

REGISTERED COMPANY NUMBER: 05846538 (England and Wales)
REGISTERED CHARITY NUMBER: 1115935

National Migraine Centre
Report of the Trustees and
Financial Statements for the year ended 31 March 2017

NATIONAL MIGRAINE CENTRE
REPORT OF THE TRUSTEES
FOR THE YEAR ENDED 31 MARCH 2017

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NATIONAL MIGRAINE CENTRE

REPORT OF THE TRUSTEES
FOR THE YEAR ENDED 31 MARCH 2017

Registered office and Principal address

226 Walmer Road
London
W11 4ET

Registered Company number

05846538 (England and Wales)

Registered Charity number

1115935

Patrons

Francis Rossi OBE

Trustees

Mr Howard Morris
Mr James Kininmonth
Mr Mark Perrow
Mr Andrew Easter
Mr David Davenport-Firth
Sarah Standing
Ruth Robertson

Independent Examiner

Richardson Jones
Mercury House
19-21 Chapel Street
Marlow
SL7 3HN

Bankers

CAF Bank Limited
25 Kings Hill Avenue
Kings Hill
West Malling
Kent
ME19 4TA

Solicitors

Dentons
One Fleet Place
London
EC4M 7WS

Accountant

AJC Accountancy
Chartered Accountants
Basepoint Business Centre
110 Butterfield
Luton
LU2 8DL

Trustees Report

In 2006 National Migraine Centre (under its former name City of London Migraine Clinic) incorporated a Company Limited by Guarantee that was registered with the same objects as that of the charity.

Charitable purpose

National Migraine Centre (NMC) was founded in 1980 as a registered medical charity by Dr Blau and Dr Wilkinson, both consultant neurologists with a special interest in migraine. The original governing document is a trust deed dated 23 May 1980, in April 2012 replaced by a set of Articles which define the charitable purpose of the Clinic as:

“The promotion of research into the causes, treatment and alleviation of migraine and other headaches and the publication of useful results of such research and the treatment of patients suffering from such disorders.”

Objectives	
Provide treatment to all sufferers from migraines and other headaches	NMC provides a team of specialist doctors who give advice on the management and treatment of migraine and other headaches, including cluster headaches. We offer outpatient appointments by prior arrangement Monday to Friday.
Share our knowledge through training, lecturing and publications	We are a renowned teaching centre. Visiting specialist doctors, GPs, nurses and students have the opportunity to sit in on consultations. We train medical students of Barts and The London School of Medicine and Dentistry. We work closely with national and international lay and professional organisations. In addition, we give lectures to the medical community and lay public. Countless scientific papers and publications have been produced by the Centre.
Conduct, promote and publish research into the causes, treatment and alleviation of migraine and other headaches	Standard treatments used worldwide for migraine are the result of studies undertaken at NMC.

Migraine: The extent of the problem

- Migraine is the most common neurological condition in the developed world. It is more prevalent than diabetes, epilepsy and asthma combined, affecting 1 in 5 of the UK population.
- Migraine has been ranked by the World Health Organization as 19th among all diseases worldwide causing disability (12th in women).¹
- Research shows that an estimated 5.7 working days are lost per year for every working or student migraineur and each working day up to 90,000 people are absent from work or school as a result of migraine.¹
- Prevalence of migraine varies with age, rising through early adult life and peaking during the most productive working years.

Despite all these facts, migraine is not seen as a public health problem; it is widely under-diagnosed and under-treated, in children and adults.²

¹ World Health Organization. Mental Health: New Understanding, New Hope. Geneva: WHO, 2001.

² Lipton RB, Scher AI, Steiner TJ, et al. Patterns of health care utilization for migraine in England and in the United States. *Neurology* 2003;**60**(3):441-8.

Achievements

During more than 36 years as an independent medical charity NMC has:

- Treated more than 58,000 patients
- Gained a world-wide reputation for clinical and research excellence;
- Developed treatments that have since become the recommended standard by the British Association for the Study of Headaches;
- Made a real difference to patients: In 2015/16 93% of patients rated our Clinic as 'Excellent' or 'Good' and we are currently auditing 2016/17.
- In 2015/16 our patients saw an improvement in their quality of life average age from that of an 80 year old to a 40 year old within the first year of treatment using EQ5D.
- Developed diagnostic criteria for menstrual migraine, now included in the International Classification of Headache Disorders;
- Published guidelines for the diagnosis and management of migraine in the UK, and the use of combined oral contraceptives in women with migraine;
- Conducted phase 2, 3 and 4 trials for acute and prophylactic treatments for migraine, as well as independent scientific research projects in collaboration with the departments of haematology, gynaecology, pharmacology and psychiatry within Bart's Health NHS Trust;
- Since 2000, published more than 82 peer-reviewed papers in prestigious medical journals such as the Lancet, The Lancet Neurology, Neurology, Cephalalgia, Headache, Journal of Family Planning and Reproductive Health, and many others. These are read by GPs and specialists within the UK and many parts of the world, especially the USA, Canada and Australia.
- We have had publications on the NMC in Vogue, Women's Health Magazine, Porter Magazine and The Pharmacist and have had appearances on the BBC1's show 'Food Truth or Scare', ITV's This Morning and BBC Radio Solent.
- Educated over 2700 healthcare professionals to improve management of primary headaches (migraine and cluster headache).

Current Activities

Treatment

The Centre offers appointments by prior arrangement Monday to Friday. An important aspect to treatment is the ample time allotted to visits; allowing up to 40 minutes for the first visit and 20 minutes for follow up visits. We welcome all patients from across the UK and abroad. UK patients are not charged but are asked for a realistic donation towards the cost of providing the appointment. We are working hard to reduce this cost whilst also becoming financially self-sustaining. This will reduce our reliance upon grant funding.

We are able to see patients using health insurance. Our doctors are salaried and so the private insurance income is of great value, offsetting donations, which do not cover the cost of service delivery.

***"I want to say a huge thank you. This was my first session and finally I felt understood and showed a clear pathway of support that I felt comfortable with."* Karen, aged 42 from Chelmsford.**

The clinic's unique treatment services are open to all ages, genders and ethnic backgrounds. In practice 3 times more women are treated than men, in conformity with the prevalence of migraines.

Our team of doctors, (fully qualified and registered with the UK's General Medical Council) specialise in treating headaches and provide advice and treatment to patients at the London clinic.

***"I can quite honestly say that I wouldn't be alive were it not for the expertise & care provided by the headache specialist I was treated by... I absolutely implore you to see the NMC."* Joshua, aged 23 from London.**

A full medical history is taken from each new patient before they are examined. Once the diagnosis has been established, our doctor discusses management regimes with the patient and writes a full report to the GP/Doctor, with a copy sent to the patient. Recommendations for medication are usually minimal — our aim is to help patients understand their migraine, often finding non-drug ways of reducing the frequency of attacks, although effective attack therapy is always necessary. Since there are no specific tests for most types of headache, brain scans and

further investigations are not normally required, however should they be necessary, we will recommend this in our report to the GP, who can organise these locally. In subsequent follow-ups, the management strategy may be revised if necessary.

***"The care and service from the National Migraine Centre has been outstanding. It was amazing to speak to someone who knew what they were talking about. Best of all they knew how to treat them."* Karen, aged 53, Nottingham.**

Patients can self-refer for appointments; many do so following a recommendation from their GP (those with private healthcare require a referral to be covered). This has continued to be a great success, and 86% of our patients are now self-referred. Patients can also self-refer through our website (39% referred in this way in 2016/7). GPs find this process convenient and are pleased that we still send our recommendations in writing. A high proportion of our patients attend the clinic following recommendations from those who have visited us before.

We monitor the outcomes of the care we deliver by requesting all new patients complete an EQ5D, online. This is a quality of life questionnaire that we follow-up at 3 and 6 months post-treatment. In 2016, we saw an increase in the quality of life for our patients, with their quality of life average age improving from that of an 80 year old to a 40 year old within the first year of treatment. Since 2006 we have been collecting patient feedback on an on-going basis, which enables us to monitor the quality of our service and to address any issues that may arise. Feedback has been very positive and comments have enabled us act upon any weaknesses to ensure that we are constantly exceeding expectations. Over the past 7 years this has been remarkably consistent with at least 93% describing the service as excellent or good. With all new patients being included in the monitoring of the outcomes of care we have reduced the routine collection of patient feedback on the service to a set period each year.

Education

A range of activities have been carried out in 2016/17 as part of the Centre's mission to disseminate research findings and to share its expertise. These include presentations and lectures in the area of treatment and management methods of migraines and other headaches (listed on page 6).

Research

Research into the causes and better management of migraine and other headaches is also undertaken. New drugs and non-drug treatments for migraine are tested at the Centre in scientifically controlled clinical trials. Patients may be given the opportunity to try new treatments in a clinical study but there is no obligation and their care is not affected in any way.

Review of 2016/17

Headache Service Partnerships

Over the past 4 years we have provided a service for the NHS; by contract and on an individual funding request basis. The Centre's offering is aimed at relieving some of the pressure on the NHS for a high quality, cost efficient service with shorter waiting times and more patient choice. Patients, patient support organisations and healthcare professionals alike have told us that some Clinical Commissioning Groups (CCGs), hospitals and GPs struggle to meet these priorities when it comes to chronic sufferers of migraine and other primary headaches. We have the expertise to provide first class education to GPs to enable them to improve treatment in primary care whilst referring difficult cases to the clinic. We can provide outpatient services with short waiting times: less than 1 month. In 2016/17 we continue to deliver headache and Botox services to the NHS via individual funding requests from CCGs across Britain and Wales for their patients, and are looking to pursue more of these in future. We are registered with the Care Quality Commission.

PR and Marketing

In January 2012 we rebranded from the City of London Migraine Clinic to National Migraine Centre. This was to better reflect the national work that we do, and that we are more than just a clinic. We hope that over the coming years, this increased profile will begin to have an effect on referral numbers, income from grant making trusts and partnerships with the NHS and corporate sector. Since rebranding we have seen a considerable increase in press coverage, both nationally (eg. Women's Health Magazine, Daily Mail, Vogue, Good Housekeeping, BBC, ITV) and in the medical press (eg. GP Magazine, The Pharmacist, Training Matters Magazine, Prescriber). We continue to work to increase the public's knowledge of the existence of the Centre and our ability to help improve the quality of life of all people who suffer from primary headaches. This is in part a response to patient feedback that the service we

NATIONAL MIGRAINE CENTRE

REPORT OF THE TRUSTEES FOR THE YEAR ENDED 31 MARCH 2017

provide is excellent, however it is a pity that it has taken them so long to find us. This is a challenge as we do not have sufficient funding to pay for marketing and advertisements. The International PR firm Ogilvy Health did however provide us with pro-bono assistance to redevelop the NMC's website and this was launched at the end of February 2015, which has helped to increase traffic to our website and therefore make it easier for patients to find out about us and the work we do.

We actively engage with our patients and supporters via social media using Facebook and Twitter accounts to encourage sufferers to seek NMC's help. In addition we have an NMC forum on Health Unlocked and NHS Options/Choices link to our website. We also have a PR & Marketing Subcommittee of the Board to work on maximising our public profile in a cost-effective way utilising the skills of our patients and supporters.

Funding

The Centre is completely independent and does not receive direct funding from the NHS or any other government body. We closed the year showing a loss of £51,614. Despite keeping a very tight control on costs, the poor level of grant income has been a major issue. This has been combined with us moving after 36 years, our website being hacked, and being subject to a major ransomware incident.

Funding has been agreed from the NIFR for a joint piece of research lead by the University of Warwick for a period of 5 years from January 2016.

We are extremely grateful to the dedication and flexibility of our administrative team who have worked hard and successfully reduced wasted appointments, and our doctors who have embraced change and stayed true to the objectives of the charity.

Patient donations

51% 2017 (50% 2016), This includes donations following consultations and regular giving. For all who are UK tax payers, we have been able to reclaim a further 25% as Gift Aid. We continue to work hard to encourage patients with private healthcare cover to use it to pay for their appointment.

We have maximised our income from patients by:

- Reducing the high 'do not attend' (DNA) rate-resulting in fewer wasted appointments. The introduction of the late cancellation policy, where patients are charged half the cost to provide the appointment where they fail to give at least 48 hours notice of cancellation, has been the main reason of reduction. We continue to send automatic text or email reminders to be sent to all patients 7 days and 1 day prior to appointments.

Grants

7% 2017, (14% 2016) The income from grants has decreased, despite an increase in the number of grant applications submitted. We think this is due to the competition for grants and we have obtained a professional review & some advice to improve our success in 2017/18. We received £10,000 from Awards for All, £5,000 from Pilkington Charitable Trust, £1,400 from GM Morrison Charitable Trust, £1,000 from Langdale Trust, £1,000 from Lord Faringdon Charitable Trust, £200 from Silver Family Charitable Trust and £50 from Karen June Thornton Charitable Trust.

Fundraising

2% in 2017, (5% 2016) Our income from fundraising has decreased. We only receive one Virgin Money Marathon place every 5 years and we were not given a place this year. We have also seen a decrease in fundraising due to seeking new accommodation which has taken a lot of staff time, which meant we were less able to concentrate on fundraising. We are extremely grateful to all those who have donated to us over the past year, especially to one regular donor who donates £5,000 annually.

Trading

32% in 2017, (30% 2016). This amount covers income from private patients, clinical procedures and providing outreach to an NHS Trust. We are pleased that private and procedure bookings have increased – these patients are charged a set fee.

Research

8% in 2017, (4% in 2016). The level of research is lower than we would like, however we have continued our research interests with a role in a large project with the University of Warwick where funding had been agreed from the National Institute for Health Research for a period of 5 years from January 2016. We have already completed our role in Stage 1 of the study and the University of Warwick were very pleased with our work and have asked us to contribute to the ongoing study from June 2017 for up to 18 months.

Dissemination of knowledge

Over the last year we were able to hold our Masterclass Series of four evening lectures aimed at GPs and other healthcare professionals, with financial support from Cefaly and Allergan. The staff at the NMC feel educating healthcare professional on primary headaches is one of our key objectives. These were held in April, May and June 2016. 225 doctors had signed up for these events. They have been very well received, and serve not only to increase the knowledge of healthcare professionals but also to raise the awareness of the Clinic's services with this audience. A similar series is being planned for 2017/8.

"Headaches are a common presentation in Primary Care and generate a large number of secondary care activity and quite expensive prescribing costs recurrently. The City of London Migraine Clinic is a charitable organisation that is the antithesis of all of this and has consistently provided me with the highest quality evidenced based and cost effective headache management advice." GP, East London.

Talks:

Dr Bal Athwal

Headache Masterclass
Headache Masterclass

Headaches: when to investigate
The Quick Neurological Examination

Prof. Paul Booton

Headache Masterclass
Headache Masterclass

Treatment Failure: how to avoid common pitfalls
in the management of headaches
Other Non-migrainous Headaches

Dr Marcus Lewis

Headache Masterclass

Managing Migraine: which prophylactic and when?

Dr Nazeli Manukyan

Headache Masterclass

Medication Overuse Headache

Dr Katy Munro

Headache Masterclass

Cluster Headache

Dr Jud Pearson

Headache Masterclass

Managing Migraine: which acute treatment and when?

Linklaters
Tideway
Pulse LIVE

Managing Migraines and Headaches
Managing Migraines and Headaches
Migraine Masterclass: classification, myths and recommendations

Royal College of Nursing Congress in Glasgow
Non-Medical Prescribing Study Day at London South
Bank University

Managing Migraines and Headaches
Managing Migraines and Headaches

The Organisation

Staff

The Clinic is staffed by a combination of volunteers and paid staff, in 2016/17, 22 and 10 respectively (from 22 and 11). We are grateful for the valuable contribution of our regular part-time volunteer who helps with filing and administration as well as the ad-hoc supporters who help with fundraising support by utilising their skills and expertise.

The organisation is divided as:

Clinical Treatment: 6 staff

Administration, Management and Fundraising: 4 staff, 22 volunteers

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REPORT OF THE TRUSTEES FOR THE YEAR ENDED 31 MARCH 2017

This year has seen some changes in the group of Trustees and we have welcomed Ruth Robertson and Sarah Standing to the Board. Together we have a board of excellent skill mix and we are very grateful for the contribution they make to the NMC.

Pro Bono Work

We are extremely grateful to the Denton's legal team for their continued support and advice when we needed it. We are also grateful to a number of property specialist volunteers who have so generously contributed their skills to us over the last year to help us with our property requirements.

Future plans

The Clinic continues to work towards its long term vision of being fully self-sustained and the "number one provider of migraine and headache treatment in the UK, accessible to all". The underlying objective is to increase income from treatment and research and reduce its dependence upon charitable donations. One of our key priorities for 2017/18 is to increase the awareness and accessibility of the service we provide to enable us to help many of the sufferers that are currently untreated.

We are sad to have had to seek new accommodation after 36 years at 22 Charterhouse Square, as our landlord wanted to maximise profit. We have since moved to Walmer Road in West London, however this is only a temporary location and we still need to seek a permanent home in a good location, which is easily accessible for our patients and with the right layout for our clinical services.

Over the next year we are working to improve the quality of life of those who suffer with severe headaches by:

- Improving the Clinic's treatment activities, and associated revenue generation by:
 - Encouraging patients to appreciate the true cost of the care & to donate more generously to ensure that the service continues to run
 - Working to ensure people suffering with severe headaches are aware of the high quality service available to them at the National Migraine Centre, thus increasing patient demand to match our clinical capacity
 - Developing further joint working with the NHS i.e.. commissioning consortia
 - Making a concerted effort for further grant applications
 - Developing an online data collection tool and securing funding to launch into the public domain
 - Increasing general fundraising by enhancing our public charity profile
 - Further increasing the number of patients attending the clinic with private health insurance
 - Increase joint working with charities who have similar/ benefit a similar group of patients/ aims
- Providing education to Healthcare professionals such as GPs, reproductive health staff, registrars, medical students, nurses and pharmacists, thereby improving the quality of care for people who suffer with headaches.
- We have identified a huge need amongst young children and adolescents and their families. We have sought grant funding to enable us to further support this group.
- Providing advice and support to Occupational Health services in the public and corporate sector to reduce the number of days lost to work. We have successfully received funding to help enable us to do this. Establish contracts with firms for treatment services.
- Improving and diversifying the research activities:
 - Carefully planning research activities versus available research capacity.
 - Developing relationships with academic institutions.
- Improving the organisation:
 - Improving cost efficiency by maximising the utilisation of the Clinic.
 - Developing partnerships with the corporate and public sectors.

Risk Management

As part of the strategic plan, the organisation has carried out a review of the major risks to which the Centre is

exposed. The Trustees believe that steps have been taken to mitigate the most serious risks.

Reserves

As the Centre's income can fluctuate significantly, the Trustees have adopted the policy of aiming to keep a general reserve equal to three month's running cost. Reserves as at 31/3/2017 were £52,827.

Public Benefit Test

Our Charitable Purpose (see page 4) falls within the 12 categories defined in the Act; more specifically under the purpose of 'The advancement of health or the saving of lives'. As per the Act, all our objectives and activities need to adhere to two key principles of benefit, within which several important factors need to be considered. We believe we comply with them as follows:

Principle 1: There must be an identifiable benefit or benefits

Principle 1a It must be clear what the benefits are

- **Treatment** - Patients receive treatment which offers them the opportunity to improve their quality of life.
- **Research** - Findings from our clinical research are both fed directly into our treatment approaches and are shared with the wider medical and lay community.
- **Dissemination of knowledge** - Sharing our expertise helps sufferers directly, as we provide them with tools to manage their conditions themselves. Sharing our knowledge with medical professionals spreads the impact of our work to many more patients we could otherwise help.

Principle 1b The benefits must be related to the aims

All our work is related to the field of migraine and primary headaches in general. The patient is central to all our activities.

Principle 1c Benefits must be balanced against any detriment or harm

- **Treatment** - We adhere to the headache treatment guidelines of the British Association for the Study of Headache (BASH). All our doctors are GMC registered. Furthermore we apply the principle that our treatment should not imply higher health risks than the condition itself represents.
- **Research** - Clinical trials at NMC are subjected to Ethics Committee Approval and are undertaken in accordance with Good Clinical Practice. Trials are considered only if they provide potential benefit to those who participate as well benefiting the wider population of patients with the condition under study.
- **Dissemination of knowledge** - all research undertaken at NMC is disseminated by presentation at national and international meetings and by publication in peer reviewed journals. Each participant is provided with a summary of the results of the research project

Principle 2: Benefit must be to the public, or section of the public

Principle 2a The beneficiaries must be appropriate to the aims

- **Treatment** - Our treatment service is aimed at the entire population of migraine and headache sufferers in the UK. More than 6 million people in the UK suffer from migraine, many more from other types of primary headaches.
- **Research** - Our research is aimed at helping all sufferers from migraine and primary headaches
- **Dissemination of knowledge** - Our publications, lectures and training is aimed at sufferers from and medical professionals dealing with sufferers from migraine and other primary headaches.

Principle 2b Where benefit is to a section of the public, the opportunity to benefit must not be unreasonably restricted: i) by geographical or other restrictions; or ii) by ability to pay any fees charged

- **Treatment** - We treat people from all over the UK. Anyone can be seen by our doctors, regardless of ability to make a donation. Treatment is not affected by a patient's ability or willingness to pay.
- **Research** - There is no restriction to the applicability of our research.
- **Dissemination of knowledge** - There is no deliberate restriction to our activities to disseminate our knowledge. Our ability to make personal appearances for lectures and the like is only limited to the practicability of the travel involved. Our publications and our involvement in articles, books and other media are diverse and are aimed at both the lay public and the medical community.

NATIONAL MIGRAINE CENTRE

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FOR THE YEAR ENDED 31 MARCH 2017

Principle 2c People in poverty must not be excluded from the opportunity to benefit

- **Treatment** - Anyone can be seen by our team of doctors regardless of their ability to make a donation.
- **Research** - See above
- **Dissemination of knowledge** - See above

Principle 2d Any private benefits must be incidental

There are no private benefits to the Centre's activities, other than those of salaried staff and third parties involved with service provision to the Clinic. Directors are not allowed to be remunerated or to receive any financial benefits from the Centre or its activities, other than reasonable expenses (see article 6.1 Memorandum of Association).

Independent Examiner

A resolution to appoint the Accountant & the Independent Examiner for the National Migraine Centre was approved at the Board meeting on the 11 December 2014.

STATEMENT OF TRUSTEES RESPONSIBILITIES

The trustees (who are also the directors of the National Migraine Centre for the purposes of company law) are responsible for preparing the Report of the Trustees and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires the trustees 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 those financial statements, the trustees are required to

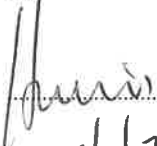
- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charity SORP;
- make judgements and estimates that are reasonable and prudent;
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in business.

The trustees are responsible for keeping proper accounting records, which disclose with reasonable accuracy at any time the financial position of the charitable company and to enable them to ensure that the financial statements comply with the Companies Act 2006. 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.

The trustees are responsible for the maintenance and integrity of the corporate and financial information included on the charitable company's website.

This report has been prepared in accordance with the special provisions of Part 15 of the Companies Act 2006 relating to small companies.

ON BEHALF OF THE BOARD:

..... Trustee
20/5/17..... Date

Howard Morris

INDEPENDENT EXAMINER'S REPORT TO THE TRUSTEES OF NATIONAL MIGRAINE CENTRE

I report on the accounts for the year ended 31 March 2017 set out on pages 11 to 22

Respective responsibilities of trustees and examiner

The charity's trustees are responsible for the preparation of the accounts. The charity's trustees consider that an audit is not required for this year (under Section 144(2) of the Charities Act 2011 (the 2011 Act)) and that an independent examination is required.

Having satisfied myself that the charity is not subject to audit under company law and is eligible for independent examination, it is my responsibility to:

- examine the accounts under Section 145 of the 2011 Act;
- to follow the procedures laid down in the General Directions given by the Charity Commission under Section 145(5)(b) of the 2011 Act; and
- to state whether particular matters have come to my attention.

Basis of the independent examiner's report

My examination was carried out in accordance with the General Directions given by the Charity Commission. An examination includes a review of the accounting records kept by the charity and a comparison of the accounts presented with those records. It also includes consideration of any unusual items or disclosures in the accounts, and seeking explanations from you as trustees concerning any such matters. The procedures undertaken do not provide all the evidence that would be required in an audit, and consequently no opinion is given as to whether the accounts present a 'true and fair view' and the report is limited to those matters set out in the statements below.

Independent examiner's statement


In connection with my examination, no matter has come to my attention:

- (1) which gives me reasonable cause to believe that, in any material respect, the requirements
- to keep accounting records in accordance with Section 386 of the Companies Act 2006; and
 - to prepare accounts which accord with the accounting records, comply with the accounting requirements of Section 396 of the Companies Act 2006 and with the methods and principles of the Statement of Recommended Practice: Accounting and Reporting by Charities.

have not been met; or

- (2) to which, in my opinion, attention should be drawn in order to enable a proper understanding of the accounts to be reached.


..... Independent Examiner


..... Date

Richardson Jones
Mercury House
19-21 Chapel Street
Marlow
SL7 3HN

NATIONAL MIGRAINE CENTRE

STATEMENT OF FINANCIAL ACTIVITIES
(INCORPORATING AN INCOME AND EXPENDITURE ACCOUNT)
FOR THE YEAR ENDED 31 MARCH 2017

	Notes	Unrestricted funds £	Restricted funds £	2017 Total funds £	2016 Total funds £
INCOMING RESOURCES					
Incoming resources from generated funds					
Donations and legacies					
Donations	2	134,745	-	134,745	155,569
Other trading activities					
Fundraising		5,639	-	5,639	14,975
Fees		<u>83,476</u>	<u>-</u>	<u>83,476</u>	<u>78,177</u>
	3	89,115	-	89,115	93,152
Income from Investments	4	76	-	76	149
Income from charitable activities					
Grants		18,691	-	18,691	43,550
Contract income		<u>24,487</u>	<u>-</u>	<u>24,487</u>	<u>13,895</u>
	5	43,178	-	43,178	57,445
Other Income	6	-	-	-	4,401
Total income		267,114	-	267,114	310,716
Less: Expenditure on raising funds					
Marketing costs		<u>(3,312)</u>	<u>-</u>	<u>(3,312)</u>	<u>(2,259)</u>
Net income available for charitable activities		263,802	-	263,802	308,457
Expenditure on charitable activities					
Research and medical costs		127,864	-	127,864	123,048
Operating costs		<u>186,552</u>	<u>-</u>	<u>186,552</u>	<u>181,345</u>
Total charitable activity costs	7	314,416	-	314,416	304,393
Governance costs	8	<u>1,000</u>	<u>-</u>	<u>1,000</u>	<u>1,000</u>
Total expenditure		315,416	-	315,416	305,393
NET INCOME / (EXPENDITURE)		(51,614)	-	(51,614)	3,064
transfers between funds	18	-	-	-	-
RECONCILIATION OF FUNDS					
Total funds brought forward		<u>104,445</u>	<u>-</u>	<u>104,445</u>	<u>101,381</u>
TOTAL FUNDS CARRIED FORWARD		<u>52,831</u>	<u>-</u>	<u>52,831</u>	<u>104,445</u>

CONTINUING OPERATIONS

All incoming resources and resources expended arise from continuing activities.

NATIONAL MIGRAINE CENTRE

BALANCE SHEET
AT 31 MARCH 2017

	Notes	Unrestricted funds £	Restricted funds £	2017 Total funds £	2016 Total funds £
FIXED ASSETS					
Tangible assets	13	-	-	-	18,792
CURRENT ASSETS					
Stocks		1,861	-	1,861	3,899
Debtors	14	22,278	-	22,278	28,419
Cash at bank		44,592	-	44,592	64,681
		68,731	-	68,731	96,999
CREDITORS					
Amounts falling due within one year	15	(15,904)	-	(15,904)	(11,347)
NET CURRENT ASSETS					
		52,827	-	52,827	85,562
TOTAL ASSETS LESS CURRENT LIABILITIES					
		52,827	-	52,827	104,444
NET ASSETS					
		52,827	-	52,827	104,445
FUNDS					
Unrestricted funds	18			52,827	104,445
Restricted funds				-	-
TOTAL FUNDS					
				52,827	104,445

The notes on pages 14 to 20 form part of these financial statements

NATIONAL MIGRAINE CENTRE

BALANCE SHEET - CONTINUED
AT 31 MARCH 2017

The charitable company is entitled to exemption from audit under Section 477 of the Companies Act 2006 for the year ended 31 March 2017.


The members have not required the charitable company to obtain an audit of its financial statements for the year ended 31 March 2017 in accordance with Section 476 of the Companies Act 2006.

The directors/trustees acknowledge their responsibilities for

- (a) ensuring that the charitable company keeps accounting records that comply with Sections 386 and 387 of the Companies Act 2006 and
- (b) preparing financial statements which give a true and fair view of the state of affairs of the charitable company as at the end of each financial year and of its surplus or deficit for each financial year in accordance with the requirements of Sections 394 and 395 and which otherwise comply with the requirements of the Companies Act 2006 relating to financial statements, so far as applicable to the charitable company.

These financial statements have been prepared in accordance with the special provisions of Part 15 of the Companies Act 2006 relating to small charitable companies.

The financial statements were approved by the Board of Trustees on 1 July 2016 and were signed on its behalf by:

..... Trustee

30/8/17..... Date

Howard Morris

The notes on page 14 to 20 form part of these financial statements

1. ACCOUNTING POLICIES

Basis of accounting

The financial statements have been prepared in accordance with the Charities SORP (FRS 102).

Accounting convention

These financial statements have been prepared under the historic cost convention and the accounting policies set out therein.

Incoming resources

All incoming resources are included on the Statement of Financial Activities when the charity is legally entitled to the income and the amount can be quantified with reasonable accuracy.

Resources expended

Expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all cost related to the category. Where costs cannot be directly attributed to particular headings they have been allocated to activities on a basis consistent with the use of resources.

Direct charitable expenditure includes costs directly incurred in carrying out charitable objectives.

Governance costs are costs associated with the governance arrangements of the charity, which relate to the general running of the charity.

Tangible fixed assets

Depreciation is provided at the following annual rates in order to write off each asset over its estimated useful life.

Fixtures and fittings	- 15% on cost
Computer equipment	- 33% on cost
Leasehold premises	- over 5 years

Items over £1,000 are capitalised.

Stocks

Stocks are valued at the lower of cost and net realisable value, after making due allowance for obsolete and slow moving items.

Taxation

The charity is exempt from corporation tax on its charitable activities.

Fund accounting

Unrestricted funds can be used in accordance with the charitable objectives at the discretion of the trustees.

Restricted funds can only be used for particular restricted purposes within the objects of the charity. Restrictions arise when specified by the donor or when funds are raised for particular restricted purposes.

Further explanation of the nature and purpose of each fund is included in the notes to the financial statements.

Hire purchase and leasing commitments

Rentals paid under operating leases are charged to the statement of financial activities on a straight line basis over the period of the lease.

Pension costs and other post-retirement benefits

The charitable company pension scheme is a NHS final salary scheme which is available to all medical professionals; all other staff members are entitled to a personal pension scheme, receiving the same employer contribution.

NATIONAL MIGRAINE CENTRE

NOTES TO THE FINANCIAL STATEMENTS - CONTINUED
FOR THE YEAR ENDED 31 MARCH 2017

2. DONATIONS & LEGACIES

	2017 £	2016 £
Donations – onsite	85,665	108,441
Donations – offsite	29,849	21,357
Gift Aid – tax recovered	<u>19,231</u>	<u>25,771</u>
	<u>134,745</u>	<u>155,569</u>

3. OTHER TRADING ACTIVITIES

	2017 £	2016 £
Fundraising	5,639	14,975
Fees	<u>83,476</u>	<u>78,177</u>
	<u>89,115</u>	<u>93,152</u>

	2017 £	2016 £
Fees include:		
Private and overseas patients	23,305	27,285
Clinical procedures	57,335	50,495
Research fees	-	-
Publications	<u>2,836</u>	<u>397</u>
	<u>83,476</u>	<u>78,177</u>

4. INCOME FROM INVESTMENTS

	2017 £	2016 £
Deposit account interest	<u>76</u>	<u>149</u>

5. INCOME FROM CHARITABLE ACTIVITIES

	2017 £	2016 £
Grants	18,691	43,550
Contract Income	<u>24,487</u>	<u>13,895</u>
	<u>43,178</u>	<u>57,445</u>

NATIONAL MIGRAINE CENTRE

NOTES TO THE FINANCIAL STATEMENTS - CONTINUED
FOR THE YEAR ENDED 31 MARCH 2017

5. INCOME FROM CHARITABLE ACTIVITIES – Continued

Grants received, included in the above, are as follows:

	2017 £	2016 £
Garfield Weston	-	25,000
KY Thornton Charitable trust	50	-
PF Trusts	-	5,000
Silver Family Trust	200	-
Awards for All	10,000	10,000
Lord Faringdon Charitable Trust	1,000	-
G M Morrison	1,400	1,250
The Pilkington Trust	5,000	-
Langdale Trust	1,000	-
Johnson	-	100
Freshwater Group	-	200
Lynn Foundation	-	500
Lionel Wigram Memorial Trust	-	500
SCA Hygiene Products	41	1,000
	<u>18,691</u>	<u>43,550</u>

Contract income:

	2017 £	2016 £
Allergan	-	8,250
University of Warwick	21,857	-
Merck Sharp & Dohm	-	-
Migraine Trust	-	-
Rhinomed	-	-
University of Kent	-	3,100
Rothford	-	-
Outreach Contracts	<u>2,630</u>	<u>2,545</u>
	<u>24,487</u>	<u>13,895</u>

6. OTHER INCOME

	2017 £	2016 £
Legacies (net)	<u>-</u>	<u>4,401</u>

NATIONAL MIGRAINE CENTRE

NOTES TO THE FINANCIAL STATEMENTS - CONTINUED
FOR THE YEAR ENDED 31 MARCH 2017

7. EXPENDITURE ON CHARITABLE ACTIVITIES

	2017	2016
	£	£
Research and medical costs	186,552	123,048
Operating costs	<u>185,891</u>	<u>181,345</u>
	<u>314,416</u>	<u>304,393</u>

8. GOVERNANCE COSTS

	2017	2016
	£	£
Independent Examiner's fees	1,000	1,000
Legal and professional fees	<u>-</u>	<u>-</u>
	<u>1,000</u>	<u>1,000</u>

9. NET INCOMING/(OUTGOING) RESOURCES

Net resources are stated after charging/ (crediting):

	2017	2016
	£	£
Depreciation	<u>18,791</u>	<u>9,516</u>

10. TRUSTEES' REMUNERATION AND BENEFITS

There was no trustees' remuneration or other benefits for the year ended 31 March 2017 nor for the year ended 31 March 2016.

Trustees' Expenses

There were no trustees' expenses paid for the year ended 31 March 2017 or for the year ended 31 March 2016.

NATIONAL MIGRAINE CENTRE

NOTES TO THE FINANCIAL STATEMENTS - CONTINUED
FOR THE YEAR ENDED 31 MARCH 2017

11. STAFF COSTS

	2017 £	2016 £
Wages and salaries	189,497	175,406
Employers national insurance	14,124	11,937
Employers pension costs	16,999	16,700
	<u>220,620</u>	<u>204,043</u>

The average monthly number of employees during the year was as follows:

	2017 No:	2016 No:
Direct charitable	<u>8</u>	<u>7</u>

12. PENSION COSTS

Certain categories of staff of the charity pay into the NHS final pension scheme which is available to all medical professionals; all other staff members are entitled to a personal pension scheme with Scottish Widows.

During the year ended 31 March 2017, the company's total contributions amounted to £16,999 (2016: £16,700).

13. TANGIBLE FIXED ASSETS

	Improvement Leasehold premises £	Hardware and software £	Fixtures, fittings & equipment £	Totals £
COST				
At 1 April 2016	78,047	51,636	23,473	153,157
Additions	-	-	-	-
Disposals	<u>(78,047)</u>	<u>-</u>	<u>(23,473)</u>	<u>(101,520)</u>
At 31 March 2017	<u>-</u>	<u>51,636</u>	<u>-</u>	<u>51,636</u>
DEPRECIATION				
At 1 April 2016	62,363	48,529	23,473	134,365
Charge for the year	15,684	3,107	-	18,791
Disposals	<u>(78,047)</u>	<u>-</u>	<u>(23,473)</u>	<u>(101,520)</u>
At 31 March 2017	<u>-</u>	<u>51,636</u>	<u>-</u>	<u>51,636</u>
NET BOOK VALUE				
At 31 March 2016	<u>15,684</u>	<u>3,108</u>	<u>-</u>	<u>18,792</u>
At 31 March 2017	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>

NATIONAL MIGRAINE CENTRE

NOTES TO THE FINANCIAL STATEMENTS - CONTINUED
FOR THE YEAR ENDED 31 MARCH 2017

14. DEBTORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	2017 £	2016 £
Prepayments	17,209	13,370
Other debtors	<u>5,069</u>	<u>15,049</u>
	<u>22,278</u>	<u>28,419</u>

15. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	2017 £	2016 £
Creditors and accruals	10,827	4,883
Social security and taxes	<u>5,077</u>	<u>6,464</u>
	<u>15,904</u>	<u>11,347</u>

16. OPERATING LEASE COMMITMENTS

The following operating lease payments are committed to be paid within one year:

	2017 £	2016 £
Land and buildings		
Expiring:		
Between one and five years	<u>-</u>	<u>24,000</u>

NATIONAL MIGRAINE CENTRE

DETAILED STATEMENT OF FINANCIAL ACTIVITIES
FOR THE YEAR ENDED 31 MARCH 2017

	2017 £	2016 £
RESOURCES EXPENDED		
Charitable activities		
Research and medical costs		
Salaries	105,475	104,544
Miscellaneous research costs	22,389	18,504
	<u>127,864</u>	<u>123,048</u>
Operating costs		
Salaries and staff costs	115,145	111,198
Repairs and renewals	425	312
Maintenance of equipment	811	500
Rent	16,395	24,000
Rates	2,843	5,486
Telephone and internet costs	5,585	3,945
Light and heat	810	2,219
Insurance	2,332	4,557
Incidental office costs (including relocation)	9,559	2,618
Subscriptions	1,788	866
Cleaning	2,711	2,822
Legal	249	1,146
Finance costs (including Venturesome royalty)	2,191	2,948
Financial Outsourcing & ICT	6,916	9,213
Depreciation – fixtures, fittings & equipment	<u>18,792</u>	<u>9,516</u>
	186,552	181,346
Costs of generating funds		
Marketing costs	3,312	2,259
Governance costs		
Independent Examiner's Fee	1,000	1,000
Legal and professional fees	<u>-</u>	<u>-</u>
	<u>1,000</u>	<u>1,000</u>
Total resources expended	318,728	307,653
Net Income/(Expenditure)	<u>(51,644)</u>	<u>3,064</u>