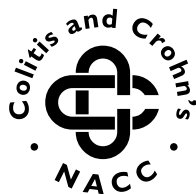


**National Association  
for  
Colitis and Crohn's Disease**

**Annual Report and Accounts**

**Year ending  
31<sup>st</sup> December 2003**



**NACC, 4 Beaumont House, Sutton Road,  
St Albans, Herts, AL1 5HH.**

**Registered Charity No 282732**

# THE TRUSTEES' REPORT

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This report and the attached statement of accounts comply with current statutory requirements and the Constitution of NACC and are in the format required by the Charity Commissioners - the Statement of Recommended Practice (SORP 2000) – and charity law.

## Constitution

The National Association for Colitis and Crohn's Disease (NACC) is a charitable, unincorporated association registered under charity number 282732.

NACC is governed by a revised constitution adopted on 15th April 2000 and amended at the Annual General Meeting held on 12<sup>th</sup> April 2003. The constitution provides for a Council of Trustees consisting of four executive honorary officers plus not less than three and not more than eight ordinary members, elected by the annual general meetings of members. The Trustees have power to co-opt not more than six Advisers as non-voting members of the Council and to appoint a number of committees. A full list of Trustees is given at the end of this Report.

The Trustees are responsible for determining the policy and budget of NACC. The staff led by the Director report to the Trustees. They are responsible for advising the Trustees and carrying through the policy and budget determined by the Trustees.

## Objects

NACC's objects, as set out in its constitution, are:

- the relief of those suffering from Ulcerative Colitis, Crohn's Disease or related inflammatory bowel diseases (together generally referred to as IBD) including the support of those who care for them;
- the promotion of the welfare of those suffering from IBD;
- the advancement of education and research into the causes, prevention, treatment and cure of IBD and improvements in the management of the conditions, and the publication of the results of such research.

## **Policies**

In relation to the relief of suffering of people who have IBD and the support of those who care for them, NACC's policy is to:

- publish information in the form of booklets, information sheets, quarterly newsletters, videos and through a web-site;
- respond to individual enquiries for information;
- provide information and support relating to Disability Benefits;
- offer support over the telephone through the 'NACC-in-Contact' scheme;
- maintain volunteer-run groups which provide educational and support meetings, local newsletters and a local NACC presence;
- provide a support network for families with children and for young people who have IBD;
- offer individual grants to people who have financial needs arising from their IBD;
- raise funds to support these activities.

In relation to the promotion of the welfare of people who have IBD, NACC's policy is to provide, develop or encourage:

- membership which is open to patients, their families and friends, health professionals and anyone interested in IBD;
- a 'Can't Wait' card which can be shown to retailers when asking for urgent use of private toilet facilities where no public facilities are available;
- awareness of the value of specialist counselling for people with IBD within NHS services;
- improved awareness and understanding of IBD among the general public through media publicity and the wide dissemination of information about IBD;
- effective representation of the needs and views of people who have IBD within the National Health Service, to public authorities and to relevant commercial and voluntary organisations;
- a partnership approach to working with the health professionals involved with IBD;
- good working relationships with other organisations relevant to IBD.

In relation to the advancement of education and research, NACC's policy is to:

- raise funds to provide a minimum of £300,000 annually for research into the medical, social and psychological aspects of IBD;
- make awards for research projects through a peer-review process;
- set aside the full amount of funds required for a project at the time of the award to ensure that there is no financial barrier to its completion;
- ensure the publication of the results of research projects to professional and lay audiences.

## **Review of Activities in 2003**

***Activities relating to the relief of suffering of people who have IBD and the support of those who care for them:***

### **Support and information**

- ◇ The NACC Information Service was expanded during 2003 and is now staffed by three part-time Information Officers, working an average of 24 hours per week each. The telephone service is provided on an 0845 (local call rate) number and is available five days per week, from 10.00 am to 1.00 pm. Over the year the Information Staff responded to about 4,000 individual enquiries by telephone, email or letter.
- ◇ The NACC-in-Contact supportive-listening service is provided by 70 trained volunteers from their home telephones. Their numbers are publicised through a national list and local

publicity. Over 30 of these volunteers also worked on the NACC-in-Contact Support Line through the year, which was available on an 0845 number on Monday, Tuesday, Wednesday and Thursday evenings each week. 3 or 4 calls were taken on most evenings. From early in 2004 some contacts will also be available during daytime hours.

- ◇ The NACC web-site recorded a total of 135,000 user sessions through the year (2002:150,000).
- ◇ A new booklet on Surgery for Crohn's Disease was published early in 2003. The Pregnancy Information sheet was updated in 2003 and the Ulcerative Colitis booklet. Two FAQ pamphlets were produced:- Coping with Bloating and Wind and Supporting Someone with IBD: Help for Family and Friends.
- ◇ The NACC newsletter was published quarterly, using a professional freelance editor working within guidance set by the Publications Committee. The Medical Editor for 2002 was Dr Simon Gabe.
- ◇ 23 Information Sheets were available by post and on the NACC Website.

### **Welfare Fund**

- ◇ 145 individual grants were made to people experiencing financial difficulty as a result of their IBD (2002: 143). Most grants were for washing machines, bedding, clothing or recuperative holidays. Applicants must provide supporting evidence of their diagnosis of IBD from a doctor or nurse, of their need for assistance from a social worker or similar professional and must complete a statement of family income and expenses. Applications are considered in confidence by the Welfare Committee. Grants do not exceed £300 and applicants can receive no more than three grants in any five-year period.
- ◇ A special Young Persons' Assistance Fund exists to assist with vocational educational needs arising from IBD.
- ◇ The Disability Benefits Project, which originated through a Community Fund (National Lottery Charities' Board) Grant in 1998-2001, was continued through 2003. The aim of the project is to provide information and support which will help people who have IBD to understand and apply for certain Disability Benefits. The main focus of the Project is Disability Living Allowance. The NACC Guide to applying for DLA was first published in 2000 and has been updated when necessary during the year. A separate Guide is available for children with IBD. The DLA Support Line has been provided each Tuesday evening by 12 selected and trained volunteers and about 500 callers were helped each year. In 2003, following a review of the line it was agreed to integrate this support into the NACC Information Service..

### **NACC Groups**

- ◇ The Association maintained 65-70 active Groups covering most parts of the United Kingdom and providing invaluable opportunities for patients and their families to find out more about IBD and to meet each other informally.
- ◇ The Groups continued to increase the profile of the Association through local publicity and events. They raised significant funds for national activities, particularly for research, but also helped enhance local hospital services for IBD. Contributions to local hospitals have usually been to facilitate a new treatment or service, and many of the Groups have provided financial support for nurses to attend recognised IBD training courses.
- ◇ NACC Groups come together for discussion and briefings twice yearly in the Group Forum, and in some parts of the country there are also once or twice-yearly opportunities to meet at regional level. These meetings provide useful opportunities for exchange of information and the development of mutually supportive links between active volunteers.

- ◇ The effectiveness of Groups has often depended on the commitment of relatively few long-serving volunteers, many of whom have IBD themselves. Identifying and developing sufficient new volunteers to maintain continuity can prove difficult and a number of Groups have ceased to function when existing committee volunteers decided to retire.
- ◇ NACC has a full-time Group Development Officer who supports the development of a stronger Group network throughout the country, providing ongoing support for existing groups as well as helping new ones get started. In 2003, an Induction Day was held for new Group volunteers and a programme of training was started to help local volunteers develop their Groups. Experienced Group members have been encouraged to take on the role of volunteer Group Support Workers and this line of support was established in 2003.
- ◇ A new NACC Committee was established to oversee Group and Membership Activities. This followed the report of a Group Working Party in 2002 called 'New Opportunities, More Participation'. The committee is responsible for developing Group activities and membership involvement.

### **Families with children who have IBD**

- ◇ The Family Committee of NACC held a Planning Day in July 2003 which involved committee members, parents, health and other professionals. This group identified the main needs of families where a child has IBD as being information, support and having opportunities to meet. It also identified the need for further research into the impact of iBD on teenagers particularly. Their report was presented to NACC's Trustees in September 2003 and the key priorities were accepted.
- ◇ As a result NACC is working with CICRA and with the relevant health professional associations to create more awareness in paediatric units of the help that is already available.
- ◇ The Trustees agreed to establish a part-time co-ordinating post within the NACC Office to assist in taking forward the work proposed by the Family Committee. An application was made to the Dept. of Health for Section 64 funding for this post, but the application was unsuccessful.
- ◇ NACC has received increasing requests from parents for more information and more recognition of their difficulties. The 'Smilie's People' Group originated amongst families in Sheffield and has subsequently broadened to include families from all over the United Kingdom. The Group produces a newsletter and arranges family meetings every few months. Some families travel long distances to attend and any can link to 'Smilie's People' through the Group's newsletter and website if they wish.
- ◇ NACC's information sheet giving guidance to teachers on how to help children at school who have IBD continued to be available on request and via the website.
- ◇ A booklet about helping parents in supporting a child who has IBD was published on the NACC website in the autumn of 2003.

## **Young people with IBD**

- ◇ Further attempts were made to form a second Young Adults Group to cover Central Scotland. Unfortunately these were not successful and the approach to supporting Young adults will be reviewed by the Group and Member Activities Committee in 2004.
- ◇ An Information Sheet for Students is available on the NACC website.

## ***Activities relating to the promotion of the welfare of people who have IBD:***

### **Membership**

- ◇ Membership declined slightly from 2002. The figure at the close of the year was 29,088, (2002: 29,770). The number of new members joining during the year was also slightly lower at 3,576 (2002: 3,891) and the proportion ceasing membership was 13.3% (2002: 13.4%). Of those who were members on the 31st December 2003, just over half had joined in connection with Crohn's disease and slightly less than half in connection with Colitis. A reduced subscription is available on request to anyone who cannot afford the normal subscription because they are on a low income.
- ◇ New members were each provided with a pack of information booklets and all members received their annually-renewed 'Can't Wait' card, quarterly newsletters and the opportunity to be in touch with a NACC Group if they wished.

### **Increasing awareness**

- ◇ NACC employed a part-time Media Agency (Healthcare Solutions) through 2003 to gain more recognition and awareness of IBD through the lay media.
- ◇ Colitis and Crohn's Week in 2003 focused on Prescriptions for IBD. Briefing receptions were held in the Westminster and Scottish parliaments and similar documents were sent to the members of the Welsh Assembly. NACC Groups also actively contacted the regional and local media and a significant amount of media coverage was obtained. There was also a very successful local radio day reaching audiences of over 3 million people.

### **Representation**

- ◇ Several NACC Groups have managed to set up an arrangement with their local police whereby NACC members could park for short periods, without fear of a parking ticket, if they needed to use public toilets in a hurry. NACC has also made representations to the Government about the eligibility criteria for the blue parking badge scheme and has received a commitment that Colitis and Crohn's Disease will be considered in the forthcoming review.
- ◇ NACC Medical Advisers undertook a literature review to update NACC's information on education and employment in relation to IBD, which will be published during 2004.

### **Links with health professionals**

- ◇ NACC arranged display stands at the British Society of Gastroenterology Meeting in Glasgow and at the conference of the Royal College of Nursing Gastroenterology Group. NACC has a representative on the IBD Section Committee of the BSG and continues to have close liaison with the developing group of specialist IBD nurses.
- ◇ The number of gastroenterologists and surgeons formally linked to NACC as Medical Advisers is close to 100. Each NACC Group has at least one appointed Medical Adviser.

## **Links with IBD and voluntary sector organisations**

- ◇ NACC has continued to be closely involved with EFCCA - the European Federation of Crohn's and Colitis Associations - and regularly exchanges information with other overseas IBD organisations. Links to these were included in the NACC web-site and NACC information is regularly being reproduced overseas in newsletters and as translated booklets.
- ◇ NACC has maintained communication with other IBD patients' organisations in the UK, particularly the Crohn's in Childhood Research Appeal (CICRA) and The Ileostomy and Pouch Association (*ia*).
- ◇ Membership or affiliation was also maintained with the Long-term Medical Conditions Alliance, the Association of Medical Research Charities, the Continence Foundation, RADAR and the Disability Alliance.

## **Activities relating to the advancement of education and research:**

### **Research**

- ◇ Grants are made following nationally-publicised advertisements. Applications are considered by members of either the Medical or Social & Psychological Research Committees, comprising academic and medical specialists as well as lay NACC representatives. External specialist referees are asked to comment confidentially on applications. Grants are made for periods of up to three years, with reports normally required at annual intervals. Funds are set aside for the total cost of the project in the year of award.
- ◇ The costs of administering the research awards are kept to a minimum and are included in the Grant support costs shown on page 3 of the Accounts. In 2003 the administration costs of the NACC Research Awards were 6.6 % of grants expenditure.
- ◇ £120,000 has been set aside as a separate fund for a special research project entitled the Patient-Professional Partnership Project, which will look at the views of patients and health professionals on what improvements in health services would make most difference to the care of IBD patients.
- ◇ 23 applications were received for the annual peer-reviewed Medical Research Awards. Six grants were awarded in March 2003 totalling £241,756.
- ◇ An expert group undertook a review of the evidence connecting MAP and Crohn's Disease. Their report will be published early in 2004.
- ◇ NACC received a Community Fund (previously National Lottery Charities' Board) Award in 2000 to fund research at Newcastle University into 'The effects of patient self-management on the symptoms of ulcerative colitis'. Work on this grant concluded in the Autumn of 2003 and a report will be made available in 2004.

### ***Fundraising activities:***

- ◇ NACC established a Fundraising Strategy Committee and a small fundraising staff team in 2003 to begin to develop longer term sources of income. The focus for 2003 was on developing individual and community fundraising.
- ◇ £130,000 was claimed during the year under Gift Aid as a result of a continuing drive to inform members of the scheme. Half of the NACC membership have now signed ongoing Gift Aid declarations and this is contributing about £50,000 annually to NACC's income.
- ◇ Income from the NACC affinity Credit Card, which is publicised with support from Sir Steve Redgrave, the Olympic oarsman, provided almost £5,000 to the NACC Research Fund.
- ◇ Support was received for national and local NACC activities from the majority of the pharmaceutical companies involved in IBD. In most cases this represented reimbursement of the costs of meetings or printing of publications.
- ◇ NACC members' subscriptions and donations, together with Group fund-raising provided 50% of the Association's income in 2003 (2002: 59%).

### ***Contribution of volunteers:***

- ◇ NACC encourages the active involvement of members as volunteers in all of its activities. Six new Trustees were recruited in 2003 and we are always pleased to hear from members who might be interested in serving as Trustees, in particular we would welcome members with an ethnic minority background.
- ◇ At Group level several hundred members undertake support, publicity and fundraising as well as the necessary organisation for a voluntary network of 65-70 Groups throughout the United Kingdom.
- ◇ NACC is committed to providing some national services through volunteers, notably NACC-in-Contact and the Disability Living Allowance Support Line. These volunteers, about 85, have undergone selection and training for their roles, work to defined policies and procedures and receive regular support. NACC has developed an innovative use of the Public Service Telephone Network using 0845 technology to present a national service number whilst enabling volunteers to provide the service from their own homes.
- ◇ An increasing number of volunteers assist NACC through participation in managing and advisory committees, and in ad hoc working groups. Wherever practicable, the Trustees advertise these opportunities in the NACC newsletter and invite members to apply with a CV. Candidates are then invited for interview before appointment to a committee. This process has enabled the Association to benefit more effectively from the pool of knowledge and expertise that exists within the membership.
- ◇ Over 300 members also help directly by offering to tell their stories to the media to assist in raising awareness and understanding of IBD among the public. These members are recruited through the NACC newsletter, using a questionnaire that enables them to outline their 'story' and set limits on the types of media that they are willing to participate in.
- ◇ Many members also give generously of their time to respond to questionnaires which assist IBD research projects and the planning of NACC services.

## Financial results

The accounts for 2003 are in the format required by the Charity Commissioners – the Statement of Recommended Practice (SORP 2000). This calls for the use of certain terms that require clarification:

**Restricted funds** – refer to income that has been specified for a particular purpose by the donor, e.g. NACC's Research and Welfare Funds;

**Unrestricted funds** – refer to donations, grants or other income that has not been specified for a particular purpose by the donor;

**Designated funds** – refer to unrestricted income that the Trustees have decided to allocate for specific purposes; such funds may subsequently be reallocated by the Trustees.

The figures in the following paragraphs are taken from the Consolidated Statement of Financial Activities ('the SOFA') and from the Notes to the accounts.

### Overall position

The overall financial result for the year is shown in the SOFA on page 3 of the accounts. This reports the total income, expenditure and resources relating to all aspects of NACC's activities in the year: including the work of the charity at the national level, of its Groups at the local level and the contribution from its trading company, NACC Merchandise Ltd.

In 2003 there was an overall surplus of £251,744 (*2002 deficit: £15,667*), which includes an unrealised gain of £31,493 (*2002: unrealised loss of £97,339*) in the value of investments.

### Restricted Funds

The figures discussed in the following paragraphs are drawn from Notes 8, 15 and 23 to the accounts.

#### *Research Fund*

The national Research Fund received £299,133 in donations and investment income; in addition NACC Groups transferred £109,356 from their fundraising. The Fund's total income was therefore £408,489 and the total for Resources expended was £230,763, producing a surplus for the year of £177,726 for the year (*2002: £23,405 deficit*).

Resources expended include £230,128 grant expenditure, £15,208 grant support costs less a deduction of £14,573 for the unrealised gain on investments attributable to the Research Fund. The costs of administering the research grants amounted to 6.6% of grant expenditure.

The sum of £668,509 was carried forward for distribution in 2004.

#### *Welfare Fund*

NACC received £30,463 in donations and investment income for Welfare and NACC Groups transferred a further £7,626 from their funds. The Fund's total income was therefore £38,089. Grants awarded and support costs mounted to £38,811, producing an overall deficit of £722 for the year (*2002: 5,920 deficit*). The costs of administering the welfare grants amounted to 6.2% of grant expenditure.

£52,806 was carried forward to 2003.

## *National projects*

The 'Self-management' research project was undertaken within the University of Newcastle and the Northumbria Healthcare Trust. It was funded through a Community Fund grant managed by NACC.

Other project 'funds' relate to the receipt and application of specific restricted grants or donations.

## **Unrestricted and designated funds**

The figures discussed in the following paragraphs are drawn from the SOFA and Notes 15 and 22 to the accounts.

Designated funds have been created to hold money set aside by the Trustees for particular purposes. These are to support projects or developments not included within the Association's normal annual budget, to cover any potential liabilities arising from the office lease, to meet the annual depreciation costs of the capital expenditure on premises and equipment, and to hold unrestricted legacy funds for future allocation to specific projects.

The Trustees' policy is to maintain a clear distinction between ongoing expenditure, which they aim to cover from dependable sources of income, and 'one-off' projects or new developments, which are funded from special fundraising or from legacy income that may vary unpredictably from year to year.

Total unrestricted income from national and Group activities was £969,130 (2002: £812,730). Expenditure was £842,262 resulting in an operating surplus of £126,868 overall. There were net transfers of £71,129 out of Unrestricted funds, mainly Group unrestricted income transferred to the national Research and Welfare Funds, reducing the surplus to £55,739.

There was an additional gain of £12,777 in respect of the unrealised gain on investments attributable to the Unrestricted funds, producing a net surplus of £68,516 on Unrestricted funds across all activities (2002: £15,667 deficit).

## **NACC Groups**

There were accounts from over 70 Groups, with two outstanding. In aggregate, their accounts show total income raised as £229,214, local expenditure amounting to £83,406 and transfers to National Funds totalling £146,601. Group transfers to National Funds represented 64% of their total income. Overall the Groups had a small net deficit of £793 for the year.

## **Reserves**

### ***Unrestricted Funds***

The General Reserve Fund exists to safeguard and underwrite NACC's continuing activities in the event of a temporary reduction in income. The Trustees' have changed their policy this year and now aim to build up uncommitted reserves in the national General Reserve Fund to a level equivalent to 13 weeks' normal running costs (previously 26 weeks). At the year-end, free reserves were £200,000, representing 11 weeks running costs (2002: 8.5 weeks).

### ***Restricted Funds.***

These funds have been given for specific aspects of NACC's work and cannot be utilised to respond to a shortfall in NACC's General Income. The reserves of the Welfare Fund equate to 1.36 times current annual expenditure on individual grants due to a significant legacy received some years ago. The funds held in the Research Fund will enable NACC to increase the number of awards made in 2004.

## **Cost of generating funds.**

The revised SORP format identifies the Cost of generating funds separately and this is being seen as one indicator of a charity's efficiency. For NACC, these costs amounted to £176,169 which, as a percentage of total incoming resources to all funds, is 12.2% (2002: 9.7%).

## **Gift Aid**

The Trustees will review each year how the Gift aid reclaimed from the Inland Revenue should be allocated to the various aspects of NACC's work and will base their decision on what they believe to be in the best interests of people living with IBD at the time. For 2003, the Trustees allocated the £55,000 back-claimed from previous years' subscriptions and donations to the General Fund, and allocated the Gift Aid claimed from 2003 subscriptions and donations to the General, Research and Welfare Funds in the same proportion as the funds to which members directed their donations.

## **Investments and property**

The Trustees have power to invest and deal with NACC's funds. Some years ago they agreed a policy to maximise the return on those funds and, in order to achieve this, to invest long-term funds in two Charities Aid Foundation unit trusts, one geared towards income and the other geared towards capital growth. The Trustees monitor the income from these investments quarterly and their valuations half-yearly.

The income from the investments has been satisfactory, producing a return of approximately 4.9% in the year. Following world-wide falls in stock market investments over the last few years, investment values showed a partial recovery with unrealised gains of £31,493 shown in the SOFA. The Trustees do not foresee a need to realise these investments in the near future and are confident that the remaining unrealised losses will be recovered once the stock market itself fully recovers.

NACC has a 15-year lease on its office accommodation in St Albans, which is now held in the name of NACC Nominees Ltd. The Directors of the company are the NACC Trustees.

## **NACC Merchandise Ltd**

NACC Merchandise Ltd recorded a net profit of £2,286 in the year (2002: £3,338). The main activity of the company continues to be the sale of NACC Christmas Cards to members through mail order. In addition, the company received £10,184 in donations for NACC given with Christmas Card orders which were passed direct to the charity.

## **Risk assessment**

The Council of Trustees, with input from the Director and staff, has conducted a review of the risks to which NACC is exposed and, in particular, the Trustees considered:

- the type of risks the charity faces;
  - the level of risks which they regard as acceptable;
  - the likelihood of the risks concerned materialising;
  - NACC's ability to reduce the incidence and impact of risks that have been identified;
- and
- the costs of operating particular controls relative to the benefit obtained.

Following this review, the Trustees have introduced a formal risk management process to assess business risks and implement risk management strategies. NACC's Committees and management have been made aware of the need to communicate quickly to the Trustees any significant new or increased risks as and when they arise together with proposals as to how the Trustees can respond to them.

Further, it will be the responsibility of the Committees and management, when proposing new projects, to consider the risks associated therewith and to conduct at least annual reviews of the areas for which they are responsible.

## **Outlook for 2004**

The Trustees have given priority over recent years to the implementation of national services for people with IBD and to the development of the charity's Groups. The Trustees recognise that a higher level of income will be needed to sustain these activities and in 2003 formed a Fundraising Strategy Committee and established a small fundraising team to develop this work.

The main priority for the Trustees at the start of 2004 is the development of a Strategic Plan for NACC's future and they have commissioned NOP Healthcare to undertake some market research with NACC Groups, members, lapsed members, non-members and health professionals to inform their discussions.

The key objectives agreed by the Trustees for 2004 are:

1. Complete the preparation of a NACC Plan for the years 2005 – 2008.
2. Continue to develop effective fundraising across all possible income sources.
3. Produce a Guide to claiming Incapacity Benefit on the model of the NACC DLA Guide.
4. Produce three new NACC Publications, including Surgery for Ulcerative Colitis and Managing Pain in IBD.
5. Develop the NACC website to offer more opportunities for interaction for users.
6. Establish new local Forum meetings to support NACC volunteers.
7. Review and clarify the purpose of Groups
8. Link with other organisations to increase support for and understanding of the needs of families where a child has IBD.
9. Disseminate the results of the NACC Self-management Project.
10. Publish the results of the NACC Review of MAP as a possible cause of Crohn's Disease.

11. Increase understanding and awareness of the difficulties for IBD patients and their families created by the experience or fear of faecal incontinence.

12. Develop NACC's participation in NHS 'patient involvement' activities.

### **Acknowledgements**

The Trustees would like to record their thanks and appreciation to all those who continue to make NACC's work possible - the volunteers in the NACC Groups, NACC-in-Contact, DLA Support Line, and those who serve on our committees, our medical advisers and, not least, Richard Driscoll and the staff team at the NACC Office in St Albans. Finally, we wished to record our particular thanks to Joyce Robinson for the many years of service she has given to NACC's members and to wish her well in her forthcoming retirement.

Approved by the Trustees at a Council meeting and authorised to be signed by the Chairman on their behalf.



Bradley Brown  
Chairman  
1<sup>st</sup> April 2004

*The Trustees wish to acknowledge the substantial support for national activities given by the following companies and charitable trusts. (in alphabetical order):*

BAE Systems (Operations) Ltd., BBC Radio 4, The Bernadette Charitable Trust, Blackstone Cambers, Celltech Pharmaceuticals Ltd, The Childwick Trust, The Coulthurst Trust, Crossmans Solicitors, Degussa UK Holdings Ltd, The DVD Forums, Ferring Pharmaceuticals Ltd, Fremantle Media Ltd, J A Harris Ltd, Hawthorne Charitable Trust, Heliting Company Administration Ltd, The International Airline of the United Arab Emirates, JP Morgan Chase Bank, Lagap Pharmaceuticals Ltd, MBNA General Foundation, Mondial Assistance (UK) Ltd, G. M. Morrison Charitable Trust, Murco Petroleum Limited, Muriel & Gus Coren Charitable Foundation, N M Rothschild & Sons Ltd, New Balance Athletic Shoes (UK) Ltd, Norris & Fisher Independent Financial Services, Northern Rock Foundation, Northumbrian Water, Pennies from Heaven, Procter & Gamble Pharmaceuticals Ltd, Radiometer Ltd, Saint Sarkis Charity Trust, SCATS Agriproducts, Schering Plough Ltd, Secondsite Recruitment Consultants, Shire Pharmaceuticals Ltd, The Souter Charitable Trust, Stephenson Harwood, The Stone-Mallabar Charitable Foundation, Thames Television Ltd (Open House With Gloria Hunniford), Tubney Charitable Trust, The Valentine Charitable Trust, Vector Resourcing Ltd, William Kenneth Cloud Peryer.

## **Trustees, Officers and Advisers**

From 1<sup>st</sup> January 2003 to the date of signing of this Report and Accounts, the honorary officers, trustees and committee members were as follows:

### ***Life Presidents:***

Professor Lennard-Jones  
Lady Bingley

### ***Vice-Presidents:***

Margaret Chandler  
Rod Mitchell

### ***NACC Council:***

#### ***Honorary Officers:***

Bradley Brown (*Chairman*)  
Elaine Steven (*Vice-Chairman*)  
Maureen Lakeman (*Honorary Secretary until April 2003*)  
Peter Barnes (*National Treasurer*)

#### ***Elected Trustees:***

John Adler (*until February 2003*)  
Denise Cann (*from December 2003*)  
Jefferson Cann  
John Clarke (*from February 2004*)  
Dr Martin Gay (*from December 2003*)  
Gerald Gregory (*from September 2003*)  
Ray Millar (*from April 2003*)  
Jane Rippon (*until September 2003*)  
Nigel Westwood  
Susanne Wood

#### ***Welfare Committee:***

Bradley Brown (*Chairman*)  
Lady Bingley  
Dr Martin Gay  
Jacqueline Hockey  
Susan Read (*until February 2003*)  
Susanne Wood

#### ***Advisers Co-opted onto Council:***

Dr Peter McIntyre  
Professor David Rampton  
Dr Simon Travis

#### ***Medical Advisers Committee:***

Dr Peter McIntyre (*Chairman*)  
Professor David Rampton (*Vice-Chairman*)  
Dr Simon Travis (*Secretary*)

#### ***Group and Membership Activities Committee (all from April 2003)***

Nigel Westwood (*Chairman*)  
Gerald Gregory  
Sarah Longes  
Ray Millar  
Ben Wilson  
Heather Blakeley

#### ***Family and Young People's Committee:***

Norma Richardson (*Chairwoman*)  
Bradley Brown  
Chris Corker  
Laura Crawley  
Gillian Hamer-Hodges  
Sarah Longes (*until May 2003*)  
Ruth Tilley (*until March 2004*)  
Richard Driscoll  
Stella Leigh

#### ***Information Services Committee (from January 2003)***

Susanne Wood (*Chairman*)  
Bradley Brown  
Deborah Morris  
Jane Rippon (*until May 2003*)  
Nigel Westwood  
Richard Driscoll  
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