Annual Review

2012

Working for a better life for people living with rheumatoid arthritis
What you need to know about RA

When most people hear the word arthritis, they tend to think of an older person’s disease and ‘wear and tear’ on the joints. They’re probably thinking of osteoarthritis. Rheumatoid arthritis is quite different.

Rheumatoid Arthritis is a painful and disabling autoimmune disease that can affect people of any age. Three quarters of people are first diagnosed when of working age. It affects the joints, causing inflammation and stiffness and extreme fatigue. It is a systemic disease so can also affect the internal organs, in particular, the heart, lungs and eyes.

Eight things you need to know about rheumatoid arthritis:

1. It’s a lifelong condition
2. It’s not an ‘elder person’s disease’. People can develop it at any age, even as children. For most people symptoms generally begin between 40 and 60 years of age
3. There is no obvious pattern to the symptoms. Everybody’s disease is different. People get ‘flares’, or periods when their symptoms are much worse, which then subside. You can have periods when the disease is quiet and doesn’t cause you any problems
4. It doesn’t only affect the joints. It can sometimes affect other parts of the body, for example the eyes and lungs, though not for everyone. Apart from joint pain, stiffness and swelling, some people may have difficulty in sleeping, feel intensely tired and feel like they have bad flu
5. It’s a type of disease called an ‘auto-immune disease’, which results from the body’s immune system malfunctions
6. Left untreated, it is a destructive disease that can cause serious damage to joints and possible disability, if the inflammation is not controlled
7. Some people have very little damage to their joints and a few (about 1 in 20) have severe damage in several joints. It is a progressive disease, but how it progresses varies from person to person. Treatment aims to control the disease and reduce the damage
8. With early diagnosis and the right treatment, most people diagnosed today can expect to lead full lives with their symptoms under control

The National Rheumatoid Arthritis Society

The National Rheumatoid Arthritis Society (NRAS) is the only UK patient led charity exclusively dedicated to supporting, informing, educating and advocating for the estimated 690,000 people living with rheumatoid arthritis (RA) in the UK, as well as their families, carers and the healthcare professionals who treat them.

We are proud of our reputation which is based on providing a comprehensive range of services to those we represent with professionalism and expertise, through collaborative working, careful financial planning and sustainable growth.

Our Mission

We help and support people living with rheumatoid arthritis through:

- Providing information, education, support and advocacy
- Raising public awareness of rheumatoid arthritis
- Facilitating networking and enabling self-management
- Raising NRAS funds to work towards our vision
- Campaigning for good evidence-based care and services for all
- Raising the priority of rheumatoid arthritis with politicians and policy makers

Through better understanding we encourage people to actively take control of their disease, instead of it controlling them, and help them regain a quality of life that many lose.

Our Vision

Working for a better life for people living with rheumatoid arthritis
A Message from the Chairman of the Board

Graeme Johnston,
Chairman of the Board of Directors

2012 was a wonderfully successful year for NRAS. In 2011, we had all the excitement of our 10th Birthday and were able to mark the first occasion that our annual income exceeded a million pounds. We embarked on 2012 with lots of confidence but knowing that in these times of austerity our donors, large and small, were finding it hard to make ends meet and so repeating this feat would be no easy matter.

However, as the Step Change appeal reached its superb conclusion, you, our members, supported by our events team and our large donors were fantastically generous yet again. We were also helped by some heartwarming legacies as we broke through the million pound barrier again – with two months to spare.

As a result Ailsa and her fantastic team have the resources to further extend the great work they do. Her report outlines some of the huge number of initiatives being undertaken and the continuing growth and development of our services and support. One major initiative this year has been to research thoroughly the services provided to children and young people living with Juvenile Idiopathic Arthritis (JIA) and their families. This is an area where we want to determine how we can use the NRAS team to make a contribution to those living with JIA.

The healthcare system is in the midst of huge upheaval, enormous financial pressure and damaging blows to its reputation. We at NRAS are working hard to give a voice to those with inflammatory arthritis in the new landscape that will emerge.

This year has seen the departure of both Sue Ball and Mark Liddell as trustees. Each has left an indelible mark on your society. They have been vital stalwarts in the development of the NRAS we have today and we wish them well. Both now live far from NRAS in Maidenhead but are determined to carry on with their support. The trustees are however joined by Jean Burke, a longterm volunteer, who now brings her business acumen and her own experience of RA to the trustees.

2013 looks set to be another challenging year but the fantastic team at Maidenhead love challenges and I salute them with the confidence they will again astonish us with all their efforts.
Chief Executive’s Report
by Ailsa Bosworth

2012 was another good year for NRAS. Busy, exciting, challenging, packed with projects successfully delivered and we brought in an income in excess of £1M for the second year running. Quite an achievement in a climate where recession and cutting back has become a way of life.

I would like to pay tribute to the wonderful team at NRAS, supported by our dedicated Board of Trustees. The team constantly deliver, are ever professional yet friendly and empathetic in their approach to all who contact the charity, and the icing on the cake is that we all enjoy what we do very much because we know we are making a positive difference to people’s lives, and this is what drives us.

It may be something of a cliché to say that your staff are your greatest asset, but I consider our employees to be one of our greatest strengths as an organisation and it’s not just about what we do but the way in which we do it which is different. One of our priorities as an employer is to provide a workplace which is stimulating, where people enjoy coming to work every day and feel that their contribution counts. Our aim has always been to create an atmosphere where people are encouraged to express their views and generate ideas, contributing to an environment where they can maximize their potential whilst being challenged. We invest in staff training at every level and give employees the opportunity to identify their own areas of interest where they would like more input, whether it be a structured training course, mentoring of some kind or attending an external conference. Everything we do is about delivering on our aims as an organisation and during an employee’s initial induction, individuals are educated on the culture of the charity, its values and leadership attributes, and what these mean for staff, our membership and the stakeholders in the rheumatology community that we work with.

We want our staff to work hard (and they do!) but at the same time enjoy themselves. This culture enables us to consistently punch well above our weight.

In 2012 our major survey resulting in a new publication, ‘Family Matters’ was launched at the British Society for Rheumatology (BSR) annual conference in April 2012. This gave a much needed focus to the families of those with RA who also live with the disease. The survey provided the families with a platform and permission (sometimes for the first time) to talk about the impact on them and their lives of living with someone who has RA, and the feedback we got from everyone, including health professionals, was overwhelmingly positive. The booklets flew off our stand at the BSR conference as health professionals are always under pressure in clinic and don’t always have the time or opportunity to devote to the needs of family members who accompany the person with RA.

Another major undertaking was obtaining the funding to carry out a UK-wide survey and mapping exercise of services being delivered in the field of Juvenile Idiopathic Arthritis. This work was started in the autumn and will be completed by mid 2013 when we shall prepare a report of our findings for the Board with a view to determining how best we can add value to the services which already exist in paediatric rheumatology and how we can help to improve quality standards, in much the same way as we have done in RA. We have been collaborating with the British Society for Paediatric and Adolescent Rheumatology in regard to our mapping exercise and propose to work with them and with other charities which already providing services in this area.

We held the first of what will become an annual Members’ meeting and were delighted to welcome over 100 of our members to Taplow Court, Berkshire, in October to hear a superb keynote address by Professor Peter Taylor, Norman Collison Chair of Musculoskeletal Sciences at the University of Oxford. We filmed his talk and put it on the website so that members who were unable to attend could hear it. We plan to move the location of the meeting around the UK so that members all get an opportunity to attend. In 2013 it will be held in the Midlands area.

At the end of the year we launched a report into Co-morbidities in RA in the Palace of Westminster, at the first of what will become an annual RA Summit. It was chaired by our Patron, Rt Hon Linda Riondan, MP. The event was attended by MPs, peers, other charities, health organisations, health professionals, policymakers and of course, some of our loyal members and volunteers.

We were sad to say goodbye to our Financial Controller, Peter Rogers, who retired in December 2012. Peter served the charity loyally for 8 years from the move from my home in 2004 to our current offices, through many years of growth and expansion and we were sad to see him go. However, we are delighted to welcome Narinder Bains to the team who takes over as Financial Controller with effect from 1st January 2013. Narinder brings a wealth of experience in accounts’ management and customer relations and has already become a great asset to the Senior Management Team. In 2012 we were also pleased to welcome Gill Weeden and Kim Fitchett to the Volunteer Network Team, Andrew Scott filled the new post of PR and Press Officer, Tammy Mallowan joined us as our office Administrator and Emma Seymour joined the NRAS team as Membership Supervisor.

We move forward into 2013 with new challenges as we take on a role in commissioning support for the first time, as part of the Rheumatology Commissioning Support Alliance, in collaboration with the British Society for Rheumatology and Arthritis Care (see page 29). With GP commissioning fully effective in all areas of England from 1st April, and with health and welfare reforms continuing to evolve, we know that 2013 will be even more challenging than 2012 has been, but we face these challenges (and opportunities) in a positive frame of mind, with a fantastic and enthusiastic team, ready to continue working for a better life for those affected by rheumatoid arthritis.

Ailsa Bosworth, Linda Riondan MP and Professor David Scott
When I was asked if I would be interested in writing an article about the benefits of running an NRAS regional group, the first thing that came to mind was FRIENDSHIP!

Lynne Waknell
The Mid Somerset Committee

Two and a half years ago, Teresa Jewell and Kui-leng Marrow, our Rheumatology Specialist Nurses, invited a group of people interested in forming a local support group, to listen to a presentation given by Claire Jacklin, the Director of External Affairs, from NRAS. A few of us decided we would like to start our own group and began to plan a launch meeting. Six months later, after a lot of hard work, we were up and running with a most wonderfully supported launch meeting.

Our planning committee has grown closer over this time, incorporating our meetings into lunchtime gatherings, with delicious homemade food, humour and friendship, a winning combination!

We are wonderfully supported by our two specialist nurses and one retired specialist nurse, with all the knowledge and experience they have between them.
NRAS Helpline and Publication Services
Providing support and information

The helpline, provision of publications and dedicated social networking sites such as HealthUnlocked all form part of the support and information services which the charity offers to its users. The team provides information and support on a wide range of topics including fatigue, pain, medication, employment and benefits to anyone who is affected by rheumatoid arthritis.

Rheumatoid arthritis is still very misunderstood and callers tell us of the frustration they experience in trying to explain to others how the disease affects them. Calling the helpline, interacting with others on the social networking sites, reading NRAS publications, and attending NRAS groups can all help to reduce the frustration and the isolation that is felt. Callers also have the opportunity to speak to trained NRAS Telephone Volunteers who all have personal experience of what it is like to live with RA.

Telphone and email contacts to the helpline have remained fairly constant throughout 2012 with nearly 3,000 contacts received. 83 calls were made by Telephone Volunteers, to callers who often wanted to talk about being newly diagnosed or who were contemplating a new medication. Usage of the NRAS HealthUnlocked forum has increased incredibly. In 2012 there were 127,769 unique visits made to the site, 33% of which were made via mobile devices such as smart phones and tablets. There were almost 1,000,000 page views with an average visit length of 21 minutes. The helpline team also moderate the HealthUnlocked forum to ensure that the information posted or discussed, is accurate, reliable and safe.

Requests for NRAS publications has remained high with over 42,000 items being sent out in the post both to hospital units and individuals.

Completed our in depth audit of the helpline service
Further development of our online sources of support and information
Increased usage of social media sites to help inform and support those affected by RA

Objectives for 2013

- A new publication exploring Emotions, Relationships and Sexuality
- Further development of our online sources of support and information
- To increase use of the peer to peer support service

A smaller number of respondents experienced a number of other benefits. A third had made positive changes to the way that they self managed their disease following their contact with NRAS and just less than a third felt they were better able to navigate the health care and benefits systems.

Throughout 2012 our website received 320,000 visits, a 42% increase over 2011, and 1,860,000 page views, a 13% increase over 2011.

Completed our survey and focus groups to inform the

Key Achievements in 2012

- Completed our survey and focus groups to inform the
- Completed our in depth audit of the helpline service and publications
- Increased usage of social media sites to help inform and support those affected by RA

For weeks I felt alone, stuck in the house and although my family was truly wonderful I really wanted to find out more – more about the illness, the treatment and what might happen in the future.

I went on to the internet looking for answers and found HealthUnlocked and the NRAS Rheumatoid Arthritis site and I have never looked back! For the first few weeks I read the blogs and questions and a year later after I got diagnosed I decided to write my first blog. I was nervous and didn’t think I would get many replies. Gosh, I was wrong! Almost immediately I got replies from lovely people who have various types of inflammatory arthritis, and most importantly to me, the same experiences as me, and they welcomed me on to the site with internet cyber hugs!

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I am Allanah and I am proud to have been accepted as a volunteer for the HealthUnlocked NRAS Rheumatoid Arthritis Site. On the 11th March 2011 I woke up and quite literally couldn’t move, I was in pain, swollen and completely in shock. I saw a Rheumatologist who told me I had RA and I just couldn’t take it in.

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NRAS in Pictures
What we do and things you do for us

1. Ailsa Bosworth, Linda Riordan MP and Professor David Scott at the Launch of the Co-morbidities in RA Report in the Palace of Westminster
2. Ann Montgomery, Leicester Group Coordinator, manning an information stand at the Rheumatology Outpatients Clinic, Leicester Royal Infirmary
3. Wollaton Park Rotary Club - Charity Golf Day
4. The Launch of the Dorchester Group
5. NRAS runs at the Olympic Park
6. Di Skingle, NRAS Trustee, and Leigh Walmsley, Paralympic Archer, wave for World Arthritis Day
7. Helen Wilkinson completing the London Marathon for NRAS
8. The Cox Green Townswomen’s Guild
9. IMID Summit 2012
10. Theresa May MP reading at our Christmas Carol Concert
11. The first annual Members’ Day
Raising the priority of RA with politicians and policymakers

In 2012 we continued to seek out new ways to engage our members in campaigning by launching a campaigns network and introducing new e-campaigning tools to our website. The charity also expanded into commissioning for the first time and was involved in major policy developments relating to rheumatoid arthritis and the welfare reforms.

In the spring, NRAS launched a Scottish Campaigns Network to empower 10 Scottish Ambassadors to undertake more direct advocacy. With support from NRAS staff, the new Ambassadors attended the Scottish party conferences, provided the secretariat for the Cross-Party Group on Arthritis and Musculoskeletal Diseases and submitted case studies for a major new audit of RA services in Scotland.

Working with the British Society for Rheumatology and other partners from the musculoskeletal sector early in the year NRAS drafted a National Institute of Health and Clinical Excellence (NICE) quality standard for RA and was appointed to the NICE Topic Expert Group responsible for drafting the final standard.

NRAS was also involved in a number of other major sector developments. We were consulted on a draft Best Practice Tariff on Inflammatory Arthritis, which is being led by the British Society for Rheumatology and Arthritis Research UK. NRAS also joined a Department of Health working group around the Homecare Medicines Review and took part in a summit on RA of Health working group around the Homecare sector developments. We were consulted on a draft NRAS was also involved in a number of other major projects and was appointed to the NICE Topic Expert Group responsible for drafting the final standard.

To coincide with World Arthritis Day in October we launched the RA Responsibility Deal to highlight the ongoing challenges to good quality RA care across the UK and encourage different audiences to take positive action to improve outcomes for people with RA. Alongside the launch of the report we also produced new e-campaigning tools for the NRAS website.

In December we launched the first of a series of RA Summits in the UK Parliament. The chosen theme was RA co-morbidities and we invited politicians, officials and stakeholders from across the third sector to discuss the findings of a new report on the issue, which drew together evidence on the range and severity of RA-related co-morbidities and made 10 recommendations for improvements to public policy.

Key Achievements in 2012

- Launched a new NRAS Scottish Campaigns Network to help the charity develop all year round campaigning presence in Scotland and strengthen the voice for people with RA in policymaking
- Published our RA Responsibility Deal to demonstrate how RA patients and those involved in making the decisions about their care and services can work together to improve clinical outcomes
- Held our first ever RA Summit in the UK Parliament to discuss RA co-morbidities and published new research with recommendations for how the government can improve their management
- Continue to develop our members campaigning voice by launching a Campaigns Network in Wales and conducting constituent drop-in sessions in the UK Parliament and the Devolved Nations
- Engage with political parties’ policy reviews ahead of the 2015 General Election to ensure that RA is taken into account during the formulation of future health policies
- Undertake a stakeholder exercise to produce a model Commissioning for Quality and Innovation (CQUIN) payment framework for commissioners of rheumatoid and inflammatory arthritis services

Viewpoints

Sheila MacLeod

Year in the Life of an NRAS Scottish Ambassador

Our first Ambassador training session at the NRAS office in Maidenhead had flashed by – welcoming, informative, challenging and inspiring – and during the 400 miles back to Edinburgh my mind was buzzing. By 5.30 that evening I was sitting in the Scottish Parliament, at a meeting of the Cross Party Group on Arthritis and Musculoskeletal Conditions, and had agreed to be its secretary. This has turned out to be a great job – The Cross Party Group acts as a forum on services in Scotland for arthritis and musculoskeletal conditions, bringing together both those who provide and those who use them. The aim is to raise real awareness of the conditions involved, to inform and guide parliamentarians and thus to influence policy in a drive for the best possible provision. An NRAS volunteer in the secretariat does keep RA firmly on the agenda! In fact, at present in Scotland, the profile of RA is high following publication of several pieces of research including the Scottish Public Health Network Healthcare Needs Assessment. The time may be right to make a real difference.

The Ambassador programme extends NRAS reach and influence, through volunteers who are familiar with the distinct policy and healthcare scene in Scotland, have the opportunity to make contacts in the public and voluntary sectors and can work for progress in a wide variety of ways. Scattered across Scotland, we meet periodically for briefing and valuable mutual support.

It’s been a good year. I’ve met interesting people, become involved in discussions on a subject which truly matters to me and to so many of us with RA, and rediscovered long lost skills. It’s been a chance to contribute something towards better, more patient centered services. And it’s been a lot of fun!
Our Members
Making you feel part of the society

In 2012 NRAS reached a key milestone with our 4,000th Member joining the society. This means that we are reaching increasing numbers of those living with rheumatoid arthritis and together, making the voice of NRAS even louder.

Membership provides a sense of belonging and we try to involve as many of our members in every aspect of our work. Some choose to lend their support by volunteering to run one of our groups, others become involved in our campaigning activities and many support our fundraising efforts.

This year we have worked closely with the volunteer network team to encourage NRAS Membership uptake at NRAS group meetings around the UK. At group launches there is a now a special rate for new members joining, which has proven to be very successful.

The NRAS Forum continues to be a valued resource for Members and is often described as a lifeline for those newly diagnosed. Through this medium they can reduce their feelings of isolation by communicating with others living with the disease, have the opportunity to gain or provide support and information, or just to let off steam. The Members’ area also gives access to previous editions of the NRAS magazine. The magazine and monthly Members’ e-news are both important features of membership and continue to be an excellent way of keeping our Members up to date with the latest developments in the RA and musculoskeletal arena and on latest NRAS activities.

Key Achievements in 2012

- Introduction of NRAS lapel badges and RA awareness cards for all Members to show their support for the charity and to inform their relatives, friends and colleagues about the disease
- The first annual Members’ Day held at Taplow Court to educate Members, and their guests, about the latest developments in RA
- Achieving 4,000 Members and considerably increasing our number of health professional Members
- At the beginning of the year we introduced our lapel badges as a benefit of membership, every current and new member receiving one. In October, we launched a new RA Awareness Card which is now being sent to all new and current members with the aim of our members distributing these to their friends, families and colleagues to inform them about what is RA.
- The highlight of 2012 was our first annual Members’ Day, which took place at Taplow Court, close to the NRAS head office. Nearly 100 Members, their guests and NRAS staff attended and we were privileged to have Professor Peter Taylor, Norman Collison Chair of Musculoskeletal Sciences at the University of Oxford, as our keynote speaker, who delivered a fascinating presentation on Translating Clinical Targets into Realistic Personalised Goals. A Q&A session followed, with a panel of local multidisciplinary healthcare professionals. Many of the questions and answers we had were then included in our Members’ magazine for those who could not attend. The event was a great success and it is now a permanent fixture in our calendar.

Objectives for 2013

- To hold our second Members’ Day in the Midlands area
- To evaluate the needs of our Members to make certain we provide the most appropriate benefits to them, therefore making them feel valued and engaged in our work
- To encourage Members to take an active role in the society by helping us to promote the first UK RA Awareness Week and to use this opportunity to reach more people with RA
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Philip Aherne
NRAS Member

I was diagnosed with RA in October 2010, after probably suffering from the disease without really knowing for two or three years. At that time I was 22 years old, and about to start a PhD. I’d been in varying degrees of pain throughout 2008 and subsequently thereafter; it had been as episodic as it had severe, and when it had passed I hadn’t thought about it again.

I did go to the nurse at university when my wrists became inflamed and (on a different occasion) complained about sleeping difficulties, but nothing significant was thought of it – quite understandably, I might add. A survey I had found online when diagnosed informed me that out of 100,000 men between 18-24, only three get it a year. Statistically, I am in the completely wrong demographic. Throughout the summer of 2010, the pain simply became unbearable, and my GP referred me.

I have only joined NRAS recently (December 2012), but I wish I had done so earlier. At the start, I did not understand what it was that I had been diagnosed with and, more importantly, what that meant for the way I live. Medical and technical information from the hospital about the disease does not help you to cope with it (and the graphic picture on the Wikipedia page was simply upsetting).

The wealth of pragmatic, sensible, considered and easily digestible information I received in the welcome pack upon joining NRAS was fantastic, and I would have been grateful for it much earlier.

Additionally, after I’d got to grips with the basics of what RA was, and worked out the main symptoms I found it was very difficult communicating that knowledge. People’s perceptions of arthritis, especially concerning the ages of the people who are diagnosed and what the disease involves, are not accurate. (I was asked if I’d been doing too much knitting after relaying my diagnosis on one occasion!)

It’s good to know that I’ve got access to the NRAS team, that I don’t need to explain anything to them, that they’ve got a wealth of information outside of my personal experience and that they are there whenever I need them to answer a question.
NRAS in the media

Messaging fills our daily lives. Whether through traditional, new or social media, we are constantly being bombarded by individuals and organisations trying to tell their story. The public relations function is essential to ensure that the correct information about NRAS and rheumatoid arthritis is at the forefront of these messages.

There are many uncertainties surrounding RA – what it is, how it is caused, how it can be treated – and very often the information in the public domain can be contradictory. Over the years NRAS has built an excellent reputation as a reliable source of information so the aim now should be to make sure more people are aware of this source of information.

PR is not new to NRAS. The activities have always been carried out, but on an ad hoc basis. In 2012 a new PR department was created with a press officer hired midway through the year.

To prepare for the future, the first task of this newly created PR department was to develop a PR strategy outlining our key messages and how we could improve our stakeholder engagement in order to share these messages. This was supported by a communications plan identifying what events or activities were coming up that provided an opportunity to spread these messages.

PR is never limited to one department or one individual however; everyone associated with an organisation has responsibility for its PR to one degree or another. We all have a responsibility to represent the charity’s best interests when communicating with others. Charities such as NRAS have a great advantage in that they have a loyal band of members and support groups across the country who are a fantastic resource that can help tell our story.

In order to utilise this resource, a media relations toolkit complete with a series of media templates was created to assist our supporters in getting their own media coverage whether they are hosting a support group or holding a fundraising event. The toolkit is designed to make it easier to raise their own profile, and therefore the profile of NRAS and RA. The toolkit highlights what the key messages are for NRAS and so ensures that everyone connected with the charity is speaking with the same voice.

This is just the beginning. PR is not just about ‘quick wins’ but rather it is about slowly nurturing relationships with all our stakeholders and building a reputation based on trust. Progress is being made and the future is looking positive.

Key Achievements in 2012

- The successful creation of a PR department within NRAS and production of a PR strategy and communications plan
- Featuring on the front page of BBC online for the ‘Round the Isles for Rheumatoid’ story (see the fundraising feature on Martin Lee)
- Featuring in five front page articles in the Daily Express
- Getting the Knit Factor campaign featured in several local newspapers across the UK as well as being covered in UK wide knitting magazines and blogs

Objectives for 2013

- To expand our media coverage to include women’s magazines in order to better reach our target audience
- To expand our media coverage in the areas where our NRAS groups are located
- To get more articles featured in the national press by generating more case studies

Press and Public Relations

Katy Evans
Ashford Group Coordinator

The average person, and I include myself in that generalisation, doesn’t really know how PR and media relations work. We don’t question why or how a product or an event gets media coverage, we just accept that it does. My first experience of creating my own media release was for my sponsored swim in aid of NRAS. I wrote a press release, distributed it to as many local newspapers as possible and waited for the sponsorship to roll in. I managed to get stories and photographs into two local newspapers, and a follow up after the event in another. It’s hard to say what direct result on my sponsorship figures this coverage had, but ensuring that the information is out there means that at the very least someone had heard of NRAS and RA who hadn’t heard of them before.

Direct results were more visible with the coverage we got for the inaugural meeting of the Ashford NRAS Support Group in November. We had a turnout of over 60 people and many of them mentioned that they had seen the column in the local newspaper, otherwise they wouldn’t have known about the event. Not only did I feel that this justified my hard work, but it meant that more people in the area are now able to benefit from the group. If for every meeting we can have the same media success, then our reach will be far greater. Not only that, whatever effect it can have on the event itself, ultimately the key messages of any media activity will still be shared with a wide audience and this can go great lengths to raising awareness of RA and the work of NRAS.
Fundraising
Raising funds for our vital work

We were delighted to once again exceed £1m raised in 2012. This has been due to our fantastic supporters who have raised funds from taking part in events, giving through regular donations, giving in memory of loved ones and leaving gifts in Wills to enable us to continue to support all those who live with rheumatoid arthritis.

We have also seen an increase in support from companies and organisations such as the Round Table, Townswomen’s Guild and Rotary Clubs who have chosen NRAS as their charity of the year. This is an important source of income for the charity, as it not only generates substantial funds but creates awareness in the wider community of both the disease and our work.

This year we were very lucky to be supported by Dr Martin Lee (his story appears in this Review) who took on the ultimate challenge of solo kayaking around the UK to raise funds for NRAS and try to raise awareness of what RA is and the impact it has on those who live with it. He raised over £32,000, which is incredible, and did an amazing job of spreading the word about rheumatoid arthritis.

Our Step Change Appeal, which ended in 2011, exceeded its target of £1.4m during this year, with final outstanding bids being received. This has been a great success and allowed us to achieve what the appeal was intended to do, to help us take the charity to its next stage of development. We will continue to build on the relationships developed with trusts and foundations which supported our appeal during the coming year.

Our legacy income grew again in 2012 and this is testament to the ongoing campaign to make people aware of how to leave a gift in their Will and how important such gifts are to us in helping us to plan for the future.

The challenge of an ever competitive marketplace will be with us in the coming year, as well as the demand on charitable funding as government funding shrinks but we are confident that we have a well established range of income streams and that with the hard work of the fundraising team we will be able to maintain our budgeted income for 2013.

Key Achievements in 2012

- We exceeded our target of £1.4m for the Step Change Appeal
- Our legacy income increased again, reaching £363,501
- An increase in support from companies and Charity of the Year nominations
- Secured £40,000 to allow us to begin our JIA evaluation work
- £363,501
- An increase in support from companies and organisations such as the Round Table, Townswomen’s Guild and Rotary Clubs who have chosen NRAS as their charity of the year. This is an important source of income for the charity, as it not only generates substantial funds but creates awareness in the wider community of both the disease and our work.
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- Our legacy income grew again in 2012 and this is testament to the ongoing campaign to make people aware of how to leave a gift in their Will and how important such gifts are to us in helping us to plan for the future.
- The challenge of an ever competitive marketplace will be with us in the coming year, as well as the demand on charitable funding as government funding shrinks but we are confident that we have a well established range of income streams and that with the hard work of the fundraising team we will be able to maintain our budgeted income for 2013.

Objectives for 2013

- To create an income stream from participation in research studies and the RA Self Management Programme
- To expand participation in overseas challenge events
- To maintain a closer link with our supporters to build stronger relationships
- To relaunch the NRAS Tea Party and increase support from this income stream

Dr Martin Lee
Consultant Rheumatologist, the Newcastle upon Tyne Hospitals NHS Foundation Trust, and NRAS Fundraiser

I decided that I wanted to become a rheumatologist at a young age. I had seen first hand the effects that rheumatoid arthritis can have on an individual and their families after observing my Aunt Maureen cope admirably with an aggressive form of the disease. In 2010, towards the end of my training, I made the decision that I wanted to raise a significant amount of money for NRAS.

I saw NRAS as the only support group for people with RA and set about planning a fundraising challenge. The coastline of mainland UK covers about 2,600 miles and breaking that down into 100 marathons in 100 days in an attempt to raise £100,000 seemed like a good idea at the time and had a nice ring to it.

On April Fools day 2012, I set off in my kayak from Greenwich aiming to paddle out of the Thames, turn right and keep paddling around England, Wales and Scotland before returning to London. I was hoping for warm weather and kind winds but in fact both April and June turned out to be the wettest, windiest and coldest since records began in 1910. There were several times when I felt like giving up including, several times when I felt like giving up including, during a 13 hour crossing of the Bristol channel in 25mph headwinds after launching from Lundy Island in the dark, miserable evenings spent shivering and soaking wet in my sleeping bag on rocky beaches near Rhyl and Barrow-in-Furness and narrowly avoiding serious injury and a broken kayak after being capsized and thrown onto razor sharp rocks near Cairnbulg on the north east coast of Scotland. Despite these events and a number of illnesses and injuries, including painful blisters and pressure sores, an infected toe, torn shoulder muscles and a dislocated shoulder joint, I arrived back in London after 97 days at sea, on 6th July 2012.

I set out to raise £100,000 and so far the total is £33,000. The most positive aspect of the trip however, was meeting the amazing NRAS members and other members of the public as I paddled around the coast, and the immense kindness that they showed to me. The trip also bought home how fortunate I am to have such a wonderful collection of family and friends who supported me through my 97 day adventure. Would I do it again? No. Are there other islands out there waiting to be circumnavigated? Most definitely.
JIA (Juvenile Idiopathic Arthritis) Review Project
A review of current services and support levels

Following funding received early in 2012, in May we began our planned survey of the JIA services currently being delivered in the UK with the aim of being able to identify how NRAS can best develop a service to support any gaps identified and then move forward with providing a service to meet those needs. From its inception in 2001, NRAS has envisaged providing a service for children, young people and families living with JIA but until now has not had the funding, time or resource to take the project forward.

Nicky Kennedy, a retired rheumatology nurse specialist with experience of treating JIA over many years, has been working on this review on a part time basis, visiting centres around the UK to gather data to enable us to map local services in different areas, spending time with the adult consultant/s, paediatric rheumatologist, members of the multidisciplinary team, some managers and, in many centres, with parents and young people with the disease. She has been recording both quantitative and qualitative data, capturing the referral patterns from surrounding hospitals to both tertiary and non-tertiary centres, outreach and inreach team composition and the ongoing management patterns for continuing care.

In 2012 Nicky visited 16 centres across the country, with visits to a further 14 centres planned for early 2013. The North/South divide in terms of equitable and timely access to a full paediatric multidisciplinary team is significant. In many areas of the country families are facing lengthy journeys, not only for routine care but also urgent review. What is becoming evident is that there are huge variations in the size and scope of the centres in staff to patient ratio, the ability to follow up patients in a timely way or to cater for urgent care, and disparity between centres for easy access to joint injections and protected theatre time. Initial referral to a centre well equipped to diagnose all forms of JIA and to treat and support the child and families as a full multidisciplinary team is also very variable. The opportunity to maximise and improve outcomes for the children and young people is at risk of being compromised.

Nicky has been welcomed warmly at all the centres and the support for the project’s aims universally acknowledged. There has been huge cooperation from the clinical teams, parents and young people with JIA! The message coming from the families is that JIA is little known, understood or acknowledged.

Families have expressed an interest in a comprehensive web portal, where clear information could be accessed as well as signposting to other sites for more specific information such as SNAC (Scottish Network for Arthritis in Children), CCAA (Children’s Chronic Arthritis Association) and Arthritis Care, which all offer support in different ways for families and young people with JIA. To this end we have secured funding to create a microsite, accessed via the NRAS website.

We plan to have completed our review by mid-year and our report together with recommendations for a future programme will then go to our Board of Director Trustees for approval. We will share the report with the British Society for Paediatric and Adolescent Rheumatology as we feel that the data will be of value to all those working with children and young people with JIA. We have already made it clear that we do not wish to reinvent wheels but to work collaboratively with the other charities in the sector to support families and young people living with JIA. Needless to say we are all very excited by the potential for this new service and look forward to being able to support this section of the musculoskeletal community in the future.

Key Achievements in 2012
- Began our planned survey of the JIA services currently being delivered in the UK
- Throughout 2012, 16 centres visited across the UK and we spoke to health professionals delivering care in the field of JIA, families, children and young people affected by JIA and also NHS Managers and Commissioners
- The need for a JIA specific microsite was identified, and funding secured to begin development

Key Objectives in 2013
- To report on the findings of the project and to produce an achievable business plan based on the recommendations in our report
- To launch our JIA specific microsite
- To commence work to raise the profile of the disease with the general population with an ultimate aim to ensure that JIA becomes as well recognised and understood as, for instance, childhood diabetes
- To support the implementation of the BSPAR Standards of Care and best practice in service delivery for families and young people living with JIA
NRAS in Pictures
What we do and things you do for us

1. Now Magazine staff run the Royal Parks Half Marathon
2. The Plymouth NRAS Group welcoming in Martin Lee
3. The NRAS Team welcomes the Olympic Torch Relay to Maidenhead
4. Charlie Colby running the BUPA Great Birmingham Run
5. Voices Anon Choir Singing at our Christmas Carol Concert
6. Our Scottish Ambassadors in The Scottish Parliament with Jim Eadie SMP
7. Alisa Bosworth and the Pembrokeshire Group Coordinators attending an awareness day in Wales
8. Alisa Bosworth and Philip Ainsworth at the RA Summit in Westminster
9. The NRAS Skydive
10. Scottish Ambassador Shenac Knox at the SNP Conference
11. NRAS celebrates the Jubilee with a seasonal Tea Party
Where NRAS has been active
throughout the UK

Reports & Finances

- Trust Foundation and Corporate Support
- Stakeholder Engagement
- Transparency in our collaborative working with the pharmaceutical industry
- Pharmaceutical Funding for 2012
- NRAS Finances
- Summarised Statement of Financial Activities
- NRAS Advisors
- NRAS People (Patrons, Directors and Staff)
Trusts

the following trusts and foundations kindly supported us throughout 2012

- The Appletree Charitable Trust
- The B S G S Cayzer Charitable Trust
- The Louis Baylis (Maidenhead Advertiser) Charitable Trust
- The E C Graham Belford Charitable Settlement
- The Blair Foundation
- The Col T R Broughton’s Charitable Trust
- The Sir Jeremiah Colman Gift Trust
- CHK Charities Ltd
- The Daise Rich Trust
- The Dickon Trust
- The Drapers’ Charitable Fund
- The Gerald Palmer Eling Trust Company
- The E C Graham Cumbrian Charitable Settlement
- The John Ellerman Foundation
- The Earl Fitzwilliam Charitable Trust
- The Iliffe Family Charitable Trust
- The Inchrye Trust

Corporate Support

the following companies very kindly supported our work throughout 2012

- Abcam Plc
- ASDA Stores Ltd
- Barclays Bank Plc
- Budgens Stores Ltd, Maidenhead
- Central Homecare Ltd
- The Cooperative, Maidenhead
- Homebase, Maidenhead
- John Lewis
- Lucozade UK
- Marks and Spencer, Maidenhead
- Mars Confectionary
- Sainsbury’s Stores Ltd, Kings Heath
- Tesco Metro, Maidenhead

Stakeholder Engagement

Working collaboratively with other organisations

At NRAS, key to our success in delivering on our aims as an organisation serving people with and affected by Rheumatoid Arthritis (RA), is working collaboratively with other stakeholders in the field of rheumatology and musculoskeletal services. RA is a long term condition and whilst it has its own unique features, many of the problems experienced by people with RA, are common to some other long term conditions and it therefore makes sense to work with other charities where we have common goals.

One such example is The Free Prescription Coalition where we are lobbying jointly with other charities to have prescription medicines made free of charge to those with long term conditions including RA.

The current welfare reforms are bringing changes which are causing many people with RA to have real concerns about retaining access to benefits such as Disability Living Allowance (DLA) which will cease in 2015 and become the Personal Independence Payment.

As part of the Disability Benefits Consortium, NRAS has been working hard to ensure that the agencies conducting assessments for new claimants or carrying out reviews on existing beneficiaries of DLA, have up to date evidence based information to enable them to understand the difficulties caused by a fluctuating condition such as RA. You can read more about our activities in this respect in our section on Campaigning on page 14.

The Rheumatology Commissioning Support Alliance (RCSA)

The RCSA is an alliance formed between the British Society for Rheumatology, the National Rheumatoid Arthritis Society and Arthritis Care. Combined, the three organisations represent healthcare professionals delivering rheumatology services in the UK and the patients receiving care.

A two year pilot was awarded in 2012 to the RCSA by the Department of Health. Over the coming 24 months the RCSA will provide commissioning support to local health economies through the development of a dedicated online commissioning toolkit and delivery of a consultancy project with a Clinical Commissioning Group to advise on the redesign of a local rheumatology service. The pilot is improving service delivery by ensuring services conform to clinical best practice and the needs of local service users. RCSA is working directly with local organisations to incorporate patient demographics, epidemiology, pathways and models of care, and costings into decisions about commissioning.

The longer term goal through the pilot work will be to create models of rheumatology commissioning support that can be deployed in any health economy, through which the powerful combination of clinicians and patients working together can advise and influence commissioning. The RCSA looks forward to reporting progress in 2013.

We are active members of the Arthritis & Musculoskeletal Alliance and National Voices and regularly contribute to government consultations through these channels as well as submitting our own individual responses.

The following logos represent some of the organisations with whom we regularly collaborate and share information:
NRAS has an excellent reputation in the UK for high achievement and committed representation of the patient voice in rheumatoid arthritis. A large part of this reputation is based on our integrity. We work to do the right thing in the proper way for the people we represent and this ethos runs throughout the organisation in everything we do.

This is also reflected in our work with the pharmaceutical industry, which we believe has brought significant benefits to rheumatoid arthritis patients and are very proud of. However, it is appropriate, in a year when medical health based charities like NRAS have been criticised in the way in which they work with industry, that we clarify our position in this regard.

- We have a policy for working with industry which is published on our website, and is reviewed annually
- Any project which we undertake jointly with industry must align with our vision, mission and aims as an organisation
- We will never promote, advertise or endorse an individual drug
- We will always declare pharmaceutical funding or sponsorship on any publication or published material
- In any project we do with industry support, which involves the publication of a survey or report of any kind, editorial control will always rest with NRAS and we will not allow this policy to be modified under any circumstances
- It should be noted that where pharmaceutical companies report ‘in kind’ support on their websites, it should always make clear that under this kind of working arrangement NRAS receives no direct funding at all, neither do the amounts shown necessarily correlate to an ’equivalent value’ as far as NRAS is concerned. These amounts should actually be offset by the ‘in kind’ resource which has been contributed by NRAS and NRAS resources, but this is not something which we account for, nor do the pharmaceutical companies show or take account of
- No member of NRAS staff or Trustees will ever accept any personal payment or honorarium for presenting at an event of any kind organised/sponsored by industry
- We have never, nor would we ever, ask a pharmaceutical company or their representatives (public relations or public affairs agencies) to lobby government in regard to drugs or access to individual drugs

You can view our full policy on working with industry on our website at this address: www.nras.org.uk/support_us/corporate_support/

Pharmaceutical Funding for 2012

Below is a breakdown of the funding we have received from the pharmaceutical industry throughout 2012, rounded to the nearest £1,000. Please note, the breakdown of funding includes carryover from 2011 and deductions for funds carried across into 2013. These inclusions and deductions account for multiyear projects.

### Abbott Laboratories Ltd
Manufacturer of Adalimumab (Humira)

<table>
<thead>
<tr>
<th>Project</th>
<th>Total Amount Received: £46,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>SFT Summit</td>
<td></td>
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<tr>
<td>Core costs</td>
<td></td>
</tr>
<tr>
<td>Magazine distribution</td>
<td></td>
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<tr>
<td>T2T Summit Workshop</td>
<td></td>
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<tr>
<td>Immunology team training</td>
<td></td>
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<tr>
<td>IMID Summit</td>
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<tr>
<td>ARENA Nurse Event</td>
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</tbody>
</table>

### Bristol-Myers Squibb Pharmaceutical Ltd
Manufacturer of Abatacept (Orencia)

<table>
<thead>
<tr>
<th>Project</th>
<th>Total Amount Received: £6,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information stands for rheumatology units</td>
<td></td>
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<tr>
<td>Online training tools for volunteers</td>
<td></td>
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<tr>
<td>Scottish Campaigning Work</td>
<td></td>
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</tbody>
</table>

### Merck Sharp & Dohme Ltd
Manufacturer of Infliximab (Remicade) and Golimumab (Simponi)

<table>
<thead>
<tr>
<th>Project</th>
<th>Total Amount Received: £2,000</th>
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</thead>
<tbody>
<tr>
<td>Corporate Membership</td>
<td></td>
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<tr>
<td>Scottish Campaigning Work</td>
<td></td>
</tr>
<tr>
<td>Help Shape the Future Meeting</td>
<td></td>
</tr>
</tbody>
</table>

### Pfizer Ltd
Manufacturer of Etanercept (Enbrel)

<table>
<thead>
<tr>
<th>Project</th>
<th>Total Amount Received: £11,000</th>
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</thead>
<tbody>
<tr>
<td>Scottish Campaigning Work</td>
<td></td>
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<tr>
<td>Patient Programme meeting</td>
<td></td>
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<tr>
<td>Patient Advisory Board Meeting</td>
<td></td>
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</tbody>
</table>

### Roche Products Ltd
Manufacturer of Rituximab (Mabthera) and Tocilizumab (RoActemra)

<table>
<thead>
<tr>
<th>Project</th>
<th>Total Amount Received: £42,000</th>
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</thead>
<tbody>
<tr>
<td>Core Costs</td>
<td></td>
</tr>
<tr>
<td>Scottish Campaigning Work</td>
<td></td>
</tr>
<tr>
<td>CD20 Focus Group &amp; website development</td>
<td></td>
</tr>
<tr>
<td>Updating of DAS section on NRAS website</td>
<td></td>
</tr>
<tr>
<td>SFT Summit</td>
<td></td>
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<tr>
<td>What is Remission to You focus group</td>
<td></td>
</tr>
<tr>
<td>CD20A working group attendance</td>
<td></td>
</tr>
<tr>
<td>Staff training workshop</td>
<td></td>
</tr>
</tbody>
</table>

### UCB Pharma Ltd
Manufacturer of Certolizumab Pegol (Cimzia)

<table>
<thead>
<tr>
<th>Project</th>
<th>Total Amount Received: £51,000</th>
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</thead>
<tbody>
<tr>
<td>Impact of RA on the Family Survey</td>
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<tr>
<td>Scottish Campaigning Work</td>
<td></td>
</tr>
<tr>
<td>Development of exercise section on website</td>
<td></td>
</tr>
<tr>
<td>Core Funding</td>
<td></td>
</tr>
<tr>
<td>SFT Summit</td>
<td></td>
</tr>
<tr>
<td>Patient Support Programme</td>
<td></td>
</tr>
</tbody>
</table>
NRAS Finances
For the year ending 31 December 2012

Review of the year
As was the case in 2011, 2012 was a year in which costs were largely kept in line with budget but unlike the previous year revenue performance proved better than forecast due to generous and unexpected legacies. Throughout the year, a tight grip was kept on expenditure, avoiding automatically replacing resources where “natural wastage” occurred and only spending where it was deemed essential in order to maintain service levels. All income is regarded as unrestricted unless stated otherwise.

Basis of Accounting
The accounting policies remain unchanged.

Principal Funding Sources
The total income for the year was £1,101,848. Legacy income was just over £363,000 and Events £104,994. This position reinforces the already identified need for the charity to continue to be more proactive and effective in its fundraising activities in order to reduce any reliance on unpredictable legacies. It is the intention of the Trustees to achieve an annual surplus without undue reliance on legacy income.

Resources Expended
Total resources expended on charitable activities were comparable to 2011, from date of incorporation 15th January 2011, showing the charity is trying to cut its costs.

Investment Policy and Objectives
Investments are with professional fund managers as permitted by the relevant acts and the Charity Commission guidelines. Reports are received on a quarterly basis.

Reserves Policy
In respect of reserves held at 30 December 2012 we plan to invest monies recognising the need to meet the trustee’s requirement of keeping about 6 months running costs in reserve. The major part of the reserve came in during the latter part of the year.

Total Income
without undue reliance on legacy income.

Unrestricted funds £1,120,000

Restricted funds £0.6m

Total income £1,120,000

Unrestricted funds £804,000

Restricted funds £0.2m

Total expenditure £804,000

Unrestricted funds £616,878

Restricted funds £254,190

Total expenditure £616,878

Summarised Statement of Financial Activities
for the year ending 31 December 2012

<table>
<thead>
<tr>
<th>Unrestricted funds £</th>
<th>Restricted funds £</th>
<th>31.12.12 Total funds £</th>
<th>31.12.11 Total funds £</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incoming resources</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income from generated</td>
<td>1,101,848</td>
<td>1,101,848</td>
<td>991,452</td>
</tr>
<tr>
<td>Activities for</td>
<td>4,669</td>
<td>4,669</td>
<td>3,824</td>
</tr>
<tr>
<td>generating funds</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investment income</td>
<td>13,736</td>
<td>13,736</td>
<td>5,870</td>
</tr>
<tr>
<td>Total incoming</td>
<td>1,120,253</td>
<td>1,120,253</td>
<td>1,001,146</td>
</tr>
<tr>
<td>Resources expended</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Costs of generating</td>
<td>248,508</td>
<td>-</td>
<td>245,094</td>
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<tr>
<td>funds</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Costs of generating</td>
<td>230,998</td>
<td>230,998</td>
<td>224,447</td>
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<tr>
<td>voluntary income</td>
<td></td>
<td></td>
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<tr>
<td>Charitable activities</td>
<td>13,736</td>
<td>13,736</td>
<td>5,870</td>
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<tr>
<td>Staff costs</td>
<td>-</td>
<td>23,240</td>
<td>13,950</td>
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<tr>
<td>Campaigning</td>
<td>-</td>
<td>-</td>
<td>2,885</td>
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<tr>
<td>Patients in focus</td>
<td>-</td>
<td>-</td>
<td>1,420</td>
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<tr>
<td>Conferences</td>
<td>-</td>
<td>-</td>
<td>4,026</td>
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<tr>
<td>Support costs</td>
<td>-</td>
<td>-</td>
<td>14,622</td>
</tr>
<tr>
<td>Registration fees and</td>
<td>-</td>
<td>-</td>
<td>22,060</td>
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<tr>
<td>subscriptions</td>
<td></td>
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</tr>
<tr>
<td>Governance costs</td>
<td>-</td>
<td>-</td>
<td>39,502</td>
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<tr>
<td>Total resources</td>
<td>804,246</td>
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<td>798,284</td>
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<tr>
<td>Income</td>
<td></td>
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<tr>
<td>Net income</td>
<td>316,007</td>
<td>-</td>
<td>202,862</td>
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<tr>
<td>Other recognised gains</td>
<td>31,682</td>
<td>-</td>
<td>71,114</td>
</tr>
<tr>
<td>losses on investment</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>assets</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net movement in funds</td>
<td>347,689</td>
<td>-</td>
<td>195,748</td>
</tr>
<tr>
<td>Reconciliation of</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>funds</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total funds brought</td>
<td>568,823</td>
<td>-</td>
<td>373,075</td>
</tr>
<tr>
<td>forward</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total funds carried</td>
<td>0.61,512</td>
<td>-</td>
<td>568,823</td>
</tr>
<tr>
<td>forward</td>
<td></td>
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</tbody>
</table>

Summarised Balance Sheet
31 December 2012

<table>
<thead>
<tr>
<th>Notes</th>
<th>Unrestricted funds £</th>
<th>Restricted funds £</th>
<th>31.12.12 Total funds £</th>
<th>31.12.11 Total funds £</th>
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</thead>
<tbody>
<tr>
<td>Fixed assets</td>
<td></td>
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<tr>
<td>Tangible assets</td>
<td>80,659</td>
<td>-</td>
<td>80,179</td>
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<tr>
<td>Investments</td>
<td>436,219</td>
<td>-</td>
<td>114,478</td>
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<tr>
<td>616,878</td>
<td>-</td>
<td>-</td>
<td>194,657</td>
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<tr>
<td>Current assets</td>
<td></td>
<td></td>
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<tr>
<td>Stocks</td>
<td>6,972</td>
<td>-</td>
<td>5,304</td>
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<tr>
<td>Prepayments and</td>
<td>26,274</td>
<td>-</td>
<td>26,274</td>
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<tr>
<td>accrued income</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash at bank and</td>
<td>368,448</td>
<td>-</td>
<td>559,167</td>
<td></td>
</tr>
<tr>
<td>in hand</td>
<td>368,448</td>
<td>-</td>
<td>559,167</td>
<td></td>
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<tr>
<td>401,694</td>
<td>-</td>
<td>-</td>
<td>583,593</td>
<td></td>
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<tr>
<td>Creditors</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amounts falling</td>
<td>(102,060)</td>
<td>-</td>
<td>(209,427)</td>
<td></td>
</tr>
<tr>
<td>due within one year</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Net current assets</td>
<td>299,634</td>
<td>-</td>
<td>374,166</td>
<td></td>
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<tr>
<td>Total assets less</td>
<td>916,512</td>
<td>-</td>
<td>568,823</td>
<td></td>
</tr>
<tr>
<td>current liabilities</td>
<td>916,512</td>
<td>-</td>
<td>568,823</td>
<td></td>
</tr>
<tr>
<td>Net assets</td>
<td>916,512</td>
<td>-</td>
<td>568,823</td>
<td></td>
</tr>
<tr>
<td>Funds</td>
<td>Unrestricted funds</td>
<td>916,512</td>
<td>-</td>
<td>568,823</td>
</tr>
<tr>
<td>Restricted funds</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total funds</td>
<td>916,512</td>
<td>-</td>
<td>568,823</td>
<td></td>
</tr>
</tbody>
</table>
NRAS Advisors

Experts in the field

Medical Advisors

Professor David G I Scott MD FRCP
Chief Medical Advisor

Professor Iain B McInnes MD PhD
Dr David Marshall MB ChB & Dr Asad Zoma MB ChB
Dr Andrew Bamji MB BS(Hons) FRCP
Dr Robin Butler MD FRCP
Professor Kuntal Chakravarty FRCP  FACP(USA)
DGM (London)
Dr Christopher Deighton MBBS BMedSci  MD FRCP
Dr Christopher Kelsey MSc MB FRCP
Dr Patrick D W Kiley MBBS BSc PHD FRCP
Dr Gulam Patel MA FRCP
Dr Richard Reece MB BCH MRCP FRCP
Professor Peter C Taylor MA PhD FRCP
Dr Richard A Watts MA DM FRCP
Dr Lesley J Kay BM Bch
Dr Alaa Hassan
Dr Asad Zoma
Dr Yasmeen Ahmad MBChB MSc PhD FRCP
Dr Ernest Choy MD FRCP (UK)
Dr Dinah Tripp
Dr Lorraine Croot BMedSci BM BS

Paediatric Medical Advisors

Professor Tauny Southwood BM BS FRCPCH
FRACP FRCPA, Chief Paediatric Medical Advisor

Dr Gavin Cleary MBChB BSc MS  MRCP (UK) MRCPCH
Dr Clarissa Pilkington MBBS BSc MRCP
Dr Janet McDonagh MD MRCP
Dr Janet Gardner-Medwin MRCP PhD
Dr Nick Wilkinson MBChB MRCP MRCPCH DM
Dr Susan Wyatt BSc DCH MRCP FRCPCH
Dr Athimalaipet Ramanan  FRCPCH FRCP

NRAS Nurse Advisors

England  Diane Home RGN MSc
Wales  Suzanne Morriss RGN MSc
Scotland  Liz McIvor RGN RSCN MSc
N Ireland  Anne Quinn BSc

Ethnicity Issues in MSK

Clinical Practice
Kanta Kumar NIHR Clinical Doctoral Research Fellow

NRAS Allied Healthcare Advisors

Occupational Therapy
Dr Alison Hammond PhD MSc BSc (Hons) DipCOT

Physiotherapy
Cathy Cameron MCSP

Podiatry
Robert Field BA (Hons) PGDip BSc (Hons)

Dietary
Dorothy J Pattison PhD RD

NRAS People

The whole of our team

Founder Patron
The Rt Hon Theresa May MP, Secretary of State for the Home Department

Patron (Medical)
Professor Gabriel Panayi ScD MD FRCP, Emeritus Professor of Rheumatology, Kings College, London

Patrons
Linda Riordan MP
Dee Thresher

Directors
Mr Graeme Johnston (Chair)
Mrs Sue Ball
(Resigned from the board 19th June 2012)
Mr Chris Bennett
Mrs Wendy Garwood
Mr Andrew Kennedy
Mr Mark Liddell
(Resigned from the board 31st December 2012)
Ms Di Skingle
Miss Jean Burke
(Appointed to the board 11th September 2012)

NRAS Team in the Office

Ailsa Bosworth
Chief Executive and Founder

Peter Rogers
Financial Controller & Company Secretary
(Retired 31st December 2012)

Tracey Hancock
Director of Development

Clare Jacklin
Director of External Affairs

Jamie Hewitt
Government Affairs Manager

Lorraine Tanner
Helpline Manager

Emma Seymour
Membership Supervisor

Andrew Scott
PR and Press Officer

Deborah Fitter
PA to Chief Executive

Victoria Butler
Helpline and Information Coordinator

Sarah Kate Ball
Helpline and Self Management Coordinator

Val Eyre
Events Fundraiser

Ruth Grosart
Digital Media Coordinator

Oliver Hoare
Trust and Grants Fundraiser

Gill Weedon
External Projects and NRAS Groups Supervisor

Kim Fitzhett
Volunteer Network Coordinator

Gail Slobodzian
Membership Administrator

Nicky Kennedy
JIA Evaluation Project Advisor

Tammy Mallowan
Office Administrator

Jill Lucking
Helpline Information Assistant