Dr Folarin Majekodunmi, Vice-Chairman, Sandy Gower, and Mr Philip Linnegar. Trustees share responsibility for:

- i) Collaborating with N.A.P.P.'s stakeholders to enhance its mission.
- ii) Representing N.A.P.P. at various conferences and events
- iii) Aiding in the efficient operation of N.A.P.P., and
- iv) Elevating and promoting the profile of N.A.P.P. on both a national and local scale.

The Board consistently reviews the knowledge, skills, and experience needed to robustly support N.A.P. P's members. This assessment is used to guide trustee recruitment efforts.

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**(b) Governance:** Despite the low number of trustees, we have ensured:

1. **Compliance with SORP:** We remain compliant with the latest SORP (Statement of Recommended Practice) regulations, as stipulated by the Charity Commission.
2. **The trustee handbook:** We have updated the trustee handbook to more accurately cater to the evolving needs of our members. The insights derived from this will further guide our recruitment strategy and subsequent onboarding/induction methodologies.
3. **Data Protection:** After registering with the Information Commissioner's Office during the 2020/21 period, we persistently uphold our obligations as an entity processing personal data, staying in line with the provisions of the Data Protection Act.
4. **Managing Conflicts of Interest:** The Board diligently maintains a Declaration of Interests for all Trustees. This vigilant approach ensures that any individual conflicts of interest are prudently managed, shielding both the organisation and its trustees from undue risks. Furthermore, it preserves N.A.P. P's esteemed status as a wholly independent entity.

### **3. Other achievements**

There have been a number of other significant achievements for N.A.P.P, since the Trustee's annual report for 2021/2022:

**(a) PPG Membership:** Building on the momentum from 2021/22, our membership numbers are on the rise, welcoming both fresh faces and some returning former members who had previously lapsed. The VeryConnect platform has been instrumental in promoting the exchange of knowledge and best practices, continually equipping our member PPGs to navigate contemporary challenges. Moreover, we've amplified our capacity to offer tailor-made support and advice via

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our enquiry line and email service. Interestingly, we are observing a surge in queries from Integrated Care Boards and entities accountable for broader aspects of health and wellbeing determinants, such as education and the third sector. This trend is uplifting, signifying a shift towards a more comprehensive perspective on health and wellbeing.

**(b) Annual Conference:** In light of the remarkable success and positive feedback from our virtual conferences over the past couple of years, we've chosen to host this year's conference in a virtual format. Details will be shared with our members in due course.

**(c) Promotion of PPGs and N.A.P.P:** N.A.P.P stands firm in its commitment to influence decision-making at the level of Integrated Care Systems. Our collaboration with NHS England, which is in its third year and focuses on patient engagement and participation in Primary Care, stands testament to this dedication. Furthermore, we've imparted best practices across the tiers of governance in the health service on optimal patient engagement strategies, balancing the advantages of at-scale approaches with the imperative of patient-centricity.

#### **4. Aims and priorities for 2023–2024**

The Board is actively working on recruiting both a new Chair and a full complement of Trustees. Once these crucial roles have been filled and the role holders fully onboarded, our priority will shift towards refining N.A.P. P's Mission, Vision, and Strategic Objectives. The changes will ensure that these key elements, more accurately mirror both (i) current circumstances and (ii) the evolving needs of our members.



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The insights gathered will serve as cornerstones for our operational planning and will inform our medium-term strategic plans. We anticipate that the four key aims we first defined in 2019/20 will remain at its core, supplemented with a number of more reactive areas of focus:

**(a) Strengthen Delivery:** leverage our relationships with PPGs to support practices on a consultancy and coaching basis to make the best possible use of PPGs in extending their capacity and ability to deliver safe, timely, appropriate care for their patients.

**(b) Strengthen Engagement:** Embark on an intensive programme to increase membership numbers by re-engaging lapsed members and attracting new ones. This will also encompass enhancing the support and knowledge-sharing systems and channelling the insights from our members to decision-makers throughout the health and care service.

**(c) Strengthen Partnerships:** Adopt a proactive approach to identify and collaborate with organisations that share our vision and values. This will likely range from third sector entities and voluntary groups to professional bodies and think tanks.

**(d) Strengthen Understanding:** Use our enquiry line and email services to assist PPGs and their practices in manoeuvring through the intricate contractual and legislative framework that span practices, Primary Care Networks, Integrated Care Systems, and other key organisations across the Health and Social Care system.

**(e) Strengthen Influence:** Persistently engage with our members across a broader range of channels, gaining insights into their needs and concerns. By leveraging this collective knowledge and expertise, we aim to not only influence decision-makers, but also hold them accountable for their actions and responses.

**(f) Strengthen Quality:** Employ our extensive network and influence to curate and disseminate learnings and best practices from across all PPGs, ensuring they are accessible to all members.

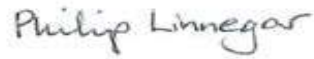
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**Reserves Policy:** The charity maintains a level of unrestricted reserves representing four to six months' expenditure, enabling us to continue for a period of limited income.



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Trustee



.....

Trustee

Date      17<sup>th</sup> October 2023

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(continued)**

**Treasurer's Report**

N.A.P.P. CIO was formed, and the constitution agreed upon by the members of old N.A.P.P. in December 2019. It was registered with the Charity Commission in December 2019.

**Accruals Accounts**

These Accruals Accounts have been prepared in accordance with SORP regulations for charity accounts.

**1. Revenue**

Revenue is £27,513 (Unrestricted £22,513 and Restricted £5,000). The largest part, £21,600 (£26,060 in 2022), representing 79% of income is from affiliation fees from PPGs, often paid directly by GP Practices. This is made up of 64 (39 in 2022) new members a 64% increase year-on-year and 444 (593 in 2022) renewals a 25% reduction year-on-year due to mergers and acquisitions within the NHS associated with the formation of Integrated Care Boards.

This is the third year where the in-person annual conference was not possible resulting in approximately £13k (based on 2019 income) foregone income.

**2. V.A.T**

There is no obligation for N.A.P.P. CIO to register for V.A.T, as current and projected income fall below HMRC's threshold. Trustees will continue to monitor this with the aim to take necessary mitigating action when required.

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**3. Expenditure**

Expenditure in this financial year is 43 percent lower than 2022 at £22,517 (Unrestricted £17,991 and Restricted £4,527) vs £39,278 in 2022 (Unrestricted £38,712 and Restricted £566).

N.A.P.P. CIO continues to fund a platform – Very Connect – to help improve PPG engagement.

**4. Bank Balance**

The combined end-of-year bank balance is close to £ 57,941 (2022 £52,252), with net asset sum of £1,116 (2022 £1,810))

**5. Investment and reserves**

There are adequate reserves to sustain activities for 2023-24 – 59,057 (Unrestricted 51,376 and Restricted £7,681)

**6. Annual Affiliation Fees**

The annual flat rate per PPG currently remains at £40 with joining fee of £60. The Board continue to consider alternative fee structures, which would, in some way, reflect the size of Practice. This is particularly important because the many changes across the NHS associated with formation of Integrated Care Boards have resulted in mergers of Practices into larger groupings, leading to unintended consequences of reduction in the number of PPGs and income. Demand for NAPP services, on the other hand, continues to increase particularly due to the Trust relationship between NAPP and its members as the preferred advocate of all time, more so now during a time when the NHS is on its face. NAPP remains that committed source of hope to ensure patient voices are heard, despite the challenges including receiving no statutory funding for its activities

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from NHS England and Improvement (NHSE&I) other than the annual restricted grant of £5k. Therefore, income raised from this increase in fees is even more important to pay for specialist expertise and support officers for NAPP to continue to exist as an influential representative of PPGs at National level. The other side to this is the increase in fees pushes the Charity into a threshold which would require NAPP to consider registration for VAT subsequently chargeable to members. A decision is yet to be taken following further consultation as is relevant as soon as possible.

## **7. Since the year-end**

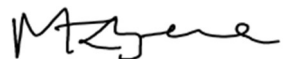
Last year was a challenging year for NAPP due to lack of Trustees to support the important work carried out on behalf of its members. Operations were therefore stripped to the bare minimum. The silver lining is that this resulted in a surplus of £5k driven mainly by a 72% savings from paid support. The important work of Miss Moira Auchterlonie (The Primary Care Catalyst) funded out of Restricted funds on the other hand rose exponentially during this time as they provided the bulk of the support of that minimum service NAPP provided to its members between last and this financial year.

Philip Linnegar's appointment as Trustee is key. His contribution alongside existing President Dr Patricia Wilkie and Trustees is to restore the bare bones to a much more robust sustainable service for NAPP to serve its members better, now and in the future. To this effect new bookkeepers have been appointed who will be relieving me of the responsibility of updating Xero (the bookkeeping software) which I have been doing on a voluntary basis alongside a fulltime job over the last three years. An Accountant will also be appointed to prepare Charity Accounts. Menzies will continue to act as Independent Examiners. As such this will result in an increase in Accountancy and Audit fees as well as administration costs in subsequent periods. My role therefore will be to handover to Carter Bookkeeping Services and Accountants as soon as appointed over the next few months with the aim to fully stepping down thereafter. I would like to thank NAPP Trustees and Members for affording me this opportunity to serve. It has been a great pleasure, my passion for Patient interests remains core to my heart, I will therefore continue to serve in a different capacity yet to be established.

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As stated above, activities to improve member engagement are also being ramped up to compliment the works provided by Miss Moira Auchterlonie. Miss Victoria Ridgeway has been providing the much-needed administration services on a self-employed basis. She is now being supported by Miss Beth Moore who is also self-employed. Administration cost will therefore increase because of this appointment. Miss Chris Oxtoby (In-house Business Solutions Ltd) continues to provide technical IT support, a vitally important service for NAPPs continued existence alongside ad hoc administrative support.

Reserves balance brought forward have been adjusted up by £100 to account for an understatement of membership income in financial 2022 from £25,960 to £26,060. An equivalent adjustment has been applied to payables opening balance to reflect an understatement of income in financial 2022 (Please refer to Note 6)



Mwamba Nyambe BCOM. MBA(Finance), ACMA, CGMA

8 October 2023

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(continued)**

**Independent Examiners Report to the Trustees of National Association**

I report to the charity Trustees on my examination of the accounts of the Charity for the year ended 31 March 2023.

**Responsibilities and basis of report**

As the Trustees of the Charity, you are responsible for the preparation of the accounts in accordance with the requirements of the Charities Act 2011 ('the 2011 Act').

I report in respect of my examination of the Charity's accounts carried out under section 145 of the 2011 Act and in carrying out my examination I have followed the applicable Directions given by the Charity Commission under section 145(5)(b) of the 2011 Act.

**Independent Examiner's Statement**

I have completed my examination. I confirm that no matters have come to my attention in connection with the examination giving me cause to believe that in any material respect:

1. accounting records were not kept in respect of the Charity as required by section 130 of the 2011 Act: or
2. the accounts do not accord with those records; or
3. the accounts do not comply with the applicable requirements concerning the form and content of accounts set out in the Charities (Accounts and Reports) Regulations 2008 other than any requirement that the accounts give a 'true

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and fair' view which is not a matter considered as part of an independent examination.

I have no concerns and have come across no other matters in connection with the examination to which attention should be drawn in this report in order to enable a proper understanding of the accounts to be reached.

This report is made solely to the Charity's Trustees, as a body, in accordance with Part 4 of the Charities (Accounts and Reports) Regulations 2008. My work has been undertaken so that I might state to the Charity's Trustees those matters I am required to state to them in an independent examiner's report and for no other purpose. To the fullest extent permitted by law, I do not accept or assume responsibility to anyone other than the Charity and the Charity's Trustees as a body, for my work or for this report.

DocuSigned by:

*Janice Matthews*  
634F24DE92A4471...

16-Jan-2024

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Janice Matthews FCA,  
Menzies LLP,  
2nd Floor, Magna House  
18-32 London Road  
Staines-Upon-Thames  
TW18 4BP



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<b>STATEMENT OF FINANCIAL ACTIVITIES</b>							
	<b>Notes</b>	<b>CIO Unrestricted 2023 £</b>	<b>CIO Restricted 2023 £</b>	<b>CIO Total 2023 £</b>	<b>CIO Unrestricted 2022 £</b>	<b>CIO Restricted 2022 £</b>	<b>CIO Total 2022 £</b>
<b><u>Receipts</u></b>							
<b><u>Income from generated funds</u></b>							
Investment income		913.23	0.00	<b>913.23</b>	20.00	0.00	<b>20.00</b>
<b><u>Incoming resources from generated funds</u></b>							
Membership fees received		21,600.00	0.00	<b>21,600.00</b>	26,060.00	0.00	<b>25,960.00</b>
Conference funds received		0.00	0.00	<b>0.00</b>	0.00	0.00	<b>0.00</b>
Donations received		0.00	0.00	<b>0.00</b>	20.00	0.00	<b>20.00</b>
Grants received		0.00	5,000.00	<b>5,000.00</b>	0.00	5,000.00	<b>5,000.00</b>
		-----	-----	-----	-----	-----	-----
<b><u>Total incoming resources</u></b>		22,513.23	5,000.00	27,513.23	26,100.00	5,000.00	31,100.00
<b><u>Resource Expended</u></b>							
Running costs	<b>2</b>	14,289.07	4,526.67	<b>18,815.74</b>	33,849.66	565.70	<b>34,415.36</b>
Governance costs	<b>3</b>	3,701.62	0.00	<b>3,701.62</b>	4,862.78	0.00	<b>4,862.78</b>
		-----	-----	-----	-----	-----	-----
<b><u>Total Resource Expended</u></b>		17,990.69	4,526.67	<b>22,517.36</b>	38,712.44	565.70	<b>39,278.14</b>
		-----	-----	-----	-----	-----	-----
<b><u>Net incoming/(outgoing) for the year</u></b>		4,522.54	473.33	<b>4,995.87</b>	(12,612.44)	4,434.30	<b>(8,278.14)</b>
Balance of reserves brought forward		46,853.64	7,207.63	<b>54,061.27</b>	59,466.08	2,773.33	<b>62,239.41</b>
		-----	-----	-----	-----	-----	-----
<b><u>Balance of reserves carried forward</u></b>		<b>51,376.18</b>	<b>7,680.96</b>	<b>59,057.14</b>	<b>46,853.64</b>	<b>7,207.63</b>	<b>54,061.27</b>
		=====	=====	=====	=====	=====	=====

There were no recognised gains or losses for the above years other than those in the Statement of Financial Activities. All income and expenditure derive from continuing activities.

The notes on pages 27 to 32 form part of these accounts

**NATIONAL ASSOCIATION FOR PATIENT PARTICIPATION (CIO)**  
**TO 31 MARCH 2023**  
**(continued)**

<b>BALANCE SHEET</b>							
	<b>Notes</b>	<b>CIO Total Unrestricted 2023 £</b>	<b>CIO Total Restricted 2023 £</b>	<b>CIO Total Total 2023 £</b>	<b>CIO Total Unrestricted 2022 £</b>	<b>CIO Total Restricted 2022 £</b>	<b>CIO Total Total 2022 £</b>
<b><u>Current Assets</u></b>							
Bank and Cash	4	55,260.32	2,680.96	57,941.28	50,044.03	2,207.63	52,251.66
<b><u>Debtors and Prepayments</u></b>							
Amounts falling due within 1 year	5	0.00	5,000.00	5,000.00	0.00	5,000.00	5,000.00
<b><u>Creditors and Accruals</u></b>							
Amounts falling due within 1 year	6	3,884.14	0.00	3,884.14	3,190.39	0.00	3,190.39
<b>Net Current Assets</b>		51,376.18	7,680.96	59,057.14	46,853.64	7,207.63	54,061.27
<b><u>Total Assets less Current Liabilities</u></b>		<b>51,376.18</b>	<b>7,680.96</b>	<b>59,057.14</b>	<b>46,853.64</b>	<b>7,207.63</b>	<b>54,061.27</b>
<b><u>Capital and Reserves</u></b>							
Current Year Earnings		4,522.54	473.33	4,995.87	(12,612.44)	4,434.30	(8,178.14)
Retained Earnings		46,853.64	7,207.63	54,061.27	59,466.08	2,773.33	62,239.41
<b>Total Capital and Reserves</b>		<b>51,376.18</b>	<b>7,680.96</b>	<b>59,057.14</b>	<b>46,853.64</b>	<b>7,207.63</b>	<b>54,061.27</b>

The notes on pages 27 to 32 form part of these accounts. The financial statements on pages 25 to 26 were approved by the board of trustees on 10 October 2023.

 Philip Linnegar

Trustee

Trustee

**NATIONAL ASSOCIATION FOR PATIENT PARTICIPATION (CIO)  
TO 31 MARCH 2023  
(continued)**

**1. ACCOUNTING POLICIES**

**Basis of Preparation of Accounts**

The financial statements have been prepared in accordance with the Charities SORP (FRS 102) – Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2019), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Charities Act 2011.

The financial statements have been prepared to give a 'true and fair' view and have departed from the Charities (Accounts and Reports) Regulations 2008 only to the extent required to provide a 'true and fair' view. This departure has involved following the Charities SORP (FRS 102) published in October 2019 rather than the Accounting and Reporting by Charities: Statement of Recommended Practice effective from 1 April 2005 which has since been withdrawn.

National Association for Patient Participation meets the definition of a public benefit entity under FRS 102. Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy.

**Statement of going concern**

The trustees no longer consider that lack of Trustees, which is being mitigated by appointment of new Trustees, poses a material enough threat of NAPP CIO's ability to continue as a going concern. After making enquiries with its members the trustees have a reasonable expectation that the services provided by NAPP CIO will continue to be provided for the

**NATIONAL ASSOCIATION FOR PATIENT PARTICIPATION (CIO)  
TO 31 MARCH 2023  
(continued)**

foreseeable future despite challenges highlighted in this report. For this reason, the Trustees have adopted the going concern basis in preparing the accounts.

**Incoming Resources**

Income is accounted for as received by the charity except where a member pays twice in a given year for renewal of existing membership in which case it is treated as deferred income. The income is shown gross.

**Irrecoverable VAT**

Value added tax is not recoverable by the charity, and as such is included in the relevant costs in the statement of financial activities.

**Governance Costs**

Governance costs consist of expenditure on management and administration of the charity including all expenditure not directly related to the charitable activity or fund-raising ventures. This includes costs of the professional services which enable the charity to function and independent examination.

**Debtors**

Debtors are recognised at the settlement amount due after any discount. Prepayments are valued at the amount prepaid net of any discounts due.

**NATIONAL ASSOCIATION FOR PATIENT PARTICIPATION (CIO)  
TO 31 MARCH 2023  
(continued)**

**Cash at bank and in hand**

Cash at bank and cash in hand includes cash and short term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the deposit or similar account.

**Creditors and provisions**

Creditors and provisions are recognised where the Charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors and provisions are normally recognised at their settlement amount after allowing for any discounts due.

**Financial instruments**

The Charity only has financial assets and liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value.

**Critical Accounting Estimates and Judgements**

In the application of the Charity's accounting policies, the Trustees are required to make judgements, estimates and assumptions about the carrying amount of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates. The estimates and underlying assumptions are reviewed on an on-going basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised where the

**NATIONAL ASSOCIATION FOR PATIENT PARTICIPATION (CIO)**  
**TO 31 MARCH 2023**  
**(continued)**

revision affects only that period, or in the period of the revision and future periods where the revision affects both current and future periods. There were no critical accounting estimates during the period.

## 2. RUNNING COSTS

Total running costs in 2022/23 is £18,816 (Unrestricted £14,289 and Restricted £4,527) .

	<b>RUNNING COSTS</b>					
	<u>CIO</u> <u>Unrestricted</u> <u>2023</u> <u>£</u>	<u>CIO</u> <u>Restricted</u> <u>2023</u> <u>£</u>	<u>CIO</u> <u>Total</u> <u>2023</u> <u>£</u>	<u>CIO</u> <u>Unrestricted</u> <u>2022</u> <u>£</u>	<u>CIO</u> <u>Restricted</u> <u>2022</u> <u>£</u>	<u>CIO</u> <u>Total</u> <u>2022</u> <u>£</u>
<b><u>Running Costs</u></b>						
<b><u>Administrative Costs</u></b>						
Administration Duties	6,936.00	0.00	<b>6,936.00</b>	8,374.60	0.00	<b>8,374.60</b>
Bank Fees	72.00	0.00	<b>72.00</b>	112.00	0.00	<b>112.00</b>
Consulting	650.34	4,526.67	<b>5,177.01</b>	17,442.83	320.00	<b>17,762.83</b>
General Expenses	0.00	0.00	<b>0.00</b>	16.12	0.00	<b>16.12</b>
Insurance	596.37	0.00	<b>596.37</b>	564.57	0.00	<b>564.57</b>
Interest Paid	0.00	0.00	<b>0.00</b>	(0.04)	0.00	<b>(0.04)</b>
IT Software and Consumables	5,664.36	0.00	<b>5,664.36</b>	7,144.58	245.70	<b>7,390.28</b>
Subscriptions	370.00	0.00	<b>370.00</b>	195.00	0.00	<b>195.00</b>
<b>Total Running Costs</b>	<b>14,289.07</b>	<b>4,526.67</b>	<b>18,815.74</b>	<b>33,849.66</b>	<b>565.70</b>	<b>34,415.36</b>

**NATIONAL ASSOCIATION FOR PATIENT PARTICIPATION (CIO)**  
**TO 31 MARCH 2023**  
**(continued)**

**3. GOVERNANCE COSTS**

<b>GOVERNANCE COSTS</b>						
	<u>CIO</u> <u>Unrestricted</u> <u>2023</u> £	<u>CIO</u> <u>Restricted</u> <u>2023</u> £	<u>CIO</u> <u>Total</u> <u>2023</u> £	<u>CIO</u> <u>Unrestricted</u> <u>2022</u> £	<u>CIO</u> <u>Restricted</u> <u>2022</u> £	<u>CIO</u> <u>Total</u> <u>2022</u> £
<b><u>Governance costs</u></b>						
Audit & Accountancy fees	3,113.40	0.00	3,113.40	4,650.00	0.00	4,650.00
Stripe Fees	588.22	0.00	588.22	212.78	0.00	212.78
	-----	-----	-----	-----	-----	-----
<b>Total Governance costs</b>	<b>3,701.62</b>	<b>0.00</b>	<b>3,701.62</b>	<b>4,862.78</b>	<b>0.00</b>	<b>4,862.78</b>
	=====	=====	=====	=====	=====	=====

None of the trustees received any remuneration during the year for acting as trustees.

No trustee has received any reimbursed expenditure for services provided to the charity, except for spend on behalf of the Charity which is included in expenditure and creditors sums.

**4. CASH & BANK**

Closing Bank balance as at 31 March 2023 was £57, 941.

<b>Bank</b>	<b>Unrestricted</b>	<b>Restricted</b>	<b>Total</b>
	£	£	£
Opening Balance 1 April 2022	50,044.03	2,207.63	52,251.66
Movement	5,216.29	473.33	5,689.62
<b>Closing Balance 31 March 2023</b>	<b>55,260.32</b>	<b>2,680.96</b>	<b>57,941.28</b>

**NATIONAL ASSOCIATION FOR PATIENT PARTICIPATION (CIO)**  
**TO 31 MARCH 2023**  
**(continued)**

**5. DEBTORS AND PREPAYMENTS**

A total sum of £5,000 in relation to Restricted income, a grant from NHS England was carried forward as Debtors as at 31 March 2023.

<b>Debtors and Prepayments</b>	<b>Unrestricted</b>	<b>Restricted</b>	<b>Total</b>
	<b>£</b>	<b>£</b>	<b>£</b>
Opening balance as at 1 Apr 2022	0.00	5,000.00	5,000.00
Movement	0.00	0.00	0.00
<b>Closing Balance as at 31 Mar 2023</b>	<b>0.00</b>	<b>5,000.00</b>	<b>5,000.00</b>

**6. CREDITORS AND ACCRUALS**

A total sum of £3,884 is owed to creditors including affiliation fees paid in advance as at 31 March 2023. Payables opening balance has been adjusted down by £100.02 to reflect an understatement of income in financial year 2022 and a balancing adjustment of 2p.

<b>Creditors and Accruals</b>	<b>Unrestricted</b>	<b>Restricted</b>	<b>Total</b>
	<b>£</b>	<b>£</b>	<b>£</b>
Opening balance as at 1 Apr 2022	3,190.37	0.00	3,190.37
Movement	693.77	0.00	693.77
<b>Closing Balance as at 31 Mar 2023</b>	<b>3,884.14</b>	<b>0.00</b>	<b>3,884.14</b>

**7. RELATED PARTY TRANSACTIONS**

IT and Administration services were paid to In-house Business Consultancy Limited owned by a volunteer.