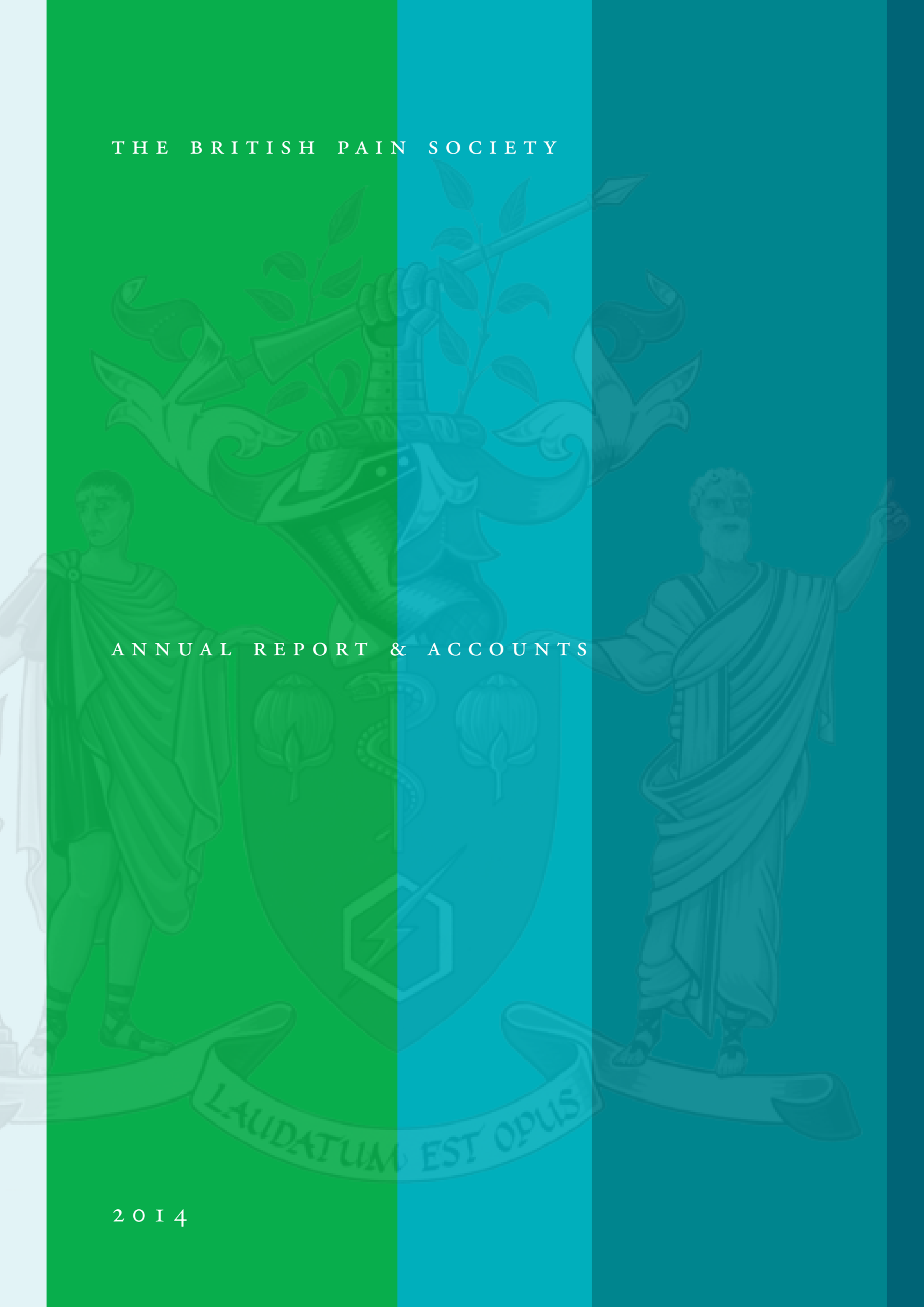


THE BRITISH PAIN SOCIETY

ANNUAL REPORT & ACCOUNTS

2014



CONTENTS

Introduction	3
Officers, Elected Council Members, Co-opted Members of Council & staff	4

OFFICERS & COMMITTEES REPORTS

President's Report	7
Honorary Secretary's Report	16
Honorary Treasurer's Report	21
Communications Committee Report	25
Education Committee Report	28
Patient Liaison Committee Report	29
Science & Research Committee Report	32
Scientific Programme Committee Report	34

SIG REPORTS

Acute Pain Society SIG Report	38
Clinical Information Society SIG Report	40
Information & Communication Technology SIG Report	41
Interventional Pain Medicine Society SIG Report	42
Medicolegal Society SIG Report	45
Neuropathic Pain Society SIG Report	47
Pain in Children Society SIG Report	48
Pain Education Society SIG Report	50
Pain in Older People Society SIG Report	52
Pain Management Programme SIG Report	53
Philosophy & Ethics Society SIG Report	55
Primary & Community Care Society SIG	57
Pain in Developing Countries Society SIG	58

AUDITED ACCOUNTS

Legal and administrative information	60
Directors' Report	62
Auditor's Report	73
Statement of Financial Activities	75
Balance Sheet	77
Notes to the Accounts	78
Statement of Director's Responsibilities	88

INTRODUCTION

The British Pain Society is the largest multidisciplinary professional organisation in the field of pain within the UK.

Membership comprises medical pain specialists, nurses, physiotherapists, scientists, psychologists, occupational therapists and other healthcare professionals actively engaged in the diagnosis and treatment of pain and in pain research for the benefit of patients. There are over 1,333 members.

The Society promotes education, training, research and development in all fields of pain. It endeavours to increase both professional and public awareness of the prevalence of pain and the facilities that are available for its management. The Society is involved in all aspects of pain and its management through the work of the Council, Committees, Working Parties, Special Interest Groups and via its Annual Scientific Meeting, publications and guidelines.

The British Pain Society is the British Chapter of the International Association for the Study of Pain (IASP) and is part of the European Federation of IASP Chapters (EFIC).

OFFICERS, ELECTED COUNCIL MEMBERS,
CO-OPTED MEMBERS OF COUNCIL & STAFF
YEAR END 2014

OFFICERS & ELECTED COUNCIL
MEMBERS

DR WILLIAM CAMPBELL, PRESIDENT

Consultant in Anaesthesia & Pain Management

DR JOHN GODDARD, VICE PRESIDENT

Consultant Paediatric Anaesthesia & Pain Medicine

DR ANDREW BARANOWSKI, HONORARY TREASURER

Consultant in Pain Medicine

DR MARTIN JOHNSON, HONORARY SECRETARY

Senior Medical Director

MR NEIL BERRY

Consultant Clinical Psychologist

DR ARUN BHASKAR

Consultant in Anaesthesia & Pain Management

DR HEATHER CAMERON

Specialist Research Physiotherapist

MR PAUL CAMERON

Pain Specialist Physiotherapist

PROF. SAM ELDABE

Consultant Anaesthetist

DR OLLIE HART

GP Principal

DR AUSTIN LEACH

Consultant Pain Medicine

DR TIM JOHNSON

Consultant in Pain Management

DR ANN TAYLOR

Reader in Pain Education and Research

CO-OPTED MEMBERS

PROF. SAM AHMEDZAI

Representative, Association for Palliative Medicine

ASSOCIATE PROFESSOR NICK ALLCOCK

Chair, Communications Committee

MR ANTONY CHUTER

Chair, British Pain Society Patient Liaison Committee

MS FELICIA COX

Editor, British Journal of Pain and Representative; Royal College of Nursing

PROF. MARIA FITZGERALD

Representative; Science

DR KATE GRADY

Representative; Faculty of Pain Medicine of the Royal College of Anaesthetists

PROF. ROGER KNAGGS

Representative; Pharmacy

PROF. RICHARD LANGFORD

Representative; National Pain Audit

DR ARASU RAYEN

Editor, Pain News

PROF. ANDREW RICE

Representative; International Association for the Study of Pain (IASP)

PROF. KATE SEERS

Chair, Scientific Programme Committee

STAFF

JENNY NICHOLAS

Secretariat Manager

RIKKE SUSGAARD-VIGON

Events and Communications Officer

DINA ALMULI

Events and Marketing Officer

KEN OBBARD

Events and Membership Officer

OFFICERS AND ELECTED MEMBERS OF COUNCIL



FROM LEFT TO RIGHT

Back row: DR AUSTIN LEACH, DR ARUN BHASKAR, DR OLLIE HART, MR NEIL BERRY, DR HEATHER CAMERON, MR PAUL CAMERON

Front row: DR ANDREW BARANOWSKI, DR JOHN GODDARD, DR WILLIAM CAMPBELL, DR MARTIN JOHNSON

Absent from photograph: PROF. SAM ELDADE, DR TIM JOHNSON AND DR ANN TAYLOR

OFFICERS, ELECTED COUNCIL MEMBERS AND CO-OPTED COUNCIL MEMBERS



FROM LEFT TO RIGHT

Back Row: PROF. NICK ALLCOCK, PROF. RICHARD LANGFORD, PROF. KATE SEERS, PROF. ANDREW RICE, PROF. SAM AHMEDZAI, PROF. MARIA FITZGERALD, MR ANTONY CHUTER

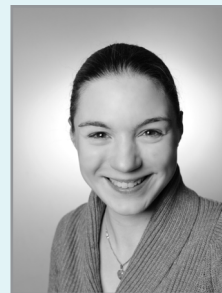
Middle Row: DR AUSTIN LEACH, DR ARUN BHASKAR, DR OLLIE HART, MR NEIL BERRY, DR HEATHER CAMERON, MR PAUL CAMERON

Front Row: DR ANDREW BARANOWSKI, DR JOHN GODDARD, DR WILLIAM CAMPBELL, MS JENNY NICHOLAS, DR MARTIN JOHNSON

Absent from photograph: MS FELICIA COX, PROF. SAM ELDADE, DR KATE GRADY, DR TIM JOHNSON, PROF. ROGER KNAGGS, DR ARASU RAYEN AND DR ANN TAYLOR

STAFF

JENNY NICHOLAS
RIKKE SUSGAARD-VIGON
KEN OBBARD
DINA ALMULI





PRESIDENT'S REPORT

DR WILLIAM CAMPBELL

THE ANNUAL SCIENTIFIC MEETING – MANCHESTER 2014

During 2013 it was agreed by the Chairs of the British Pain Society Special Interest Groups and the organising committee of the ASM that we would run the ASM differently this year. It was agreed that the meeting would start at 10:15am on Tuesday morning and be completed by mid-Thursday afternoon. This required only a two night stay but a lot was packed into that time! We had excellent local and overseas speakers, with several SIGs grouping together to produce a themed programme.

The 2014 meeting was well attended – 574 delegates; an excellent trade exhibition enabled by financial support from industry.

The scientific component of the meeting started with the “British Pain Society Lecture” delivered by Professor Sir Michael Bond – “Pain treatment is a human right, yet pain relief is often inadequate: how do we resolve the paradox?”. Professor Bond trained in psychiatry, surgery and neurosurgery, with a particular interest in the psychological drivers of pain. In addition to being a (twice) Past-President of the British Pain Society he was also one of the Founding Members of what was then known as the Intractable Pain Society. He was President of the International Association for the Study of Pain (IASP) and headed the IASP Developing Countries working group which he founded: it facilitates education and clinical training through IASP grants. The presentation traced the evolution of pain treatments over many centuries and countries, to the present time.

The “Pat Wall Lecture” was given by Professor Rolf-Detlef Treede, a physician specialising in neurophysiology, having completed his Doctorate in Medicine at the University of Hamburg. He became Visiting Scientist at Johns Hopkins Medical Institute of Physiology & Pathophysiology and is currently working in Ruprecht-Karls-University Heidelberg. He is now President of IASP and it was most fitting that Professor Treede’s lecture entitled “Gain control mechanisms of pain sensitivity” covered many of the elements of Professor Pat Wall’s (and Professor Ron Melzack’s) gate theory of pain.

Other notable plenary speakers were:

- Professor Paul Eldridge – The surgical treatment of facial pain.

- Professor Tamar Pincus – Psychology and back pain – where next? Developments and opportunities to decrease disability.
- Dr Ana Valdes – Genetics of pain: examples from osteoarthritis and post-surgery pain persistence.
- Professor David Wynn – At the translational interface of pain: new drug developments for neuropathic pain.
- Dr Andreas Goebel – Longstanding Complex Regional Pain Syndrome: how do we treat today – how will we manage tomorrow?

Together with these fantastic plenary speakers, we had four sets of 6 parallel sessions, three of these sessions led through SIG collaboration. I am very grateful to the speakers and the organising committee for making this a very successful meeting. It is only by getting feedback and suggestions from our members that we can tailor the ASM to your needs.

ANNUAL GENERAL MEETING 2014 MANCHESTER

As usual the Annual General Meeting was held towards the close of the second day of the ASM. Three Council members completed their three year term of office at the time of the ASM. They were Dr Rajesh Munglani, Professor Roger Knaggs and Dr Mick Serpell (who completed a second three year term of office). I am most grateful for all their individual and collective contributions over the years. In addition to Council meetings they contributed so much to the Society through representation at various other meetings and all the email correspondence that they attend to.

Professor Richard Langford, completed his year as Immediate Past President.

Richard did so much for the BPS over his three plus one year term of office. On behalf of the Society I wish to thank him all for all his exceptionally hard work over the years.

Three new Council members were elected:

- Dr Ann Taylor
- Dr Austin Leach
- Dr Arun Bhaskar

We welcomed three new Honorary Members to the British Pain Society-

- Professor Richard Langford
- Dr Cathy Price
- Professor John Wood

Each has carried out outstanding work in the field of pain over many years.

We are indebted to Professor Gary Macfarlane for leading the Scientific Programme Committee for the ASMs of the British Pain Society over the past few years. He handed over this task to Professor Kate Seers, whom we wish well for the forthcoming years.

CONGRATULATIONS

Very many congratulations to Dr Beverly Collett who was awarded an OBE for services to pain in the 2015 New Years Honours list! This is particularly well deserved for the immense amount of work that Beverly has carried out over many decades within the field of pain. Nationally she is known for her work in pelvic pain, in addition to helping found the Chronic Pain Policy Coalition (CPPC), she was initially its vice-chair and laterally chair of the organisation until November 2014. Beverly has also carried out a huge amount of work internationally for the European Federation of Pain EFIC, the international Association for the Study of Pain (IASP), the Royal College of Anaesthetists (RCOA) and the Faculty of Pain Medicine of the Royal College of Anaesthetists (FPM). Although just retired from the NHS she continues to support the RCOA and FPM. Finally, most of us will remember and respect her for her unstinting dedication to the BPS over several decades, including being its President in the recent past. We all wish you a happy retirement from the BPS Beverly.

Mr Pete Moore was selected as Patient Pain Champion for the year 2014. The British Pain Society, Pain UK and the Chronic Pain Policy Coalition (CPPC) were unanimous in selecting Pete for this award, for his sterling work over many years, championing patients causes and providing a wealth of material to enable patients to help themselves.

Further congratulations - one of our Council members, Paul Cameron, has been chosen to become the National Chronic Pain Co-ordinator for The Scottish Government. This in addition to his busy clinical role as Clinical Team Lead, NHS Fife.

BPS PAIN SERVICES LTD

Over the past year we have had to reconsider our position with regards to activities, which could impact on our VAT status, e.g. dealing with any income and grants. With expert advice from Les Howard, (a VAT Consultant) and Viv Trump (Independent Examiners), the Executive members of Council and Jenny Nicholas have spent many hours on emails and teleconferences trying to decide whether or not the British Pain Society (BPS) needed a trading arm.

We agreed that there was the need for this, but to have the new trading arm set up and running in time for the 2015 Annual Scientific Meeting required an immense amount of work from Jenny within a very short time. On the 16th September 2014 BPS Pain Services Ltd, Company number 9220078 was registered with Companies House. This is purely a trading arm of the British Pain Society. Jenny achieved this within about 10 days – a fantastic job and well done!

The new company needed Directors and these were required within days of the decision to go ahead. The majority of Directors for the new company should not be Elected members of Council of the BPS, so for the immediate future Dr Andrew Baranowski and I elected to be Directors from current Elected BPS Council. We needed 3 Directors who are not current Elected BPS Council.

Three previous Presidents of the BPS agreed to be Directors in the first instance: Dr Douglas Justins, Dr Joan Hester and Professor Richard Langford. I did ask 2 other non-Elected Council, including non-medics, but they declined before Monday the 15th September, the date by which the papers had to be submitted.

There will be opportunities for further Directors in due course and naturally we expect that the current names will change every year or so. Again, many thanks to Dr John Goddard, Dr Andrew Baranowski, Dr Martin Johnson, and of course our Secretariat Manager Jenny Nicholas for making this all happen. Thanks are also due to the rest of the Secretariat for their extra work whilst Jenny concentrated on establishing the company during the first 2 weeks of September.

BRITISH PAIN SOCIETY WEBSITE DEVELOPMENT

Over the past few years we have become aware of the shortfalls of our current website. Professor Langford started the drive to have this updated and Dr Raj Munglani lead the project initially, to determine what was needed to refresh the appearance and handling of the website. Over the past year Dr John Goddard has taken over as lead in this project and at the time of writing the project has almost reached its conclusion, with the site to become active in early January 2015.

By the time that you read this you should be able to view our new website, which will be of a better style, new features, easier to negotiate and more orientated towards the members of the Society.

PATHFINDER PROJECT - LOW BACK PAIN

During 2014 Professor Charles Greenough (National Clinical Director – Spinal Disorders and Chair of the Pathfinder Project on Low Back Pain) made excellent headway in bringing a wide variety of healthcare disciplines, commissioners and patients together, to produce a flowchart to manage low back pain.

Since the replacement for the NICE low back pain guidance CG88 will take at least two years to complete, it is anticipated that the Pathfinder Flowchart will fill the gap for clinicians and commissioners alike until the new NICE guidance becomes available. The clinical component of the project was completed in mid-2014. It is difficult to see how this will be very much different from the British Pain Society Pathway for Low Back Pain. The main issue here is that the heads of various professional organisations are seen to agree a common system to deal with low back pain under the auspices of an NHS lead. This will hopefully clarify the management of low back pain for commissioners, clear the way for an agreed way of managing this condition and hopefully result in a more equitable resource throughout the regions, for the patient's benefit. We await the commissioner contribution to conclude this project.

COMMISSIONING

There is a degree of mystery and perhaps confusion about this matter. The Society has run Roadshows on this subject in London, Bournemouth, Birmingham, Manchester, Newcastle, Edinburgh and Belfast, organised by predecessor Professor Richard Langford. He sourced funding and, with the support of Dr Andrew Baranowski, Dr Martin Johnson and keen members of the Society, delivered these in 2013. Since then, there have been many meetings and privately run study days on this topic. Several major pharmaceutical companies supported the Commissioning Support Document launched on the 16th January 2014 at the Royal College of General Practitioners. (The pharmaceutical companies had no input to content or editorial control of the final document, which was published by the RCGP and endorsed by the BPS). In addition, as information becomes available about commissioning, our website will be updated regularly.

E-LEARNING PAIN

e-Learning for Healthcare is a Health Education England Programme in partnership with the NHS and Professional Bodies.

This project, which started a few years back, became an on-line learning facility from early 2014. The majority of the 70 teaching modules are now live on the site. The project was set up and co-ordinated by the Faculty of Pain Medicine of the Royal College of Anaesthetists and the British Pain Society. Yet again I would wish to thank all the module leaders and authors for their very considerable contributions to this project, which can be visited at <http://www.e-lfh.org.uk/programmes/pain-management/>. To access the teaching material it is necessary to register first with a recognised NHS email address.

UNDERGRADUATE TRAINING IN PAIN

Over the past few years Dr Emma Briggs has highlighted the very small number of hours devoted to undergraduate medical education on pain. Of course there will be some regional variation depending on the university attended, yet pain is such a common complaint in any healthcare setting that it deserves considerably more attention. From the work led by Dr Cathy Price (National Pain Audit), we are all very aware of the devastating impact of chronic pain that is either undertreated or not treated at all.

In conjunction with others, Emma worked on a major project covering undergraduate pain education in 242 medical schools throughout Europe. France and Germany had structured teaching programmes with some form of final assessment on pain as part of their undergraduate training. Emma gave an overview of the project to the BPS Council, explaining that efforts made by clinicians in European countries had not been fruitful until several organisations jointly approached the appropriate governing bodies responsible for teaching.

With this in mind, Dr Kate Grady (Dean, Faculty of Pain Medicine) and Mr. Daniel Waeland (Head of Faculties, Royal College of Anaesthetists), and I, made an approach to the General Medical Council (GMC) regarding our concerns about undergraduate pain training. We met with Dr Judith Hulf, representing the GMC, on the 2nd September 2014 and we may be making some progress within this area for the UK. Initially some pilot work with undergraduates will take place at a few universities, led by Dr Kate Grady. Depending on the results of the pilot work the GMC may consider emphasising the necessity for more elaborate undergraduate pain training before newly qualified doctors start their clinical practice.

PAIN SUMMIT FOLLOW-UP AT THE HOUSE OF LORDS

A follow up meeting of the original stakeholders of the Pain Summit held at Central Hall, Westminster, in 2011 was organised in November 2014 at the House of Lords. The Chronic Pain Policy Coalition had arranged the venue and the following work stream updates were covered at that meeting, which was chaired by Linda Riordan MP and Lord Luce:

Problematic/ Complex pain	led by the Faculty of Pain Medicine
Awareness campaign on pain	led by the Chronic Pain Policy Coalition
Commissioning guidance	led by the Royal College of General Practitioners
Epidemiology of chronic pain	led by the British Pain Society

With regards to the British Pain Society component, Professor Gary Macfarlane presented the plan of work in developing a forthcoming work programme split into the three themes mentioned below in “Make Pain Count”.

“MAKE PAIN COUNT”

Pain Summit: Work stream D

The British Pain Society was tasked with recommendation D:

A data strategy for chronic pain should be agreed through creation of an epidemiology of chronic pain working group

The Society convened an Epidemiology of chronic pain working group in 2013, to identify and plan priority activities. The working group identified three themes for their work plan:

1. Data sources: Led by Gareth Jones
 - a. What data is already available from national surveys or major research studies?
 - b. What have we learnt from this and what do we require (routinely) in the future?
 - c. What core data set should be recommended for such activities?

2. Terminology associated with routine recording in clinical practice: Led by Cathy Price
 - a. Identifying terminology which pain specialists should be using
 - b. Liaising with other specialties
 - c. Providing input into new clinical data coding systems for the NHS (e.g. SNOMED)

3. Health measures: Led by Candy McCabe
 - a. What should we measure in different settings? e.g. population, primary, secondary care

This work led by Professor Gary Macfarlane and supported by the theme leads above is well underway. The results of this work will be invaluable to healthcare professionals, commissioners and ultimately our patients in the future.

THE PAIN CONSORTIUM

This entity was established in 2013 to co-ordinate workstream activity following on from the 2011 Pain Summit. Representation is from the British Pain Society, Faculty of Pain Medicine, Chronic Pain Policy Coalition and Royal College of General Practitioners. The Specialised Pain Services CRG is also represented on this group, which normally meets just before each of the British Pain Society Council meetings. We plan to continue with these meetings for the foreseeable future to help co-ordinate projects that involve more than one organisation.

NICE

Currently we are in the process of applying for NICE accreditation for our publications process. Professor Nick Allcock has established a detailed process, which should be followed in preparing any BPS publication for our members and patients. This has put us in a good position for this

application but we will have to wait and see how NICE view it. In addition, a separate application is being prepared to have the 5 Pain Patient Pathways accredited by NICE. The results of these applications should become apparent within the coming year.

Professor Mark Baker, Director, Centre for Clinical Practice, NICE, has met with a small group of Executives each year since 2013. This year we included representation from the Faculty of Pain Medicine (Dr Kate Grady) and the Royal College of General Practitioners (Dr Martin Johnson) to have a dialogue on pain issues. At this point we provided Professor Baker with our Quality Framework for pain. This was the brain child of Professor Richard Langford in late 2013 and the actual framework was largely written in the summer of 2013 by the BPS Executives and finalised in 2014.

QUALITY FRAMEWORK FOR PAIN

1. People presenting with pain, in whom evidence based management has not provided improvement within a two week period, need to be reassessed using a biopsychosocial model of care, in addition to looking for serious pathology.
2. If a patient is considered to have a complex or problematic pain problem they should be assessed for risk factors for chronicity (acute pain), or for problems with managing their pain (chronic pain), and a full biopsychosocial assessment undertaken.
3. Pain management needs to be provided in accordance with appropriate evidence based guidelines, such as the BPS pain patient pathways.
4. Using a collaborative care approach, management options should be discussed with the person in pain and a mutually agreed written personalised action plan produced, which includes a synopsis of what has been discussed and appropriate self-management information.
5. People with chronic pain should receive a structured review as appropriate for the patient, but at least annually: this should include re-evaluation of biopsychosocial aspects, and review of medications for potential up or down titration.
6. People who experience a pattern of exacerbations of their pain should be:
 - a. Provided with a self-management strategy for treatment.
 - b. A re-assessment of severity and needs should occur each time they present.
 - c. Referral to pain management services should be based on patients' needs as outlined in the British Pain Society's "Initial assessment and early management of pain" pathway.

- Those with complex needs will require referral to Multi-disciplinary services with subsequent access to psychological and behavioural services, e.g. Pain management programmes, and access to appropriate speciality services. These should be delivered in facilities that satisfy the standards mandated by the Royal Colleges, the British Pain Society and the International Association for the Study of Pain.
7. People admitted to hospital with an acute exacerbation of pain should have a timely structured review by a member of a specialist inpatient pain team with an appropriate inpatient and outpatient discharge plan, including review by their GP within 5 working days, with a view to minimizing the risk of re-admission for pain.
 8. All acute / admitting facilities should have consultant-led inpatient pain services, comprising at least 1 medical session per 250 patients, 1 wte nurse per 200 inpatients.
 9. Services involved in pain management must collect appropriate Key Performance Indicators, Patient Related Outcome Measures and Patient Satisfaction data. (We should consider national registry and data collection options) Data collection should take place routinely including measures of outcome in function as well as pain relief.
 10. Services involved in delivering pain management must support and/or be involved in appropriate education, training and research.

I am indebted to the BPS Secretariat staff, Ken Obbard, Rikke Susgaard-Vigon and Dina Almuli, so enthusiastically led by our Secretariat Manager, Jenny Nicholas. They have all been so supportive throughout the year.



HONORARY SECRETARY'S REPORT

DR MARTIN JOHNSON

As we celebrate the arrival of 2015, most of the Executive team turn to their keyboards to write their annual reports for the previous year. This is my mid-term report with only just over a year left of my tenure as Honorary Secretary.

MEMBERSHIP

Membership is the life blood of the organisation and is therefore a key component of my annual report. A breakdown of the membership at the end of 2014 is as follows:

A&E	2
Acute Pain	1
Anaesthesia	649
Anthopology	1
Assistant Surgeon	1
Cardiology	2
Chiropratic	2
Chronic Pain	1
Education	1
Epidemiology	4
GP	23
Musculoskeletal	7
Neurobiology	2
Nurology	7
Neurosurgery	4
Nursing	192
OT	10
Oral Surgery	7
Orthopaedics	3
Osteopathy	4
Other	116
Paediatrics	4
Pain Management/Medicine	52
Palliative	11

Pharmacology/Pharmacist	16
Physiology	8
Physio	78
Psychiatry	6
Psychology	107
Rehabilitation	6
Rheumatology	6

This equals a membership total of 1333 compared to the figure of 1400 at the end of 2013 (and 1468 at the end of 2012). Again no specific reason has been identified for the decrease. There is a membership and retention group that has been established to look specifically at ways to recruit new members and retain pre-existing ones. Also the group is looking at membership benefits e.g. travel clubs, journal access etc. I would encourage members with good ideas that they come across in other societies to feed them back to me.

The issue of membership has been discussed at length at Council – one possible development is the introduction of a basic ‘web’ membership. The membership group will be discussing this and other ideas at further meetings in 2015.

PUBLICATIONS

There has been one professional publication this year with the official launch of the ‘*Standards of good practice for medial branch block injections and radiofrequency denervation for low back pain*’ in March 2014. Quoting from the introduction of the document:

‘This document describes the standards of good practice for pain specialists carrying out medial branch block (MBB) injections and radiofrequency denervation (RFD) as recommended by the British Pain Society (BPS) and the Faculty of Pain Medicine of the Royal College of Anaesthetists (FPMRCA). This document also defines the facilities and important aspects of technique required in order to safely carry out these procedures.’

There has also been five excellent patient publications, prepared by a working party led by the Faculty of Pain Medicine with representation from the Royal Pharmaceutical Society, Pain UK, the Royal College of Nursing and the British Pain Society. They each cover one of five different drugs used in adults for the treatment of persistent pain; amitriptyline, duloxetine, nortriptyline, pregabalin & gabapentin.

All of the above publications can be found on the excellent new BPS website at <https://www.britishpainsociety.org/british-pain-society-publications/>. Thank you to our Vice President, John Goddard, Project Manager Steve Walmsley, the Secretariat, and team for spending so much time in developing the new website. I encourage all members to give feedback, either positive or negative.

In January 2014 we saw the launch of the commissioning support document *Pain Management Services: Planning for the Future*. The document will hopefully help people identify key stakeholders and support them to discuss the issues with Clinical Commissioning Groups (CCGs) and other commissioners. The document can be found on the commissioning hub of the new BPS website: https://www.britishpainsociety.org/static/uploads/resources/files/members_commissioning_pms_web.pdf

DR BEVERLY COLLETT

Just as 2014 was closing we heard the good news that Beverly had been awarded an OBE. This award is long overdue and richly deserved for all of Beverly's contributions to the world of chronic pain, including the BPS. Beverly retired from clinical practice and the Chronic Pain Policy Coalition Chair in 2014. Her last task in the CPPC was to jointly chair, with Lord Luce, a meeting on 2nd November 2014 in the House of Lords. The meeting enabled the CPPC, RCGP, FPM and BPS the opportunity to update the audience with a report on the four work streams following the English Pain Summit in November 2014. Gary Macfarlane gave an update on the data work stream for the BPS.

COUNCIL OFFICER ELECTIONS

Following a vote from the elected members of Council in November 2014 for the positions of Hon Secretary (elect)/Hon Treasurer (elect) the results were as follows:

Hon Treasurer (elect)

Arun Bhaskar 5 votes

Heather Cameron 8 votes

Hon Secretary (elect)

Paul Cameron 5 votes

Roger Knaggs 8 votes

Thus may I congratulate Heather & Roger who will take up their official (elect) positions at the AGM in Glasgow in April 2015. Many thanks to Arun & Paul for putting their names forward in what turned out to be a very close contest for both positions.

COUNCIL ELECTIONS

2014 welcomed Ann Taylor, Austin Leach, and Arun Bhaskar to the Council table.

The voting turnout continued to be very disappointing – recording a very low 18.1%. To help matters the Council voted at the AGM to approve electronic elections. The system will be used for the first time for Council Elections in 2015.

SPECIAL RESOLUTIONS

We have sought to improve a couple of definitions/interpretations within the Memorandum and Articles of Association of the BPS. This clarifies the definition of a healthcare professional and thus broadens our potential membership and the second change clarifies a Contributing Member – these are basically non healthcare professionals who are engaged in furthering the objectives of the Society.

All of the following resolutions were unanimously approved by the Society members present at the 2014 AGM:

1. To add the following to Article 1 Definitions and Interpretation:

“Healthcare professional” a person who by education, training, certification, or licensure are qualified to and are engaged in providing health care.

2. To amend Article 6.1 as follows:

6.1 Ordinary Members . Scientists, medical practitioners or other healthcare professionals (persons who by education, training, certification or licensure are qualified to and are engaged in providing health care) interested in the objectives of the Society shall be eligible to be admitted as an Ordinary Member of the Society. Admission to Ordinary Membership shall be made in accordance with such Regulations of the Society as shall have been adopted by the Council. Each Ordinary Member of the Society shall be entitled to vote at General Meetings of the Society and shall be entitled to appoint a proxy to attend General Meetings and speak and vote on their behalf.

3. To amend Article 6.4 as follows:

6.4 Contributing Members . Contributing Members shall be admitted by the Council of the Society in accordance with the Regulations. Contributing Members will be persons who are interested in furthering the objectives of the Society and who will normally be individual employees of organisations, or members or charitable or business organisations whose interest is in within the field of pain. Applicants who are employed on the basis of their healthcare professional qualification

may be eligible for Ordinary Membership. Contributing Members of the Society shall not be entitled to vote at General Meetings of the Society, or vote or stand in elections for the Society's Council or Executive positions.

SPECIAL INTEREST GROUPS

As from the Council meeting of the 24th September 2014, the Society now has 14 Special Interest Groups. At the Council meeting the 14th SIG, concentrating on headaches, was unanimously approved following a proposal from Dr Vivek Mehta. It should be noted that the new SIG will also deal with oro-facial pain. We welcome them to the 'SIG family' and look forward to hearing more about their plans.

Like last year, may I refer you to elsewhere in this report for the reports on the activities of the individual SIG's.

It should be noted that there is concern on the amount of resource that is taken to maintain the number of SIG's we have, especially when some of them are not particularly active. A full review of the SIG's is proposed to see if some could, for example, be merged together.

I want to express my continuing thanks to the Secretariat and fellow officers. 2014 has been a challenging year, especially in terms of financial planning – all of the team have met the challenges head on and have produced strategies, which I hope will be successful.

Finally I wanted to express my sincere thanks to Prof Richard Langford as he stepped down from the Executive team after four years. The BPS owes him a debt of gratitude.



HONORARY TREASURER'S REPORT

DR ANDREW BARANOWSKI

This year, 2015, should be an exciting fresh year for the British Pain Society (BPS) with multiple opportunities to continue its activities of old and I hope, that with the financial changes we have instigated coming to a fruition in 2015, we will continue to secure our future as a World leading Multidisciplinary Pain Management Society with new and innovative activities.

The Execs and I are indebted to Council for this opportunity to develop the future of the BPS. However, to secure that future of the BPS will require all our Members to support the Society more than ever, please take the time to read this report so you have the chance to understand the changes we will have to make and why.

The BPS has been in deficit (spending more than income) since 2012. This is primarily due to reduced income from industry resulting in a lower surplus from the Annual Scientific Meeting (ASM); but, also due to a significant increase in BPS activity to ensure that the broader Aims and Objectives of the Society and the needs of all its MDT members and the patients they support are met. Activity around NICE, the National Pain Audit, the political arena, Patient Pathways, commissioning, collaboration with the Faculty and other societies and agencies (Please see President's report) have all had an impact, increasing activity and costs (even if dedicated funds have been found).

So we have faced difficult times. During 2014 the British Pain Society (BPS) will have a deficit of £40,013 (reduced by due diligence of Council from the predicted deficit of £110,000). This is still a significant overspend, but something we can absorb as we make changes for the future. As a consequence of this deficit our assets this year compared to last will have been reduced to around a total of £1,181,356. Of that total, £217,353 is in restricted funds (essentially only available for specific designated activities, such as grants for research projects). The unrestricted funds are further divided into two areas, the Annual Scientific Meeting budget which stands at £186,940 and the General Budget which has £688,783 in its account.

During 2012 it was realised that a better balance between reducing spending and increasing income was needed. Some cost saving ideas were put into place at that time, such as looking at less expensive venues for the Annual Scientific Meeting and cutting office costs. During the early part

of 2013, ideas were discussed and in December 2013, much of the Council Strategy Day was spent on exploring those alternative approaches. The outcome of that meeting only resulted in a limited reduction in expenditure during 2014, as many system changes needed to be instigated to enable us to work towards rebalancing the books. However, it did empower us to commence changes for the future, including exploring new income streams that will help us to address our financial concerns. It is these changes and others that will place us in a better position in 2015.

At the BPS Council meeting in November 2014 the financial deficit of the Society for 2014 was re-emphasised as being an actuality. It was unanimously agreed that expenditure of the Society must reflect the Core Aims of the Society (as defined at the strategy meeting 2013 and in the subsequent Communications Strategy document and MOA) in the first instance and everything else will need dedicated income streams. Once more it was highlighted that the current major financial issue for the society is that income (from members fees and ASM surplus) will only cover the costs of: organizing the ASM, The British Journal of Pain (BJP), Pain News and Secretariat costs (but, still with a deficit of around 6K). All other activity adds to the deficit.

During 2014 the following has been undertaken to place us in a much better position during 2015:

CONSTANT REVIEW OF STRATEGY AND AIMS OF THE SOCIETY

Following the Strategy meeting in December 2013 the Communication Committee, led by Prof. Nick Allcock, have drawn up a comprehensive document that has re-enforced the societies aims and objectives and this has subsequently been used to further inform our summary. The Communications Strategy is an internal document, but copies can be provided on request. After agreeing the strategy documents, Council was asked to link spending and income to those aims and objectives. With the help of Independent Examiners (our external financial advisors) the finance meeting in January 2015 reviewed the proposed savings and income streams suggested by Council and using that framework to set the 2015 budget.

DEVELOPMENT OF AN INCOME STRATEGY

As it is now formally acknowledged by Council that the current income only covers The British Journal of Pain (BJP), Pain News and Secretariat costs, Council Meetings **all other activities** will need dedicated income streams.

These streams will be developed during 2015 with a progressive implementation by the end of that year. Each Stream will have its own lead and financial activity will only be sanctioned if there is an identified income. The Streams will be: 1. MDT Members benefits – those activities that support members and especially the MDT, activity. 2. Improving patient care – those activities that support

our members to provide excellent, evidenced based patient care. 3. Charity & Research – including funding future pain research. 4. National activities of importance to patient pathways of care and to the teams that support patients with pain.

We acknowledge that a transition to this approach of income generation linked to activity will need to occur during 2015 and the Society aims to draw on its reserves to the tune of around £80,000. This will enable the Society to financially cover about half of the proposed current activity. As a consequence, we will need to generate around a £80,000 in new income to maintain that activity in 2015 – this is possible due to our re-organisation!

In 2016 no activity above core (The British Journal of Pain (BJP), Pain News and Secretariat costs, Council Meetings) will occur without dedicated income as the Society will not be in a position to continue subsidising from its reserves. As a consequence we hope to generate around £160,000 net surplus during 2016.

To ensure equity around income and expenditure for each stream the process will be co-ordinated by our new CEO appointment. To facilitate this all activity above core will need a business plan with an identified income strategy in the future and the paperwork to enable this was drawn up in 2014.

REORGANISATION OF THE SECRETARIAT

It was agreed by Council to increase the secretariat by four whole days equivalent to enable the secretariat to become more pro-active in income generation. These changes proved to be more challenging than initially envisaged. However, we have now appointed Jenny Nicholas as CEO for the British Pain Society. A substantial part of her role is to look at income generation during 2015 onwards and she will be key in coordinating income against expenditure. Dina Almuli was appointed as Secretariat Manager (taking over much of Ms Nicholas' current role). Two other roles to support the members and the ASM have been introduced to complete our new and efficient team. All of this has been undertaken through a process of discussion and negotiation with our Secretariat and we are very grateful for their support during this complex and unsettling change. The Secretariat will also look to appoint maternity cover for the Secretariat Manager position during early 2015 to early 2016.

BPS PAIN BUSINESS LTD.

Towards the end of 2014 we were supported by Les Howard, Viv Trump and Neelum Poore to set up a business and trading arm for the BPS - BPS Pain Services Ltd, Company number 9220078. There were two reasons for doing this. Firstly, because of changes in the laws relating to VAT; the Society was at risk of breaching the VAT limit and would have been significantly financially

disadvantaged. Setting up a separate business from the BPS charity arm enables us to minimize that risk, providing all income is reviewed by our Finance Team to ensure that the BPS claims VAT with its income when ever it may be liable for VAT.

The second reason for setting up the business arm is that it will allow us to enter into income generation in a way that a charity is unable. As a consequence, the BPS Pain Business Ltd is key to the future of the BPS and the Society's need to match income and expenditure.

REVISION OF FINANCIAL GUIDELINES

To ensure that there is clarity and support around financial process, the guidelines around income and expenditure for the secretariat and the SIGs have been re-written.

INVESTMENT IN TECHNOLOGY

It was agreed by Council at the end of 2013 that it was appropriate to invest in technology and our web presence as an investment for the future. This was led by John Goddard as Vice-President. New hardware was purchased and our new website was launched in January 2015. This investment will see savings that will have paid for the upgrade by 2017. More importantly we will see on-going savings, a reduced work load for the Secretariat (freeing them up for other activities), improved access and services for members as well as the public. This was achieved with an investment of £56,981 from the Bainbridge legacy, a good example of spending for the future to save money. We are also moving forward on the social media front at minimal cost; push emails and twitter.

MEMBERSHIP

Membership has been reviewed during 2014 and continues into 2015. Essentially the number of members would need to be doubled to meet our financial needs or we would need to add £100 across the board on to all membership fees. The most important aspect of membership is that it remains multidisciplinary so that our mandate as a MDT Society is maintained and we will continue to explore attracting more new members without increasing membership fees beyond the current rate of inflation.

THE BUDGET FOR 2015

The budget for 2015 is bleak with a predicted £174,000 deficit as matters stand, but due to the changes above we hope to be able to halve this. Included in this deficit is the need to find £30,000 to maintain and update the BPS Maps of Medicine Pain Patient Pathways. In the past the BPS could also rely on receiving unrestricted educational grants of around £30,000. We can no longer rely on this income stream. A further £100,000 deficit arises from a reduced income and increase in activity related costs as above.

Because of the healthy reserves that we currently have as a result of due diligence of previous Hon. Execs and Council, we can accept a deficit during 2015 of around £80,000 as we re-organise to produce a new way of doing things, look at certain savings (though options here are limited unless we significantly stop activity) and start further income generation.

However, it needs to be acknowledged that for 2016 we will have a number of possibilities:

We hope that by 2016 we may have developed a better balance between income and expenditure based on income streams being specifically matched against spend. We will monitor this closely and continually review our activity to plan accordingly for our future.

As a consequence of the above the Treasurer, his financial advisors, the Executive Officers and Elected Council members are in agreement to support the following budget principles during 2015:

1. Continue to fund and support the ASM which provides a surplus, without which the Society would not be able to function
2. To keep membership fees in line with inflation. There is a general feeling that greater increases would not resolve the current financial situation and would probably result in members leaving the society.
3. That the membership team continue to work to encourage new members from a multidisciplinary background to maintain our mandate.
4. The society commits to continuing to support of BJP, Pain News, Council Meetings and the Secretariat.
5. During 2015 the BPS continues to support all other regular annual activity to a deficit of £80K: the rest of the income for that activity has to come from new income. To generate that new income: the activity has been divided in to streams of activity (to be known as Pillars) and a responsibility of our CEO will be to co-ordinate the income generation with the leaders for each Pillar. An overall comprehensive approach to income generation is to be adopted. Models to support that will be developed with the Execs, Council, Members and business.
6. The Patient Pathways developed with Maps of Medicine will only be reviewed and upgraded if dedicated funds can be found.

In conclusion: the Society Execs and Council have worked hard to bring about change. We hope that during 2015 we will see a better balance between income and spend as a result of our changes. This is a continual review process which we hope will see us well into the future.



COMMUNICATIONS COMMITTEE REPORT

PROFESSOR NICK ALLCOCK, CHAIR

Members Year End 2014

Professor Nick Allcock - Chair

Ms Felicia Cox – Editor of British Journal of Pain

Dr Arasu Rayen – Editor of Pain News

Ms Heather Cameron- Council Member

Dr William Campbell -President

Mr Antony Chuter - Patient Liaison Committee Representative

Dr Meherzin Das- Chair of the Information Communication Technology SIG

Dr John Goddard- Vice President

Ms Celia Manson- Co-opted member

Ms Dina Almuli- Secretariat

Ms Rikke Susgaard-Vigon- Secretariat

The Communications Committee oversees the content and production of the written and electronic material produced on behalf of the Society. It also deals with various requests to the Society including website link requests, permission to reproduce publications and media enquiries. The aim is to facilitate communication to a wider audience through publication, media, internet and other information technology.

This is the third year that I have chaired the Committee and I would like to thank the Committee members for all their contributions. This year has been a busy but exciting one. The Committee has been working to develop a communication strategy to guide the work of the committee and ensure that the communication activity of the BPS is supportive the aims of the Society which will be submitted to Council for approval. The main aspect of work this year has been the development of the new website which will have major benefits for both members as well as the key stakeholders such as patients with whom the Society engages. I would like particularly to thank Dr John Goddard and Steve Walmsley for leading on this.

Both *Pain News* and the *British Journal of Pain* have continued to flourish and I would like to thank Ms Felicia Cox for her continued work in developing the *British Journal of Pain* and Dr Arasu Rayen who has taken over as editor of *Pain News*.

WEBSITE DEVELOPMENT

Dr John Goddard has led the website development work along with the project lead Steve Walmsley. I hope that members will have by now been able to access the new Website and will start to recognise the significant developments that the site now offers. The new site offers significant improvements on both its functionality in terms of administration of membership, meetings and the ASM and by consolidating a number of functions should lead to significant financial savings for the Society. But perhaps more importantly it will enable the Society to offer better quality communication and resources for its members. The full potential of the site will take a while to

develop but members should already notice greater access to information about their membership, bookings and the improved access from a range of devices. This is very much the first stage of the website development. We welcome member feedback as we take the development of the website forward.

PAIN NEWS

Arasu Rayen, Editor, Pain News

The Editorial team has been in place for the last one year. Margaret Dunham, Senior Lecturer in Nursing, Christina Lioffi, Senior Lecturer in Health Psychology and Ethel Hili, Clinical Physiotherapist has joined as Associate Editors and tirelessly worked to bring out three successful issues of *Pain News*. The three issues and articles published this year all received good feedback.

The articles and authors in each issue represented the true multidisciplinary nature of British Pain Society. We have had articles from a wide range of specialties and disciplines, including articles by overseas authors like Prof John Loeser.

Feedback from Manchester ASM was the highlight in June 2014 issue, and regional news from Wales, Scotland and Northern Ireland was also featured in *Pain News* this year.

Pain News continues to receive support from our publisher SAGE Publications to ensure *Pain News* maintains its high quality.

BRITISH JOURNAL OF PAIN

Felicia Cox: Editor, British Journal of Pain

2015 heralds year four of our association with SAGE Publishing. Pagination in 2015 has doubled from 32 pages to 64 pages per quarterly issue. Content remains a mix of commissioned reviews (for themed issues such as Pain & Cancer and Qualitative Research) and unsolicited submissions. The *British Journal of Pain* has become a member of COPE (Committee on Publication Ethics) and it is anticipated that indexing will be announced at the ASM annual Editorial Board meeting in April 2015. The Editorial Board has welcomed new international members with strong research and publication history from a variety of disciplines. Submissions, readership and downloads continue to expand, supported by content remaining free to access until December 2015. Thank you to Council and the membership for supporting the evolution and continued development of the BJP.

PUBLICATIONS

As members will be aware the Society has due to financial limitations had to restrict its publishing activity this year. Despite this and as the result of huge commitment of working group members a we have published Standards of good practice for medial branch block injections and radiofrequency denervation for low back pain (2014) (a joint British Pain Society and Faculty of Pain Medicine of the Royal College of Anaesthetists publication) and a number of other publications are close to completion including: *Understanding and Managing Pain, Intrathecal Drug Delivery, A practical guide to implementing a pain curriculum in pre-registration health professional education in the UK and Pain assessment in older people.*



EDUCATION COMMITTEE REPORT

MR PAUL CAMERON (CHAIR)

Members Year End 2014

Mr Paul Cameron - Chair

Prof. Pat Schofield - Vice Chair

Dr Emma Briggs, Chair Pain Education SIG

Mr Neil Berry - Council Member

Prof. Roger Knaggs - Council Member

Geraldine Granath - Patient Liaison Committee Representative

Mr Ken Obbard - Secretariat

The Committee had two teleconferences and one face-to-face meeting in 2014.

Four study days were planned in 2014. One study day (Cancer) was postponed to 2015 due to logistical difficulties, and one (Musculoskeletal) was cancelled due to lack of sufficient numbers registering for attendance. The two remaining study days (Orofacial Pain and Pain Education), were fully subscribed with 30 delegates and 6 and 7 speakers respectively.

This year challenges have been noted by the Committee related to difficulties reported to us by delegates in finding time to attend study days, and sourcing funding. This appears reflective of the general economic challenges noted across the NHS and the UK as a whole. Although this must be done in a manner that would not cause financial loss to the Society and its Members.

The Education Committee will continue to review how Study Days are offered to our membership, and alternative days, venues, and methods of delivery will all be looked at carefully to ensure we maximise attendance, and provide high quality educational events.

In 2014 we aimed to improve collaborative work with the Pain Education SIG and this was seen to be successful on the fully subscribed Pain Education Study Day. This collaboration will continue going in to 2015. Future work will involve increased collaboration on themes for study days throughout the year.

The first study day of 2015 has been arranged, and organisation for the remaining study days in 2015 is under way. Confirmation of days, topics and speakers will follow soon. The first study day of the year is Cancer Pain on Friday 13th February 2015, Churchill House, London, WC1R 4SG.



PATIENT LIAISON COMMITTEE (PLC) REPORT

MR ANTONY CHUTER, CHAIR

Members Year End 2014:

Mr Antony Chuter – Chair

Dr Austin Leach – Council Member

Mr Neil Berry – Council Member

Ms Liz Killick – Lay member

Dr William Campbell – Council Member

Mr Colin Preece – Lay member

Ms Jo Cumming – Lay member

Ms Dina Almuli – Secretariat

Ms Geraldine Granath – Lay member

Ms Rikke Susgaard-Vigon- Secretariat

It has been a busy year for the Patient Liaison Committee. The Chair and 2 lay members of the PLC attended the 2014 Annual Scientific Meeting in Manchester. It was a fantastic and interesting few days. Remembering that the Chair and the lay members of the PLC all live with pain they managed to attend a lot of the sessions at the ASM and bring their individual lay perspectives to many parts of the meeting. The Chair would like to thank all the members of the PLC for their hard work, dedication and support during the year.

PATIENT REFERENCE GROUP

Antony Chuter (Chair of the Patient Liaison Committee) brought an idea first to the PLC and then to Council, to form an electronic group of people who live with pain and people who care for people who live with pain. PLC and Council supported the idea and the 'Patient Reference Group' (PRG) was established. Antony's vision was of a group of 30 – 50 people who could bring a wider perspective to the work of the Society. The response has been overwhelming and when the PRG was founded it rapidly gained 100, then 200 members. The group has continued to grow and now has almost 400 members. The group has more women than men (359 Women and 35 Men). The youngest member is 17 Yrs. and the oldest is 87 Yrs. and the group has a mean age of 45.58 Yrs. The Group has 16 people who identify as caring for someone who lives with pain. 334 people identified as a person living with pain. And 45 people identified as a person living with pain who is also a carer. 371 people identified as white British or a similar phrasing. 17 people identified as BME or similar phrasing.

PATIENT LIAISON COMMITTEE AT THE 2015 ASM IN GLASGOW

The PLC suggested an ASM session (Therapeutic Laughter – for health, happiness, managing stress: Is it a good medicine, let alone the best?) which has been accepted and will be presented at the 2015 ASM in Glasgow

THE PATIENT LIAISON COMMITTEE ANNUAL SEMINAR

The title was ‘The Brave New World ‘How are pain services evolving - the impact on patients’ A mixed group of 35 people attended the British Pain Society Patient Liaison Committee seminar. The mix of the people at the meeting was around 2/3 being Healthcare Professionals and 1/3 patients.

The programme consisted of a mix of presentations from several speakers. Later those attending gathered in smaller discussion groups. In the discussions groups the participants were asked to write up priorities of what we (BPS and the Pain Community) should “Stop doing”, “Keep doing” and “Start doing”. The President of the Society wrapped up the day along with the Chair of the Patient Liaison Committee Antony Chuter. The chosen headings have been presented to Council and are have also been published in *Pain News*.

BRITISH PAIN SOCIETY ‘WEBSITE REVIEW’

Patients are at the heart of the British Pain Society and so it was right that the PLC was invited to join the ‘Website Review’.

LAY MEMBER SUPPORT FOR BRITISH PAIN SOCIETY COMMITTEES, WORKING GROUPS AND SIGS

CPPC

Network for Patients (Patient Association)

Airing Pain Advisory Board

Pain UK

BPS Communications Committee

BPS Education Committee

BPS Science and Research Committee

BPS Website Review sub-committee

National Pain Audit

Opioids in Primary Care publication working party

Joint APM/BPS cancer working group

Intrathecal drug delivery for the management of pain and spasticity in adults; recommendations for best clinical practice

Search for self-management materials (Pat Schofield)

Assessment Guidelines for the management of pain in older adults.

In addition to these the lay members of the Patient Liaison Committee also attend and take part in the following Society Special Interest Groups: Acute Pain, Clinical Information, Interventional Pain Medicine, Information, Communications Technology (ICT), Neuropathic Pain, Pain Education, Pain in Children, Pain in Developing Countries, Pain in Older People, Pain Management Programmes, Philosophy and Ethics and Primary & Community Care.

UNDERSTANDING AND MANAGING LONG-TERM PAIN (FORMERLY UNDERSTANDING AND MANAGING PAIN)

Understanding and Managing Pain has been re-edited over the last two years by the members of the Patient Liaison Committee and it is now ready for printing. Along with many internal updates and refreshes, it has been re branded as ‘Understanding and Managing Long Term Pain’. We hope to go to print by the time of this report being presented to the membership; we hope to also have a pdf version for ‘free’ download from the new BPS Website.



SCIENCE & RESEARCH COMMITTEE REPORT

PROF. SAM EL DABE – CHAIR (PAIN MEDICINE)

Members Year End 2014

Trustee members

Prof Pat Schofield (Nursing)
Prof Roger Knaggs (Pharmacology)
Dr Martin Johnson (GP)
Dr Heather Cameron (Physiotherapy)
Dr Ann Taylor (Nursing)

Non-trustee members:

Prof Jose Closs (Nursing)
Prof Maria Fitzgerald (Basic Scientist)
Prof Sam Ahmedzai (Palliative Medicine)
Mr Andy Chuter (Lay Rep)
Prof Chris Main (Psychology)
Dr Vasu (Pain Medicine)

External reviewers:

Prof Paul Watson (Physiotherapy)

The Science and Research committee has not formally met in 2014. A telephone call for handover from Mick Serpell (MS) to Sam Eldabe (SE) took place following the ASM Council meeting. MS outlined the following outstanding issues:

1. Links with FPM research group remain informal
2. No clear links with the NIAA
3. BPS not approved for adoption on NIHR portfolio and Service support costs from NIHR Research Networks
4. Potential for the Clulow fund to be exhausted in 2 rounds

CLULOW AWARD

An email exchange between the members of the Science and Research Committee (SRC) was initiated by SE to explore views on the issues above

1. SRC members support closer working with the FPM while favouring maintaining the independence of the BPS as a funder of multidisciplinary research. This also applicable to links with the NIAA.
2. NIHR portfolio adoption is denied to BPS grant award holders as the BPS advertises its grants to members only. Agreed SE to appeal to NIHR portfolio and explore opening the award advert and using part of the award for membership fees for the duration.
3. SRC members felt that we should continue to award grants of up to 50K per round rather than break into smaller awards due to insignificance of smaller awards.

SE has followed this up with an email exchange with the NIHR portfolio adoption team who have agreed that the BPS funded research will be adopted on the portfolio going forward under the current terms (i.e. applications limited to members of the BPS only) as membership is open to all pain researchers.

SE will explore joint working on the research front with FPM.

The Clulow award grant was advertised in the September issue of *Pain News* as a researcher led call rather than a commissioned call as per the last round.

The committee will scrutinise applications following the closing date of May 2015.

Finally we have through the BPS website this year reiterated our membership of the AMRC and our support for the AMRC position statement on animal research see http://www.britishpainsociety.org/members_grants.htm.

PAT WALL TRAVEL BURSARY

The committee has received and approved 1 application for the Pat Wall travel bursary during 2014 to the value of £1,300.



SCIENTIFIC PROGRAMME
COMMITTEE REPORT
PROF. KATE SEERS (CHAIR) (MAY 2014)

Members Year End 2014:

Prof. Kate Seers - Chair

Dr Heather Cameron

Dr Lesley Colvin

Prof. Candy McCabe

Dr David Walsh

Prof. Roger Knaggs

Prof. Stephen Morley

Dr Sandrine Geranton

Prof. Gary Macfarlane

The Scientific Programme Committee is chaired by Professor Kate Seers and has met twice as it has planned the Annual Scientific Meeting, well supported by the Secretariat.

At the first meeting in June 2014 we discussed and finalised an exciting plenary speaker and workshop programme. The plenary speakers who have all confirmed are: giving the Pat Wall Lecture: Andrew Rice; Sheena Derry; Jordi Serra; George Ikkos; Per Hansson; Bernie Carter; Jane Quinlan and, giving the BPS lecture: Dame Carol Black. There will also be one plenary session where the trainees/students who submitted the top five posters will be invited to give an oral presentation of their poster, and will receive prizes from the President.

We noted that this is the 50th Anniversary of the Gate Theory. Andrew Rice will mention this in his plenary session. In line with IASP and EFIC Year of Neuropathic Pain we also have a focus on neuropathic pain.

There are 24 workshops, two of which were commissioned to provide delegates with a balanced programme.

The call for abstracts for the meeting was made, with a closing date of 10th December. The SPC rated all 149 abstracts received prior to their meeting in January 2015. At this second meeting of the SPC, decisions were made following discussion about which posters would be accepted at the meeting. In addition to the top five posters from trainees/students, the top eleven posters submitted by those who are not trainees/students have been selected and these eleven will be judged at the meeting during a poster tour, with prizes going to the top five. There will also be a "People's choice" poster: delegates choose their top poster, and mark it with a sticker that is provided with their badge and the poster with most stickers by the end of the Wednesday will be awarded a prize. Seventeen of the poster abstracts submitted were not accepted. All accepted posters abstracts will be published in the *British Journal of Pain*.

In addition to the two essential face to face meetings of the SPC, the rest of the business is conducted via email/phone.

As the Chair of the SPC, I would particularly like to thank all members of the SPC for their hard work, and a special thanks goes to the Secretariat, who have provided excellent support.



ACUTE PAIN SOCIETY SPECIAL INTEREST GROUP REPORT

DR ANDREA MAGIDES AND DR RUTH DAY
(CO-CHAIRS)

Jane Quinlan stood down as chair of the Acute Pain Special interest group after a very successful 3 years in 2014 and we thank her for all her hard work in taking this SIG forward. We are grateful that she continues to be an officer for APSIG and wish her well in her new role as part of the committee organising the National Acute Pain Symposium in Chester 2015, now in its 25th Anniversary year.

We (Dr Andrea Magides and Dr Ruth Day) were elected as co-chairs at the British Pain Society APSIG meeting in Manchester 2014 and as a Consultant Lead of an Acute Pain Service and Lead Pain Nurse Specialist, our vision is to represent, promote and support the multi-disciplinary nature of Acute Pain Services throughout the UK.

This year Acute Pain formed part of a multi-SIG collaboration at the British Pain Society Annual Scientific Meeting, organising a three-part workshop in conjunction with Information Communication Technology, Pain Education, Pain in Children and Pain in Older People. The overriding theme examined “From hospital to home: managing pain after discharge”. Part 1 addressed “the human element” focusing on educating parents after day surgery, the GP’s perspective and the older person’s perspective: Part 2, entitled “the pharma effect”, examined post-operative adult and paediatric discharge analgesia and included a lively discussion: Part 3 explored “the internet; an interface between hospital and home.” All sessions were well attended and evaluated and we would like to thank all the speakers for their contributions.

The Acute Pain SIG met twice this year, at the Annual Scientific Meeting in Manchester in April and a lunch-time meeting following the National Acute Pain symposium in Chester in September where future opportunities for development of the SIG was discussed.

Fiona Duncan has continued to take forward the work around NIPPS which included a further submission to the NHRI for funding. After a lot of effort she was very disappointed that funding was turned down. The organisation of acute pain services is not well researched and the impact on patient outcomes unknown.

An exciting new development is the recently launched BPS website which includes a page for the Acute Pain SIG. We would welcome ideas and suggestions as to how you would wish to see this develop as a resource -please e-mail us your thoughts or join us at the SIG meeting at the ASM.

Looking forward to events this year, APSIG is collaborating with the Neuropathic Pain SIG at the BPS ASM. The workshop, 'Chronic post-surgical pain', is on Thursday 23rd April, very aptly following Jane Quinlans' plenary session reflecting on 25 years of acute pain services. We hope to see you at both events. The SIG business meeting is later on the Thursday from 15.25 – 16.25.

As in previous years we are having a lunch-time meeting following the National Acute Pain Symposium in Chester.

CLINICAL INFORMATION SOCIETY
SPECIAL INTEREST GROUP REPORT

CHAIR, TO BE APPOINTED.

Dr Hoggart stood down as chair of the Clinical Information SIG following the 2014 ASM. Since then the SIG has been dormant. It is intended that the SIG will be reactivated following the 2015 ASM and SIG officers will be appointed to move the SIG forward.



INFORMATION AND COMMUNICATION TECHNOLOGY SOCIETY SPECIAL INTEREST GROUP REPORT

MS MEHERZIN DAS (CHAIR)

ESTABLISHING THE SIG

Launch at the Annual Scientific meeting, April 2014:

- Engagement and Membership

The Information and Communication Technology Special Interest Group had an extremely successful launch at the Society's ASM in Manchester, April 2014. This was enabled by a generous grant received from The Health Foundation. The ICT Stand was a hub of enthusiastic activity as conference delegates dropped in to learn about the functioning of our SIG after Dr Martin Johnson, Honorary Secretary inaugurated the SIG officially in his warm and inimitable style, commenting on the steps taken over the past year to become operational. On behalf of the SIG, Dr William Campbell, President, presented a memento to Pete Moore, Committee member, to congratulate him on being awarded Pain Champion, 2014 and everyone enjoyed the felicitations!

From there on, there was no looking back as committee members and supporters displayed terrific team spirit, working tirelessly through the ASM to share cutting edge websites and apps with visitors. As a result of these strenuous activities, we were delighted that about 110 BPS members signed up to join the SIG. In addition, about 40 delegates who are not currently members of the Society asked to be notified of future SIG events and we will do so, in keeping with BPS policy.

- Educational activities

ICT education continued throughout the ASM as Pete Moore conducted Twitter Training over lunch on the final day: "Everything you always wanted to know about Twitter but were afraid to ask". SIG committee members ran one of the parallel workshops on using ICT to facilitate the process of discharge from hospital to home, presenting the patients', clinicians' and developers' perspectives of using web-based applications for pain.

- Business meeting

Our SIG business meeting was attended by over 20 people who wanted to understand the objectives of the SIG. In addition to SIG business, a fascinating discourse was provided by Prof Serge Van Sint Jaan, Université Libre de Bruxelles, on his research on ICT4Rehab, a platform involving serious gamification using the Wii and Xbox Kinect for rehabilitation.

SOCIAL NETWORKING:

Following the successful adoption of our Social Networking policy and guidelines by Council, we are setting up a core group of members to start tweeting news and events on behalf of the Society.

QUALITY BENCHMARKING:

Under the leadership of Prof. Tamar Pincus, we have completed the consensus-based guidelines of our Quality Benchmarking document. Implementation has been discussed with Nick Allcock, Chair, Communications Committee and the Secretariat.

BPS WEBSITE:

Members of the SIG supported Dr John Goddard in setting up the new website of the Society and following a successful launch, the website is now open for business.

FUTURE PLANS:

Over the coming months, the ICT SIG, in collaboration with other arms of the Society, will hold a series of webinars on pain education.

We have had a busy year and with the excellent support of the committee, were successfully able to

- establish the ICT SIG and raise its profile amongst members of the Society.
- increase our membership substantially, preparing for further engagement through webinars, tweeting, etc.
- set the stage for responsible use of online resources and social networking to enhance the Society's engagement with ICT



INTERVENTIONAL PAIN MEDICINE (IPM) SOCIETY SPECIAL INTEREST GROUP REPORT

DR MANOHAR SHARMA, CHAIR

Members Year End 2014

Dr Manohar Lal Sharma (Chair)

Dr Ganesan Baranidharan (Secretary)

Dr Neil Collighan (Treasurer)

Dr Arun Bhaskar (BPS Council Liaison)

IPM SIG Committee

Dr AR Cooper

Dr A Erdmann

Dr S Gupta

Dr A Hammond

Dr J Richardson

Dr A Lawson

Dr R Munglani

Dr S Thomson

Dr P Toomey

Dr S Ward

Dr C Wells

Total membership: 190

IPM SIG WORKSHOP (BPS ASM, MANCHESTER, 2014).

IPM SIG presented joint session with PMP SIG for BPS ASM Manchester, 2014 on “MDT for Chronic Pain Management: Rationale and Relevance”. This has been well received but there has also been some interesting feedback from delegates. Dr Paul Wilkinson, Dr Simon Thompson, Mr Mark Draper presented at this session and Drs Manohar Sharma and Kerry Mathews facilitated/ Co-Chaired the session.

IPM SIG ANNUAL SCIENTIFIC MEETING ON 17TH OCTOBER 2014

IPM SIG organised a successful annual scientific meeting on 17th October 2014, in Manchester at Radisson Blu hotel. The meeting had invited abstracts and posters to encourage engagement with SIG members and provide a forum to present and discuss audits and clinical case series and learning from these. IPM SIG received 9 posters and authors were given opportunity to present their posters and the feedback was provided. These abstracts have been accepted for publication as proceedings of Annual meeting of IPM SIG in the *British Journal of Pain*. This meeting had sessions on applied anatomy and pathophysiology, recent advances in CRPS, Science and evolution in pain management and new developments in Interventional Pain Medicine. The meeting had invited faculty from Europe and other disciplines (Urology, Rheumatology and Palliative Medicine) to encourage collaboration and learning. Around 75 delegates attended this meeting and general atmosphere was positive. Dr Neil Collighan planned this meeting with input from IPM SIG Executive Committee.

INTERVENTIONAL PAIN MEDICINE RESEARCH PROJECT

HTA application (Full proposal) on Feasibility study on Facet joint injections versus usual care and sham has been given approval by NIHR. Formal contracts have been signed and the proposal is going through ethics submission for a formal start of this feasibility study in early 2015. This is great news for research in interventional pain. Prof Richard Langford and Dr Vivek Mehta have

led this research project and Drs Simon Thomson and Tony Hammond set up this research group in 2010. This feasibility study will be conducted in three centres i.e. Barts and London NHS trust, Basildon NHS Trust and The Walton Centre NHS Trust, Liverpool and if approval is given for definitive trial, then other Pain Services will be invited to collaborate.

GOOD PRACTICE IN INTERVENTIONAL PAIN MEDICINE DOCUMENTS

Faculty of Pain Medicine and BPS have endorsed “*Standards of good practice for medial branch block injections and radiofrequency denervation for low back pain*” document. This has now been published (March 2014) and IPM SIG will like to thank BPS and Faculty in supporting this.

IPM SIG has developed another document on “*Good Practice Guidelines for Spinal intervention Procedures (excluding implants)*”. Drs Neil Collighan and Sanjeeva Gupta have led this work. Many IPM SIG members have contributed to this document. It has been reviewed by Faculty of Pain Medicine and BPS and is likely to be published in next few months.

FUTURE IPM SIG WORKSHOP (BPS ASM, GLASGOW, 2015)

IPM SIG has planned the debate: “Should we be adopting novel pain interventions based on controlled trials only?” This debate will be facilitated by Dr Manohar Sharma and Prof Turo Nurmikko and Dr Raj Munglani will take part in debate on this interesting and relevant topic.

Professor Turo Nurmikko will be debating in favour and Dr Raj Munglani will offer his counter argument.

IPM SIG plans to have business meeting for SIG members at this ASM and new office bearers taking office in April 2015 will be announced, as current team will be completing three years.

IPM SIG ANNUAL SCIENTIFIC MEETING 2015 (LONDON)

The NSUKI meeting is in London in October 2015 and is a combined meeting with Swiss Intervention Society and German Neuromodation Society. IPM SIG office bearers feel that having a parallel session at this meeting would work very well, especially focussing on topics unrelated to neuromodulation. The date and venue will be announced soon.



MEDICOLEGAL SOCIETY SPECIAL INTEREST GROUP REPORT

DR KEVIN MARKHAM (CHAIR)

Members Year End 2014

Dr Joshua Aduken, Chairman Elect

Dr Neil Collighan, Secretary

Dr Rajesh Munglani, Officer

Total membership: 55

Since inception approximately 3 years ago the Medicolegal SIG has grown in terms of its membership and has an increasingly active and vocal section on the Pain Consultants' Forum established by Dr Raj Munglani.

Although no workshop was run at the last British Pain Society in Manchester the preceding year saw a very successful workshop delivered in Bournemouth. The workshop was entitled "Chronic Pain Syndrome" attracted over 100 delegates who rated the workshop extremely highly subsequently. The introduction was given by myself, followed by highly entertaining and informative lecture delivered by Dr Charles Pither examining the validity of the title Chronic Pain Syndrome causing much debate amongst delegates. Additionally Dr Leigh Neil, a highly experienced psychiatrist in the field of medicolegal matters delivered an excellent discourse examining the role of a psychiatrist in the medicolegal arena. Dr Lee Neil's talk was very well received and clarified many of the rather nebulous concepts that we sometimes see in medicolegal practice.

Following the workshop an annual general meeting was held in which the following officers were elected:-

Immediate past chair:	Dr Jon Valentine
Current chair:	Dr Kevin Markham
Secretary:	Dr Joshua Adedokun
Treasurer:	Dr Neil Collighan

The aspects of the special interest group has had its proposal for a parallel workshop at the Glasgow Annual Scientific Meeting of the British Pain Society accepted. This workshop will examine impartiality of medical experts in the field of pain. I plan to introduce this meeting and then

hopefully a healthy debate will ensue following presentations given on behalf of primarily claimant instructing solicitors represented by Mr Richard Lowes of BLB Solicitors and countered by Mr John Lezemore of DWF Solicitors.

My plan for the next year will focus on enlarging the membership of the Medicolegal SIG and engaging in educational activity promoting a better standard of medical report writing in this arena. An enhanced membership will hopefully come about in part through the development of the SIG's involvement in the new British Pain Society website and I would welcome members of the SIG to contribute content. It is envisaged that members of the SIG committee will discuss during the Glasgow meeting enhanced cooperation with other SIGs and international bodies representing medicolegal pain practitioners. It is also hoped that other educational opportunities will be provided focusing perhaps on a day meeting dealing with the "nuts and bolts" of medicolegal practice such as report writing and presentation in the courtroom.

I would implore members of the British Pain Society who wish to engage in medicolegal practice to join the Medicolegal SIG as it consists of a very substantial number of experienced practitioners who can assist in the logistics of developing a medicolegal practice and also give timely advice on an anonymous basis regarding conceptual issues in the medicolegal arena.



NEUROPATHIC PAIN SOCIETY SPECIAL INTEREST GROUP REPORT

DR BERNHARD FRANK

Office and Committee Members:

Jayne Gallagher, Secretary 2012
Praveen Ganty, Treasurer 2012

Elected Committee Members:

Frank Bernhard 2010
Katie Warnaby 2012
Subhash Kandikattu 2012
Abdul Nazal 2012

There was no formal annual meeting at the Manchester BPS as we had our own workshop. I was elected as new chairman instead of Mick Serpell.

Praveen Ganty remains Treasurer, but we have no independent funds and Jane Gallagher remains Secretary. There were no other changes.

My plan is to organise an annual meeting in Glasgow and we have secured a slot during the ASM. I will distribute an email to all members with some strategic suggestions for discussion beforehand.

It's the global year against neuropathic pain and a study day about neuropathic pain would be good and I will approach potential speakers before the AGM.

I attended the SIG chairs meeting in London.

There is an interest to do an edition of BJP on neuropathic pain but I have not heard anything further about it. A regular email or newsletter would also be good.

I attended the IASP NePSIG AGM in Buenos Aires and can report that Turo Nurmikko, received an honorary membership. My congratulations (already delivered in person)

There will also be a lecture to honour Ed Charlton at the biannual ASM of the NePSIG in the future.

Prof. Andrew Rice has handed over the chair to Raja Srinivasan for the next two years. I try to liaise with Andrew regarding the global year. I have published an update in *Pain News*.



PAIN IN CHILDREN SOCIETY SPECIAL INTEREST GROUP REPORT

DR ALISON BLISS (CHAIR)

Officers Year End 2014

Richard Walters (Secretary)

Paul Rolfe (Treasurer)

Alison Twycross (International liaison & SIG web administrator)

During 2014, the membership for our SIG has remained constant, continuing as a small but dedicated group of approximately 50 members.

This year's SIG business meeting was held at the Manchester ASM in April. Dr Gwen Porter, previous chair of the SIG, formally announced her retirement and so stepped down from her role in the SIG. The SIG would like to thank Dr Porter for all her hard work and leadership during her time in the post.

Following the ASM, nominations were invited for members of the SIG to join the committee and we were pleased to accept nominations from members in a wide variety of specialities. This better reflected the multi-disciplinary nature of our SIG. We were therefore delighted to welcome the following successful applicants to join the SIG committee:

- Richard Walters, Pain Management Physiotherapist based in Torquay
- Dr Alison Twycross, Head of Department for Children's Nursing, London South Bank University
- Dr Paul Rolfe, Consultant in Paediatric Anaesthesia and Pain Management, based in Cambridge.

Mr Walters accepted the post of SIG Secretary and Dr Rolfe the role of SIG Treasurer. In an exciting new development, Dr Twycross has accepted the post of International Liaison Officer. As a small speciality, the need for close international collaboration between like-minded professionals cannot be over-stated and Dr Twycross commenced her post by attending the World Congress on Pain in Argentina in September 2014.

At the 2014 ASM in Manchester, we were delighted to be one of the co-hosts for the successful multi-SIG stream of themed workshops taking place across the whole conference. The theme for these workshops focused on the management of pain "From hospital to Home". The workshops were well attended and enjoyed by delegates.

At the 2015 ASM in Glasgow, the SIG is proud to sponsor an independent workshop centred on research in children. This workshop is being led by Dr Twycross and Prof Bernie Carter and has a particular focus on how to access the opinions and views of the children themselves.

As a new committee, our first goal was to begin exploring the fate of children with chronic pain in the UK. We began with a national survey of the widest range of health professionals to identify who is currently seeing children with chronic pain, where they are based and what treatment options are available at a grass roots level. We would like to thank all BPS members who gave us a few moments of their time to complete the survey and contact the SIG. The results will first be presented at the ASM and help inform the next SIG business meeting on choosing future projects.

The SIG does not currently hold any funds.



PAIN EDUCATION SOCIETY SPECIAL INTEREST GROUP REPORT

DR EMMA BRIGGS, CHAIR

Members Year End 2014

SIG Officers

Prof. Michelle Briggs

Dr Sarah Henderson

Mrs Sue Jenkins (Treasurer)

Dr Janet McGowan

Dr Pat Roche

Dr Alison Twycross (Secretary)

Co-opted members

Prof. Nick Allcock

Miss Ethel Hili

Ms Despoina Karargyri

Dr Paul Wilkinson

Mrs Sharon Wood

Patient Liaison Committee representative

Ms Geraldine Granath

The Pain Education SIG continues to go from strength to strength and 2014 has been another exciting year. Membership stands at 124; lay people, clinicians and academics that are all passionate about pain education and moving the agenda forward. At the heart of this interprofessional group is the SIG Committee who extended a warm welcome to new members this year; Mrs Sue Jenkins, Dr Pat Roche and Mrs Sharon Wood.

At the 2014 ASM, we had the pleasure of working in partnership with multiple SIGs in a the series of three workshops- *From Hospital to Home: Managing Pain After Discharge*. Alison Twycross led the first in this well attended series entitled *The Human Element - How to Effect a Better Discharge*. The SIG also organised a very successful study day as part of the BPS Study Learning in Pain Series in November. Attendees experienced an interactive day exploring the principles and practice of clinical, patient and university education and some important networking opportunities. Here, we also trialled our Pain Education Community website (a networking and resource sharing site led by Sue Jenkins) and further details will be circulated. *Education Matters*, our bi-annual newsletter for members saw its debut in 2014 created by Sarah Henderson and feedback and contributions on these initiatives are always welcome.

Committee members are involved in a number of activities in the pain community that strengthens our network, our activities and helps to fly the education flag as high as possible. These include other SIGs, BPS committees and publications (both *BJP* and *Pain News*), European Pain Federation EFIC and IASP (IASP Pain Education SIG and Education Initiatives Working Group). Alison Twycross and Emma Briggs also chaired and presented at workshops at the IASP World Congress on Pain in Argentina.

In 2015, we are looking forward to the launch of the document designed to improve undergraduate education providing a practical guide to implementing a pain curriculum into health professional education in the UK. Led by Nick Allcock, the working group have created an excellent resource for UK universities. The Patient Education Skills Working Party have re-established its activities, chaired by Despoina Karargyri and is exploring how we can support practitioners in their patient education role particularly around summarising existing evidence. We are also thrilled to be leading a workshop at the ASM in 2015 called *Engaging Patients and Professionals in Patient Education*.

Finally, in 2015 we will be deciding on priorities for 2015-17, to be identified in a strategy day where we plan our forthcoming activities and resources needed. As always, thank you to SIG members for their continued support and contributions in 2014. We are immensely proud to be involved in shaping pain education in the UK and beyond. We warmly invite all BPS members to join the SIG; patient or professional, education is a core activity of everyone's practice.



PAIN IN OLDER PEOPLE SOCIETY SPECIAL INTEREST GROUP REPORT

PROF. PATRICIA SCHOFIELD, CHAIR

The main focus of our work over the past 12 months has been updating the Pain Assessment Guidelines which were originally published back in 2009. This work builds upon the very successful guidance on the Management of Pain in Older Adults which was published in 2013 and is now recognised around the World.

Our pain assessment guidelines will be published very soon and will introduce some new recommendations and changes from the previous document. Currently, we are seeking funding to publish in Age & Ageing, or at least on the BPS/BGS web sites.

We have also represented the SIG on the See Change Think Pain Campaign which promotes the assessment of pain in Dementia.

We have also recently been involved in the Aged Care Channel programme on pain assessment and management in nursing homes.

Finally, the Pain Assessment iPhone application which was developed from the 2009 assessment guidelines has been evaluated through a funded project with the South East Coast Ambulance Service and the results will be published very soon, along with the modified pain APP which is available on the APP store.

The SIG has not facilitated any independent study days, we tend to offer a workshop at the ASM or a study day through the BPS Education Committee.



PAIN MANAGEMENT PROGRAMMES (PMP) SOCIETY SPECIAL INTEREST GROUP REPORT

DR ZOHEY MALPUS (CHAIR)

Members Year End 2014

<i>Main Psychology</i>	<i>Dr Zoey Malpus</i>	<i>Main Occupational Therapist</i>	<i>Deanne Barrow</i>	<i>Main Physiotherapist</i>	<i>Sarah Wilson (Treasurer)</i>
<i>Alternate Psychology</i>	<i>Dr Kerry Matthews (co-opted acting Psych alternate)</i>	<i>Alternate OT</i>	<i>Sarah Kelly</i>	<i>Alternate Physiotherapist</i>	<i>Despina Karagyri</i>
<i>Main Medical</i>	<i>Dr David Laird (Treasurer)</i>	<i>Main Nursing</i>	<i>Joanne Hutt</i>	<i>Link to Council</i>	<i>Dr Heather Cameron</i>
<i>Alternate Medical</i>	<i>Dr Iain Jones</i>	<i>Alternate Nursing</i>	<i>Dr Dee Burrows (co-opted acting Nursing alternate)</i>	<i>Patient Liaison</i>	<i>Colin Preece</i>
<i>Past Chair</i>	<i>Dr Paul Wilkinson</i>				

The current PMP committee was formed in June 2014 and now has a full complement of members. We have been fortunate to welcome new medical, physiotherapy, and OT members in addition to retaining the expertise of some of our former committee members. In recognition of the multi-disciplinary nature of PMP, the committee has chosen to elect a clinical psychologist as Chair.

The PMP SIG continues to make good progress with a number of national projects.

E-LEARNING FOR PAIN MANAGEMENT:

We have successfully completed a number of modules for the e-Learning for Pain Management project, the collaboration between the British Pain Society and the Royal College of Anaesthetists, Faculty of Pain Medicine. Completed module titles include Multidisciplinary management of pain, Psychological assessment and approach to treatment, Self-management strategies. The modules are freely available to all Health and/or Social Care staff via the Electronic Learning for Health website <http://www.e-lfh.org.uk/programmes/pain-management/>

IMPLEMENTATION OF PMP GUIDELINES

The PMP guidelines are now available via the British Pain Society website. We are building a network of “Local Champions” as part of a national implementation strategy to ensure that PMP services in all areas are aware of the national guidelines.

UPDATED PMP DIRECTORY

We have updated details for PMP services and gathered further information about delivery and content. Our updated PMP directory will soon be available via the BPS website.

PMP SIG NEWSLETTER

We have reintroduced a brief newsletter circulated to members via email in December 2014.

JOINT PARALLEL WORKSHOP WITH OLDER PEOPLE SIG, BPS ASM GLASGOW

We have submitted and gained approval for a joint parallel workshop with the Older People SIG at the BPS ASM, Glasgow. The topic is highly relevant to members of both SIGs “How to encourage people to take risks, when they are afraid of falling”.

PMP CONFERENCE MANCHESTER SEPTEMBER 2015

Manchester will be host for the biennial PMP SIG Conference in September 2015. The theme will be “Compassion in Pain Management” and invited speakers are drawn from all professional disciplines. Great interest has been expressed in the Compassion Focused Therapy (CFT) plenary that will be delivered by Dr Mary Welford, Consultant Clinical Psychologist from the Compassionate Mind Foundation. In addition, Dr Doug Crix from the East Devon Pain Management team will be delivering a workshop demonstrating how Compassion Focused Therapy can be used to enhance outcomes in PMPs. Expert speakers from medical and nursing specialities will be discussing moral and ethical dilemmas, and our colleagues from Breathworks will be returning to deliver their award winning ‘Mindfulness for Health’ workshop.



PHILOSOPHY & ETHICS SOCIETY SIG REPORT

DR MICHAEL PLATT, CHAIR

The Philosophy and Ethics special interest group continues to go from strength to strength with a great deal of interest both nationally and internationally in its pursuit of the study of ethics not just in pain medicine but in medicine as a whole and in particular looking at a modern health care.

Our membership has remained fairly stable and we have an excellent lead team, in particular Peter Wemyss Gorman, Sarah Dixon, Berndt Strathausen and Jeremy Swain.

Our annual meeting last year and was entitled ‘Compassion in Modern Healthcare: a community of care?’

This was a fascinating meeting with some very exciting speakers, in particular Iona Heath, past president of the Royal College of General Practitioners and of course a well-known writer and communicator.

Michelle Briggs, Professor of Nursing in Leeds, gave an excellent talk on compassion and empathy, with a very good discussion on the use of empathy and active listening.

Peter Wemyss-Gorman gave an interesting talk on God, suffering, and the wisdom of Michael Hare Duke, recently deceased former member of the SIG, and previously Anglican bishop and author: a former Bishop of St Andrews, Dunkeld and Dunblane.

Catherine Pettus gave a talk on the ‘Pain of International Drug Control Law’, with a fascinating insight into why more than 80% of the worlds population has no access to strong opioids. This was a fascinating talk about the power of a small group in the western world who seem to be able to control access to strong opioids.

Betsan Corkhill, a pain educator and activity coordinator from Bath, who is actually physiotherapist, gave a great talk on ‘Changing Practice, Challenging Systems’, illustrating the difficulties in changing practice to produce better results.

On the second day, I then examined 'Professionalism vs Managerialism in modern healthcare' and how the fault line between the two seems to exclude care and compassion for patients.

Iona Heath gave a very learned talk with a lot of historical anecdotes and observations looking at 'Attention: those little peering efforts of imagination which have such important cumulative results'. This was a fascinating talk which we all enjoyed immensely.

Raanon Gillon, Emeritus Professor of Medical Ethics at Imperial College London, gave a fantastic talk on restoring humanity in health and social care, with quite a few suggestions which created a lot of interest.

Following lunch, the last talk on this particular theme was entitled 'Can you feel my pain? The role of empathy and compassion and in and social care' by Tom Shakespeare, Senior Lecturer in Medical Ethics, UAE

On the last day, after Yoga and breakfast, we had talks from Ian Stevens on 'Louis Gifford: Head, Heart and Hands' and Jeremy Swain on 'Pay attention! Intention, Context and Healing', both talks giving interesting insights into the way we think as healers and carers.

Next year our main meeting is entitled 'The Tyranny of Diagnosis', and we are lining up some excellent speakers who I'm sure will give an excellent insight into the importance of diagnosis and the effects of diagnosis and non-diagnosis on the on patient care. It will be held at Launde Abbey in Leicestershire and I invite you all to come and enjoy the weather, the exercise and of course an exciting meeting.



PRIMARY AND COMMUNITY CARE SOCIETY SPECIAL INTEREST GROUP

DR CHRIS BARKER, CHAIR

Members Year End 2014:

Dr Dee Burrows, Secretary

Dr Martin Johnson, Treasurer

Geraldine Granath, Patient Liaison Committee Representative

Dr Ann Taylor, Committee member

Dr Pat Roche, Committee member

Emma Davies, Committee member

Total membership: 73

COMMITTEE MEMBERS

Our committee has not changed since 2014. The three-year tenure of chair will end in April 2015

EDUCATION DAY (17TH JANUARY 2014)

This was held in BPS headquarters and was attended by GPs, Nurses, AHPs and Pain Consultants, and comprised of a combination of interactive lectures & workshops. Feedback was very positive. The SIG also generated an income from this; as a result our account stood at £1976 in credit at the end of 2014.

PUBLICATIONS

'Problematic pain – redefining how we view pain?' submitted by Chris Barker, Ann Taylor, & Martin Johnson was published in Feb 2014 in the BJP.

ASM 2014

We held a workshop *Beyond Problematic Pain: Shared Decision Making*. Attendance was approximately 60 with good feedback both verbally on the day, and from structured reporting.

COMMUNICATION

We have started to publish newsletters with updates of our activities, and to generate more interactivity. Our third one is due for release late Jan 2015.

PLANS FOR 2015 - ASM WORKSHOP

We look forward to our ASM workshop in Glasgow 2015 entitled 'Primary Care Pain Tools – Evidence & Consensus'

COLLABORATIVE EDUCATION DAY JULY– RCGP

We are currently planning an educational day in July 2015 in collaboration with the RCGP



PAIN IN DEVELOPING COUNTRIES SOCIETY SPECIAL INTEREST GROUP

DR CLARE ROQUES, CHAIR

Members Year End 2014:

Dr Sembil Vijayan, Secretary

Dr Sam Eldabe, Treasurer

The Pain in Developing Countries SIG continues to focus its work on the following aims as stated on the BPS website:

- To improve awareness of pain management strategies and the barriers to effective implementation of such treatments in developing countries.
- To improve pain management education for patients, healthcare professionals and the general public, within the context of developing countries.
- To facilitate the communication of views, knowledge, and ideas between healthcare professionals from developing and developed countries.
- To coordinate activities with related organisations in the UK and overseas.

On a specific level, our work over the past year has included a very successful joint workshop with the Philosophy and Ethics SIG at the ASM in Manchester entitled "Practising Pain Management Overseas – Ethical Challenges". The speakers Brigitta Brander and Emma Baird, talked of their own experiences of working overseas and Mike Platt presented an overview of ethical principles. An engaging debate, involving both the audience and the speakers, around some specific and complex ethical dilemmas then took place.

We are continuing to liaise in this important work with other related groups including the International Relations Committee of the Association of Anaesthetists of Great Britain and Ireland, the Essential Pain Management UK Working Group, palliative care organisations and Specialists in Pain International Network. We are continually updating the information on our database with the aim of coordinating and sharing experiences and resources from overseas work. We also publish regular articles in *Pain News* and encourage our members to write of their overseas experiences.

CONTENTS

Legal and administrative information	61
Directors' Report	62
Auditor's Report	73
Statement of Financial Activities	75
Balance Sheet	77
Notes to the Accounts	78
Statement of Director's Responsibilities	88

THE BRITISH PAIN SOCIETY

LEGAL AND ADMINISTRATIVE INFORMATION

REGISTERED CHARITY NO. 1103260

REGISTERED CHARITY IN SCOTLAND NO. SC039583

REGISTERED COMPANY NO. 5021381

REGISTERED OFFICE: THIRD FLOOR
 CHURCHILL HOUSE
 35 RED LION SQUARE
 LONDON
 WC1R 4SG

BANKERS: CAF BANK
 25 KINGS HILL AVENUE
 KINGS HILL
 WEST MALLING
 KENT ME19 4JQ

SOLICITOR: HEMPSONS SOLICITORS
 HEMPSONS HOUSE
 40 VILLIERS STREET
 LONDON
 WC2N 6NJ

AUDITOR: ANDREW LANG LIMITED
 2 ST. MARY'S ROAD
 TONBRIDGE
 KENT TN9 2LB

THE BRITISH PAIN SOCIETY DIRECTORS' REPORT

FOR THE PERIOD 1ST JANUARY – 31ST DECEMBER 2014

The British Pain Society is the largest multidisciplinary professional organisation in the UK. It comprises: doctors, nurses, physical therapists, scientists, psychologists, occupational therapists, and other healthcare professionals actively engaged in the diagnosis and management of pain and in pain research. As of 31st December 2014 there were 1333 members. The Society is the British Chapter of the International Association for the Study of Pain (IASP) and is part of the European Federation of IASP Chapters (EFIC).

The Directors present their Annual Report and audited Financial Statements for year 1st January – 31st December 2014. The Report is prepared in accordance with the recommendations of “Accounting and Reporting by Charities: Statement of Recommended Practice” (revised 2005) – and complies with applicable law.

I. ORGANISATIONAL STRUCTURE

The governing document of the British Pain Society is the Memorandum and Articles of Association, along with the Regulations. There are no restrictions in the governing documents on the activity of the Society. The British Pain Society is a company limited by guarantee.

The Directors are appointed by ballot of the members, except for the Vice President, Honorary Secretary and Honorary Treasurer who are appointed by the Directors. Any Ordinary or Honorary Member of the Society is entitled to stand for election to the post of Director/Trustee. Only Members who have previously served as Trustees of the Pain Society, the British Pain Society, or as Board members of either the International Association for the Study of Pain (IASP) or the European Federation of IASP Chapters (EFIC) are eligible to stand for the post of President, Vice President, Honorary Secretary or Honorary Treasurer, however, if no person who falls within the eligibility categories is willing to be considered for election, the Board may consider a candidate or candidates from the Ordinary and Honorary Members. All new directors undertake a half-day induction training.

The Board of the Society meets at least three times a year. All the decisions related to the management of the Society are made by the Board at these meetings. The President sets the Agenda for the Board meeting, and takes overall responsibility for the day-to-day running of the Society along with the Executive Officers. There is support for the Board from the following subcommittees: Scientific Programme Committee, Communications

Committee, Patient Liaison Committee, Science and Research Committee and Education Committee.

The Board is supported by a Secretariat. The Secretariat deals with the day-to-day running of the Society, the organisation of the various meetings promoted by the Society and managing the membership of the Society. All executive decisions are made by the Board or the Officers, who are the President, the President-elect (if applicable), the Vice President (if applicable) the Honorary Treasurer, the Honorary Treasurer-elect (if applicable), the Honorary Secretary and the Honorary Secretary-elect (if applicable) and the Immediate Past President (if applicable).

An Annual General Meeting of the members is held at the time of the Annual Scientific Meeting.

There are currently fourteen Society Special Interest Groups; Acute Pain, Clinical Information, Headache, Information & Communication Technology, Interventional Pain Medicine, Medicolegal, Neuropathic Pain, Pain in Children, Pain Management Programmes, Pain Education, Pain in Older People, Philosophy & Ethics, Pain in Developing Countries and Primary and Community Care. The governance of these groups is established within the Articles and Regulation of the Society.

Since the Society's annual turnover exceeds £250,000, it is necessary to identify areas of risk within the Society and actions that have been taken by Council to minimise or eliminate these. The specific areas of risk identified are as follows:

- *Financial probity:* The Directors have established systems of internal control, comprising financial estimates and annual budgets, delegated authorities for operational management and segregation of duties, reviews of financial and investment performance and the identification and management of risks, in accordance with the publication CC8 "Internal Financial Controls for Charities". The internal controls have been formalized and are set out as Finance Procedures for the Society.

The internal controls are subject to ongoing assessment and evaluation by the directors. At least two meetings a year are held to consider financial management and performance in detail. In response to the current financial position of the Society, a review was undertaken by the Board at its meeting in September 2014 and items of potential savings / increased income were considered. In addition, the Honorary Treasurer reports on financial matters to each board meeting of the Society, comprising directors and co-opted members. These meetings record the formal review and approval of all aspects of finance, internal controls and accounts.

- *Staff retention:* The Society wishes to retain its Secretariat staff. They become familiar with the Society's activities over a year or so and it is in our interests to avoid rapid turnover. To this end the Directors have attempted to provide a better and structured salary system and improve morale by allocating specific areas of responsibility on a regular basis. Appraisal is now a regular event for members of the Secretariat whereby career aspirations and training needs can be identified. The Society also makes a 5% salary contribution to the staff pension scheme, which increases to 10% after three years of service providing staff contributes a minimum of 5%.

The Secretariat underwent a review of roles in late 2014. In January 2015 Ms Nicholas was promoted to the role of Chief Executive, Ms Almuli to that of Secretariat Manager, with Ms Susgaard-Vigon as the Conference and Marketing Officer and Mr Obbard as Events and Membership Officer.

- *Information Technology and Data Protection:* The Society has a database system in operation and has also developed a website. Data protection and antiviral systems are in place; the data is backed up daily. To ensure compliance with data protection legislation, the Directors will appoint one of their number to be the Data Protection Compliance Officer. Compliance with the data protection act is assessed regularly and procedures are in place to ensure that this compliance is maintained.

- *Health and Safety*

- The board accepts formally and publicly its collective role in providing health and safety leadership in its organisation
- Each member of the board accepts their individual role in providing health and safety leadership for their organisation
- The board will ensure that all board decisions reflect its health and safety intentions, as articulated in the health and safety policy statement
- The board recognises its role in engaging the active participation of workers in improving health and safety
- The board will ensure that it is kept informed of and alert to, relevant health and safety risk management issues. In view of the Health and Safety Commission recommendations, the board will appoint one of its number to be the "health and safety director"

In line with Statutory requirements, the Society has Employers Liability Insurance and Public Liability Insurance, the levels of which are reassessed on a regular basis.

2. OBJECTIVES AND ACTIVITIES

The British Pain Society aims to:

- provide facilities for the exchange of information, opinions and experience about pain between active workers in the field;
- increase awareness of pain prevalence, disability and pain management among healthcare and other professionals and the public;
- promote education and training in pain management and research into the understanding and relief of pain;
- institute or assist in instituting and provide continuing support for pain research;
- cause to be written, published, produced and circulated, and to encourage contributions to and publication and production of, periodicals, journals, books, papers, abstracts, pamphlets, posters and other documents and films, videos, recorded tapes and communications in any medium;
- endow Chairs, Readerships, Scholarships, Fellowships and Lectureships at, and provide other support to, appropriate institutions to facilitate the conduct of study and research in furtherance of the Objects;
- to disseminate the useful results of research;
- to sponsor and hold meetings, symposia, conferences, lectures, classes, seminars, courses and exhibitions either alone or with others; and
- to encourage and promote the study and research into aspects of pain, the Society offers five bursaries/grants that are available to its members; the "Clulow Research Award", the "Patrick Wall International Meetings Bursary", the "British Pain Society Annual Scientific Meeting Bursary", "The British Pain Society Study Day Bursary" and the "International Association for the Study of Pain World Congress Bursary". Full details of the awards, including eligibility and application forms, are available on the Society website.

3. ACHIEVEMENTS AND PERFORMANCE

The Society continued to provide an educational programme to increase the knowledge of pain management to both professionals and lay people within the remit of the Memoranda and Articles of Association. It has been successful in producing the following series of meetings and publications:

Society Meetings/Events

- The Society held its 47th Annual Scientific Meeting (ASM) in Manchester on 29 April – 1 May 2014 which was attended by 574 participants.
- The Education Committee continued its ‘Learning in Pain Series’ which aims to provide comprehensive learning in pain medicine as per the IASP curriculum as a series of one day study days. Two study days were held in 2014:
 - 30th Study Day ‘Orfacial Pain’ was held on 17th June 2014.
 - 33rd Study Day ‘Pain Education’ was held on 24th November 2014.
- Two further study days were originally planned. ‘Cancer Pain’ was to be held on 23rd July but was postponed until 2015, and ‘Musculoskeletal Pain’ was to be held on 28th October 2014 but cancelled due to low attendance numbers.
- The Patient Liaison Committee held a one day seminar on the 23rd October on ‘The Brave New World – How are pain services evolving – the impact on patients’.
- An additional SIG Chairs meeting was held on the 19th September 2014.
- On the 25th November, the final report of the National Pain Summit was launched at an event held at the House of Lords, hosted by the All Party Parliamentary Group for Chronic Pain. The Pain Summit was a joint initiative of the Chronic Pain Policy Coalition, British Pain Society, Faculty of Pain Medicine of the Royal College of Anaesthetists, and the Royal College of GP’s.

SIG Meetings/Events

- On 17th January, the Primary & Community Care SIG held a meeting at Churchill House on ‘Pain and our future’.
- On 30th June – 3rd July, the Philosophy & Ethics Society SIG held a meeting at Rydal Hall on ‘Compassion in Modern Healthcare: a community of Care?’

- The Interventional Pain Medicine Society SIG held their annual one day seminar on 17th October in Manchester.

Publications

- The Society continues to provide its quarterly Newsletter *'Pain News'* free of charge to its members.
- The Society continues to provide its quarterly journal *'British Journal of Pain'* free of charge to its members.
- All the Society's publications and patient information leaflets are available to download free of charge from the website.
- The Society published a joint publication with the Faculty of Pain Medicine of the Royal College of Anaesthetists on *'Standards of good practice for medial branch block injections and radiofrequency denervation for low back pain (2014)'*.

Bursaries & Grants

- The Society awarded 18 members of the Society bursaries to attend its ASM in Manchester.

Involvement with other bodies

- The Society has continued to be involved in the work of the Chronic Pain Policy Coalition, which is an umbrella organisation uniting patients, professionals and parliamentarians which will develop and help to implement a strategy for improving the prevention and treatment of chronic pain in the UK.
- The Society is a generic stakeholder for NICE (National Institute for Health and Care Excellence) guidelines.
- The Society is a generic stakeholder for Interventional Procedures and Health Technology Assessments for NICE.
- The Society is a member of the Association of Medical Research Charities (AMRC).
- A representative from the British Pain Society Council sits on the British Medical Association (BMA) Specialist Sub-Committees.
- The Society has a representative on the Scottish Government Chronic Pain Steering Group.

- The Society has representation on the Airing Pain radio Advisory Board, an initiative from Pain Concern.
- Alternate representatives from the British Pain Society sit on the Joint Neuroscience Council (JNC).
- Two Society members co-chair the Healthcare Resource Group working party, with links to the Royal College of Physicians 'Payment by Results' initiative.
- The Society has reciprocal representation on the Board of the Faculty of Pain Medicine.
- A representative from the Faculty of Pain Medicine of the Royal College of Anaesthetists, the Association for Palliative Medicine, the Chronic Pain Policy Coalition, the Royal College of Nursing and the International Association for the Study of Pain (IASP) sits on the British Pain Society Council as co-opted members.
- The Society has established a positive relationship with the Department of Health.
- The Society has representation on the NHS England Clinical Reference Group for Specialised Pain Services.
- The Society has a representative on the Faculty of Pain Medicine of the Royal College of Anaesthetists 'Patient Safety Information' publication working group.
- The Society has a representative on the Department of Health's 'Opioid prescribing resource task list' publication working group.

Information for people affected by pain

- The Society, although an organisation for healthcare professionals, provides a copy of the British Pain Society publication *Understanding and Managing Long-Term Pain: Information for Patients* and a list of self-help groups and other useful addresses to people affected by pain who contact the Society.

4. FINANCIAL REVIEW

As shown in the financial statements there are accumulated reserves of £1,093,076 of which £217,353 is in restricted funds, £197,133 being the sum of the Clulow legacy and interest and £20,220 being the educational grants received towards GP guidelines for persistent pain. The sum of £66,658 (the income from the Irene Bainbridge legacy) was put into a designated reserve to support the restricted fund. In June 2013 the Council of the Society agreed to re-designate the Irene Bainbridge legacy to cover the costs of

re-developing the Society's website and to link it with its membership database to enable it to offer improved member benefits. In 2014 the Society spent £56,981 of the Irene Bainbridge legacy on the website and membership database redevelopment, leaving a balance of £9,677 in the designated reserve.

The net SIG funds of £44,514 are designated within the Society accounts to further the activities of the specific SIGs.

The Society continues to support its educational activities, including Special Interest Group Conferences and a series of Study Days. These meetings may be supported by unconditional educational grants from various companies, and for transparency the SIG activities are accounted for separately. The Study Day reserve of £42,863 is to support the extra educational activity of the Society. £186,940 are accumulated ASM surpluses, which can only be used for educational purposes and to support future Annual Scientific Meetings.

The Directors have reviewed the Society's needs for reserves in line with the guidance issued by the Charity Commission and have made the following provision:

- £200,000 in general funds is to be kept in reserve to cover the ongoing costs of the Society should there be a failure of income.
- The residue in the general fund of £342,377 to be used to further the aims and objects of the Society.

This year has seen the Society maintain a good financial base although 2014 has been another difficult year financially for the Society and we have seen an overall deficit of £40,013. The principal source of funding comes from the subscriptions of the members which were increased during 2014. We have received bequests and grants, which are specified in the accounts of the Society. This income has supported the activity of the Society recorded above. The Annual Scientific Meeting is expected to be self-funding, and no surplus is budgeted for.

5. PLANS FOR FUTURE PERIODS

- The British Pain Society's 48th Annual Scientific Meeting will be held at the SECC, Glasgow from 21-24 April 2015.
- The Society will finalise work on reviewing the BPS publication: *Understanding and Managing Long-Term Pain*.

- The Society will continue work on producing a new BPS publication: *A core pain curriculum for preregistration healthcare education*.
- The British Pain Society continues to review the publication ‘*Intrathecal Drug Delivery for the management of pain and spasticity in adults; recommendations for best clinical practice*’ which will be launched in 2015.
- The British Pain Society will continue to work on producing a new publication on ‘*Good practice guidelines for percutaneous spinal intervention procedures (excluding epidural)*’, which will be led by the Interventional Pain Medicine SIG.
- The Society will complete a review of the ‘*Pain Assessment in older people*’ publication.
- The Philosophy & Ethics Society SIG will hold its annual meeting on 29th June – 2nd July 2015 at Launde Abbey, Leicester.
- The Society will hold 3 study days during the course of the year; ‘Cancer Pain’, and two further study days, topics to be confirmed.
- The Patient Liaison Committee of the British Pain Society will hold its annual voluntary seminar on the 3rd September 2015.
- The Pain Education Society SIG will hold their annual one day seminar in the autumn.
- The Pain Management Programmes SIG will hold their bi-ennial conference on 17 & 18th September 2015 in Manchester.
- The Interventional Pain Medicine Society SIG will hold their annual one day seminar in London in October 2015.
- The Headache SIG will hold their inaugural meeting in November 2015.
- Now published, the Pain Patient Pathways project will need to be reviewed in late 2015.

6. DIRECTORS FOR THE PERIOD 1ST JANUARY – 29TH APRIL 2014

Dr W. Campbell	President
Prof. R. M. Langford	Immediate Past President
Dr J. Goddard	Vice President
Dr M. Johnson	Honorary Secretary

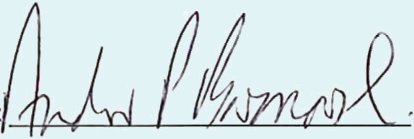
Dr A. Baranowski	Honorary Treasurer
Mr N. Berry	Council Member
Dr H. Cameron	Council Member
Mr P. Cameron	Council Member
Dr S. Eldabe	Council Member
Dr O. Hart	Council Member
Dr T. Johnson	Council Member
Dr R. Knaggs	Council Member
Dr R. Munglani	Council Member
Dr M. Serpell	Council Member

DIRECTORS FOR THE PERIOD 29TH APRIL – 31ST DECEMBER 2014

Dr W. Campbell	President
Dr J. Goddard	Vice President
Dr M. Johnson	Honorary Secretary
Dr A. Baranowski	Honorary Treasurer
Mr N. Berry	Council Member
Dr A. Bhaskar	Council Member
Dr H. Cameron	Council Member
Mr P. Cameron	Council Member
Dr S. Eldabe	Council Member
Dr O. Hart	Council Member
Dr T. Johnson	Council Member
Dr A. Leach	Council Member
Dr A. Taylor	Council Member

STAFF MEMBERS AS AT 31ST DECEMBER 2014

Mrs Jenny Nicholas	Secretariat Manager
Mrs Rikke Susgaard-Vigon	Events & Communications Officer
Ms Dina Almuli	Events & Marketing Officer
Mr Ken Obbard	Events & Membership Officer

Signed: 

Dated: 5/3/15

Dr Andrew Baranowski (Honorary Treasurer)
The British Pain Society

REPORT OF THE INDEPENDENT AUDITORS TO THE TRUSTEES OF THE BRITISH PAIN SOCIETY

This report is issued in respect of an audit carried out under Section 495 of the Companies Act 2006.

We have audited the Financial Statements of the British Pain Society for the year ended 31st December 2014 on pages 10 - 18. These Financial Statements have been prepared under accounting policies set out therein and the requirements of the Financial Reporting Standard for Smaller Entities (effective April 2008)

This report is made solely to the Society's members, as a body, in accordance with Section 495 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the Society's members those matters we are required to state to them in an auditors' report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Society and the Society's members as a body, for our audit work, or for the opinions we have formed.

RESPECTIVE RESPONSIBILITIES OF TRUSTEES AND AUDITORS

As described in the Statement of Director's Responsibilities, the Trustees (who are also the Directors of the British Pain Society for the purposes of common law), are responsible for the preparation of the Trustees' Annual Report and Financial Statements in accordance with applicable law and United Kingdom Standards. (United Kingdom Generally Accepted Accounting Practice).

Our responsibility is to audit the Financial Statements in accordance with the relevant legal and regularity requirements and International Standards on Auditing (UK and Ireland).

We report to you our opinion as to whether the Financial Statements give a true and fair view and are properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice, and have been prepared in accordance with the Companies Act 2006 and the Charities and Trustee Investment (Scotland) Act 2005. We also report to you if, in our opinion, the Trustees' Annual Report is consistent with the Financial Statements, if the Society has not kept proper accounting records, if we have not received all the information and explanations we require for our audit, or if information is specified by law regarding Trustees' remuneration and transactions with the company is not disclosed.

We read the Report of the Trustees and consider the implications for our report if we become aware of any apparent misstatements within it.

BASIS OF OPINION

We conducted our audit in accordance with International Standards on Auditing (UK and Ireland) issued by the Auditing Practices Board. An audit includes examination, on a test basis, of evidence relevant to the amounts and disclosures in the Financial Statements. It also includes assessment of the significant estimates and judgements made by the Trustees in the preparation of the Financial Statements, and of whether the accounting policies are appropriate to the Society's circumstances, consistently applied and adequately disclosed.

We planned and performed our audit so as to obtain all information and explanations which we considered necessary in order to provide us with sufficient evidence to give reasonable assurance that the Financial Statements are free from material misstatement, whether caused by fraud or other irregularity or error. In forming our opinion, we also evaluated the overall adequacy of the presentation of information in the Financial Statements.

In our opinion the Financial Statements give a true and fair view in accordance with United Kingdom Generally Accepted Accounting Practice (application to Smaller Entities) of the state of the Society's affairs as at 31st December 2014 and of its incoming resources and applications of resources, including its income and expenditure in the year then ended and have properly prepared in accordance with the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005, and regulation 8 of the Charities Accounts (Scotland) Regulations 2006.

In our opinion the information given in the Trustees' Annual Report is consistent with the Financial Statements.



Mr. A.C.D. Lang, FCA | Andrew Lang Limited
2 St Mary's Road | Tonbridge | Kent TN9 2LB

Dated: 09/03/2015

THE BRITISH PAIN SOCIETY STATEMENT OF FINANCIAL ACTIVITIES

for the year ended 31st December 2014

INCOMING RESOURCES	Notes	Unrestricted Funds	Restricted funds	Total Funds 2014	Total Funds 2013
INCOMING RESOURCES FROM GENERATED FUNDS					
Voluntary Income					
Subscriptions		194,850	-	194,850	180,040
Donations, legacies & similar		900	-	900	2,200
Gift aid received		501	-	501	-
Activities for generating funds					
Label sales		1,260	-	1,260	1,890
Investment income					
Interest received	11	3,859	830	4,689	16,692
INCOMING RESOURCES FROM CHARITABLE ACTIVITIES					
Meeting income	2	418,929	-	418,929	386,109
Newsletter advertising & booklets		-	-	-	(79)
General Publications		81	-	81	47
Publications	8	366	-	366	783
Research Awards and Grants	11 & 15	400	30,000	30,400	932
PLC Annual Voluntary Seminar		840	-	840	650
SIGS	5a	41,286	-	41,286	46,173
Study Days	6a	4,435	-	4,435	13,940
Education Days	6b	-	-	-	-
Pathways I&D		-	-	-	56,500
OTHER INCOMING RESOURCES					
Other income		2,014	-	2,014	3,676
TOTAL INCOMING RESOURCES		£669,721	£30,830	£700,551	£709,554

THE BRITISH PAIN SOCIETY

STATEMENT OF FINANCIAL ACTIVITIES

for the year ended 31st December 2014 (continued)

RESOURCES EXPENDED	Notes	Unrestricted Funds	Restricted Funds	Total Funds 2014	Total Funds 2013
Costs of generating voluntary income					
Functions costs-BPS promotions/		-	-	-	354
Charitable expenditure					
Research grants	11 & 15	700	55,000	55,700	27,617
Meeting expenses	2	430,714	-	430,714	450,632
Sub-Committee expenses		6,263	-	6,263	6,112
Core Com/SIGS	5a	20,339	-	20,339	76,248
SIGS- Chairs Meetings		1,567	-	1,567	1,049
Working Parties	5b	685	-	685	1,393
PLC Annual Voluntary Seminar		2,795	-	2,795	1,599
Study Days	6a	5,767	-	5,767	11,747
Education Days	6b	-	-	-	-
Professional Meetings	9	3,538	-	3,538	7,073
Other meeting expenses		3,327	-	3,327	4,435
Miscellaneous expenses		9	-	9	218
Newsletter & Journal		35,524	-	35,524	35,398
Website		3,695	-	3,695	4,474
Publications	8	637	-	637	1,367
Map of Medicine		7,550	-	7,550	7,550
Pathways I&D		(659)	-	(659)	10,581
Rent & Service Charges		11,964	-	11,964	11,422
Secretariat & other staff costs		58,120	-	58,120	61,151
Printing & postage		1,347	-	1,347	1,881
Telephone & fax costs		1,612	-	1,612	1,328
Computer system & software		5,977	-	5,977	9,307
IT Review	10	56,981	-	56,981	-
Equipment hire & storage		572	-	572	527
Premises Rates & Insurance		1,531	-	1,531	1,574
Office stationery & photocopying		2,723	-	2,723	2,845
Professional fees		2,663	-	2,663	616
Subscriptions		156	-	156	273
Bank charges		683	-	683	1,950
Depreciation		1,443	-	1,443	1,803
Governance Costs					
Council expenses	7	3,778	-	3,778	4,457
Induction of Trustees inc. Training		267	-	267	202
Accountancy		10,257	-	10,257	8,506
Legal fees		5	-	5	5
Annual Election Expenditure		1,810	-	1,810	1,894
Annual Report		1,224	-	1,224	1,289
Total resources expended		685,564	55,000	740,564	758,878
Net movement in funds		(15,843)	(24,170)	(40,013)	(49,325)
Total funds brought forward		911,786	221,303	1,133,089	1,182,414
Transfers between funds	11	(20,220)	20,220	-	-
Total funds carried forward		£875,723	£217,353	£1,093,076	£1,133,089

THE BRITISH PAIN SOCIETY BALANCE SHEET

as at 31st December 2014

31.12.13		Notes	31.12.14
FIXED ASSETS			
Office Equipment			
8,521	Balance at 1st January		7,214
496	Additions		-
<u>9,017</u>			<u>7,214</u>
1,803	Less: Depreciation		1,443
<u>7,214</u>			5,771
CURRENT ASSETS			
163,715	Debtors and Prepayments	3	106,610
18	CAF Gold Account		4
42,621	Barclays Account		188,558
360,602	Barclays Business Base Rate Tracker		60,659
349,545	Charities Deposit Fund		351,027
139,805	Caf Cash Account		200,289
117	Petty Cash		102
271,130	Santander Business Bond		274,107
-	Barclays Business Card		-
<u>1,327,553</u>			<u>1,181,356</u>
CURRENT LIABILITIES			
201,678	Creditors and Accruals	4	94,051
<u>1,125,875</u>			<u>1,087,305</u>
<u>1,133,089</u>	NET ASSETS		<u>1,093,076</u>
Represented by:			
ACCUMULATED RESERVES			
Unrestricted reserves			
522,398	General		542,377
66,658	Designated: I. Bainbridge	10	9,677
198,725	Designated: ASM		186,940
23,567	Designated: SIGS		44,514
44,195	Designated: Study Days & Education Days		42,863
25,000	Designated: Reserves		25,000
15,324	Designated: Map of Medicine Pathways		7,774
15,919	Designated: Pathways I&D		16,578
-	Designated: PLC Seminar		-
			<u>875,723</u>
RESTRICTED RESERVES			
221,303	Clulow	11	197,133
	Grants		20,220
<u>1,133,089</u>			<u>217,353</u>
			<u>1,093,076</u>

These financial statements have been prepared in accordance with the special provisions relating to small companies within Part 15 of the Companies Act 2006 and with the Financial Reporting Standard for Smaller Entities (effective April 2008).

Approved by the Board for issue on 5 March 2015 by Dr Andrew Baranowski, Director



NOTES TO THE ACCOUNTS

for the year ended 31st December 2014

I ACCOUNTING POLICIES

A) ACCOUNTING CONVENTION

The financial statements have been prepared under the historical cost convention, and in accordance with the Financial Reporting Standard for Smaller Entities (effective April 2008), the Charities Act 1993 and the requirements of the Statement of Recommendation Practice, Accounting and Reporting by Charities.

B) INCOMING RESOURCES

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

C) RESOURCES EXPENDED

Expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all cost related to the category. Where costs cannot be directly attributed to particular headings they have been allocated to activities on a basis consistent with the use of resources. Grants offered subject to conditions which have not been met at the year end date are noted as a commitment but not accrued as expenditure.

D) TANGIBLE FIXED ASSETS

Depreciation is provided at the following annual rates in order to write off each asset over its estimated useful life. Level at which assets are capitalised is £500

Office Equipment - 20% on a reducing balance basis.

E) TAXATION

The charity is exempt from tax on its charitable activities.

F) FUND ACCOUNTING

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

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

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

2 ANNUAL SCIENTIFIC MEETING

2014 Income and Expenditure Account		£	£
Income			418,929
			<u>418,929</u>
Expenses			
	Room Hire	136,144	
	Venue-miscellaneous	400	
	Printing	13,809	
	Help at Venue	3,543	
	Speakers expenses (inc.travel & accom)	2,525	
	Refreshments	40,768	
	Out sourced Event Management	3,650	
	Poster Prizes	820	
	Poster Boards & Advertising	1,800	
	Gifts	1,095	
	Van Hire	540	
	Coaching	225	
	Council	7,257	
	Staff	2,223	
	PLC Committee Members	335	
	Social Programme	15,924	
	Insurance	4,008	
	Badges	829	
	Contingency- Additional Purchases	1,303	
	Miscellaneous	2,045	
	Bursaries	22,968	
	Stuffing Delegates Bags	535	
	ASM Registration Fee Bank Charges	<u>3,830</u>	
	Office Cost Contribution		
	Total cost		266,576
			<u>164,138</u>
	Net Surplus		<u>430,714</u>
			<u>(11,785)</u>

APPORTIONED ASM EXPENDITURE

As agreed for 2014 some staff and office costs are apportioned 60% to the Annual Scientific Meeting and 40% to general fund costs.

100% of the annual audit cost is attributed this year to this meeting being £2,880 (2013 £2,640).

3 DEBTORS AND PREPAYMENTS

	2014	2013
Advance Meeting Costs	77,323	107,198
Secretariat Invoices	29,287	56,517
Accrued Interest	-	-
	<u>£106,610</u>	<u>£163,715</u>

4 CREDITORS AND ACCRUALS

	2014	2013
Creditors	63,116	45,485
Creditor AAGBI	-	33,297
Annual Scientific Meeting 2014	30,935	122,896
	<u>£94,051</u>	<u>£201,678</u>

5 A SIGS

	Opening Balance 01.01.2014	Income	Expenditure	Closing Balance 31.12.2014
Philosophy & Ethics	4,024	5,790	6,686	3,128
Acute Pain	4,669	-	35	4,634
Neuropathic Pain	650	-	-	650
Interventional Pain Management	16,584	8,045	8,264	16,365
Clinical Information	(1,040)	13,934	38	12,856
Pain Management Programmes	(5,177)	4,879	1,631	(1,929)
Pain Education	5,168	-	15	5,153
Older People	(1,106)	-	-	(1,106)
Primary Care	81	3,640	1,848	1,873
Developing Countries	430	-	-	430
Info & Comm Tech	(716)	4,998	1,662	2,620
Headache	-	-	160	(160)
	<u>£23,567</u>	<u>£41,286</u>	<u>£20,339</u>	<u>£44,514</u>

5 B WORKING PARTIES

	Opening Balance 01.01.2014	Income	Expenditure	Closing Balance 31.12.2014
Prior Working Parties Deficits	(4,418)	-	-	(4,418)
Opioid Recommendations	(62)	-	-	(62)
HRG	(825)	-	-	(825)
Intrathecal Drug Delivery System	(2,869)	-	-	(2,869)
Pain & Substance Misuse	(3,248)	-	-	(3,248)
Understanding & Managing Pain	(1,151)	-	-	(1,151)
Pain Management Programme	(1,682)	-	-	(1,682)
Cancer Pain Committee	(1,262)	-	-	(1,262)
Rec Man.of Chronic Pain in Children	(5,914)	-	-	(5,914)
Drugs Beyond Licence	(756)	-	-	(756)
Opioids for non cancer pain	(64)	-	-	(64)
GP/Primary Care Publications	(3,599)	-	-	(3,599)
Core Curriculum for Healthcare prof.	(1,610)	-	-	(1,610)
Pain in Disability	(397)	-	-	(397)
Website Review	(2,498)	-	317	(2,815)
Pain Assessment in Older People	(968)	-	300	(1,268)
Joint BPS/BGS	(621)	-	68	(689)
	<u>£(31,944)</u>	<u>-</u>	<u>£685</u>	<u>£(32,629)</u>

6 A STUDY DAYS

	Opening Balance 01.01.2014	Income	Expenditure	Closing Balance 31.12.2014
Prior Study Day Surpluses	26,021	-	-	26,021
27th Study Day-25th February 2013	3,035	(3,035)	-	-
28th Study day - 10th June 2013	(371)	-	-	(371)
29th Study Day - 3rd September 2013 cancelled	(176)	-	-	(176)
29th Study Day -19th November 2013	45	-	-	45
30th Study Day- 15th May 2014	(152)	4,680	3,400	1,128
31st Study Day - 17th June 2014	(328)	2,790	-	2,462
32nd Study Day - 23rd July 2014	(152)	-	104	(256)
33rd Study Day - 24th November 2014	(152)	-	1,781	(1,933)
34th Study Day - 13th February 2015	-	-	161	(161)
35th Study Day - 12th June 2015	-	-	161	(161)
36th Study Day- 23rd November 2015	-	-	160	(160)
Study Day - miscellaneous	(42)	-	-	(42)
	<u>£27,728</u>	<u>£4,435</u>	<u>£5,767</u>	<u>£26,396</u>

6B EDUCATION DAYS

	Opening Balance 01.01.2014	Income	Expenditure	Closing Balance 31.12.2014
Prior Education Day Surpluses	16,267	-	-	16,267
Primary Care Ed. Day Sponsorship	200	-	-	200
	<u>16,467</u>	<u>-</u>	<u>-</u>	<u>16,467</u>
TOTAL Study days & Education Days	<u>£44,195</u>	<u>£4,435</u>	<u>£5,767</u>	<u>£42,863</u>

7 COUNCIL EXPENSES

(40% charged to general fund and 60% to ASM meeting costs)

	2014	2013
Meeting - Catering	881	1,224
Meeting - Room Hire / Telecons	63	-
Meeting - Travelling	2,162	2,950
Meeting - Hotels	672	283
	<u>£3,778</u>	<u>£4,457</u>

8 PUBLICATIONS

	Opening Balance 01.01.2014	Income	Expenditure	Closing Balance 31.12.2014
Nursing Practice	(359)	-	-	(359)
Understanding & Managing Pain	(6,058)	-	-	(6,058)
Spinal Cord Stimulation	(2,564)	12	30	(2,582)
Opioid Recommendations	(835)	321	-	(514)
PMS Good Practice	12	-	-	12
Drugs Beyond Licence	(680)	-	-	(680)
Intrathecal Drug Delivery	(3,409)	-	-	(3,409)
Pain & Substance Misuse	(131)	-	-	(131)
Pain Management Programme	(1,875)	7	-	(1,868)
Rec. Management of Chronic Pain	1,521	-	-	1,521
Cancer Pain Management	(6,541)	-	-	(6,541)
Prov. Of Chronic Pain Serv. For Adults	25	-	-	25
GP/Primary Care	25,402	26	-	25,428
Pain Management Guide Lines	(11,692)	-	-	(11,692)
BPS/PAGB Over The Counter Drugs	5	-	-	5
Medial Branch	-	-	607	(607)
VAT Reimbursement on printing costs	30,327	-	-	30,327
	<u>£23,148</u>	<u>£366</u>	<u>£637</u>	<u>£22,877</u>

9 PROFESSIONAL MEETINGS

	2014	2013
DoH/Professional Bodies	10	1,169
Finance Meetings	240	1,338
Strategic Planning Meeting	1,082	3,975
Pain Summit Planning Meeting	2,206	591
	<u>£3,538</u>	<u>£7,073</u>

10 DESIGNATED RESERVES

IRENE BAINBRIDGE LEGACY

The following designated fund is the sum from a legacy received in 2005, from Irene Bainbridge. Its designation is as follows: “Basic research into the causes and cures for pain”.

	2014	2013
Balance at 1st January	66,658	66,658
Incoming Resources	-	-
Expenditure (see Directors report)	<u>(56,981)</u>	<u>-</u>
Balance as at 31st December	£9,677	£66,658

A S M

The Designated ASM Funds are accumulation of surpluses from meetings over several years and are to be spent on education and research. These funds are represented by:

	2014	2013
Balance at 1st January	198,725	263,248
Incoming Resources ASM	418,929	386,109
Expenditure ASM	<u>(430,714)</u>	<u>(450,632)</u>
Balance as at 31st December	£186,940	£198,725

SIGS

The Designated SIGS funds also accumulate surpluses which are to be spent to further the work of the individual SIGS as listed in note 5a.

These funds are represented by:

	2014	2013
Balance at 1st January	23,567	53,642
Incoming Resources SIGS	41,286	46,173
Expenditure SIGS	<u>(20,339)</u>	<u>(76,248)</u>
Balance as at 31st December	£44,514	£23,567

STUDY DAYS AND EDUCATION DAYS

The Designated Study Days and Education Days Funds also accumulate surpluses which are to be spent on Study & Education Days.

	2014	2013
Balance at 1st January	44,195	42,002
Incoming Resources Study & Education Days	4,435	13,940
Expenditure Study & Education Days	<u>(5,767)</u>	<u>(11,747)</u>
Balance as at 31st December	£42,863	£44,195

MAP OF MEDICINE PATHWAYS

	2014	2013
Balance at 1st January	15,324	22,874
Map of Medicine Pathways Income	-	-
Map of Medicine Pathways Expenditure	<u>(7,550)</u>	<u>(7,550)</u>
Balance as at 31st December	£7,774	£15,324

PATHWAYS I & D

	2014	2013
Balance at 1st January	15,919	-
Pathways I&D Income	-	56,500
Pathways I&D Expenditure	<u>659</u>	<u>(40,581)</u>
Balance as at 31st December	£16,578	£15,919

OTHER DESIGNATED RESERVES

	2014	2013
Balance at 1st January	25,000	25,000
Incoming Resources	-	-
Expenditure	-	-
Balance as at 31st December	<u>£25,000</u>	<u>£25,000</u>

PLC SEMINAR SPONSORSHIP

The PLC Seminar again received no sponsorship and therefore the brought forward loss has been written off against the general fund:

	2014	2013
Balance at 1st January	-	-
Incoming Resources	840	650
Expenditure	(2,795)	(1,599)
Transfer from General Funds	1,955	949
Balance at 31st December	<u>-</u>	<u>-</u>
Total Designated Reserves at 31st December 2014	<u>£333,346</u>	<u>£389,388</u>

II RESTRICTED FUNDS

LEGACY

The following restricted fund is the sum and associated interest from a legacies received from Mildred B and Elaine Clulow. The restriction is as follows: “Basic research into the causes and cures for pain”.

	2014	2013
Balance at 1st January	221,303	244,703
Incoming Resources	-	-
Expenditure	(25,000)	(25,000)
Interest	830	1,600
Balance as at 31st December	<u>£197,133</u>	<u>£221,303</u>

GRANTS

	2014	2013
Balance at 1st January	-	-
Incoming Resources (GP Pain Patient Pathway Booklet)	30,000	-
Expenditure (GP Pain Patient Pathway Booklet)	(30,000)	-
Reserves Transfer (GP/Primary Care Publications)	20,220	-
Balance at 31st December	<u>£20,220</u>	<u>-</u>
Total Restricted Reserves at 31st December	<u>£217,353</u>	<u>£221,303</u>

In 2008 £30,000 was received for GP/ Primary Care Publications, associated expenditure was tracked and reported each year in the charity published accounts. In this financial year a transfer between funds is shown to separate the residual balance of these grants.

I 2 ANALYSIS OF NET ASSETS BETWEEN FUNDS

	Unrestricted Reserves	Restricted Reserves	Total 31.12.2014
Fixed Assets	5,771	-	5,771
Net Current Assets	<u>869,952</u>	<u>217,353</u>	<u>1,087,305</u>
	<u>£875,723</u>	<u>£217,353</u>	<u>£1,093,076</u>

I 3 DIRECTORS EXPENSES

During the period a total of £8,818.51 was reimbursed to Directors for expenses incurred. (Reimbursements for 2013 £10,969.69).

I 4 EMPLOYEES' REMUNERATION

(40% charged to general fund and 60% to ASM meeting costs).

Total remuneration (excluding employer's contributions) for the year amounted to:

Salaries (less SMP)	2014	2013
General Charitable Activities	46,915	47,131
Average number of staff in year- 3.5		
Apportioned ASM	65,646	68,545
Average number of staff in year- 3.5		
Temporary staff	-	-
Average number of staff in year- 0		
	<u>£112,561</u>	<u>£115,676</u>
Employer's contributions:	2014	2013
Employers Pension Contribution	3,988	4,270
Employers Nat. Insurance Contribution	<u>5,120</u>	<u>4,568</u>
	9,108	8,838
Total cost to charity	<u>£121,669</u>	<u>£124,514</u>

No employee earns over £60,000 (2013: nil).

I 5 GRANTS

The annual report details the grants offered by the charity. In 2014 the allowance for the Clulow award was again £25,000, as shown in note 11 to these financial statements. £39,626 was awarded in 2013(in 2012 the Clulow grant was not awarded and not paid out till 2013). Also in 2014 a grant for the Haymarket publication project of £30,000 was awarded to produce a GP Pain Patient Pathway booklet, the financial contribution was from ABPI Pharmaceutical Pain Initiative Therapy Group. In 2014 the P. Wall grant totalled £700

I 6 BPS PAIN BUSINESS LTD

In this financial year the charity registered a wholly owned trading subsidiary company "BPS Pain Business Ltd", (England and Wales Company no: 09220078). The first period end will be 31st December 2015 and therefore no financial data is included in these financial statements.

STATEMENT OF DIRECTORS' RESPONSIBILITIES

Company law requires the directors to prepare financial statements for each financial year which gives a true and fair view of the state of affairs of the company and of the profit or loss of the company during that period. In preparing those financial statements the directors are required to:

- (i) select suitable accounting policies and then apply them consistently,
- (ii) make judgements and estimates that are reasonable and prudent,
- (iii) prepare financial statements on a going concern basis unless it is inappropriate to presume that the company will continue in business.

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the company and to enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities. In preparing this report the directors have taken advantage of special provisions of the Companies Act 2006 relating to small companies.



THE BRITISH PAIN SOCIETY

THIRD FLOOR - CHURCHILL HOUSE
35 RED LION SQUARE - LONDON WC1R 4SG
T 020 7269 7840 - F 020 7831 0859

W WWW.BRITISHPAIN SOCIETY.ORG - E INFO@BRITISHPAIN SOCIETY.ORG

*A company registered in England and Wales and limited by guarantee.
Registered No. 5021381. Registered Charity No. 1103260.
A charity registered in Scotland No. SC039583*