PHIN

The Private Healthcare Information Network

Annual Report 2019-2020

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Chairman's foreword

Dr Andrew Vallance-Owen

2020 has been a unique year in many ways. The private hospital sector, rightly, stepped up to assist the NHS at a time of crisis. It last did this during the flu-led winter beds crisis in 2000, however the Covid-19 pandemic has been of a completely different order of magnitude. Despite this highly disruptive context, the sector has continued to make progress in collecting and submitting data to PHIN to turn into information, both to help healthcare consumers and patients make better-informed choices, and to help monitor safety and patient feedback to enable continuous improvement.

An example, on monitoring safety, has been the significant step taken this year to include the publication of the specific patient safety incidents defined as Never Events. This is the first time a comprehensive national dataset of this type of important safety information has been published for privately-funded care.

The public are the end customers for all our formal stakeholders – hospital, insurers, and consultants – and, of course, PHIN itself. As we know, progress in publishing information for patients and healthcare consumers has been slower than anticipated. Six years after the Competition and Markets Authority published its Order, we, jointly, need to move faster to achieve our ambition of providing an information service for the public which adds real value to patients and to our stakeholders. **To that end, we intend to increase our focus on both healthcare consumers (as potential patients) and patients themselves to ensure that the service we provide fits their needs and encourages greater awareness of the quality of care the sector generally provides.**

In recognition of the disruption caused by the pandemic, the Board has decided to hold our fee levels only to an inflation-linked rise this year. However, there is a lot of work yet to be done to deliver our ambition in a timely manner and even to bring us up to the level of the NHS information services. Frankly, this remains a mammoth task and, over the coming months, we will work with our stakeholders – including hospitals, consultants and insurers - to encourage greater investment in this work to add more value to all parties concerned.

Finally, I want to thank Matt James and all his team for their continued commitment and hard work during this particularly difficult period. I also want to thank our Board for their positive involvement and support for myself, the whole team and our work generally. Particular thanks go to Natalie Jane Macdonald who stepped down to take up the Chair of the Nuffield Health Board and Gerard Panting who is leaving medical life at the end of the year to enjoy his retirement. Their constructive input and fellowship will be greatly missed. Their replacements are in the process of being nominated by the insurers and medical profession respectively, and we are currently undergoing an open recruitment for an independent non-executive director with strong consumer experience.

Chief Executive's overview

Matt James

It goes without saying that this has been an unusual year. Coronavirus has dominated all of our thoughts for the past few months, and the response to it has changed the healthcare landscape in many ways, largely for the better.

Despite this strange environment, PHIN has continued to move forward.

At our AGM in December 2019, as we launched significant new publications of performance measures covering private hospital infection rates and patient reported outcomes, we indicated that the first half of 2020 would see PHIN turn its attention briefly to improving our core website products for our users – both patients and professionals – responding to feedback received.

In March we launched a new generation of our Portal for hospitals and consultants, hugely improving functionality and user experience. This was well-received. For patients, we began work on improving our website user experience, conducting extensive primary research that gave us new insights into what consumers and patients actually want from information on private care. Changes are now in development and will be launched next year.

We also had to make minor changes to our data specification to keep up with changes in the NHS, migrating to the latest versions of NHS procedure coding and the Friends & Family Test measure of patient satisfaction. This was an instructive episode: seemingly routine updates need to be assessed, specified, delivered, thoroughly tested and communicated across hundreds of hospitals and thousands of consultants. The changes went smoothly, but the process of managing those changes almost entirely consumed the resources of our team for nearly two months.

When the coronavirus struck, PHIN kept a low profile to try to minimise distractions as private hospitals turned to supporting the NHS in a moment of national need. We provided support to both NHS England and private hospitals to ensure that requests for patient-level data were sensible, prioritised and deliverable. We used the time well, developing and testing improved processes for hospitals to submit data that will significantly reduce this burden and reduce the problems typically encountered when personnel change at hospitals.

As restrictions eased and data started to flow again, we were able to move forward with publication, notably of Never Events – a milestone for transparency. As promised, we have also begun to make the published information available in a file format that can be used and analysed by third parties including our members.

Alongside our own work, the Acute Data Alignment Programme (ADAPt), initiated by the Secretary of State for Health and led by PHIN and NHS Digital, is progressing well. We ran a public consultation that concluded in May, with strong support from a wide range of stakeholders. ADAPt is now in the pilot phase, testing the processes required to align NHS and private data flows.

Looking more broadly, we welcomed publication of the report of the Bishop of Norwich's independent inquiry into the issues raised by rogue breast surgeon Ian Paterson, published in February, and of the Independent Medicines and Medical Devices Safety (Cumberlege) Review in July. Both identified serious failings of care leading to avoidable harm to hundreds of patients, and both called for improvements to information and transparency, focused on consultants, and highlighting the gaps between private and NHS care. Both looked to PHIN as sources of evidence and part of the solution, and working alongside key partners in the NHS and private care we will play our full part in ensuring that patients have access to better information in the future.

Progress and overview

February
NHS Digital and PHIN launch consultation on incorporating private healthcare data into the NHS, following the publication of the Paterson Inquiry report.

Read more

February
Patient and consumer research starts to explore how our information and website can better support informed healthcare choices.

March
Next generation of the PHIN Portal launched with improved login security and user experience, and new reports for consultants.

April
PHIN brokered new data submission routes to support independent providers working with the NHS through the Covid-19 pandemic.

Read more

May
The collection of data and publication of new measures was postponed, allowing providers to divert their resources to supporting the NHS through the first wave of the Covid-19 pandemic.

Read more

June
PHIN publishes the first data view of the impact of Covid-19 on the private healthcare sector in the UK.

Read more

September
The first national dataset of Never Events in private healthcare published on the PHIN website.

Read more

October
New, improved data submission route launched for hospitals via the PHIN Portal.

November
PHIN partners with the Patients Association to involve patients and website users of our website redesign.

Progress and overview

Covid-19 and private healthcare in 2020 Dr Jon Fistein, Chief Medical Officer

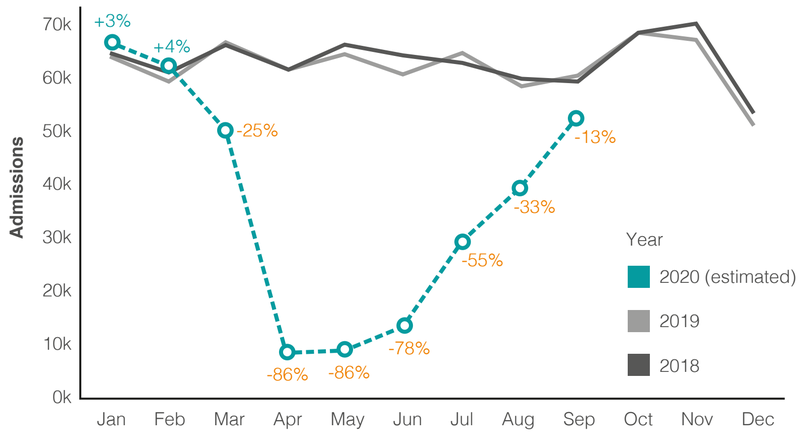
In our 2018/19 Annual Report we made a prediction for 2019 activity across private and independent healthcare. Having three of the four quarters of 2019 data, we were fairly confident, and as we'll see, we weren't too far off.

With the disruption we've seen in the market, and uncertainty of what winter will bring, it's not possible to make an accurate prediction. However, we can chart the impact on Covid-19 on the private healthcare market for the first three quarters of 2020.

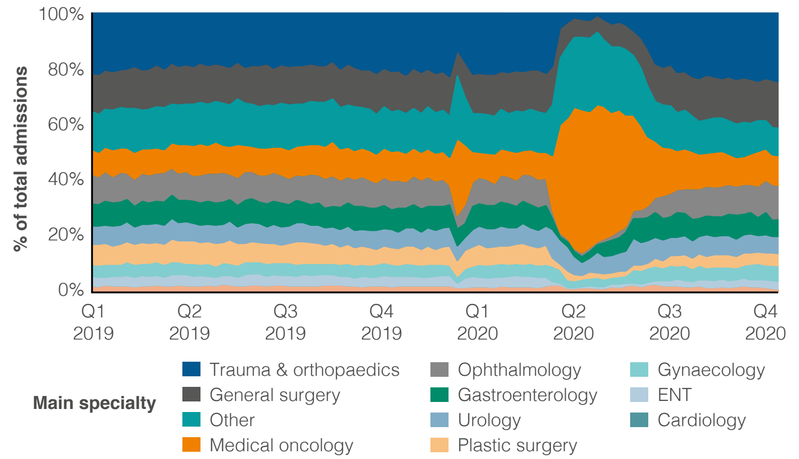
While the first two months of 2020 saw a modest estimated increase on 2019 activity of 3% and 4% respectively, with the national lockdown from mid-March, private admissions across the UK fell dramatically. By May the total private healthcare market was 87% down on activity in 2019, with less than 10,000 admissions. By September, private activity had recovered and we estimate it was only 13% down on 2019. Anecdotal evidence suggests that private activity had largely recovered by the time we entered second lockdown in November 2020.

There was also a significant shift in the nature of private treatment during the pandemic, with cancer care (medical oncology) accounting for 49% of the market in April. As the first wave of the pandemic passed, we began to see activity rise and the specialties delivering private treatments return to a similar picture to before the pandemic. With winter and a second wave upon us, it's not possible to predict the impact on the private healthcare market, both nationally and regionally.

Private admissions for 2018, 2019 and 2020 (estimated)



Private activity by specialty as % total admissions



Data extracted November 2020. Total private admissions for 2020 volumes are estimated based on those sites with confirmed activity. Estimates assume these sites are representative of the entire market, with confidence varying depending on number of submitting sites. All information presented is based on data submitted by private hospitals. PHIN accepts no liability for the accuracy of the information.

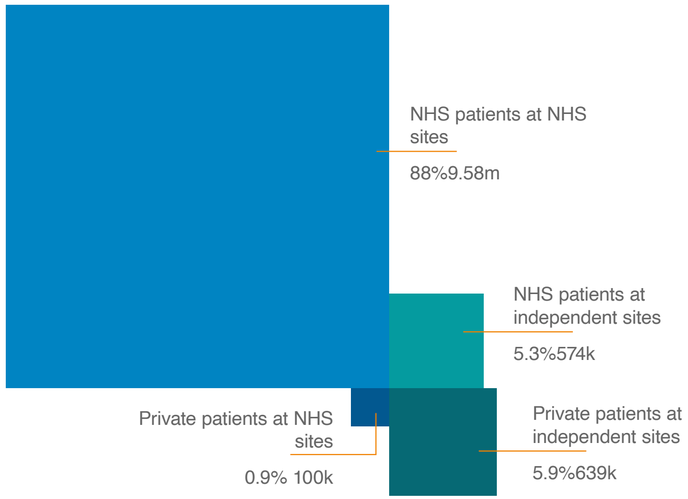
Progress and overview

Statistics and trends Dr Jon Fistein, Chief Medical Officer

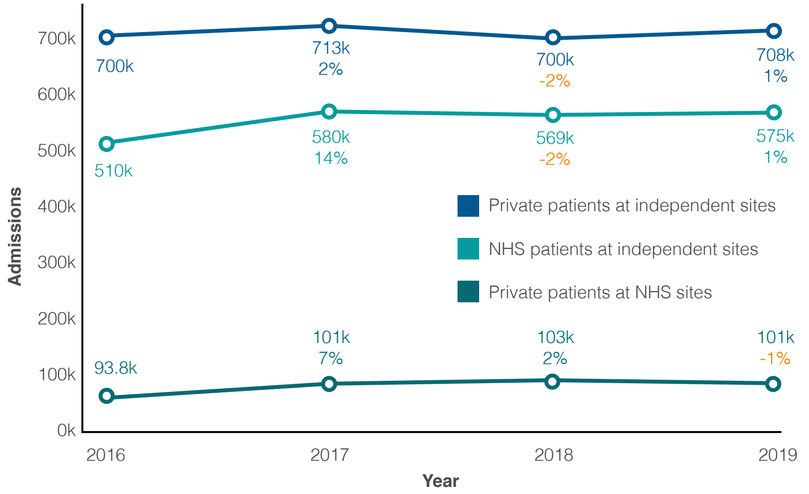
With four full years of data we have continued to see trends emerge. While last year we predicted a 4% increase in NHS patients at independent hospitals in 2019, the increase was slightly smaller than anticipated with only a 1% rise.

Elsewhere, the market seems to have stayed fairly stable with around a 1% change in private activity in both NHS and independent sites in 2019.

Breakdown of elective care



Admitted activity Year on Year trends

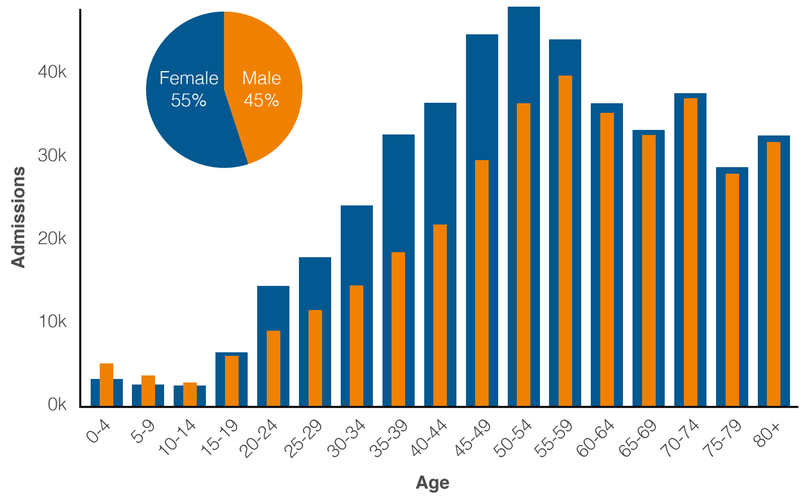


Elective care 2019 in England. As supplied to PHIN directly by private providers of healthcare, combined with data as collected by NHS Digital and supplied to PHIN.

Top Specialties 2018-19

Specialty	Year	Volume
Trauma & orthopaedics	2019	156k (+1.2% YoY)
	2018	154k
General surgery	2019	109k (+1.1% YoY)
	2018	108k
Ophthalmology	2019	79.2k (+4.8% YoY)
	2018	75.5k
Medical oncology	2019	78.9k (+9.2% YoY)
	2018	72.3k
Gastroenterology	2019	63.2k (+3.1% YoY)
	2018	61.3k
Plastic surgery	2019	54.1k (-13.9% YoY)
	2018	62.8k
Urology	2019	52.0k (-0.6% YoY)
	2018	52.3k
Gynaecology	2019	37.0k (+0.9% YoY)
	2018	36.7k
ENT	2019	27.9k (+3.8% YoY)
	2018	26.8k
Cardiology	2019	20.0k (-0.3% YoY)
	2018	20.0k

Patient Age and Sex

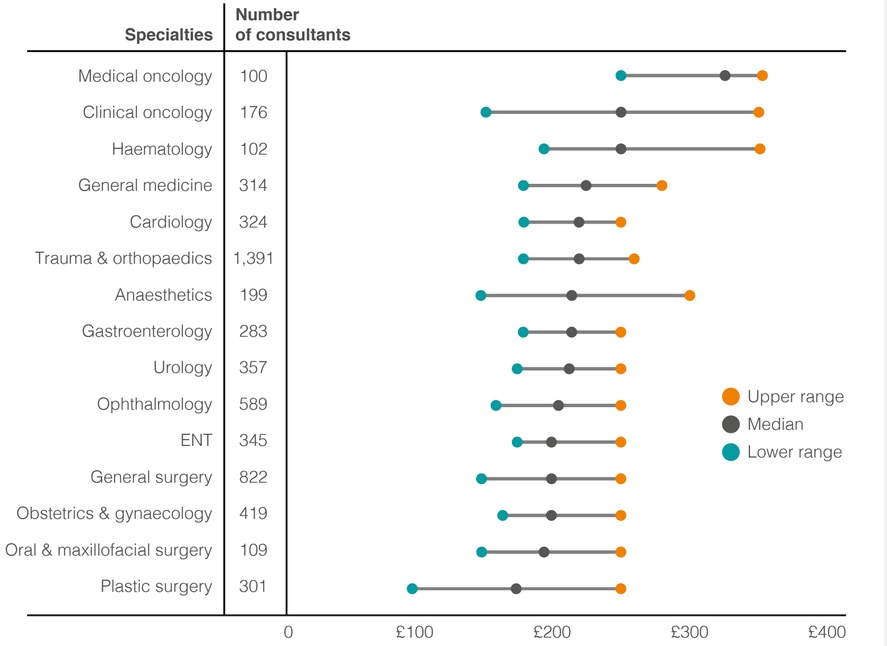


Consultation Fees

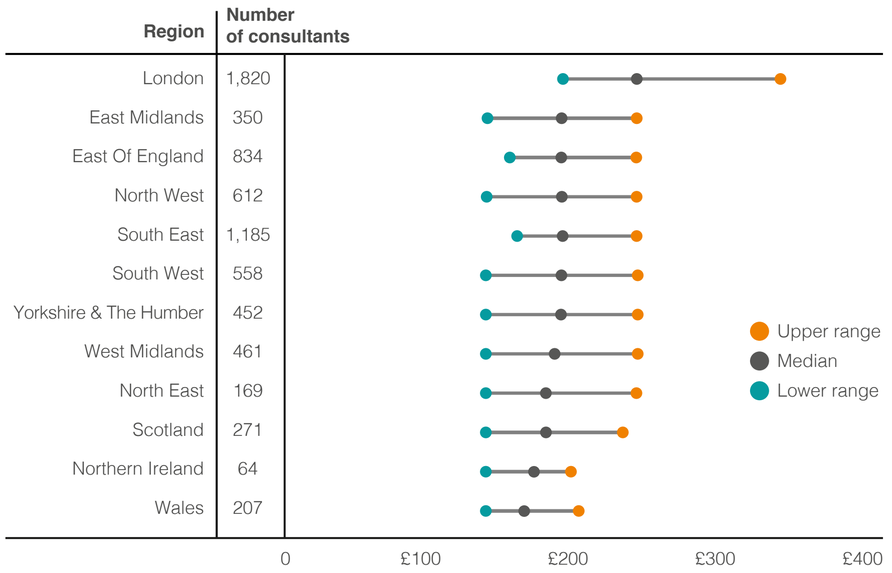
PHIN's website now contains more than 6,000 consultants with their initial consultation fees. Looking by specialty and region we can see some interesting difference. As might be expected, across the UK initial consultation fees are fairly consistent, with an average between £175 and £200. The exception is London where patients pay a premium, with an average of £250 for an initial consultation.

The breakdown of initial consultation fees by specialty has greater variation. The fee for an initial consultation with a medical oncologist is the most expensive, averaging £320. An initial consultation with a general surgeon, by comparison, is £220. The reason for the comparatively higher fees in medical oncology is most likely due to the complex nature of cancer care, where a consultant may typically spend longer with a patient.

Initial consultation fees by specialty



Initial consultation fees by region



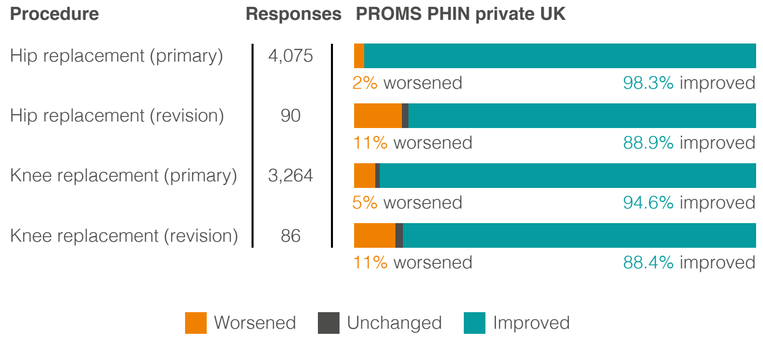
**Based on fees submitted by consultants to PHIN. Upper and lower quintiles excluded to estimate typical upper and lower ranges.*

Health outcomes

The number of patients reporting a positive outcome from their private treatment in the last year has remained overwhelmingly positive. For both hip and knee replacements – the health outcomes currently reported by PHIN – the vast majority of patients reported improvement following surgery.

This number was lower for those having revision surgery, which may be expected, however, the total percent of patients reporting an improvement is still more than 88% for both hip and knee revisions.

Hip and knee Patient Reported Outcome Measures (PROMs) - % of patients reporting improvement



Percentage of patients who reported an improvement in the outcomes following treatment. Privately-funded rates based on UK discharges between Jan 2018 to Dec 2018.

Never Events

In September PHIN published the first national dataset on serious patient safety incidents, Never Events, for privately-funded patients in the UK. The data, covering the period 1 January 2019 to the 31 December 2019, show that 21 Never Events were reported across independent and NHS hospitals treating privately-funded patients, including self-pay and insured. The most common Never Event over the year was 'wrong implant or prosthesis', which occurred 11 times.

Never Event counts by type

Never Event type	Count of Never Events
Wrong implant / prosthesis	11
Wrong site surgery	5
Retained foreign object post procedure	2
Administration of medication by the wrong route	2
Mis-selection of a strong potassium solution	1

The year in review

Engagement in 2020

PHIN's commitment to engagement and consultation is neatly summarised by one of our directors: "We have a mandate, but we'd rather do with than do to".

On any significant development, we've continued to consult and involve all audiences. While we have met some significant milestones this year, Covid-19 has inevitably had an impact. Since the beginning of the pandemic, the PHIN team have been working from home. Thankfully, this has not affected our ability to support hospitals with data submission, and work with consultants. Indeed, during the height of the pandemic we took the decision to pause data submission and feed collection while consultants and hospitals were rightly focused on supporting patients and the NHS. Instead we used this time to improve our processes and systems.

Supporting Hospitals

We maintain regular consultation with hospitals through the implementation forum which meets each month. Attendees include larger independent hospitals and NHS Private Patient Units. Other stakeholders also attend this forum including Federation of Independent Practitioners (FIPO), the British Orthopaedic Association (BOA), as well as representatives from Care Quality Commission (CQC) and the Independent Healthcare Providers Network (IHPN). We have also continued to work with individual member groups to help improve data quality and listen to their issues via quarterly meetings. Throughout the year we have held new seminars, published video resources and tutorials, and continued to provide monthly updates through our regular hospital-facing newsletter.

One of the key themes we heard from hospitals was the complexity of our data submission process. We consulted widely with hospitals on how we can improve these processes. An updated solution was successfully piloted with a small group of hospitals before it launched in October this year.

Another topic often raised is Patient Reported Outcome Measures (PROMs), and how best to record this data. There is a real desire to routinely collect PROMs and make these available to patients. However, a number of providers have found it difficult to implement on the ground. Having spoken with a range of providers about the key issues, we are now beginning to work with the London School of Economics (LSE) to run a full review of the health outcomes programme, with a view to reinvigorating this programme.

Supporting hospitals and consultants continued Jonathan Finney, Director of Member Services

Supporting consultants

Responding to feedback from consultants, our our next generation Portal was launched early in 2020 with improved login and practice information. We also significantly enhanced our support information with new guides and video tutorials.

During the height of the Covid-19 pandemic, we paused our engagement on fees submission and measures verification, while continuing to offer support to individual consultants who contacted us. In September we recommenced engagement with consultants with a joint letter from the Competition and Markets Authority (CMA) . This has resulted in a significant uplift in the submission of self-pay fees on our website increasing from 5,552 to 6,418.

We have maintained a dialogue with professional associations and individual consultants on new developments. Indeed, we were pleased to welcome the Federation of Surgical Specialty Associations (FSSA) into membership, joining the FIPO and the BOA as members in a move which expanded consultant representation with PHIN.

A key focus for this year has been enhancing the information we publish for patients on self-pay fees. For example, we have been grateful for support from the Association of Anaesthetists on an approach to collecting and publishing fees for anaesthetic services.

We have also been working with consultant groups and volunteer consultants on fee information for insured patients, and a solution for fees where consultants provide care as part of an inclusive 'package'. For both of these, we developed a proposal and then sought consultant feedback. We are grateful to all those who took part in the process. While feedback on the proposals was broadly positive, in the case of insured prices, consultants voiced their concern that the fee is only a part of the overall cost of care for private patients. We have since included the issue in our five-year strategy proposals and sought wider comments and perspectives.

While fees have dominated our engagement this year, we have made some progress on consultant measures. PHIN has been collecting consultant-level patient satisfaction and experience feedback from hospitals during the year. At the time of writing are preparing to provide consultants with their first view of the information collected about their care in the Portal. We will continue to work with consultants to create the website measures for patients from this information in 2021.

Involving patients and the public Jonathan Finney, Director of Member Services

This year, we have sought a greater level of patient engagement than ever before. We commenced a partnership with the Patients Association and held a discovery focus group with the aim of improving our understanding of patients' needs when considering private healthcare.

Our current website was launched in 2017 with a focus on providing a simple way of displaying the measures PHIN is required to publish under the CMA Order.

With the technology and the information needing a refresh, we commenced a detailed design project and sought input from patients at three stages of the process. With restrictions on our ability to meet face to face, all the interviews were conducted online.

What we've learned is incredibly valuable.

We heard that they look for a consultant first, then the hospitals where they conduct their private practice. Our current website defaults to hospitals searches and this would need to change.

Another insight was that patients find some of the information we publish difficult to understand, and being shown all of the information at once is overwhelming. They want to view the information in manageable stages starting with simple information about the provider, including photos. Then they want more information, like satisfaction scores, and finally measures of patient safety. This feedback was consistent with the three pillars of excellence - Availability, Affability and Ability, and we began to apply these to how patients navigate the website.

Similarly, patients want control over how they make choices. They are happy to start with a long list of options and then filter these based on issues that are important to them to narrow their selection. Along the way patients want contextual information that will help them understand more about their procedure and how certain measures are important to their choices.

All of the feedback has been incorporated into a new design for the website that will be launched in 2021.

Building our visibility and influence

Jonathan Evans, Communications and External Affairs Manager

In a year dominated by the global Covid-19 pandemic, private-funded healthcare has been operating at minimal levels for much of the year. At the same time private healthcare has been more prominent in the public and policy discussion. In our view this is long overdue, and really comes down to two key factors. The first is that independent hospitals supported the NHS with front line care during the pandemic. The second is the Paterson Inquiry and The Independent Medicines and Medical Devices Safety Review (IMMDS) outlined sweeping recommendations which acknowledged the importance of private healthcare in the care pathway of many patients in the UK. The importance of data and evidence have been central to the national policy discussion on patient safety, and PHIN has been close to the heart of it.

Supporting public inquiries and reviews

Earlier this year the Paterson Inquiry published its long-anticipated report and recommendations. We were delighted to see the first recommendation align so closely with what PHIN and many others had called for; a national dataset of activity which would include private activity data for the first time. The lack of coherence between private and NHS healthcare left patients vulnerable to Ian Paterson, and that needs to change.

The Paterson report mirrored the findings and themes from the IMMDS review, led by Baroness Cumberlege. There continues to be multiple data collections across healthcare which record activity in a very similar, yet never completely coherent way with each other, creating multiple version of the truth. The incoherence between national data collections led to Baroness Cumberlege heeding our call to 'Collect once, use often'.

PHIN has continued to support both programmes. Our Chief Executive Matt James and Chief Medical Officer Dr Jon Fistein sit on the Government's advisory group for IMMDS, and have been working alongside colleagues at the Department of Health and Social Care and NHS Digital to ensure that the current data collection systems in private healthcare can be built into the recommendations. We have also been having regular conversations with the team at DHSC on the implementation of recommendations one and three of the Paterson report.

At the time of writing, the DHSC are yet to announce their formal response to both sets of recommendations. We will support the recommendations in any way we can.

Building our visibility and influence continued Jonathan Evans, Communications and External Affairs Manager

Delivering system change

We believe that the key to both the Paterson Inquiry and the IMMDS Review having a lasting positive improvement on patient safety, is having a comparable, aligned dataset for private and NHS care, and this is what we are working towards with NHS Digital through the ADAPt programme.

Although the global Covid-19 pandemic has slowed progress this year, we have still met significant milestones. Prior to the pandemic we launched a joint consultation with NHS Digital to consider the likely next stages of the programme. The feedback, particularly in light of the Paterson Inquiry report, was overwhelmingly positive. Stakeholders from across the healthcare landscape recognised the importance of PHIN's work over the last five years to bring data collection in private healthcare broadly into alignment with the NHS. There is positive momentum as we begin piloting the direct submission of private healthcare data into NHS Digital early next year.

Stakeholders and the media

This year we have continued to build relationships with key stakeholders, particularly as we consult on our strategy for 2021-2025. We are thankful for all the input we've had from a range of stakeholders including the Competition and Markets Authority, NHS Digital, Care Quality Commission, Patients Association, Royal College of Surgeons and other consultant representative groups, and industry bodies such as ISCAS and the Independent Healthcare Providers Network (IHPN). The interest show from such a broad range of stakeholder highlights the important role PHIN has. Elsewhere, we are also partnering with organisations including NCIP and GIRFT to make sure that our data and evidence can appropriately support their important work in identifying outliers.

While Covid-19 has dominated the media narrative in healthcare and general life in 2020, we have also seen our work gain national recognition, including an exclusive in The Independent following the launch of Never Events data in September.

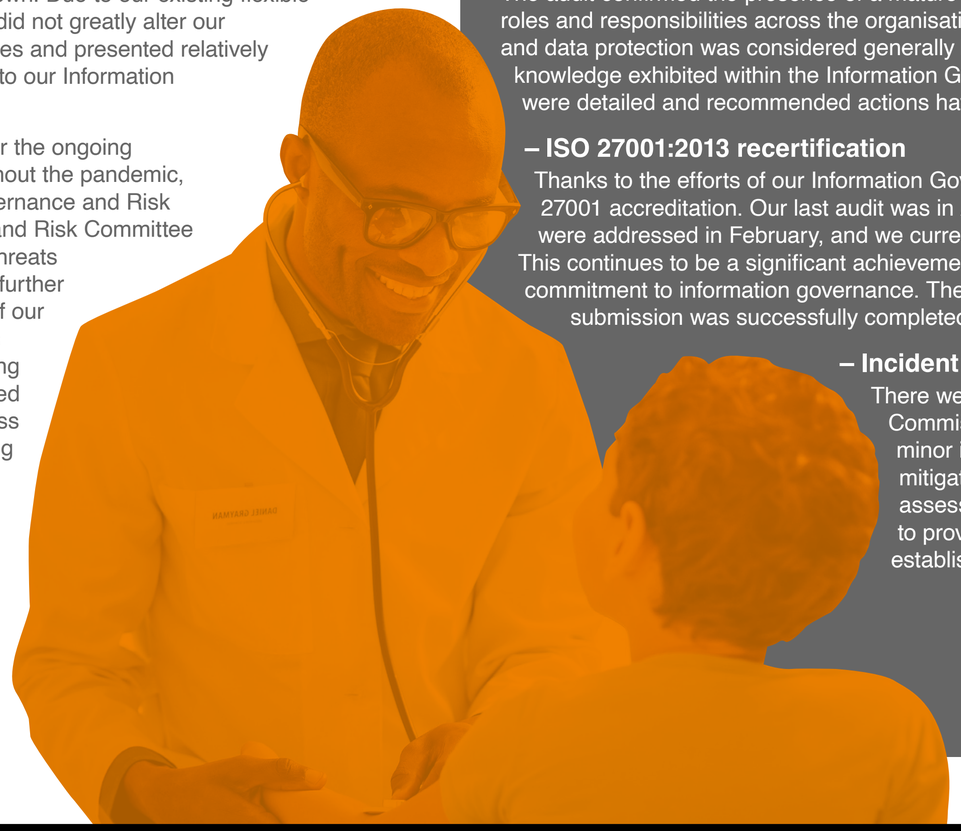
Coinciding with our busiest year on social media, we've published a number of well-received patient-facing blogs on our website from leading surgeons including Professor Adrian Banning of the Oxford Heart Clinic and Miss Fiona MacNeill, National Clinical Lead at GIRFT. We were also excited to launch our Quarterly Digest this summer with a series of market insights charting the market's fall and recovery following the devastating impact of Covid-19.

Governance and finance

Information governance is central to PHIN's purpose and mission. As the independent, government-mandated source of information in private healthcare in the UK, we are mindful of the need to uphold the highest standards in data protection and information security.

With the move to homeworking in March this year, we conducted a full risk assessment in response to potential threats to information governance during the lockdown. Due to our existing flexible working practices, the move did not greatly alter our "business as usual" procedures and presented relatively few immediate material risks to our Information Governance responsibilities.

We have continued to monitor the ongoing and emerging threats throughout the pandemic, with reporting within the Governance and Risk Committee and to the Audit and Risk Committee as appropriate. As potential threats have arisen, we have issued further support to the team as part of our strategy to minimise the risks as we continue remote working practices. These have included information security awareness updates, departmental training on breach identification and notification, as well as updating standard operating procedures to align with the move to full remote working for all staff.



Accreditation and assessments

– Internal Data Protection Compliance Audit

In January we undertook an internal audit, conducted by the DPO Centre, as part of our ongoing improvements to our personal data handling practices.

The audit confirmed the presence of a mature information governance framework, with well-defined roles and responsibilities across the organisation. The level of staff understanding relating to risk and data protection was considered generally high across the entirety of PHIN, with a detailed knowledge exhibited within the Information Governance team. Key risk areas requiring improvement were detailed and recommended actions have been implemented successfully across 2020.

– ISO 27001:2013 recertification

Thanks to the efforts of our Information Governance team, this year we maintained our ISO 27001 accreditation. Our last audit was in August this year. Previous minor non-conformities were addressed in February, and we currently have no outstanding non-conformities. This continues to be a significant achievement for a team of our size, showing our ongoing commitment to information governance. The 19-20 NHS Data Security and Protection Toolkit submission was successfully completed in September, with all standards met once again.

– Incident management

There were no incidents requiring notification to the Information Commissioner's Officer. We have continued to report minor incidents internally and a series of reviews and mitigations have been adopted as a result of these internal assessments. The majority of these minor incidents relate to providers attempting to submit data outside of the established processes.

Governance and finance

2019/20 has been a stable year for PHIN financially. We achieved a small surplus of £42k which represented a reduction on the prior year but an improvement of the small deficit that was originally budgeted.

The figures that are included on the following pages represent PHIN's signed, audited accounts.

Finance report Jack Griffin, Finance and Commercial Director

Income and expenditure

Income for the year was £3.3m which was a slight reduction on the previous financial year. All our income in the year came via member subscription payments.

Overall expenditure of £3.2m represented an increase on the prior year but a reduction on the original budget. Whilst employment costs grew year-on-year, savings were made to the budget through vacancy control, as well as savings made during the peak of the Covid-19 crisis where cost and cash containment measures were introduced.

The overall surplus at the end of the financial year was £42k and the retained earnings increased to £1.5m, providing 5.4 months operating expense cover which is slightly below the governance target we have set ourselves of six months cover.

Debt recovery

The aged debt position at the end of the financial year represented a reduction compared to the prior year. This arose from a combination of improved debt control procedures and the write-off of irrecoverable debt relating to private hospital providers who had ceased trading in previous periods.

The majority of the remaining aged debt relates to NHS Private Patient Units and smaller private providers. We continue to work alongside our third-party debt management company to collect outstanding subscriptions.

2020/21 and beyond

Looking forward to 2020/21, PHIN has budgeted for a small deficit as it did in 2019/20 but with the ambition to make further savings where possible. These financial targets will be balanced against the need to achieve our broader organisational objectives and further progress towards delivery of the Competition and Markets Authority (CMA) Order. The ongoing Covid-19 pandemic is having a significant impact on the activity seen within private healthcare sector and in line with the CMA Order, PHIN's subscription fees will continue to be calculated by dividing its cost base by the private patient activity in the preceding calendar year.

PHIN will commence its next five-year strategy in the new year and future funding will be a key part of our discussions with members in the lead up to the start of our 2021/22 financial year.

Subscriptions fees

In recognition of the disruption caused by the pandemic, we decided to hold our fee levels to only an inflation-linked increase this year. Our subscription fees in 2019/20 of £4.08 per admitted patient record were uplifted by 1.4% to £4.14 for 2020/21.

Governance and finance

	2020	2019
Turnover	3,291,932	3,347,826
Employment costs		
Wages and salaries	(1,389,446)	(1,332,531)
Staff NIC (Employers)	(186,612)	(176,870)
Directors' remuneration	(294,333)	(291,833)
Staff pensions	(232,017)	(229,288)
Contract staff	(189,102)	(73,120)
Recruitment and related costs	(94,718)	(149,364)
	(2,386,228)	(2,253,006)
Establishment costs		
Rent and rates	(142,687)	(160,082)
Room hire and catering	(14,697)	(22,711)
Insurance	(22,708)	(21,393)
	(180,092)	(204,186)
General administrative expenses		
Data management and IT expenses	(241,578)	(255,109)
Office equipment and sundries	(30,475)	(28,818)
Travel and subsistence	(9,399)	(12,035)
Marketing	(27,878)	(30,587)
Auditor's remuneration	(7,000)	(6,000)
Legal and professional fees	(319,748)	(282,659)
	(636,078)	(615,208)
Finance charges	(28,848)	(10,940)
Depreciation	(18,385)	(16,925)
Total costs	(3,249,631)	(3,100,265)
Surplus before tax	42,301	247,561

	2020	2019
Fixed assets		
Tangible assets	27,201	33,019
Current assets		
Debtors	198,352	307,661
Cash at bank and in hand	1,793,973	1,503,074
	1,992,325	1,810,735
Creditors: amounts falling due within one year	(525,799)	(392,328)
Net current assets	1,466,526	1,418,407
Net assets	1,493,727	1,451,426
Capital and reserves		
Profit and Loss account	1,493,727	1,451,426
Total equity	1,493,727	1,451,426

These financial statements relate to the year ending 31st July 2020

Thank you