

THE BRITISH PAIN SOCIETY

ANNUAL REPORT & ACCOUNTS

2015



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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 1,261 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 2015

OFFICERS

DR WILLIAM CAMPBELL, PRESIDENT

Emeritus Consultant in Anaesthesia & Pain

DR ANDREW BARANOWSKI, PRESIDENT ELECT

Consultant in Pain Medicine

DR MARTIN JOHNSON, HONORARY SECRETARY

Senior Medical Director

PROF. ROGER KNAGGS, HONORARY SECRETARY ELECT

Associate Professor in Clinical Pharmacy Practice

DR JOHN GODDARD, INTERIM HONORARY TREASURER

Consultant in Paediatric Pain Medicine

DR HEATHER CAMERON, HONORARY TREASURER ELECT

Physiotherapy Professional Lead

ELECTED MEMBERS OF COUNCIL

PROF. SAM AHMEDZAI

Emeritus Professor and Consultant in Palliative Medicine

MR NEIL BERRY

Consultant Clinical Psychologist

DR ARUN BHASKAR

Consultant in Anaesthesia and Pain Medicine

MR PAUL CAMERON

Pain Specialist Physiotherapist

DR TIM JOHNSON

Consultant in Pain Management

DR AUSTIN LEACH

Consultant in Pain Medicine

DR SARAH LOVE-JONES

Consultant in Pain Medicine & Anaesthesia

DR ANN TAYLOR

Reader in Pain Education and Research

DR PAUL WILKINSON

Consultant Anaesthetist

CO-OPTED MEMBERS OF COUNCIL

MR NEIL BETTERIDGE

Representative of the Chronic Pain Policy Coalition (CPPC)

MR ANTHONY CHUTER

Chair, Patient Liaison Committee

MS FELICIA COX

Editor, British Journal of Pain

PROF. SAM ELDABE

Chair, Science & Research Committee

PROF. MARIA FITZGERALD

Representative; Science

DR KATE GRADY

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

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

MS JENNY NICHOLAS

Chief Executive Officer

MS DINA ALMULI

Secretariat Manager

MRS RIKKE SUSGAARD-VIGON

Conference and Communications Officer

MR KEN OBBARD

Events and Membership Officer

OFFICERS AND ELECTED MEMBERS OF COUNCIL



FROM LEFT TO RIGHT

Back row: DR PAUL WILKINSON, MR NEIL BERRY, DR ARUN BHASKAR, DR AUSTIN LEACH, DR TIM JOHNSON, MR PAUL CAMERON, PROF. SAM AHMEDZAI

Front row: DR JOHN GODDARD, DR WILLIAM CAMPBELL, DR ANDREW BARANOWSKI, DR MARTIN JOHNSON, MS JENNY NICHOLAS (CEO)

Absent from photograph: DR HEATHER CAMERON, PROF. ROGER KNAGGS, DR SARAH LOVE-JONES, DR ANN TAYLOR

OFFICERS, ELECTED COUNCIL MEMBERS AND CO-OPTED COUNCIL MEMBERS



FROM LEFT TO RIGHT

Back Row: DR PAUL WILKINSON, MR NEIL BERRY, MR ANTONY CHUTER, DR AUSTIN LEACH, MS FELICIA COX, PROF. SAM AHMEDZAI

Middle Row: PROF. KATE SEERS, DR ARUN BHASKAR, DR TIM JOHNSON, PROF. MARIA FITZGERALD, MR PAUL CAMERON, DR ARASU RAYEN

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

Absent from photograph: MR NEIL BETTERIDGE, DR HEATHER CAMERON, PROF. SAM ELDEBE, DR KATE GRADY, PROF. ROGER KNAGGS, DR SARAH LOVE-JONES, PROF. ANDREW RICE, DR ANN TAYLOR

STAFF

JENNY NICHOLAS

RIKKE SUSGAARD-VIGON

KEN OBBARD

DINA ALMULI





PRESIDENT'S REPORT

DR WILLIAM CAMPBELL

Over the past three years a lot of the British Pain Society's (BPS) activities have been a continuum of work initiated by my predecessor Professor Richard Langford - such as e-Learning in Pain, establishing a new BPS website and completing the Quality Framework for Pain, and of course these activities are the result of team work.

As you will read later, we have had to restrict any new activity to that which has external funding. However, measures have been started by my successor Dr Andrew Baranowski to address this, as well as increasing the national awareness of pain within our nations. More later.

THE ANNUAL SCIENTIFIC MEETING 2015

The 2015 Annual Scientific Meeting (ASM) was held in Glasgow. The three-day meeting, that was supported by a subvention from Visit Scotland and the Glasgow Marketing Bureau, had 504 delegates. The ASM had the usual format of plenaries and parallel sessions to support the multi-professional interest of our organisation.

This year the Pat Wall lecture was delivered by Professor Andrew Rice, based on his special interest of neuropathic pain and eloquently relating research laboratory findings to their clinical value for better outcomes – "Pharmacological treatment of neuropathic pain".

The British Pain Society lecture was delivered by Professor Dame Carol Black. Professor Black provided a comprehensive overview of the difficulty in getting people back to work after illness or pain problems. Methods of addressing this issue and the benefits of some gainful employment to patients' wellbeing were explored during Professor Black's presentation – "The painful workplace".

ANNUAL GENERAL MEETING 2015

The term of office for two Council members were complete this year - Dr Ollie Hart and Professor Sam Eldabe, after their three and six years terms in office respectively. Their contributions to running our organisation are appreciated, especially in the area of commissioning.

Although Mr Paul Cameron and Dr Heather Cameron have also completed their three year terms of office, Heather has become our new Honorary Treasurer Elect and Paul was re-elected for a further three-year term on Council.

Two new Council members were elected – Dr Sarah Love-Jones and Dr Paul Wilkinson.

Dr Andrew Baranowski was voted as President Elect. However, as Dr Baranowski had a further year to complete as Honorary Treasurer and cannot hold both posts concurrently Dr John Goddard, who had just completed two years as Vice-President, kindly agreed to step in as Interim Honorary Treasurer. You will recall that John was our Honorary Treasurer until two years ago, so we are very fortunate in having such a competent and experienced person to take this task on.

HONORS AND AWARDS

The BPS Medal of Distinction was awarded to Dr Beverly Collett OBE, following a citation read by Dr William Campbell at the ASM, for the multitude of magnificent pain achievements which she has carried out – both nationally and internationally, over the last few decades. This is the third such award made by the Society. The first being to Professor Sir Michael Bond and the second to Dr Douglas Justins.

Two BPS members were awarded Honorary membership:

- Professor Nick Allcock, following a citation read by Dr John Goddard
- Ms Felicia Cox, following a citation read by Professor Roger Knaggs

The recipients had contributed very significantly to the aims of the Society – in particular Professor Allcock's leadership of the Communications Committee and Ms Cox's achievements in developing and editing what is now the *British Journal of Pain*.

COMMITTEES

I wish to express my thanks to:

Mr Antony Chuter, Chair of the Patient Liaison Committee
Dr Arun Bhaskar, Chair of the Communications Committee
Professor Kate Seers, Chair of the Scientific Programme Committee
Professor Sam Eldabe, Chair of the Science and Research Committee
Ms Felicia Cox, Editor of the *British Journal of Pain*
Dr Arasu Rayen, Editor of *Pain News*

as well as their respective committee members and teams. Their work is greatly appreciated by all of us within the BPS.

BPS EFFICIENCY SAVINGS

The Society is capable of running on membership dues alone, but only so far as our quarterly publications (*Pain News* and *British Journal of Pain*), in addition to office costs, Council meetings and some basic charitable work. Any activity above this requires additional revenue. In the past there was sufficient surplus following the Annual Scientific Meetings and from unrestricted industry grants that we were able to run various projects, including the production of some well respected publications.

Over the past year we have been introducing efficiency savings, which results in fewer face-to-face meetings and more teleconference activity. Our Interim Honorary Treasurer, Dr John Goddard and immediate past Honorary Treasurer, Dr Andrew Baranowski have been addressing means of funding the many other activities which we carry out for our members, for the benefit of people in pain. This latter work gave the BPS a very high profile over the past couple of decades, but over the past five years there has been a gradual reduction in income for these additional activities.

Dr Andrew Baranowski and Ms Jenny Nicholas have been working intensely to establish ways of improving this situation. You will of course read more about this under the Honorary Treasurer's report.

Thank you to all our members who keep their subscriptions up to date. It is only through your support and that of industry that we are able to achieve our aims, and support those living in pain.

SECRETARIAT REORGANISATION

At the end of 2014 the BPS Executive team agreed that a restructure of Secretariat staff activities could improve efficiency. To this end there was a consultation period amongst the Secretariat about roles and activities within the BPS office. It was agreed that we needed a Chief Executive Officer, whose prime role would be to fundraise for the BPS and as a result we would need a new Secretariat Manager with support staff for membership, study days and Special Interest Groups (SIGs), as well as for the Annual Scientific Meeting (ASM) which is a mammoth task each year.

Ms Jenny Nicholas is our new Chief Executive Officer. Interviews were held early in January 2015 for the new:

- Secretariat Manager (Ms Dina Almuli)
- Conference & Communications Officer (Mrs Rikke Susgaard-Vigon)
- Membership & Events Officer (Mr Ken Obbard).

This restructuring was at minimal cost, yet Secretariat salaries were protected. Congratulations to all in their new positions and thank you for helping this all take place.

Over most of the past year Ken Obbard has continued to work on membership matters, educational days and SIG support, as well as taking over as temporary Secretariat Manager. Rikke Susgaard-Vigon continues to very effectively organise our ASMs – the next being in Harrogate 10-12th May 2016. A temporary staff member, Niraj Karki had been working in a supportive role for the past eight months and this has permitted some valuable membership surveys to be carried out, as well as taking some pressure off the other Secretariat members.

THE BRITISH PAIN SOCIETY WEBSITE

The British Pain Society website had been due an update for some years and Dr John Goddard crystallised the project with the help of Mr Steve Walmsley (Project Manager) in January 2015 – a major task. There was also enormous input from Mr Ken Obbard (migrating membership details onto an entirely different database platform) and Ms Jenny Nicholas (working on the many additional details).

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Some electronic material, such as current issues of *Pain News*, will now only be available to fully paid-up BPS members. Others, can access a “taster” of our professional publications. Since the establishment of the new website, the Secretariat can now make changes to the site with almost immediate effect. In addition, over time much more can be done online than in the past and it will be more economic to run. The website will evolve and change over the coming years, for both your and our needs.

COMMISSIONING FOR SPECIALISED PAIN SERVICES

Almost two years ago the BPS, along with many other healthcare and patient representatives, had regular meetings and email contact for the NHS England Clinical Reference Group (CRG), on Specialised Pain Services (CRG – SPS). We were fortunate to have Michele Davis, Senior Service Specialist / Regional Programme of Care Lead – Trauma & Orthopedics for support and guidance. Dr Andrew Baranowski was Chair of the CRG – SPS until recently, when Dr John Hughes superseded him. Some specialised treatments were reviewed by the group with a view to them being delivered at centers with expertise in the particular therapy. These included Intrathecal Drug Delivery systems and deep brain stimulation.

Despite the groups' considered deliberations and evidence, NHS England has only approved Intrathecal Drug Delivery services for cancer pain – not non-cancer pain. However, they reserve the right to finalise their decision on this after NICE have concluded their Highly Specialised Technology Approval process. Occipital Nerve Stimulation for intractable headaches and migraine has been approved.

See outcome at: <http://www.england.nhs.uk/2015/07/02/annual-investment-decisions/> .

The BPS wish to canvass at a high political level for the treatments that have been turned down, and we may be able to do so in the coming year. Our main concern is that some of the treatments initiated for chronic long-term pain will have no ongoing funding.

MEETING AT THE HOUSE OF COMMONS

The Chronic Pain Policy Coalition (CPPC) arranged a meeting at the House of Commons on 18th November 2015, to launch the “UK Pain Messages” to parliamentarians. The Pain Consortium, comprising the CPPC, the BPS, the Faculty of Pain Medicine, Royal College of Anaesthetists (FPM), and the Royal College of General Practitioners, all added to the material to be presented.

Speakers present were:

- Mr Neil Betteridge, CPPC Co-Chair – Chair
- Lord Richard Luce
- Dr Beverly Collett & Dr Anna Weiss, co-editors of Core Standards for Pain Management Services in the UK (for FPM)
- Prof. Roger Knaggs - Co-Leads with Dr Cathy Stannard of Opioid Aware (both for FPM but Prof. Roger Knaggs also representing BPS as well)
- Antony Chuter, (for Pain UK) The UK Pain Messages.

The presentations were well received over the 2 hour meeting.

NORTHERN IRELAND PAIN SUMMIT THREE YEAR FOLLOW-UP

This full day meeting arranged by the Pain Alliance of Northern Ireland (NI), was held on the same day as the House of Commons meeting, and as I had agreed to represent the BPS at this, Prof. Roger Knaggs represented the BPS at the House of Commons. Presentations were made by representatives from The Patient and Client Council (NI), Arthritis Care, BPS, primary and secondary care as well as from three patients, the Deputy Chief Medical Officer, Chair of the NI

Assembly Health Committee, Director of commissioning (NI). Additional presentations were from representatives for the four UK nations and the BPS. The afternoon was devoted to three workshops and the way ahead for the issues in education and resources.

EUROPEAN PAIN FEDERATION EFIC

The BPS is the UK chapter of the International Association for the Study of Pain and the European Pain Federation EFIC. I have been the UK representative for EFIC for the past three years and when Pain Schools are arranged in Europe and the associated grant, I am required to support applications, as appropriate. Only EFIC Chapter members are eligible to apply i.e. members of the BPS. This is therefore one of the benefits of being a BPS member. Only two applications per country can be made for each school though. Many BPS members have been successful in gaining places within these well respected schools during 2015.

THE ANNUAL PATIENT SEMINAR

The 2015 Patient Liaison Committee Annual Seminar, entitled “Pain: the hidden epidemic, was attended by patients and healthcare professionals as in the past. This year the opening lecture was delivered by Professor Sir Michael Bond. This was the inaugural “Sir Michael Bond Lecture”, associated with rehabilitation and pain to be held each year.

PAIN.LESS CAMPAIGN

At the beginning of the year, in addition to reorganising the roles of each Secretariat member, we were keen on increasing the BPS external income as well as heightening the awareness of pain within the community. This campaign has been started by Dr Andrew Baranowski and in the summer the task was shared with Dr Paul Wilkinson. There has been a huge input from our CEO Jenny Nicholas and a dedicated working group, as well as external advice on marketing and fundraising. Key messages have been agreed that will support the combination of a public awareness campaign, in addition to looking for additional income.

The purpose is to achieve local as well as national awareness of the effects of pain on the individual, as well as on their relatives, friends and society. Pain.Less involves a combination of a public awareness campaign in addition to looking for additional income.

The project is very well underway due to the exceptional hard work of Dr Andrew Baranowski, Dr Paul Wilkinson and of course Ms Jenny Nicholas.

PUBLICATIONS IN 2015

Understanding and Managing Long-term Pain (UMP)

Over the past year the Patient Liaison Committee have worked tirelessly on updating the previous edition of “Understanding and Managing Pain”. Jo Cumming, Antony Chuter and Austin Leach in particular put a huge amount of time into reviewing and reformatting this document, with the support of Rikke Susgaard-Vigon for launch at our last Annual Scientific Meeting in Glasgow.

Standards of good practice for spinal intervention procedures in pain medicine (a joint BPS & Faculty of Pain Medicine publication)**Undergraduate Pain Education: a practical guide to implementing a pain curriculum into health professional education in the UK**

Although this is a new BPS publication it has taken several years work by Professor Nick Allcock and his team. When complete, it will be found on the BPS website under publications and should ideally be read in conjunction with the FPM Core Standards for Pain Management Services in the UK, below.

Core Standards for Pain Management Services in the UK

An additional publication affecting all health care professionals involved in pain management has been launched by the FPM and endorsed by the BPS. There was a major contribution from the BPS and the document can be seen at:

<https://www.rcoa.ac.uk/document-store/core-standards-pain-management-services-the-uk>

This should be read in conjunction with the BPS document above and vice versa.

Opioid Aware

Opioids Aware: a resource for patients and healthcare professionals to support prescribing of opioid medicines for pain. The work of this Public Health England document was carried out via the Faculty of Pain Medicine Royal College of Anaesthetists. This resource replaces previous BPS publications on this subject. See <https://www.rcoa.ac.uk/faculty-of-pain-medicine/opioids-aware> Although the BPS was one of many stakeholders, this document was very largely the work of Professor Roger Knaggs and Dr Cathy Stannard and they are to be congratulated on such a valuable resource.

Epidemiology of Chronic Pain; work stream D

The work stream D from the Pain Summit in 2011 has been a massive task, taken on and led by Professor Gary Macfarlane two years ago. The work was divided into three themes – Data sources (what is currently available and can this be used in the future), Terminology (terms used and recorded in routine clinical practice) and Health measures (which measures to be used within all health care settings). All but the terminology threads of this work have been completed. We are trying to make sure that the terminology used is in keeping with international and national plans both now and for the future, so not only is it important to get this correct but the resulting data from this should be a very powerful tool within the BPS armory for the future. This last piece of work is in the very capable hands of Dr Cathy Price. The Council is most grateful to the three teams for their time and effort put into this daunting task.

Collaborative work with other organisations

Most of our activities are the result of team work, frequently with valued input from outside organisations, such as the Pain Consortium or individuals representing parts of the Consortium (representation from the – Chronic Pain Policy Coalition (CPPC), Faculty of Pain Medicine Royal College of Anaesthetists (FPM), the Clinical Lead for Pain, RCGP and the BPS). The Pain Consortium started during my term of office so that the four organisations could report on the development of their respective work streams (generated by the English Pain Summit of 2011):

- Problematic / complex pain (FPM)
- Awareness campaign (CPPC)
- Commissioning guidance (RCGP)
- Epidemiology of chronic pain (BPS)

The Pain Consortium is in a good position to challenge pain issues that have arisen nationally, since the Consortium represents a wide spectrum of healthcare professionals and patients within the UK.

TO CONCLUDE

As mentioned earlier, the majority of the work carried out by Council is to raise the awareness of pain nationally, and improve the availability of educational material via the Annual Scientific Meetings, Study Days, Special Interest Groups of the Society as well as through the *British Journal of Pain*. Both Elected and co-opted Council carry out a huge amount of this work, but credit must be given to others within the BPS who quietly work away at matters of pain importance nationally, including those working within the CRG–SPS, epidemiology of pain and pain training, to mention but a few.

This is an uphill struggle with reduced resources, yet so many members give up much of their time on this quest. I applaud you all for your ongoing endeavors (there are too many to mention here).

Finally, I wish to acknowledge the outstanding contributions made by all of the BPS Council, in particular the Secretariat, led by our Chief Executive Officer – Jenny Nicholas, our Honorary Secretary - Martin Johnson, Interim Honorary Treasurer – John Goddard and of course our incoming President – Andrew Baranowski in whom I have every confidence for the future wellbeing of the British Pain Society.



HONORARY SECRETARY'S REPORT

DR MARTIN JOHNSON

Since commencing my slightly earlier than anticipated term as Honorary Secretary in October 2012, I have been honoured to serve my term of office. Overall it has been a rewarding and enjoyable experience with one exception – writing reports, including this one! I suppose some people enjoy writing, others like me don't class it in their top ten fun activities! For those considering a term of office with the BPS, the President and Hon Secretary write four *Pain News* articles a year, plus the annual report and also the annual report for the ASM. I now just have the latter report to write!

One of the major developments in 2015 was the launch of the new BPS website on the 12th January 2015. From my perspective this made many of the routine membership tasks so much easier e.g. membership application and approvals, payment of subscriptions and of course election processes.

MEMBERSHIP

My greatest concern during my time as Hon Secretary has been our membership levels.

Consider these figures for total membership (all taken from similar times of the calendar year):

1443 members - 2012

1400 members - 2013

1345 members - 2014

1268 members - 2015 - this year's figure

Therefore since 2012 we have lost 12% of our then membership – this loss appears to have started around 2012 because I note a comment in my predecessor's report that membership was still growing in 2012. Previously I have reported that there had been a gradual proportionate loss of members across all professions, but recently there is a slight proportionately larger loss in our two largest groups – anaesthetists (now 612 members) and nurses (171 members). I am sure that our losses equate to a number of factors – retirement and reduction in some of the pain services across the country. There is one other potential factor – when I first started in the BPS 20 years ago, it was quite normal for pain clinics to almost close down during ASM week. Today this would be unheard

of, therefore I suspect members of the individual pain teams are being 'selective' with who registers for the ASM and also for retaining individual membership. Unfortunately this is counter productive to the BPS and thus to the true MDT representation that the BPS can give – I hope I am wrong.

Interestingly we know from previous discussions with the Faculty of Pain Medicine, that we both represent similar number of anaesthetists.

MEMBERSHIP SURVEY

In Summer 2015, after long discussions and careful construction of the questions, two surveys were conducted regarding membership – surveys of our existing members and also our previous members. The project was headed by our Hon Secretary Elect, Professor Roger Knaggs. Roger produced a brief summary of the results of the surveys and I include his report below:

Overall, there were 355 responses, around 28% of the Society's membership. Most responses were received from members in clinical practice (79%), and smaller numbers from retired members (7.6%) and those involved in education (6.9%) and clinical research (5.5%). Reflecting the multidisciplinary membership of the Society the majority of respondents were anaesthetists (50.2%). Other professions included nursing (21.4%), psychology (5.9%), physiotherapy (3.3%) and General Practice (3.3%).

Around two thirds of those who responded were either satisfied or very satisfied with their membership. The main reasons for joining were: to be part of multidisciplinary community (80 %); for professional development (65.4%); to support mission of advancing pain management and the understanding of pain (46.9%); and, for networking opportunities (45.4%). Whilst the reasons for remaining a member were similar to the reason for joining there were a few differences in priority, particularly receiving *Pain News* and the *British Journal of Pain* that was a more frequent reason why people remain members. Attending the Annual Scientific Meeting, original publications & guidelines, networking opportunities, topical news and opinion and advocacy for availability and development of pain services nationally were seen as the most valued services of the Society.

The questionnaire produced a wealth of information on a range of different topics. Key messages have been used in assisting to decide priorities over the next few years. Many members expressed a view that they were not aware of the workings of the Society and we hope that the recent development of regular 'push e-mails' will keep you informed of activities. Another innovation was the recent regional study day on neuropathic pain that was held in Liverpool. In addition, we are reviewing our membership strategy and you will hear more about this as this work develops.

At the same time, we took the opportunity to contact former members to ask why they had not taken the opportunity to renew their membership. For some it was the recent change to on-line payment but for many it was retirement or moving out of the specialty of pain management

One of the immediate follow up responses to the surveys is to commission a consultant to do a full analysis of our membership issues and give some recommendations. This work will take place early in 2016.

PUBLICATIONS

There have been several new BPS publications in 2015, and also several new collaborative publications.

1. *Intrathecal drug delivery for the management of pain and spasticity in adults; recommendations for best clinical practice (2015)* – as our website states: This update aims to include recent evidence base of ITDD use in pain and spasticity, address the issues of drug pump compatibility following the latest manufacturer/MHRA recommendations as well as provide an update on the indications and complication management particularly endocrine complications and intrathecal granuloma formation.
2. *Standards of good practice for spinal interventional procedures in pain medicine (2015)* – a joint publication between the BPS & the FPM.
3. *Royal College of Nursing; Pain Knowledge and Skills Framework for the Nursing Team (2015)* - this important new skills framework for nurses working within pain management is published by the RCN, and endorsed by the BPS.
4. *Opioids Aware: A resource for patients and healthcare professionals to support prescribing of opioid medicines for pain* – this excellent new web resource on multiple aspects of opioid and their use in practice, is funded by Public Health England and hosted by the FPM – there are multiple contributions from BPS members. The resource was launched, along with the publication below, at a Parliamentary event on the 18th November 2015.
5. *Core Standards for Pain Management Services in the UK (2015)* – this ground breaking document was developed by the FPM and is designed to provide a framework for standard setting in the provision of Pain Management Services for Healthcare professionals, commissioners and other stakeholders to optimise the care of our patients. Again there are multiple contributions from members of the BPS.

All of the above publications can be found on the BPS website at <https://www.britishpainsociety.org/british-pain-society-publications/> .

COUNCIL OFFICER CHANGES & ELECTIONS

As reported in the 2014 report, Professor Roger Knaggs was elected as Hon Secretary (Elect) and Dr Heather Cameron as Hon Treasurer (Elect) during a Council vote in November 2014. Subsequently they have both taken up their (Elect) positions at the AGM in Glasgow in April 2015.

In 2015 we had four BPS Council positions become vacant. Eight applicants applied for the positions and in the voting prior to the April 2015 AGM the following votes were cast:

Candidates	Votes
Ahsish Gulve	38
Dalvina Elena Hanu-Cerat	42
William Paul Farquhar-Smith	59
Johanna Theron	60
Sam Ahmedzai	65
Sarah Love-Jones	72
Paul Cameron	80
Paul Wilkinson	84

Thus Sam, Sarah, and Paul & Paul were elected to Council. Many thanks to all of the candidates for putting their names forward.

In 2015 we had a General Election for the government and, not to be outdone, the BPS had its own important election for our future President.

We had two nominations for the position of President Elect and the voting was as follows:

Candidates	Votes
Prof Sam Eldabe	62
Dr Andrew Baranowski	80

Many congratulations to Andrew who became our new President Elect and commiserations to Sam; again a close contest.

You may have spotted the slight dilemma we had, i.e. you cannot hold two Executive Council positions at once – therefore Andrew stepped down as Hon Treasurer at the AGM – thank you to Andrew for all of your hard work in this position. To fill the gap for a year we were indebted to John Goddard stepping into his old Treasurer role for a further year.

Despite the electronic votes I was disappointed at the voting turnout, which was still low. One plea is to make sure that member's primary contact email addresses are kept up to date.

SPECIAL INTEREST GROUPS

We continue to have 14 Special Interest Groups, with the Headache SIG enjoying their first activities this year.

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

THANKS

As I finish this report, I would like to conclude with my sincere thanks to all who have supported me, making my job so much easier! Because I spanned two Executive Groups, the list is longer than usual, but may I thank my predecessor Pat Schofield, Presidents Richard & William, John & Andrew (in both of their respective roles) and also the people without whom, the BPS would not operate, all of the Secretariat.

May I wish my successor, Prof Roger Knaggs, the best of luck for when he takes over the role of Hon Secretary in May 2016 – as I was warned when I started, it will take a while to grapple with the intricacies of BPS procedures and getting to know the Memorandum and Articles of Association and the Regulations.

Most of all I would like to thank all members for their continued support of the BPS – the best multi-disciplinary pain society in the world.



INTERIM HONORARY TREASURER'S REPORT

DR JOHN GODDARD

Consequent to Andrew Baranowski's election as your President Elect and therefore demitting as Honorary Treasurer a year early, I was persuaded by the new executive team to return as the Society's Interim Honorary Treasurer for a year. I am pleased to report that the Society's finances are currently in a better than predicted situation and hand the baton of guardian on to Heather Cameron, your Honorary Treasurer Elect during my tenure.

SOCIETY ASSETS

Times remain tough from a financial perspective. Nonetheless, the accounts for 2015 continue to demonstrate that the British Pain Society maintains a sound financial basis. Accumulated reserves held by the Society are £1,093,663 of which £216,783 is in restricted funds.

The Society continues to apply a formal reserves policy to determine the way in which accumulated funds are utilised. Reserves are designated as restricted or unrestricted. Restricted funds are bequests and donations, including interest, which are to be used specifically for research into the causes and treatment of pain.

Unrestricted reserves are further divided into designated reserves and general funds. Designated reserves (£257,567) include the Irene Bainbridge fund (£22,208) SIG funds (£22,378) and the funds for Study Days and Seminars (£46,071). The designated ASM fund (£117,558) exists to support future ASMs against a shortfall of income.

In line with guidance from the Charity Commission, the Directors have reviewed the Society's need for reserves and have made the following provision from unrestricted, undesignated funds: a sum of £300,000 to cover continuing function of the Society in the event of failure to maintain income; the remaining £319,313 to be used to further the aims and objects of the Society.

2015

The Society's year end position shows a surplus of £587. This position is clearly a considerable improvement from the predicted deficit of £80,000 and reflects the enormous amount of effort that has been undertaken to cut our costs. Initiatives and much effort are also in place to increase income, but as yet these have not realised significant funds. Membership fees were not increased this year.

The Society continues to maintain its educational programme of study days and to host the Annual Scientific Meeting; the latter financially essential to the continuing activities of the Society. The success of the *British Journal of Pain* continues; it has been (listed) and, recognising the fruitful relationship with SAGE publishing, we have signed a further contract.

22 bursaries for the ASM were awarded this year, as were 2 Patrick Wall and 3 IASP bursaries. The biennial Clulow research award of £50,000 continues; this year awarded to Dr Ilona Obara from the University of Durham.

SPECIAL INTEREST GROUPS

SIGs remain active and financially viable: the Headache SIG was launched in 2015. The registration fees for SIG meetings has been significantly increased for non-members this year; the difference in income from member and non-member fees being allocated to general funds rather than SIG budgets. Whilst a potentially risky strategy, Council felt that BPS and thus SIG membership should be encouraged. Both the Pain Management Programme and Headache SIGS have held financially successful meetings this year under the new arrangements and BPS membership has benefited around the times of the meetings.

On your behalf I would like to take the opportunity to thank the Secretariat, particularly Jenny Nicholas, Chief Executive Officer, and our bookkeepers, Independent Examiners Ltd, particularly Viv Trump, for their excellent operational management of the Society's finances. The Society's accounts, audited by Sandison Lang and Co of Tonbridge, are included in this annual report and are available on the Society's website. My tenure as Interim Honorary Treasurer finishes in April 2016 and I wish to personally thank all of the above for enabling me to slip back into 'role' effortlessly.

BRITISH PAIN SOCIETY PAIN BUSINESS

You will be aware that BPSPB was incorporated in October 2014 as a trading subsidiary of the Charity. This action was recommended following a review by Les Howard, our VAT advisor, who felt it was necessary primarily to mitigate VAT liability arising from recent changes to practice; it further offered future opportunities for income generation.

2015 is the first full accounting year for BPSPB. Under the provision of an operating license, renewable annually with the British Pain Society, BPSPB has contributed £50,000 to the office costs of the Society, and has been able to make an additional year-end corporate donation of £15,000 to the charity. BPSPB, the accounts of which are reported separately, retains only a small operating fund of about £1,000 and hence the Society's accounts represent an accurate reflection of the consolidated group position.

2016 BUDGETS

Significant challenges remain to increase income to enable development of the Society's activities on a number of projects. As mentioned, a great deal of work has been occurring this year to enable the Society to be in a position to approach less traditional sponsors of our activities. This initiative, currently badged as "Pain.Less Campaign", led by Andrew Baranowski and Paul Wilkinson, has reached the stage where significant decisions will need to be made as to whether to employ professional support to the campaign, or not. The 2016 budget is dependent upon increased income to support increased activity. Nonetheless, reflecting the pleasing results of 2015, we have decided to increase the number of face to face meetings of our committees and support a SIG Chairs meeting in 2016.

Membership is another area where we are reviewing our current situation. This is a complicated issue, with significant potential risk, but we have engaged a consultant to provide preliminary support and advice as to the feasibility of altering our membership categories and banding structures. In the meantime, you will be aware that the Society is changing its membership year from January - December to November – October. This change is in response to member requests to move away from a January payment and to accommodate bi-annual direct debit payment. The subscription collected this January was for 10 months rather than 12 months: membership fees were reduced proportionately. In the future the Society will be moving to bi-annual payments for those members choosing to pay by direct debit. Payments by direct debit will be collected in November 2016, May 2017, and so on. Members opting to renew by other payment methods will be required to renew annually in November.

As always, continuing and developing the aims and objectives of the Society depends fundamentally on the goodwill and enthusiasm of Council, SIGs and you, the members. I remain confident that these aims and objectives can be achieved, based on the continuing sound financial platform the Society has developed in recent years.



COMMUNICATIONS COMMITTEE REPORT

ARUN BHASKAR, CHAIR

Members Year End 2015

Dr Arun Bhaskar (Chair)

Dr William Campbell

Mr Anthony Chuter

Ms Felicia Cox

Ms Meherzin Das

Dr Sarah Love-Jones

Ms Celia Manson

Ms Jenny Nicholas

Dr Arasu-Rayen

Mrs Rikke Susgaard-Vigon

Prof. Nick Allcock (immediate past-chair)

The Communications Committee is ten-strong with representation from Executive Officers (William Campbell), Secretariat (Jenny Nicholas and Rikke Susgaard-Vigon), Patient Liaison Committee (Antony Chuter), Elected Council members (Sarah Love-Jones and Arun Bhaskar), the Editors of *British Journal of Pain* (Felicia Cox) and *Pain News* (Arasu Rayen) and also the Chair of the ICT SIG (Meherzin Das). Celia Manson and Nick Allcock stepped down from the Committee; William Campbell will also be stepping down in 2016 and that position is going to be taken up by Andrew Baranowski. It was decided at the Communication Committee meeting on 2nd February that Sam Ahmedzai and Ann Taylor should be part of the committee in their role as webmasters. Arun Bhaskar has taken over as Chair of the Committee from Nick Allcock. The Chair on behalf of the Committee thanked both Celia and Nick for their contributions during their tenure with the Communications Committee.

COMMUNICATIONS STRATEGY

This is in line with the national Pain.Less campaign – the Committee is to liaise with the Council and Secretariat to work closely with the working group of Paul Wilkinson based on the pillar concept outlined by Andrew Baranowski. The Committee is also to co-ordinate with the Education Committee under Paul Cameron. The Communications Committee is to oversee implementation of the social media networking in line with the strategy plan outlined by Andrew.

SOCIAL MEDIA

The Committee is looking into increasing the social media profile of the BPS at par with other similar organisations. There are some avid tweeters in the BPS membership and they are being contacted to contribute towards supporting the BPS. There is a series of articles coming in *Pain News* to encourage people to join in on this venture. The President, Executives and Council members are encouraged to tweet on anything that would be of interest and raise the profile of the BPS.

BPS is to have a Facebook presence – one for the general public and another for Members only - and Antony Chuter is looking into this. There is a proposal for the President and the Executives to do monthly blogs to feedback to the membership on on-going BPS activities. Meherzin Das and the ICT SIG will be helping in setting up and running these activities.

WEBSITE REVIEW

The website has a new look following the efforts of a small working group led by John Goddard. Sam (Ahmedzai) and Ann have taken over as webmasters and have had a preliminary meeting to put together a plan of action. It was proposed that they sit on the Communications Committee and at least one of them endeavour to attend the meetings. SIG web pages are yet to be populated.

ICT SIG may be able to assist in populating and maintenance of the website and other social media interactions.

PAIN NEWS

Pain News had been successful with issues featuring abstracts from SIG meetings as well as transcripts and the SIG Chairs are being approached for future contributions. It was recommended that *Pain News* should feature regular articles and other communications from the President, Executives and Council members. Once Facebook and web blogs are in place, this would be a synopsis of the past three months of social media communications. Felicia Cox is to have a column in *Pain News* signposting interesting articles and content in *British Journal of Pain*. A series of articles on Social Media interactions aimed at BPS members is planned for 2016. Arasu Rayen is completing three years of his term in 2017; the Communications Committee recommends and requests that Arasu stays for another three-year term.

BRITISH JOURNAL OF PAIN

Felicia Cox had been working hard to ensure that the profile of the *British Journal of Pain* is improving; it is still available as open access and is indexed. The editorial board has been further expanded with the joining of Dr Paul Banner, Dr Ian Goodall and Prof. Dennis Martin. SIG Chairs are being requested to provide for SIG meeting abstracts and the relevant ASM abstracts would also be published in the forthcoming issues of the *British Journal of Pain*. SAGE is tweeting on behalf of Felicia to summarise about the most downloaded and reviewed articles.

PUBLICATIONS UPDATE

ITDD document is ready to be disseminated. *Undergraduate Pain Education: a practical guide to implementing a pain curriculum into health professional education in the UK* and *Pain Assessment in Older People* documents are nearly completed. These would need some funding support to expedite

publications and dissemination. It has been identified that some of the delay is in getting the language reviewed for a lay person; for future publications the PLC lay member in the publications group will liaise with the PLC Chair and advise regarding language right from the first draft.

Cancer pain guidelines was published in 2010 and was scheduled for updating in 2013; Sam Ahmedzai and Arun Bhaskar are looking at putting together a group to revise and update the existing guidelines.

There are several Pain Apps being promoted; the Patient Liaison Committee and the Communications Committee are looking at writing a review on the various Apps.

PMP SIG is to liaise with the Secretariat to publish and update a PMP Directory including the service providers in the country.

It was proposed that the Council should review each year and decide on which publications are to continue featuring on the website, as well as decide on the documents/ publications that would need updating. Communications Committee would summarise and make recommendations regarding this to Council.

COMMUNICATIONS COMMITTEE MEETINGS FOR 2016	
02 February 2016	Teleconference
07 June 2016	Face to face meeting
06 September 2016	Teleconference
01 November 2016	Face to face meeting



EDUCATION COMMITTEE REPORT

MR PAUL CAMERON (CHAIR)

Members Year End 2015

Chair: Mr Paul Cameron

Ms Geraldine Granath - PLC Rep

Dr Paul Wilkinson - Medic

Mr Neil Berry - Psychology

Dr Emma Briggs - Nursing/Education

Mr Ken Obbard - Secretariat

Prof. Roger Knaggs - Pharmacology

The committee had two teleconferences and one face-to-face meeting in 2015.

As promised in our last annual report, we have made stronger links with the Pain Education SIG, and have welcomed Dr. Emma Briggs into the Committee along with Dr. Ann Taylor this year.

We have a Pain in Children study day organised, and two further study days will be notified in due course. We are constantly aware that there is a growing number of study days conducted by industry and other agencies outside the BPS, and as such try to ensure that we provide our members with subjects that are topical and informative, at the same time as offering good value for money. We understand the pressures that our members have in securing study days and securing financial assistance for attendance.

We have been grateful for the attendance and support shown so far in the study days offered in 2015, and look forward to seeing you again at further dates.

In order to allow us some space and time to plan study days of value, we are looking to plan at least 2 years in advance, rather than annually. It is hoped that this will give us more time to develop agendas suitable for the topics, identify suitable dates, give our membership sufficient notice, liaise with speakers and identify sponsorship. Topics to be covered over the next two years may include subjects such as:

- Pain in Children
- Chest Pain
- Pelvic Pain
- Health Literacy
- Dementia and Pain
- Acute Pain
- Fibromyalgia and Pain

Additionally we are investigating the development of other pain education materials for our membership, aimed at a multidisciplinary audience, and we will inform our membership once we have some definite plans around this. We welcome feedback from our membership, and if members feel strongly about an area of education that they feel is currently missing in the Society, we would be very happy to hear from you.



PATIENT LIAISON COMMITTEE (PLC) REPORT

MR ANTONY CHUTER, CHAIR

Members Year End 2015:

<i>Chair: Mr Antony Chuter - Lay member</i>	<i>Ms Geraldine Granath - Lay member</i>	<i>Ex-Officio</i>
<i>Mr Neil Berry - Psychology</i>	<i>Mr Colin Preece - Lay member</i>	<i>Dr William Campbell - President, BPS</i>
<i>Ms Linda Reid - Lay member</i>	<i>Ms Rebecca Brierley - Lay member</i>	<i>Mr Ken Obbard - Secretariat</i>
<i>Ms Anusha Nirmalanathan - Lay member</i>	<i>Dr Austin Leach - Anaesthesia</i>	
<i>Ms Jo Cummings - Lay member</i>	<i>Ms Rikke Susgaard-Vigon- Secretariat</i>	

As I begin my second and final term (3yrs) as Chair of the Patient Liaison Committee, it has been another busy year for the Patient Liaison Committee. One of the new lay members and myself attended the 2015 Annual Scientific Meeting in Glasgow. It was a fantastic and interesting few days. We have had three people resign for personal reasons and have welcomed two new members to the group. We plan to recruit two new members later in 2016 as another member of the Committee will have served their maximum time on the Committee.

A large part of the work of the Committee this year was focused on publishing the new version of 'Understanding and Managing Pain' now called 'Understanding and Managing Long Term Pain'. The group also invested a lot of time in planning the Patient Liaison Committee Annual Seminar, both of these are covered in more detail later in this report.

Alongside the work of the PLC, we now have over 400 members of the Patient Reference Group and are now looking to grow this group further. Anyone who lives with pain or cares for someone living with pain can join the group; we send out newsletters occasionally as well as surveys when the Society wants to know how patients and carers feel about something. If you wish to share a link to the Patient Reference Group, here it is: <http://britishpainsociety.us3.list-manage1.com/subscribe?u=56d0b80d9fbc651d102fc2a56&id=f0821ef836>.

PATIENT REFERENCE GROUP

The Patient Reference Group has proved to be very useful this past year, several surveys have been sent to the group and each time we have had a great response from the group members. One interesting survey was on the outcomes from the PLC Seminar last year; the interesting thing was that the respondents agreed almost across the board with the people who attended our seminar day. This was very reassuring. Several members of the PLC also attended our Annual Patient Seminar which we held in December at the RCoA.

The demographics have hardly changed since last year; we have had 18 people unsubscribe and 20 people join. We have had an average open rate of 54.2% which is far higher than the industry average open rate of around 20%. We have also had a slightly above industry click rate of 16.9% when the industry average is 16.5%. This needs to be taken into context that not every email we sent had a survey and some had links back to the BPS. For the surveys we had click rates of about 20%.

The group still has more women than men with 371 women and 40 men.

The youngest member is 19 years old and the oldest is 88 years, with the group mean age of 45.6 years. The Group has 17 people who identify as caring for someone who lives with pain. 355 people identified as a person living with pain and 45 people identified as a person living with pain who is also a carer. 400 people identified as white British or a similar phrasing; 21 people identified as BME or similar phrasing.

THE PATIENT LIAISON COMMITTEE ANNUAL SEMINAR

The Patient Liaison Committee Annual Seminar was held in London at the Royal College of Anaesthetists on the 17th of December 2015. The title was, 'Pain - The hidden Epidemic'. 35 people attended and it was roughly 50/50 between Patients/Carers and Health Care Professionals, and those allied to professions around pain.

The day was extra special as we were welcoming Professor Sir Michael Bond to present the inaugural 'Sir Michael Bond Lecture'. He shared stories from his life of working with people who live with pain, how he became interested in the area and some of the many things he has done for people who live with pain. The PLC plans for this to be an annual fixture at the Annual Seminar, with a different speaker each year talking about patients and patient care.

We were also very pleased to have Dr Austin Leach to talk about Neuropathic Pain, its causes, the effects of living with neuropathic pain and the treatments. 2015 was the International Year of Neuropathic Pain, so this fitted well with our theme for 2015.

After lunch, I introduced the broad issues around pain being a hidden epidemic, and Ms Anusha Nirmalanathan talked through the survey which had been sent to the Patient Reference Group - this was based on the outputs from last year's Patient Seminar. Anusha then described what we were going to do next and the audience was split into two breakout groups. There was some complex mixing of the audience, so that every table would have a mixture of patients/carers and health care professionals. Each table worked on ideas to raise awareness about pain. These messages were broken down into 'Audience'; Who was the message aimed at, 'What' method would be used to

deliver the message and 'Who' would deliver the message. Then the tables worked up some key messages along with what method and which organisation or individual would deliver the message. Each table then narrowed this down to two ideas which were presented back in the auditorium to everyone. This was followed by a panel voting on the ideas to give us top three ideas from the day.

There will be a further write up about the Seminar day in *Pain News*.

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

BPS Communications Committee, BPS Education Committee, BPS Science and Research Committee, BPS Website Review sub-committee, Opioids in Primary Care publication working party.

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, The 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 the Primary & Community Care.

UNDERSTANDING AND MANAGING LONG-TERM PAIN

The PLC were delighted to launch this at the Annual Scientific Meeting in Glasgow. There was strong interest in the new version of this patient facing document. Over £200 was given in donations at the ASM to help towards the printing costs for the free copies which we offer any patients who contact the Society.

There was also a good amount of interest from trusts and other organisations to be able to purchase copies in bulk for their patients. Within the first 6 months, the Society has sold over 1250 copies of this publication bringing in £1301.34 in income for the society.

The new version has been a total rewrite of the previous version. This was carried out first by a member of the group and then by a team of lay and medical members. We hope that the new version is an improvement on the old version, but most of all that it can help as many people as possible understand more about pain.

To make it financially viable for the Society and to reach as many people who live with pain as possible, it is available for pain clinics to purchase in bulk from the Society at very close to the cost price for printing. There is also a PDF for professionals to download from the BPS (there is a very small charge for the download) and any surplus goes to helping fund the ongoing work of

the Patient Liaison Committee on 'Best Patient Care'. For the overseas market, we are happy to negotiate a printing licence and will also be happy to work to make changes, so that the publication can be 'country' specific. There are costs involved in the editing but we are keen to keep these to a minimum. The important thing is that the publication reaches as many people who live with pain as possible. Please contact Rikke at the BPS Secretariat for more information: rikke@britishpainsociety.org .



SCIENCE & RESEARCH COMMITTEE REPORT

PROF. SAM ELDABE – CHAIR (PAIN MEDICINE)

Members Year End 2015

Chair: Dr Sam Eldabe - Anaesthesia

Dr Martin Johnson - GP

Prof. Sam Ahmedzai - Palliative Medicine

Dr Ann Taylor - External Referee

Prof. Maria Fitzgerald - Neuroscience

Dr Heather Cameron - Physiotherapy

Dr Thanthullu Vasu - Anaesthesia & Pain Management

Prof. Chris Main - Psychology

Prof. Jose Closs - Nursing

Prof. Pat Schofield - Nursing

Mr Antony Chuter - Lay Rep

Mr Ken Obbard - Secretariat

Prof. Roger Knaggs - Pharmacy

SUMMARY OF LAST YEAR ACTIONS:

- Clulow award allocation process complete
- Agreed to revamp the award allocation process
- AMRC audit recommended the need for a number of changes including drafting a clear outline of the funding allocation process, the need for a clear conflict of interest policy for the members of the committee and a clear term for the membership
- The committee drafted an article for *Pain News* on the Clulow award submissions and outcome.

PLANS FOR 2016:

- The committee has discussed and agreed a plan forward for the process and timeline of Clulow award allocation including seeking an opinion from external expert reviewers in line with NIHR and AMRC procedures.
- Committee to draft article on process and research aims of the BPS for *Pain News* in 2016
- The committee finalised a questionnaire aiming to identify membership of a pain research network, as agreed by council. This will be uploaded to survey monkey and a link circulated to BPS membership as well as membership of other groups interested in research in the UK. We will aim to collate the results to provide a database of pain researchers and potential external grant reviewers.
- It was agreed to draft a conflict of interest policy for members of the SRC. This will need to be uploaded to the website along with the process of Clulow award allocation in the interest of transparency.
- The Committee has responded to AMRC audit feedback (comments received on process of funding allocation and explicit conflict of interest declaration)
- Committee agreed to apply to run a symposium at the 2017 ASM aiming to raise the profile of pain research inviting speakers from successful grant applicants from sciences and clinical community as well as representation from the funders (HTA, RfPB) and NIHR research networks.



SCIENTIFIC PROGRAMME
COMMITTEE REPORT
PROF. KATE SEERS (CHAIR)

Members Year End 2015:

Chair: Prof. Kate Seers

Dr Sandrine Geranton

Dr Heather Cameron

Dr Roger Knaggs

Dr Gilliam Chumbley

Prof. Stephen Morley

Dr Lesley Colvin

Prof. David Walsh

Our 2015 Annual Scientific Meeting (ASM) in Glasgow was an enjoyable and stimulating meeting. The feedback from delegates indicated the high quality of both the plenary speakers and the workshops. Delegates also really valued the chance to network with colleagues. Feedback included that oral presentation slots in addition to posters would be welcome, so this year we have made this change and some selected abstracts will be presented as oral presentations.

The Scientific Programme Committee (SPC) has been busy planning the 2016 ASM, which will be in Harrogate 10-12th May 2016. We have impressive and exciting plenary speakers: The Pat Wall Lecture will be presented by Professor Stephen Hunt. Our plenary speakers include Professor Frank Birklein (Germany), Dr Katja Wiech (Oxford); Professor Eric Buchser (Switzerland); Professor Winfried Meissner (Germany); Professor Peter Passmore (Belfast); Professor Eva Kosek (Sweden); Dr Brock Bastian (Australia) and giving the British Pain Society lecture Dr Rachael Goberman-Hill (Bristol). We will also have one 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.

There is a diverse and interesting programme of workshops, designed to give a balanced programme. This year we have included a statistics workshop and one on writing for publication. This is a good chance to refresh your skills in these areas.

The call for abstracts for the 2016 ASM closed on 14th December 2015. We have received 160 abstracts, up on last year. The Scientific Programme Committee will be rating these abstracts (each abstract rated by three members of the SPC) and we will be discussing these ratings in our meeting in late January 2016. In addition to the top five posters from trainees/students, the top posters submitted by those who are not trainees/students will be selected and awarded a rosette, with the top five of these as judged at the ASM receiving a prize. 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 will be awarded a prize. All accepted posters and oral presentation abstracts will be published in the *British Journal of Pain*.

Your SPC meets face to face twice a year. The first in June devises the programme for the following year and invites plenary speakers and selects workshops. The second meeting in January discusses the abstracts and makes decisions about which will be accepted. All other communication between the meetings is undertaken by email/phone to keep costs to a minimum.

Looking ahead, 2017 will be the British Pain Society's 50th ASM. Our meeting for this golden year will take place 3rd - 5th May 2017 at Birmingham International Conference Centre which has great facilities and excellent travel links. We look forward to developing the scientific programme for this meeting with your input.

As the Chair of the SPC, I would particularly like to thank all members of the Committee for their hard work and good humour, 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)

Members Year End 2015:

Co-chairs: Dr Ruth Day & Dr Andrea Magides

Dr Nilesh Chauhan (Website Administrator)

Dr Chandran Jepegnanam (Officer)

Ms Sophie Moran (Secretary)

Dr Jane Quinlan (Officer)

Mr Antony Chuter (PLC Representative)

Dr Keith Stevens (Treasurer)

Dr Mark Rockett (Officer)

Dr. Tim Johnson (BPS Council Liaison)

Total membership: 153

This year, the Acute Pain SIG produced its first newsletter in April 2015 highlighting a mixture of reviews, information about future meetings and an article on 'Acute Pain Management; The shape of things to come'.

The Acute Pain SIG and Neuropathic SIG held a successful and well attended workshop at the British Pain Society Annual Scientific Meeting in Glasgow entitled 'Chronic post-surgical pain'. Dr. Mark Rockett opened with an 'overview of acute post-surgical neuropathic pain', followed by Dr. Katie Warnaby providing 'a research perspective' and Dr. Carsten Bantel looking at 'strategies for prevention and the role of anti-neuropathics'. There followed a lively discussion with many questions from the audience.

APSIG has a new page on the recently upgraded British Pain Society website and our new website administrator, Dr. Nilesh Chauhan, is currently working on the content.

We have held two APSIG business meetings in 2015; at the British Pain Society Annual Scientific Meeting in Glasgow and at the National Acute Pain Symposium in Chester, with whom we maintain close links. Several of our committee members are also on the organising committee of NAPS.

There are plans to hold a SIG business meeting at the ASM in Harrogate this coming year, to which all BPS members are welcome.

CLINICAL INFORMATION SOCIETY
SPECIAL INTEREST GROUP REPORT

CHAIR, TO BE APPOINTED.

Total membership: 103

During 2015 the SIG remained dormant. It is intended that the SIG will be reactivated in 2016.



INFORMATION AND COMMUNICATION TECHNOLOGY SOCIETY SPECIAL INTEREST GROUP REPORT

MS MEHERZIN DAS (CHAIR)

Members Year End 2015:

Officers:

Chair: Ms Meherzin Das

Prof. Tamar Pincus, Secretary and Quality Benchmarking Lead

Mr David Barrett, Treasurer

Liaison Officers

Ms Anusha Nirmalanathan, PLC Liaison

Dr Martin Johnson, BPS Council Liaison

Committee members

Mr Peter Moore

Dr Dee Burrows

Dr Francis Cole

Dr Tim McCormick

Dr Matthew Allsop

Total membership: 163

The year began productively with a stand at the ASM which helped attract 30 new members, bringing the SIG membership to a total of 163. This was facilitated by the very generous donation of an iPad Air by David Barrett, Chief Operating Officer, White Pharmacy, used as a prize draw for participating delegates.

The SIG also had a successful business meeting, attended by 13 people, which generated an animated discussion about its operational agenda.

However, despite this positive start to the year, momentum was lost because the main activities suggested by the SIG committee were considered by other arms of the BPS to be outside the remit and/or capacity of the SIG. We are pleased to report however, that discussions are planned internally by organising a Strategy Day to resolve these concerns.

SOCIAL MEDIA PAIN AWARENESS CAMPAIGN

SIG members are enthused by the idea of a national Pain Awareness Campaign, which could raise the profile of the Society (tweeting BPS events and news) and of Chronic Pain (tweeting messages on pain awareness with clinical, scientific and lay involvement). Social media as a free, highly accessible platform, seems to be the vehicle of choice for maximum dissemination. National engagement could be generated not only with our members but also with other pain/related clinicians, people living in pain and their families and importantly, commissioners of pain services.

It is planned that a National Awareness Campaign will be launched in 2016. The SIG had proposed one of its members, who has a large professional following, act as a 'tweeter' for the Society in accordance with the Social Media Policy and Guidelines which were developed for the safe use of Social Media in the previous year. However, following further consideration at the Communications Committee, it was agreed that individuals should feed in content to the Secretariat who would then tweet it from the official Society Twitter account, although individuals can still tweet from their own accounts which the Society can retweet. This has not proven to be successful so far and we hope to revisit this issue at the Strategy Day.

QUALITY BENCHMARKING CRITERIA

These were developed and completed in the previous year by Prof. Tamar Pincus and were adopted by the Communications Committee whose remit it is to act as the first point of contact for permission requests. The ICT SIG needs to be far more actively involved in the decision making process for weblink requests so that new websites are whetted for both content and process issues by members of the two committees.

EDUCATION THROUGH ON-LINE WEBINARS

The ICT SIG committee has proposed webinars since the inception of the SIG. These could be held on a variety of topics: clinical/scientific issues by participating SIGs, the use of ICT and on-line resources in the management of pain, and to build clinicians' confidence in using on-line resources so that they are able to match their patients' on-line functionality.

These could be offered free to members and at a fee to non-members, who inform us at every ASM that they would like to participate in our events through the year. Several benefits could accrue from this project: better engagement by the Society and participating SIGS with members, low-cost/high quality on-line CPD at a time of dwindling training budgets, added value to membership benefits for subscribing Society members, engagement with the public at a time when we need to widen our membership base, to name but a few. However, permission to proceed has been withheld for two years for different reasons, which the SIG committee considers a missed opportunity.

On the other side of the coin, projects suggested such as a think tank for Remote Consultation proved to be beyond the expertise of the SIG committee to organise, making us aware of the need for more specialist IT involvement within the SIG and also to advise the BPS.

When the ICT SIG raised its concerns, the Communications Committee as well as Council, have assured us that social media options continue to be explored and we look forward to a more fruitful partnership with autonomy given to the SIG to action the ideas generated.

At a time when the virtual world has become as powerful as the personal one, the BPS and its members would benefit from using ICT at a far greater level to champion the cause of people living with pain and to bear influence on the national pain fraternity to headline pain management as a national health priority. Indeed, the question needs to be asked: can we afford not to?!



INTERVENTIONAL PAIN MEDICINE (IPM) SOCIETY SPECIAL INTEREST GROUP REPORT

DR NEIL COLLIGHAN, CHAIR

Members Year End 2015:

Chair: Dr Neil Collighan

Dr Ashish Gulve (Secretary)

Dr Sameer Gupta (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 DURING BPS ASM, GLASGOW, 2015

The IPM SIG enjoyed a lively debate on the topic of research for pain interventions. “Should we be adopting novel pain interventions based on controlled trials only?” The debate was chaired by Dr Manohar Sharma and Prof Turo Nurmikko and Dr Raj Munglani debated on this interesting and relevant topic, for and against. There was a good attendance by members of the SIG and they were heartily involved in the pros and cons of the debate.

At the SIG general meeting, attendance was below normal numbers and it was felt this may be due to the it being late in the day rather than at lunchtime. The new committee were introduced and a call was put out for possible ideas for next year’s workshops including an idea to involve pain trainees more. The SIG continues to be relatively healthy financially with the last meeting being effectively cost neutral.

IPM SIG ANNUAL SCIENTIFIC MEETING (AS PART OF NSUKI ASM) 6TH NOVEMBER 2015

IPM SIG organised a successful annual scientific meeting, on 6th November 2015, in London as part of the Neuromodulation Society of UK and Ireland Annual Scientific Meeting. It was hoped that by being part of a larger meeting we could broaden the lectures and seminars available to attendees whilst keeping costs to a minimum. This meeting had sessions on Neurolytic blocks in cancer pain (Dr Arun Bhaskar), Precision diagnosis of FBSS (Dr Neil Collighan), Complications of spinal interventions (Dr Adnan Al-Kaisy), Consent for spinal interventions (Dr Karen Simpson). There was a particular pelvic pain session: Diagnosis and treatment of pelvic girdle pain (Dr Ashish Gulve) and Girdle pain and Low back pain in pregnancy (Dr Sameer Gupta). Finally Dr Vivek Mehta delivered his new results on research regarding sacroiliac joint denervation.

The NSUKI meeting was in collaboration with the equivalent societies in Germany and Switzerland and so we had a truly European set of attendees. This meeting was planned by Dr Ashish Gulve with input from IPM SIG Executive Committee.

INTERVENTIONAL PAIN MEDICINE RESEARCH PROJECT

Feasibility of National Interventional Pain Medicine Research for LBP Meetings

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 has now gone through and gained ethics approval for a formal start of this feasibility study in summer 2015. This is great news for research in interventional pain. This research project has been led by Prof Richard Langford and Dr Vivek Mehta, and this research group was set up by Drs Simon Thomson and Tony Hammond 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 now approval has been given for definitive trial other pain services will be invited to collaborate.

Good practice in Interventional Pain Medicine documents

IPM SIG is has developed a document on “Good Practice Guidelines for Spinal intervention Procedures (excluding implants)”. This work has been led by Drs Neil Collighan and Sanjeeva Gupta. Many IPM SIG members have contributed to this document. This was published in May 2015.

IPM SIG workshop during BPS ASM, Harrogate, 2016

We look forward to seeing delegates in Harrogate in 2016. The workshop is about setting up and managing a neuromodulation service. We hope to encourage more pain specialist and nurses to enter the rapidly expanding world of neuromodulation. We are also hoping to be involved in a satellite meeting but the content is still under discussion but to maintain balance it will not be on neuromodulation.



MEDICOLEGAL SOCIETY SPECIAL INTEREST GROUP REPORT

DR JOSHUA ADEDOKUN (CHAIR)

Members Year End 2015:

Chair: Dr Joshua Aduoken

Officers

Dr Jonathan Valentine (Vice Chair)

Dr Rajesh Munglani (Secretary)

Council Liaison Officer

Dr Tim Johnson

Total membership: 55

I was appointed as the Chair during the AGM in Glasgow.

I would like to congratulate Dr Kevin Markham for an outstanding job as Chair over the last few years.

At the ASM in Glasgow, the SIG had a parallel session which was attended by over 100 participants, a number standing throughout the presentations.

The session was entitled “The issue of ethics when producing medical reports”. Dr Markham chaired the session and gave a passionate presentation on the importance and implication of impartiality when producing medical reports.

This was followed by excellent talks by two eminent lawyers, Mr Richard Lowe and Mr Giles Keller who discussed what the Claimant and Defendant lawyers respectively want from a pain management expert.

Apart from impartiality, both legal experts highlighted the importance of staying within an area of expertise and clarity of opinion.

The talks generated a lively discussion and the feedback reports were very positive.

During 2015, the membership of the SIG has remained constant and I would like to continue to encourage medical and non-medical members of the British Pain Society who currently engage in and those who wish to engage in medico-legal practice to join the Medico-legal SIG.

The SIG does not currently hold any funds.



NEUROPATHIC PAIN SPECIALIST INTEREST GROUP REPORT

DR BERNHARD FRANK, CHAIR

Members Year End 2015:

Chair: Dr Bernhard Frank

Dr Katie Warnaby, Oxford

Dr Jayne Gallagher (Secretary), London

Dr Subhash Kandikattu, Peterborough

Dr Kiran Sachane (Treasurer), Edinburgh

Dr Abdul Nazal, Dudley

BPS Council liaison: Arun Bhaskar

Total membership: 195

PAST ACTIVITY

ASM Glasgow

We organised a joint workshop with the Acute Pain SIG which was well attended and very well received with an interesting discussion at the end.

We did hold an AGM and Dr Sachane replaced Dr Ganty as Treasurer.

Neuropathic Study Day in Liverpool

A workshop about current assessment and management of neuropathic pain was organised as part of the International Year of Neuropathic Pain in Liverpool.

The workshop held on the 17th of October was attended by 23 participants and well received.

The format was in the form of lectures and case based discussion.

A similar workshop might be offered again with real patients.

The Chair attended the SIG Chairs meeting in London held in November

FUTURE ACTIVITY

We organised a joint workshop with the Developing Countries SIG for the 2016 ASM in Harrogate in May.

We will also hold an AGM in Harrogate.

We have been asked to jointly organise a meeting with the Neuromodulation Society UK and Ireland (NSUKI) in November. This will take place at the airport in Manchester.

OUTSTANDING TASKS

We still have not filled the webspace offered by the BPS with content. I will email all Council members to find somebody to oversee this, as I am quite busy. If this is unsuccessful we will ask the membership of the SIG. I hope we can at least decide on a framework about what to publish during the AGM.

FINANCES

We should have made a profit from the Study Day in Liverpool. With the option to co-organise the NSUKI meeting we might be able to build a small buffer for future Study Days and eventually a separate meeting.

There will be a report about the AGM in Harrogate.



HEADACHE SOCIETY SPECIAL INTEREST GROUP REPORT

Members Year End 2015:

Chair: Dr Vivek Mehta

Dr Anish Babra (Honorary Secretary)

Dr Sarah Love-Jones (Honorary Treasurer)

Members

Prof Joanna Zakrzewska

Ms Karin Cannons

Dr Subhash Kandikattu

BPS Council Liason

Dr Arun Bhaskar

Ms Barbara Chapman Alternative Physiotherapy representative

Dr Dee Burrows Co-opted Nursing representative

Mr Colin Preece Patient representative

Total membership: 66

The Headache SIG group has been very active in its first year. The first business meeting at the British Pain Society ASM in Glasgow SECC on 21 April 2015 had a very healthy attendance and a visible enthusiasm amongst the group to promote education, training, research and development in the field of headache. The group agreed that while headache has traditionally been seen as a “neurology” condition, it must be recognised that it is also a “pain” condition, with impacts on physical and psychosocial health, and in common with other pain conditions, with a great potential for pain medicine services to play a major role in improving headache management as part of multidisciplinary approach.

With an aim “To provide an educational platform to disseminate the current knowledge about understanding of the disease and the mechanisms” the first BPS Headache SIG Study Day was organised on 25 November 2015. It was a multidisciplinary education event and was very well received by the audiences generating excellent feedback and a benchmark for future events.

There were 104 delegates at the inaugural Headache SIG meeting, 80 members, 24 non-members. This raised £1920 (24 x £80) for the Society in registration fees from non-members. The Headache SIG received £6400 (80 x £80) in registration fees from members. After expenses of £4235.57 and sponsorship from trade of £9000, the Headache SIG accounts amount to a total of £11,164.43.

The SIG has also decided to collaborate with the British Association for the Study of Headache and will be holding a joint educational event in November 2017 in London.

We are also planning to have the annual SIG Study Day in November 2016. Replicating the success for the last year will certainly be a challenge. The SIG is keen to use the new BPS website to disseminate information and Dr Ajoy Pandit is currently developing the website page for the SIG.



PAIN IN CHILDREN SOCIETY SPECIAL INTEREST GROUP REPORT

DR ALISON BLISS (CHAIR)

Officers Year End 2015:

Chair: Dr Alison Bliss

Richard Walters (Secretary)

Alison Tuycross (International liaison & SIG web administrator)

Paul Rolfe (Treasurer)

Total membership: 57

Over the last year, our membership numbers have remained small but stable.

The SIG held its annual business meeting this year within the 2015 ASM in Glasgow. Attendance numbers were lower than expected, a possible reflection of the timing of the business meeting at the very end of the conference.

The initial findings from last year's national survey on the provision of paediatric chronic pain services within the UK were displayed as a poster during the conference. The committee provided a more detailed feedback on the data from this survey during the business meeting and it was agreed that further analysis was required. This has been the main activity for the SIG committee over the summer months, with continued analysis of the free text and original raw data. The plan is to collate this and submit a report for *Pain News* later in the year.

We are pleased to report that our SIG proposal for a workshop on the future of transition planning within chronic pain has been accepted for the 2016 ASM in Harrogate. We have two excellent speakers who are national leads working in the fields of transition and caring for adolescents and young people.

The SIG is currently advocating the active involvement of paediatric pain specialists in the production of the new NICE guideline on the end of life care for children, for those times when expert pain management is required.

The SIG has agreed to host one of the annual summer Study Days being offered by the BPS in Red Lion Square in 2016. Our aim is to provide an educational day with something to offer all those involved in the care of children with pain, including an opportunity to network with colleagues. Further details will be announced shortly.

Our current projects are to agree content and complete population of the SIG web pages, provide a Twitter feed to share information about paediatric pain (@paininchildren), offer paediatric advice to the CRPS network and liaise with the PLC for a paediatric version of “Understanding and managing pain”.

The SIG does not currently hold any funds.



PAIN EDUCATION SOCIETY SPECIAL INTEREST GROUP REPORT

DR EMMA BRIGGS, CHAIR

Members Year End 2015:

SIG Officers

Chair: Dr Emma Briggs

Prof. Michelle Briggs

Dr Sarah Henderson

Mrs Sue Jenkins (Treasurer)

Dr Pat Roche

Dr Alison Twycross (Secretary)

Co-opted members

Miss Ethel Hili

Ms Despoina Karargyri

Dr Paul Wilkinson

Mrs Sharon Wood

Patient Liaison Committee representative

Ms Geraldine Granath

Total membership: 210

The Pain Education SIG has enjoyed another successful year and has over 120 members; lay people, clinicians and academics that are all passionate about pain education. The interprofessional SIG committee are at the heart of the group and would like to express our sincerest thanks to Dr Janet McGowan and Prof Nick Allcock who stepped down from the committee this year. They have both had pivotal roles in driving the SIG forward and we will always be grateful for their dedication, passion and hard work. After recent elections, we are looking forward to working with new colleagues on the committee who we will introduce at the AGM.

At the 2015 ASM, we had the honour of facilitating a well-attended and successful workshop called *Engaging Patients and Professionals in Patient Education*. The workshop was co-designed and delivered by patient representatives (led by Geraldine Granath) and other committee members (Emma Briggs, Michelle Briggs and Ethel Hili) Attendees experienced an interactive session that explored the challenges and potential solutions to engaging patients and professionals, the knowledge, skills and competencies needed for effective patient and family education, the need for a partnership approach and opportunities for patients as co-educators.

At the 2016 ASM, we hope you will join us for an exciting joint workshop with the ICT SIG called *Pain Education for patients and practitioners: In person or Online?.* We are looking forward to discussing and debating the benefits and challenges of web-based education.

In June, the committee met to decide its two year strategy agreeing the following priorities for 2015-17:

- Launch the undergraduate document and evaluate its impact
- Continue to contribute to the ASM workshops and Study Day series
- Develop our educational research activities
- Develop the patient education skills for professionals work stream
- Consolidate our communications strategy
- Continue to network with other BPS SIGs and build networks with other Pain Education SIGs across IASP

We hope our members enjoy our bi-annual newsletter Education Matters led by Sarah Henderson and our Pain Education Community website hosted by KnowledgeHub, a networking and resource sharing site led by Sue Jenkins. Feedback and contributions on these initiatives are always welcome.

Committee members continue to be involved in a number of activities in the pain community that strengthens our network and help to raise the profile of pain education. These include other SIGs, BPS committees and publications (both the *British Journal of Pain* and *Pain News*) and the IASP (IASP Pain Education SIG and Education Initiatives Working Group).

Thank you to SIG members for their continued support and contributions in 2015. 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

CHAIR, TO BE APPOINTED.

Total membership: 103

The SIG is currently without Chair. It is intended that the SIG will be reactivated in 2016.



PAIN MANAGEMENT PROGRAMMES (PMP) SOCIETY SPECIAL INTEREST GROUP REPORT

DR ZOEY MALPUS (CHAIR)

Members Year End 2015:

Current PMP SIG committee

Chair: Dr Zoey Malpus, Psychology representative *Ms Gail Sowden, Physiotherapy representative* *Ms Barbara Chapman, Alternative Physiotherapy representative*
Dr Iain Jones, Treasurer, Medical representative *Mrs Jill Probert, Nursing representative* *Dr Dee Burrows, Co-opted Nursing representative*
Mrs Deanne Barrow, Secretary, OT representative *Dr Hannah Twiddy, Alternate Psychology representative* *Mr Colin Preece, PLC representative*
Dr Lars Williams, Alternate Medical representative *Dr Paul Wilkinson, Council liaison*
Ms Sarah Kelly, Alternate OT representative

Total membership: 222

The Pain Management Programme Special Interest Group (PMP SIG) comprised a full committee again this year with two members (main and alternate) drawn from each discipline; medical, nursing, occupational therapy, physiotherapy and psychology. The PMP SIG was fortunate to have an excellent patient representative Colin Preece and strong links with the British Pain Society Council via Paul Wilkinson, Council Liaison Officer.

Unfortunately the PMP SIG started the financial year in deficit and thus had to restrict all SIG meetings to teleconference rather than meeting in person. Despite this restriction, the committee members have been working hard on behalf of the membership to drive forwards a number of important PMP projects.

The 15th PMP SIG Biennial conference “Compassion in PMPs” was held in Manchester 17-18/9/15. The PMP SIG is delighted to report that 175 delegates attended the conference, making this event a great success. Indeed, in these times of austerity, when staff and services are under significant pressure to save costs, the PMP SIG committee would very much like to thank the membership for supporting the conference.

The conference theme was “Compassion in Pain Management” and the programme included a range of high profile speakers; Willy Notcutt presenting Compassion in Pain Medicine, Mary Welford presenting Compassion Focused Therapy and Vidyamala Burch presenting Mindfulness and Compassion in Pain Management. The PMP SIG presented Professor Chris Main with a lifetime achievement award in recognition of his significant contribution to multi-disciplinary Pain

Management services. 20 posters provided updates on current research from pain services across the UK. Delegate feedback was collected via surveymonkey and was generally good with some speakers rated as outstanding.

Iain Jones has been appointed as PMP SIG Treasurer. Whilst the final conference budget is outstanding it is anticipated to generate a net surplus income of just below £5000. This will bring the PMP SIG budget back into significant credit and should fund a face-to-face meeting of PMP SIG committee members in 2016.

The PMP SIG committee have voted that the National Scottish Pain Management Programme will host the next PMP SIG conference from their base in Glasgow. The conference theme and programme development is in development.

The PMP SIG launched the Clinical Champions for PMP project, lead by Gail Sowden main physiotherapy representative. This is an ambitious project to build a national network of clinical champions who will become the link person for PMPs running in their geographical area. The role involves checking local PMP directory entries and monitoring the implementation of PMP guidelines locally to ensure that quality services are being delivered. It is anticipated that this project will encourage greater links between the PMP SIG and membership and encourage greater engagement with the British Pain Society.

The PMP SIG is awaiting feedback from the BPS Council and Communications Committee as to whether the PMP guidelines can be made available via the BPS website. There are information governance concerns relating to consent and storage that are still outstanding. The directory is due to be updated in 2016 but these matters need to be addressed prior to any further updating work. It is hoped that the Clinical Champions will facilitate updates from PMP services in their geographical area.

Dee Burrows has been leading on revising the PMP SIG constitution as it had been causing problems with recruitment and retention of SIG members. At the Autumn teleconference the committee voted to change the timing of the PMP SIG AGM so that it can be held at the BPS ASM in the Spring, but in alternate years this can be delayed to the Autumn to coincide with the biennial PMP SIG conference.

The PMP SIG values feedback from members and has used a range of communication strategies to engage members in important decisions. This has involved circulating newsletters with updates on current projects, asking members to complete an online survey to decide whether to include

uni-disciplinary conference workshops and to choose the topics. Further newsletters are planned to provide more specific conference feedback and involvement in future decisions.

The PMP SIG will be delivering a joint workshop with the Education SIG at the ASM 2016. The focus will be upon measuring complexity in troublesome pain.



PHILOSOPHY & ETHICS SOCIETY SIG REPORT

DR MAUREEN TILFORD , SECRETARY

Members Year End 2015 :

Chair: Dr Michael Platt

Steering Committee

Council Liaison Officer

Officers

Dr Bernd Strathausen

Dr Tim Johnson

Dr Maureen Tilford (Secretary)

Dr Paul Dieppe

Dr Peter Wemyss-Gorman (Transcript Editor)

Dr Jeremy Swayne

Mr Matthew Jay (Website Manager)

Dr Willie Notcutt

Ms Sarah Kelly

Mr Antony Chuter, (PLC representative)

Total membership: 85

Our SIG continues to attract interesting new members from diverse backgrounds bringing their own perspectives. Also we are delighted with our new website thanks to one of our group, Matthew Jay. Our steering committee is now established and comprises an enthusiastic group of people and includes a patient representative, Antony Chuter.

We have made every effort to keep our costs as low as possible and have been seeking outside sponsorship.

ANNUAL MEETING 2015: LAUNDE ABBEY, LEICESTERSHIRE, 29TH JUNE – 2ND JULY

Title: The tyranny of diagnosis

The meeting in 2015 was attended by 22 health professionals from a variety of fields. Speakers included Anaesthetists based in pain clinics: Dr Willie Notcutt and Dr David Laird. From the field of dentistry and oral medicine we heard the views of Dr Suan Khoo, Professor of Oral Pathology and Oral Medicine at the University of Malaysia.

From General Practice: Dr Jeremy Swayne and Dr William House, Chair of the British Holistic Medicine Association. Dr House spoke about the holistic approach. From the field of Wellbeing: Prof Paul Dieppe, Professor of Health and Wellbeing, University of Exeter.

A senior civil servant from the Department of Health, Peter Bennett, spoke about various ethical dilemmas encountered in delivering care. We also heard from a lawyer, Matthew Jay, whose work includes advising people on benefits and how to manage their lives living with their pain. A patient representative, Anthony Chuter, Chair of the BPS Patient Liaison Committee, spoke about the patient's experience. Much lively and sometimes provocative debate followed each of the talks.

This year we plan to meet again at Rydal Hall in Cumbria (details below). There has been much interest including enquiries from France, Finland and Denmark.

ANNUAL MEETING 2016: RYDAL HALL, CUMBRIA 27TH – 30TH JUNE

Title: The power of the mind in pain

Our speakers will be looking at various approaches which utilise the patient's own creative abilities to reduce suffering and how we can all facilitate this process. We have four main speakers: Dr David Reilly, Lecturer at Glasgow University and clinician at the Centre for Integrative Care; Sarah Goldingay, writer, producer, actor and broadcaster, looking into performance and ritual in the consultation; Dr Ann Williamson, GP and clinical Hypnotherapist and Kate Binnie, Music therapist and researcher into mind/body interventions in palliative care. Other speakers are Patrick Browning, who has researched group hypnosis for migraine; Dr Alistair Turvill, lecturer from the University of Derby looking at Pain Management Programmes, and Dr Jim Ledson from Liverpool University, discussing a classic literature reading programme for those with chronic pain.



PRIMARY AND COMMUNITY CARE SOCIETY SPECIAL INTEREST GROUP REPORT

DR CHRIS BARKER, IMMEDIATE PAST AND ACTING CHAIR

Members Year End 2015 :

Dr Chris Barker, Acting Chair

Dr Ann Taylor, Committee member

Dr Dee Burrows, Secretary

Dr Pat Roche, Committee member

Dr Martin Johnson (BPS Council – Hon Secretary), Treasurer

Mrs Emma Davies, Committee member

Ms Geraldine Granath, PLC representative

Total membership: 99

COMMITTEE MEMBERS

The tenure of Chair came to an end in April 2015. There were no applications or declarations of interest in this post. Dr Chris Barker agreed to continue as Acting Chair (in addition to the post of Immediate Past Chair) to facilitate full committee.

Discussion is ongoing regarding future committee membership as the posts of Secretary, Treasurer & member (Ann Taylor), are due for re-election in 2016. We are currently raising awareness of the SIG, and also the committee posts within the BPS, and the RCGP at our next Study Day.

NEWSLETTER

Emma Davies has taken on the role of Editor for our newsletter. We published our winter edition before Christmas 2015. The focus emphasises interactivity, case discussion and information-sharing. Another newsletter has been produced in anticipation of our forthcoming collaborative SIG-RCGP Study Day in January 2016. This aims to highlight the roles of the committee and stimulate both interest in the SIG from GPs, and potential candidates for committee member posts.

ASM 2015

We held a workshop entitled “Primary Care Pain Tools – Evidence & Consensus”. The aim was to frame the future discussions regarding how primary care can best assess pain using validated tools. Approximately 30 participants attended the workshop. A formalised outcome document from the meeting was produced with key statements from each workshop group. These statements add weight to the hypothesis that a consensus regarding formalised outcome measurements for pain in community should be sought. A number of important considerations for achieving this were raised; further discussion regarding how we move forward with this information is ongoing.

PLANS FOR 2016

Collaborative Study Day – RCGP Jan 27th 2016 (RCGP – Euston Road)

This is the first collaborative Study Day we have engaged in. BPS SIG have designed the agenda, and identified and liaised with speakers; RCGP have organised the event including venue, sponsorship and marketing. The SIG have agreed a financial package with RCGP to share profit generated.

The topics for discussion include new opioid resource for primary care, headache diagnosis and Management for GPs, Fibromyalgia, pain as a long-term condition and afternoon MSK focused pain workshops. We anticipate a participant number of approximately 60-70.

Revise SIG Committee

As above there is a need to renew our committee membership; this will take place over 2016.

Primary Care Pain Tools

Continuing the work from the 2015 ASM workshop.



PAIN IN DEVELOPING COUNTRIES SOCIETY SPECIAL INTEREST GROUP

DR CLARE ROQUES, CHAIR

Members Year End 2015:

Chair: Dr Clare Roques

Dr Senthil Vijayan (Honorary Secretary)

Dr Sam Eldabe (Honorary Treasurer)

Dr Tim Johnson (Council Liaison Officer)

Total membership: 81

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

- 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.

Following on from a productive SIG business meeting at the 2015 BPS ASM in Glasgow, we have a joint workshop planned with the Neuropathic Pain SIG for the 2016 ASM in Harrogate, entitled “Managing Neuropathic Pain in Resource Poor Environments”.

We are working on our SIG page of the BPS website (led by one of our committee members, Vicky Tidman) which we hope will improve our ability to put interested individuals in touch with each other to share experiences and resources from working overseas. We also continue to publish regular articles in *Pain News*.

We are maintaining our liaison with related organisations including the International Relations Committee of the Association of Anaesthetists of Great Britain and Ireland, and the Essential Pain Management UK Working Group.

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LEGAL AND ADMINISTRATIVE INFORMATION

REGISTERED CHARITY NO. 1103260

REGISTERED CHARITY IN SCOTLAND NO. SC039583

REGISTERED COMPANY NO. 5021381

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THE BRITISH PAIN SOCIETY DIRECTORS' REPORT

FOR THE PERIOD 1ST JANUARY – 31ST DECEMBER 2015

The British Pain Society is the largest multidisciplinary professional organisation in the field of Pain 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 2015 there were 1261 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 independently examined Financial Statements for year 1st January – 31st December 2015. The Report is prepared in accordance with the recommendations of “Charities SORP (FRSSE)”.

I. STRUCTURE, GOVERNANCE AND MANAGEMENT

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, Council may consider a candidate or candidates from the Ordinary and Honorary Members. All new directors/trustees are required to undertake formal induction training. This is scheduled to take place prior to the first Board Meeting following their appointment.

The Board of the Society meets at least four 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 Regulations of the Society.

The Council has identified 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. 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 have appointed 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.

In September 2014, the Charity established a trading subsidiary ‘BPS Pain Business Ltd’. BPS Pain Business Ltd was incorporated under the Companies Act 2006 as a private company that the company is limited by shares, and the situation of its registered office is in England and Wales. The sole subscribing shareholder of BPS Pain Business Limited is the charitable company The British Pain Society (company number 5021381). No other shares have been issued.

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).
- The Society is a generic stakeholder with NHS England Clinical Reference Groups (CRGs)
- The Society has representation on the NHS England Clinical Reference Group for Specialised Pain Services.
- The Society has representation on the Airing Pain radio Advisory Board, an initiative from Pain Concern.
- 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 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 following organisations are also represented at the British Pain Society Council via elected Council members who are elected as individuals, but who have links with the relevant organisations; The Royal Pharmaceutical Society, The British Psychological Society, the Association of Palliative Medicine and the Physiotherapy Pain Association.
- The Society has established a positive relationship with the Department of Health.
- The Society has a representative on the Royal College of Anaesthetists Perioperative Medicine Stakeholder Group.
- The Society is a member of the Specialised Healthcare Alliance (SHCA), via its Council CRG liaison officer.
- A member of the Society is a representative on the SALG Epidural Working Group of The Royal College of Anaesthetists.
- The Society is a member of the Health Conditions in Schools Alliance, via a representative of the Pain in Children Special Interest Group.
- The Society is a member of the Pain Consortium, a group consisting of senior representatives from the British Pain Society, Faculty of Pain Medicine, the Chronic Pain Policy Coalition, and the Clinical Lead for the Royal College of General Practitioners.

2. OBJECTIVES AND ACTIVITIES

The objects as set out in the Memorandum and Articles for which the Society is established (“the Objects”) are the advancement of health by raising the standard of the management of pain by promotion of education, research and training.

The main activities undertaken in relation to the objects are 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.

All of the above activities are for the public benefit. The Trustees have considered the Charity Commission’s guidance on public benefit.

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 48th Annual Scientific Meeting (ASM) in Glasgow on 21-23 April 2015 which was attended by 510 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 2015:
 - 34th Study Day 'Cancer Pain' was held on 13th February 2015.
 - 35th Study Day 'Neuropathic Pain' was held on 17th October 2015.
- A further study day was originally planned on 'Stratified Care' however this did not come to fruition.
- The Patient Liaison Committee held a one day seminar on the 17th December 2015 on 'Pain – the hidden epidemic'.
- An additional SIG Chairs meeting was held on the 13th November 2015.

SIG Meetings/Events

- On 29th June – 2nd July, the Philosophy & Ethics Society SIG held a meeting at Launde Abbey on 'The Tyranny of Diagnosis'
- The Pain Management Programmes SIG held their biennial conference on the 17-18th September 2015.
- The Interventional Pain Medicine Society SIG held their annual meeting as a satellite event at the NSUKI Annual Scientific Meeting on 6-8 November 2015 in London.
- The Headache SIG held their inaugural meeting on the 17th November 2015, attracting close to 100 delegates to their first meeting.

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, with the exception of *Understanding and Managing Long Term Pain* which is chargeable at £1.00.
- The Society published a publication on '*Intrathecal drug delivery for the management of pain and spasticity in adults; recommendations for best clinical practice (2015)*'.
- The Society contributed to a publication '*Opioids Aware: A resource for patients and healthcare professionals to support prescribing of opioid medicines for pain*'. Opioids Aware is a

web based resource, funded by Public Health England and hosted online by the Faculty of Pain Medicine (2014).

- The Society contributed to the Faculty of Pain Medicine's publication on '*Core Standards for Pain Management Services in the UK (2015)*',
- The Society endorsed the Royal College of Nursing: '*Pain Knowledge and Skills Framework for the Nursing Team*' publication (2015).
- The Society published a joint publication with the Faculty of Pain Medicine on '*Standards of good practice on spinal interventional procedures in pain medicine*' (2015).

Bursaries & Grants

- The Society awarded 13 members of the Society bursaries to attend its ASM in Glasgow.
- The Society awarded the Clulow Award for research into 'mTORC1 and the regulation of opioid analgesic efficacy in chronic pain: a translational approach'.
- A Patrick Wall grant awarded in 2014, was paid in 2015 to attend the 26th Annual Convention, Association of Psychological Science, San Francisco, CA USA.

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 £1,105,227 of which £216,783 is in restricted funds, £196,563 being the sum of the Clulow legacy and interest. In 2011 a further sum of £185,304 was received as a legacy from Elaine Clulow. 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 2014/15 the Society spent £66,090 of the Irene Bainbridge legacy on the website and membership database redevelopment. In 2015, a further sum of £21,640 was received from the Irene Bainbridge legacy leaving a balance of £22,308 in the designated reserve. The residual and funds received in 2015 are to be set aside for a new fund.

The net SIG funds of £57,132 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 or sponsorship (transacted through the trading company) from various companies, and for transparency the SIG activities are accounted for separately.

The Study Day reserve of £46,071 is to support the extra educational activity of the Society. £117,492 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:

- £300,000 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 free reserves in the general fund of £293,190 to be used to further the aims and objects of the Society.

This year has seen the Society maintain a good financial base although sustainable finances remain an ongoing priority for the Society, and we have seen an overall balanced budget. The principal source of funding comes from the subscriptions of the members which were increased during 2015. 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 49th Annual Scientific Meeting will be held at the Harrogate International Centre, Harrogate from 10-12 May 2016.
- The Society will finalise and publish a new publication: *A core pain curriculum for preregistration healthcare education*.
- The Society will work towards producing a new publication on *'Acute pain in the community'*.
- The Society will embark on a National Awareness Campaign for Pain, to raise the profile of pain and to generate income to the Society.
- Following on from the new website launched in late 2014, the Society will work towards introducing an online member's discussion forum for members, along with an online research hub for pain.

- The Philosophy & Ethics Society SIG will hold its annual meeting on 27th-30th June at Rydall Hall, Cumbria.
- The Society will hold 3 study days during the course of the year; 'Pain in Children', and two further study days, topics to be confirmed.
- The Interventional Pain Medicine Society SIG will hold their annual one day seminar in Manchester on the 16th September 2016.
- The Patient Liaison Committee of the British Pain Society will hold its annual voluntary seminar on the 3rd November 2016.
- The Headache SIG will hold a one day meeting on 16th November 2016.
- The Neuropathic Pain SIG will hold a one day meeting in London with NSUKI in November 2016.

6. DIRECTORS FOR THE PERIOD 1ST JANUARY – 22ND APRIL 2015

Dr W. Campbell	President
Prof. R. M. Langford	Immediate Past President
Dr J. Goddard	Vice President
Dr M. Johnson	Honorary Secretary
Dr A. P. 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 23RD APRIL – 31ST DECEMBER 2015

Dr W. Campbell	President
Dr A. P. Baranowski	President Elect
Dr M. Johnson	Honorary Secretary
Prof. R Knaggs	Honorary Secretary Elect
Dr J. Goddard	Interim Honorary Treasurer
Dr H. Cameron	Honorary Treasurer Elect
Prof. S. Ahmedzai	Council Member
Mr N. Berry	Council Member
Dr A. Bhaskar	Council Member
Mr P. Cameron	Council Member
Dr T. Johnson	Council Member

Dr A. Leach	Council Member
Dr S. Love-Jones	Council Member
Dr A. Taylor	Council Member
Dr P. Wilkinson	Council Member

STAFF MEMBERS AS AT 31ST DECEMBER 2014

Ms Jenny Nicholas	Chief Executive Officer
Ms Dina Almuli	Secretariat Manager
Mr Ken Obbard	Events & Membership Officer
Ms Rikke Susgaard-Vigon	Conference & Communications Officer

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.

 4/3/16

Dr John Goddard (Interim Honorary Treasurer)
The British Pain Society

INDEPENDENT EXAMINER'S REPORT OF THE TRUSTEES OF THE BRITISH PAIN SOCIETY

I report on the Accounts of The British Pain Society for the year ended 31st December 2015, which are set out on pages 77 to 78.

RESPECTIVE RESPONSIBILITIES OF THE TRUSTEES AND EXAMINER

The Trustees (who are also the Directors of the Company for the purpose of Company Law) are responsible for the preparation of the Accounts. The Charity's Trustees consider that an audit is not required for this year under Section 144 of the Charities Act 2011 and that an independent examination is needed.

Having been satisfied that the Charity is not subject to an audit under Company Law and is eligible for independent examination it is my responsibility to:

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

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BASIS OF INDEPENDENT EXAMINER'S REPORT

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

INDEPENDENT EXAMINER'S STATEMENT

In connection with my examinations, no matter has come to my attention.

- (1) which gives me reasonable cause to believe that in any material respect the requirements:

- to keep accounting records in accordance with S386 of the Companies Act 2006; and
 - to prepare Accounts which accord with the accounting records and to comply with the accounting requirements of the Companies Act 2006 and with the methods and principles of the Statement of Recommended Practice: Accounting and Reporting by Charities (revised 2005) have not been met; or
- (2) to which, in my opinion, attention should be drawn in order to enable a proper understanding of the Accounts to be reached.



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

Dated:16/3/.....2016

THE BRITISH PAIN SOCIETY STATEMENT OF FINANCIAL ACTIVITIES

(INCLUDING INCOME AND EXPENDITURE ACCOUNT)

for the year ended 31st December 2015

INCOME	Notes	Unrestricted Funds £	Restricted funds £	Total 2015 £	Total 2014 £
Donations and legacies	4	225,208	200	225,408	196,251
<i>Income from charitable activities</i>	5	319,530	-	319,530	498,351
<i>Income from other trading activities</i>					
Commercial trading operations	6	50,000	-	50,000	1,260
Investment income	7	4,362	-	4,362	4,689
Total income		<u>599,100</u>	<u>200</u>	<u>599,300</u>	<u>700,551</u>
Expenditure					
<i>Costs of Raising Funds</i>					
Commercial trading operations		-	-	-	-
Expenditure on charitable activities	8	586,379	770	587,149	740,564
Total Expenditure		<u>586,379</u>	<u>770</u>	<u>587,149</u>	<u>740,564</u>
Net income/expenditure		12,721	(570)	12,151	(40,013)
Transfers between funds		-	-	-	-
Net movement in funds		<u>12,721</u>	<u>(570)</u>	<u>12,151</u>	<u>(40,013)</u>
Reconciliation of funds:					
Total Funds Brought Forward		875,723	217,353	1,093,076	1,133,089
Total Funds Carried Forward		<u>888,444</u>	<u>216,783</u>	<u>1,105,227</u>	<u>1,093,076</u>

The statement of financial activities includes all gains and losses recognised in the year. All income and expenditure derives from continuing activities.

THE BRITISH PAIN SOCIETY BALANCE SHEET

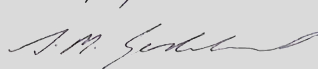

as at 31st December 2015

INCOME	Notes	Unrestricted Funds £	Restricted funds £	31-Dec-15 Total £	31-Dec-14 Total £
Fixed Assets					
Tangible assets	16	2,999		2,999	5,771
Total fixed assets					
Current Assets					
Debtors	17	92,869	-	92,869	106,610
Cash at bank and in hand		865,801	216,783	1,082,584	1,074,746
Total Current Assets		<u>958,670</u>	<u>216,783</u>	<u>1,175,453</u>	<u>1,181,356</u>
Liabilities					
Creditors: falling due within 1 year	18	73,225	-	73,225	94,051
Net Current assets		885,445	216,783	1,102,228	1,087,305
Total assets less current liabilities		<u>888,444</u>	<u>216,783</u>	<u>1,105,227</u>	<u>1,093,076</u>
Creditors: amounts falling due after more than 1 year					
Net assets		<u>888,444</u>	<u>216,783</u>	<u>1,105,227</u>	<u>1,093,076</u>
Funds of the Charity					
	20				
Unrestricted income funds		888,444	-	888,444	875,723
Restricted Funds		-	216,783	216,783	217,353
Total Charity Funds		<u>888,444</u>	<u>216,783</u>	<u>1,105,227</u>	<u>1,093,076</u>

The trustees have prepared accounts in accordance with section 398 of the Companies Act 2006 and section 138 of the Charities Act 2011. These accounts are prepared in accordance with the special provisions of Part 15 of the Companies Act relating to small companies and constitute the annual accounts required by the Companies Act 2006 and are for circulation to members of the company.

The notes on pages 79 to 95 form part of these financial statements.

Approved by the Directors on the
Signed on their behalf by Director
Print name
Company Registration Number: 5021381

4/3/16



NOTES TO THE ACCOUNTS

I. ACCOUNTING POLICIES

The principal accounting policies adopted, judgements and key sources of estimation uncertainty in the preparation of the financial statements are as follows:

A) BASIS OF PREPARATION

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard for Smaller Entities published on 16/7/14, the Financial Reporting Standard for Smaller Entities (effective January 2015) and the Companies Act 2006.

Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy note(s).

B) INCOME

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) INTEREST RECEIVABLE

Interest on funds held on deposit is included when receivable and the amount can be measured reliably by the charity; this is normally upon notification of the interest paid or payable by the Bank.

D) FUND ACCOUNTING

Unrestricted funds are available to spend on activities that further any purposes of the charity. Designated funds are unrestricted funds of the charity which the trustees have decided at their discretion to set aside to use for a specific purpose. Restricted funds are donations which the donor has specified are to be solely used for particular areas of the Society's work or for specific projects being undertaken by the Society. Further explanation of the nature and purpose of each fund is included in the notes to the financial statements.

E) EXPENDITURE

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.

F) ALLOCATION OF SUPPORT COSTS

Support costs include central functions and have been allocated to the activity cost category of the annual scientific meeting on a basis consistent with the use of resources. The basis is set out in note 3.

G) TANGIBLE FIXED ASSETS

Tangible fixed assets are stated at cost less depreciation. Assets costing less than £500 are written off in the year of purchase. Depreciation is provided at the following annual rates in order to write off each asset over its estimated useful life as follows:

Office Equipment - 20% on a reducing balance basis.

H) PENSIONS

The charity operates a defined contribution pension scheme. Contributions are charged to the Statement of Financial Activities as they become payable in accordance with the rules of the scheme.

I) OPERATING LEASES

Rental charges payable under operating leases are charged on a straight line basis over the terms of the lease.

J) TAXATION

The charity is exempt from tax on its charitable activities.

2. LEGAL STATUS OF THE CHARITY

The charity is a company limited by guarantee and has no share capital. In the event of the charity being wound up, the liability in respect of the guarantee is limited to £1 per member of the charity.

3. FINANCIAL PERFORMANCE OF THE CHARITY

The statement of financial activities includes income from the charity's wholly owned subsidiary which operates the trade exhibition at the annual scientific meeting, and other trading activities, under licence from the charity.

The summary performance of the charity is:

	Unrestricted Funds	Restricted funds	Total 2015	Total 2014
	£	£	£	£
Incoming resources - charity only	525,100	200	525,300	700,551
Income from subsidiary company paid under licence	50,000	-	50,000	-
Corporate donation	24,000	-	24,000	-
	<u>599,100</u>	<u>200</u>	<u>599,300</u>	<u>700,551</u>
Expenditure on charitable activities - charity only	586,379	770	587,149	740,564
	<u>12,721</u>	<u>(570)</u>	<u>12,151</u>	<u>(40,013)</u>
Net incoming resources	12,721	(570)	12,151	(40,013)
Total funds brought forward	875,723	217,353	1,093,076	1,133,089
Total funds carried forward	888,444	216,783	1,105,227	1,093,076
Represented by:				
Unrestricted income funds	888,444	-	888,444	875,723
Restricted Funds	-	216,783	216,783	217,353
	<u>888,444</u>	<u>216,783</u>	<u>1,105,227</u>	<u>1,093,076</u>

The charity only performance of the annual scientific meeting is:

	Unrestricted Funds	Restricted funds	Total 2015	Total 2014
	£	£	£	£
Income	242,853	-	242,853	418,929
ASM office costs paid under licence	50,000	-	50,000	-
	<u>292,853</u>	<u>-</u>	<u>292,853</u>	<u>418,929</u>
Expenses				
Room hire	56,520	-	56,520	136,144
Venue-miscellaneous	6,027	-	6,027	400
Printing	8,197	-	8,197	13,809
Help at venue	3,097	-	3,097	3,543
Speakers expenses (inc. travel & accom.)	5,468	-	5,468	2,525
Refreshments	44,258	-	44,258	40,768
Out sourced event management	600	-	600	3,650
Poster prizes	943	-	943	820
Poster boards & advertising	2,580	-	2,580	1,800
Gifts	1,352	-	1,352	1,095
Van hire	873	-	873	540
Coaching	1,465	-	1,465	225
Council	10,391	-	10,391	7,257
Staff	4,270	-	4,270	2,223
PLC committee members	408	-	408	335
Social programme	7,874	-	7,874	15,924
Insurance	3,788	-	3,788	4,008
Badges	469	-	469	829
Contingency- additional purchases	881	-	881	1,303
Miscellaneous	438	-	438	2,045
Bursaries	22,563	-	22,563	22,968
AVA's/data projection	6,120	-	6,120	-
Stuffing delegates bags	695	-	695	535
ASM registration fee bank charges	363	-	363	3,830
	<u>189,640</u>	<u>-</u>	<u>189,640</u>	<u>266,576</u>
Office cost contribution	172,661	-	172,661	164,138
Total cost	<u>362,301</u>	<u>-</u>	<u>362,301</u>	<u>430,714</u>
Net movement in funds	<u>(69,448)</u>	<u>-</u>	<u>(69,448)</u>	<u>(11,785)</u>

Basis on which support costs have been allocated to the activity annual scientific meeting (ASM):

As agreed for 2015 some staff and office costs are apportioned 60% to the annual scientific meeting and 40% to general fund costs. These are shown above as the office cost contribution.

100% of the annual independent examination/audit cost is attributed this year to this meeting being £1,200 (2014 : £2,880).

4. INCOME FROM DONATIONS AND LEGACIES

DONATIONS	Unrestricted Funds	Restricted funds	Total 2015	Total 2014
	£	£	£	£
Donations	404		404	900
Legacies	21,440	200	21,640	-
Gift aid received	878		878	501
Subscriptions	187,481		187,481	194,850
Corporate donation (note 13)	15,005		15,005	-
Total	<u>225,208</u>	<u>200</u>	<u>225,408</u>	<u>196,251</u>

The income from donations and legacies was £22,044 (2014 : £900) of which £21,844 was unrestricted (2014 : £900) and £200 restricted (2014 : £0).

5. INCOME FROM CHARITABLE ACTIVITIES

	Unrestricted Funds	Restricted funds	Total 2015	Total 2014
	£	£	£	£
Meeting income	242,853		242,853	418,929
General publications	-		-	81
Publications	377		377	366
Research awards and grants	-		-	30,400
PLC annual voluntary seminar	1,188		1,188	840
SIGS	67,930		67,930	41,286
Study days	6,555		6,555	4,435
Education days	-		-	-
Pathways I&D	-		-	-
Other income	627		627	2,014
Total	<u>319,530</u>	<u>-</u>	<u>319,530</u>	<u>498,351</u>

6. INCOME FROM OTHER TRADING ACTIVITIES

	Unrestricted Funds	Restricted funds	Total 2015	Total 2014
	£	£	£	£
Office costs paid under licence	50,000		50,000	-
Label Sales	-		-	1,260
Total	<u>50,000</u>	<u>-</u>	<u>50,000</u>	<u>1,260</u>

7. INVESTMENT INCOME

	Unrestricted Funds	Restricted funds	Total 2015	Total 2014
	£	£	£	£
Interest received	4,362		4,362	4,689
The investment income arises from money held in interest bearing deposit accounts.			-	-
Total	<u>4,362</u>	<u>-</u>	<u>4,362</u>	<u>4,689</u>

8. EXPENDITURE ON CHARITABLE ACTIVITIES

	Unrestricted Funds	Restricted funds	Total 2015	Total 2014
	£	£	£	£
Research grants	1,397	770	2,167	55,700
Meeting expenses	362,301		362,301	430,714
Sub-Committee expenses	5,169		5,169	6,263
Core Com/SIGS	38,199		38,199	20,339
SIGS- Chairs meetings	1,939		1,939	1,567
Working parties	84		84	685
PLC annual voluntary seminar	1,803		1,803	2,795
Study days	3,347		3,347	5,767
Education days	-		-	-
Professional meetings	2,070		2,070	3,538
Other meeting expenses	2,396		2,396	3,327
Miscellaneous expenses	2,662		2,662	9
Newsletter & Journal	36,903		36,903	35,524
Website	389		389	3,695
Publications	3,512		3,512	637
Map of Medicine	-		-	7,550
Pathways I&D	-		-	(659)
Rent & service charges	12,092		12,092	11,964
Secretariat & other staff costs	66,744		66,744	58,120
Printing & postage	962		962	1,347
Telephone & fax costs	1,782		1,782	1,612
Computer system & software	5,157		5,157	5,977
IT Review	8,909		8,909	56,981
Equipment hire & storage	428		428	572
Premises rates & insurance	2,409		2,409	1,531
Office stationery & photocopying	2,098		2,098	2,723
Professional fees	1,710		1,710	2,663
Subscriptions	373		373	156
Bank charges	2,164		2,164	683
Depreciation & asset adjustment	2,771		2,771	1,443
Council expenses	3,965		3,965	3,778
Induction of trustees & trustee training	267		267	267
Accountancy	11,742		11,742	10,257
Legal fees	545		545	5
Annual election expenditure	-		-	1,810
Annual report	90		90	1,224
	<u>586,379</u>	<u>770</u>	<u>587,149</u>	<u>740,564</u>

9. SUMMARY ANALYSIS OF EXPENDITURE ON CHARITABLE ACTIVITIES

This table shows the cost of the main charitable activities including support costs and grant funding to third parties.

ACTIVITY OR PROGRAMME	Activities undertaken directly	Grant funding of activities	Support costs	Total
	£	£	£	£
ASM	167,077	22,563	172,661	362,301
Charitable grants	-	2,167	-	2,167
Newsletter & publications	40,415	-	-	40,415
Secretariat costs	177,944	-	-	177,944
Governance costs	4,322	-	-	4,322
	<u>389,758</u>	<u>24,730</u>	<u>172,661</u>	<u>587,149</u>

10. NET INCOME / (EXPENDITURE) FOR THE YEAR

This table shows the cost of the main charitable activities including support costs and grant funding to third parties.

THIS IS STATED AFTER CHARGING:	Unrestricted Funds	Restricted funds	Total 2015	Total 2014
	£	£	£	£
Depreciation	750	-	750	1,443
Bank interest payable	-	-	-	-
Auditor's remuneration:				
Audit Fees	1,200	-	1,200	2,880
Accountancy services	-	-	-	-
	<u>1,200</u>		<u>1,200</u>	<u>4,323</u>

II. ANALYSIS OF STAFF COSTS AND TRUSTEE REMUNERATION AND EXPENSES

	2015	2014
	£	£
Salaries and wages	107,595	112,561
Social security costs	8,410	5,120
Pension costs	20,340	3,988
Temporary staff costs	35,350	-
	<u>171,695</u>	<u>121,669</u>

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

No employee had employment benefits in excess of £60,000 (2014 : nil). Pensions are wholly charged to unrestricted funds.

The trustees were not paid or received any other benefits from employment with the charity in the year (2014:nil) but were reimbursed expenses during the year of £9,913 (2014 : £8,818.51) See analysis below.

No charity trustee received payment for professional or other services supplied to the charity (2014 : nil)

No employees received emoluments in excess of £60,000. No staff are paid on a self employed basis as at the balance sheet date (2014 : nil).

COUNCIL EXPENSES	100%	40%
	2015	2014
	£	£
Meeting - Catering	2,088	881
Meeting - Room Hire / Telecons	-	63
Meeting - Travelling	6,500	2,162
Meeting - Hotels	1,325	672
	<u>9,913</u>	<u>3,778</u>

I 2 . S T A F F N U M B E R S

The average monthly head count of full-time equivalent employees (including casual and part-time staff) during the year were as follows:

	2015	2014
Charitable activities	3.5	3.5
	<u>3.5</u>	<u>3.5</u>

I 3 . R E L A T E D P A R T Y T R A N S A C T I O N S

In 2015 the following transactions took place between the charity and its wholly owned trading subsidiary: BPS Pain Business Ltd, company number 9220078 England and Wales.

- The provision of an operating licence, renewable annually by the charity to BPS Pain Business Ltd to further trading activity connected to the charity £50,000 (2014: £nil).
- The transfer under gift aid of the trading profits of BPS Pain Business Ltd to the charity totalled £24,000 split ‘£15,005 received to the general fund, and £8,995 to the Headache SIG designated fund (2014: £nil).

‘There were no outstanding balances with related parties as at 31 December 2015.

I 4 . G R A N T S

The attached annual report details the grants offered by the charity.

The Clulow award is accrued annually (£25,000 per annum), but awarded biannually (currently up to a maximum of £50,000). 2015 is a Clulow grant award year, to be paid in four installments, total value £49,740. Prior year accrued grant balances will fund the 2015 award (details below). In 2014 the allowance was £25,000 as shown in note 19 to these financial statements.

The 2015 P.Wall grant totalled £1,397 (2014 : £700). Bursaries for the charity 2015 annual scientific meeting totalled £22,563 (2014 : £22,968).

2015 RECONCILIATION:

Accrued Clulow award 2014	48,970	
Less 2015 award issued	<u>49,740</u>	
Balance of Clulow grant award		770
2015 P. Wall grant		<u>1,397</u>
		2,167
2015 bursaries		<u>22,563</u>
Total grants and bursaries awarded:		<u><u>24,730</u></u>

15. CORPORATION TAX

The charity is exempt from tax on income and gains falling within section 505 of the taxes Act 1988 or section 252 of the Taxation of Chargeable Gains Act 1992 to the extent that these are applied to its charitable objects.

16. TANGIBLE FIXED ASSETS

	Office Equipment £	Fixtures & Fittings £	Total £
Cost:			
Adjusted as at 1st January 2015	9,049	11,851	20,900
Additions	0	0	0
Disposal adjustment	<u>(2,497)</u>	475	<u>(2,022)</u>
As at 31 December 2015	6,552	12,326	18,878
Depreciation:			
As at 1 January 2015	4,599	10,530	15,129
Charge for the year	391	359	750
Disposal adjustment	<u>0</u>	<u>0</u>	<u>0</u>
As at December 2015	4,990	10,889	15,879
Net book value:			
As at 1 January 2015	<u>4,450</u>	<u>1,321</u>	<u>5,771</u>
As at 31 December 2015	<u>1,562</u>	<u>1,437</u>	<u>2,999</u>

17. DEBTORS & PREPAYMENTS

	31.12.2015	31.12.2014
	£	£
Meeting pre-payments	41,659	77,323
Charity invoices	27,210	29,287
Corporate donation	24,000	-
	<u>92,869</u>	<u>106,610</u>

18. CREDITORS: AMOUNTS FALLING DUE WITHIN 1 YEAR

	31.12.2015	31.12.2014
	£	£
Charity creditors	57,900	63,116
Advance meeting costs	15,325	30,935
	<u>73,225</u>	<u>94,051</u>

19. ANALYSIS OF CHARITABLE FUNDS

Analysis of movements in unrestricted funds:

GENERAL FUND

The free reserves of the charity after allowing for all designated funds.

	2015	2014
Balance at 1st January	542,377	522,398
Income	208,934	203,831
Expenditure	(171,620)	(183,852)
Transfers between funds - PLC	(615)	-
Transfers between funds - SIGs	17,113	-
Movement in funds	<u>53,812</u>	<u>19,979</u>
Total general reserves at 31st December	<u>£596,189</u>	<u>£542,377</u>

Within the general fund of the charity are £15,005 of reserves received as a corporate donation from the wholly owned trading company (2014 : £nil).

Analysis of movements in designated funds

IRENE BAINBRIDGE LEGACY

The following designated fund is the sum from a legacy received in 2005, from Irene Bainbridge. It was agreed in 2013 to re-designate from: "Basic research into the causes and cures for pain", to the Society's IT Project Review. The funds received in 2015 are to be "set aside" for a new fund. The residual balance of the IT Project is now to be spent as part of the new fund designation

	2015	2014
Balance at 1st January	9,677	66,658
Income "Set Aside " fund	21,640	-
Expenditure	(9,109)	(56,981)
Movement in funds	<u>12,531</u>	<u>(56,981)</u>
Balance as at 31st December	£22,208	£9,677

ASM

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:

	2015	2014
Balance at 1st January	186,940	198,725
Income	242,853	418,929
ASM office costs paid under licence	50,000	-
Expenditure	(362,301)	(430,714)
Movement in funds	<u>(69,448)</u>	<u>(11,785)</u>
Balance as at 31st December	£117,492	£186,940

SIGS

The Designated SIGS funds also accumulate surpluses which are to be spent to further the work of the individual SIGS as listed on page. These funds are represented by:

	2015	2014
Balance at 1st January	44,514	23,567
Income	67,930	41,286
Expenditure	(38,199)	(20,339)
Transfer to general funds (internal allocation of expenses)	(17,113)	-
Movement in funds	<u>12,618</u>	<u>20,947</u>
Balance as at 31st December	£57,132	£44,514

Within the SIGS funds of the charity are £8,995 of reserves received as a corporate donation from the wholly owned trading company (2014 : £nil).

STUDY DAYS AND EDUCATION DAYS

The designated study days and education days funds also accumulate surpluses which are to be spent on furthering those educational activities.

	2015	2014
Balance at 1st January	42,863	44,195
Income	6,555	4,435
Expenditure	<u>(3,347)</u>	<u>(5,767)</u>
Movement in funds	3,208	(1,332)
Balance as at 31st December	£46,071	£42,863

MAP OF MEDICINE PATHWAYS

	2015	2014
Balance at 1st January	7,774	15,324
Income	-	-
Expenditure	<u>-</u>	<u>(7,550)</u>
Movement in funds	-	(7,550)
Balance as at 31st December	£7,774	£7,774

PATHWAYS I&D

	2015	2014
Balance at 1st January	16,578	15,919
Income	-	-
Expenditure	<u>-</u>	<u>659</u>
Movement in funds	-	659
Balance as at 31st December	£16,578	£16,578

OTHER DESIGNATED RESERVES

	2015	2014
Balance at 1st January	25,000	25,000
Income	-	-
Expenditure	<u>-</u>	<u>-</u>
Movement in funds	-	-
Balance as at 31st December	£25,000	£25,000

PLC SEMINAR SPONSORSHIP

The PLC seminar received no sponsorship and therefore the brought forward loss was written off against the general fund:

	2015	2014
Balance at 1st January	-	-
Income	1,188	840
Expenditure	(1,803)	(2,795)
Transfer from General Funds	615	1,955
Movement in funds	-	-
Balance as at 31st December 2015	-	-
Total designated reserves at 31st December	<u>£292,255</u>	<u>£333,346</u>

Analysis of movements in 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".

	2015	2014
Balance at 1st January	197,133	221,303
Income	200	-
Expenditure	(770)	(25,000)
Interest	-	830
Movement in funds	(570)	(24,170)
Balance at 31st December	£196,563	£197,133

GRANTS**GP/PRIMARY CARE PUBLICATIONS**

		2015	2014
Balance at 1st January		20,220	-
Income	(GP Pain Patient Pathway Booklet)	-	30,000
Expenditure	(GP Pain Patient Pathway Booklet)	-	(30,000)
Reserves Transfer	(GP/Primary Care Publication)	-	20,220
Movement in funds		-	20,220
Balance at 31st December		£20,220	£20,220
Total restricted reserves at 31st December		<u>£216,783</u>	<u>£217,353</u>

20. ANALYSIS OF NET ASSETS BETWEEN FUNDS

	General Fund £	Designated Reserves £	Restricted Reserves £	TOTAL 31.12.2015 £
Fixed assets:	2,999	-	-	2,999
Net current assets:				
General	593,190			593,190
Designated: I Bainbridge		22,208		22,208
Designated: ASM		117,492		117,492
Designated: SIGS		57,132		57,132
Designated: Study Days & Education Days		46,071		46,071
Designated: Reserves		25,000		25,000
Designated: Map of Medicine Pathways		7,774		7,774
Designated: Pathways I & D		16,578		16,578
Designated: PLC Seminar		-		-
Restricted : Clulow			196,563	196,563
Restricted : Grants			20,220	20,220
	<u>596,189</u>	<u>292,255</u>	<u>216,783</u>	<u>1,105,227</u>

a) Detailed analysis of tracked charitable funds:

	01.01.2015	Income	Expenditure	Transfers	31.12.2015
SIGS	£	£	£	£	£
Philosophy & Ethics	3,128	6,825	10,020	(410)	(477)
Acute Pain	4,634	-	-	-	4,634
Neuropathic Pain	650	-	-	-	650
Interventional Pain Management	16,365	500	-	-	16,865
Clinical Information	12,856	-	-	-	12,856
Pain Management Programmes	(1,929)	44,450	23,964	(14,218)	4,339
Pain Education	5,153	-	558	-	4,595
Older People	(1,106)	-	-	-	(1,106)
Primary Care	1,873	(120)	161	-	1,592
Developing Countries	430	-	-	-	430
Info & Comm Tech	2,620	-	-	-	2,620
Headache	(160)	16,275	3,496	(2,485)	10,134
	<u>44,514</u>	<u>67,930</u>	<u>38,199</u>	<u>(17,113)</u>	<u>57,132</u>
STUDY DAYS					
Prior Study Day Surpluses	25,519	-	-166	-	25,685
30th Study Day- 15th May 2014	1,128	-	-	-	1,128
31st Study Day - 17th June 2014	2,462	-	-	-	2,462
32nd Study Day - 23rd July 2014	(256)	-	-	-	(256)
33rd Study Day - 24th November 2014	(1,933)	990	500	-	(1,443)
34th Study Day - 13th February 2015	(161)	1,585	2,071	-	(647)
35th Study Day - 17th October 2015	(161)	3,980	-	-	3,819
36th Study Day- 23rd November 2015	(160)	-	942	-	(1,102)
Study Day - miscellaneous	(42)	-	-	-	(42)
	<u>26,396</u>	<u>6,555</u>	<u>3,347</u>	<u>-</u>	<u>29,604</u>
EDUCATION DAYS					
Prior Education Day Surpluses	16,267	-	-	-	16,267
Primary Care Ed. Day Sponsorship	200	-	-	-	200
	<u>16,467</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>16,467</u>
TOTAL Study days & Education Days	<u>42,863</u>	<u>6,555</u>	<u>3,347</u>	<u>-</u>	<u>46,071</u>
WORKING PARTIES					
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	(2,815)	-	-	-	(2,815)
Pain Assessment in Older People	(1,268)	-	-	-	(1,268)
Joint BPS/BGS	(689)	-	-	-	(689)
Membership Recruitment & Retention	-	-	84	-	(84)
	<u>(32,629)</u>	<u>-</u>	<u>84</u>	<u>-</u>	<u>(32,713)</u>

PUBLICATIONS

Nursing Practice	(359)	-	-	-	(359)
Understanding & Managing Pain	(6,058)	243	2,163	-	(7,978)
Spinal Cord Stimulation	(2,582)	-	-	-	(2,582)
Opioid Recommendations	(514)	134	134	-	(514)
PMS Good Practice	12	-	-	-	12
Drugs Beyond Licence	(680)	-	-	-	(680)
Intrathecal Drug Delivery	(3,409)	-	615	-	(4,024)
Pain & Substance Misuse	(131)	-	-	-	(131)
Pain Management Programme	(1,868)	-	-	-	(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	25,428	-	-	-	25,428
Pain Management Guide Lines	(11,692)	-	-	-	(11,692)
BPS/PAGB Over The Counter Drugs	5	-	-	-	5
Guidelines for PSIP	-	-	600	-	(600)
Medial Branch	(607)	-	-	-	(607)
VAT Reimbursement on printing costs	30,327	-	-	-	30,327
	<u>22,877</u>	<u>£377</u>	<u>£3,512</u>	<u>-</u>	<u>£19,742</u>



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