

ANNUAL REPORT & ACCOUNTS 2016

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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 1,100 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 Pain (EFIC).

OFFICERS, ELECTED COUNCIL MEMBERS, CO-OPTED COUNCIL MEMBERS AND STAFF

Year end 2016

Elected Members of Council

Prof. Sam Ahmedzai, Emeritus Professor and Consultant in Palliative Medicine

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 and Anaesthesia

Dr Zoey Malpus, Consultant Clinical Psychologist in Pain Management

Dr Ann Taylor, Reader in Pain Education and Research

Dr David Glyn Williams, Consultant Anaesthetist

Officers and Elected Members of Council



From left to right

Back row: Prof. Sam Ahmedzai, Mr Paul Cameron, Dr Austin Leach, Dr Heather Cameron, Dr David Glyn Williams, Dr Sarah Love-Jones, Dr Arun Bhaskar

Front row: Dr William Campbell, Dr Tim Johnson, Dr Andrew Baranowski, Prof. Roger Knaggs, Ms Jenny Nicholas

Absent from photograph: Dr Martin Johnson, Dr Paul Wilkinson, Dr Zoey Malpus, Dr Ann Taylor

Officers

Dr Andrew Baranowski, President Consultant in Pain Medicine Dr Heather Cameron, Honorary Treasurer Physiotherapy Professional Lead Dr William Campbell, Immediate Past President, Emeritus Consultant in Anaesthesia and Pain Dr Martin Johnson, Vice President

Senior Medical Director

Prof. Roger Knaggs, Honorary Secretary, Associate Professor in Clinical Pharmacy Practice

Dr Paul Wilkinson, Vice President, Consultant Anaesthetist

Staff



Dina Almuli, Secretariat Manager



Jenny Nicholas, Chief Executive Officer



Ken Obbard, Events and Membership Officer

Co-opted Members of Council

Mr Neil Betteridge, Representative; Chronic Pain Policy Coalition (CPPC)

Dr Elaine Boland, Representative; Association of Palliative Medicine

Mr Antony Chuter, Chair, Patient Liaison Committee

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

Prof. Sam Eldabe, Chair, Science and Research Committee

Dr Barry Miller, 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 Dr Amanda C de C Williams, Representative; Science

Staff

Ms Dina Almuli, Secretariat Manager Ms Jenny Nicholas, Chief Executive Officer Mr Ken Obbard, Events and Membership Officer

Officers, Elected Council Members and Co-opted Council Members



From left to right

Back row: Prof. Sam Eldabe, Mr Antony Chuter, Prof. Sam Ahmedzai, Mr Paul Cameron, Dr Austin Leach, Dr Heather Cameron, Dr David Glyn Williams, Dr Sarah Love-Jones, Dr Arun Bhaskar, Dr Elaine Boland, Prof. Andrew Rice

Front row: Mr Neil Betteridge, Dr William Campbell, Dr Tim Johnson, Dr Andrew Baranowski, Prof. Roger Knaggs, Ms Jenny Nicholas, Dr Amanda C de C Williams

Absent from photograph: Ms Felicia Cox, Dr Martin Johnson, Dr Zoey Malpus, Dr Barry Miller, Dr Arasu Rayen, Prof. Kate Seers, Dr Ann Taylor, Dr Paul Wilkinson



OFFICERS AND COMMITTEES' REPORT



Dr Andrew Baranowski

PRESIDENT'S REPORT



This year is the 50th Anniversary of our Annual Scientific Meetings, we are the oldest National Pain Society.

Over the past few years the British Pain Society's (BPS) activities have been directed to maintaining stability through new approaches to working that focus the Society on agreed outcomes. To achieve this, during the past three years under the stewardship of my predecessor, Dr William Campbell, we have identified the BPS Values and re-organised our Committees to champion those in their actions. Centrally there has also been significant activity around the British Pain Society Brand, the structure, organisation and appearance of our ASM, developing new membership structures and our National Awareness Campaign. However, we also need to recognise the dedication within our SIGs and other areas of the BPS that make us the Society that we are and places us as the only UK Society that has a mandate to promote and support multidisciplinary pain management.

The Annual Scientific Meeting 2016

The 2016 Annual Scientific Meeting (ASM) was held in Harrogate. In the feedback from those that attended, the quality of the speakers was praised and as always the skill and effort of the Scientific Programme Committee and the Secretariat was acknowledged. Our plenary speakers and topics were:

- Pat Wall Lecture: Preaching to the unconverted: new treatments for chronic pain, Professor Stephen Hunt (London)
- A helicopter view on CRPS highlights of 20 years of research and its relevance to practice, Professor Frank Birklein (Germany)
- Neuroimaging of placebo analgesia how beliefs influence the perception of pain, Dr Katja Wiech (Oxford)
- Neuromodulation: an update of the current evidence, Professor Eric Buchser (Switzerland)
- Improving management of postoperative pain what are the challenges? Professor Winfried Meissner (Germany)



- The challenges of pain and dementia, Professor Peter Passmore (Belfast)
- Why does it keep hurting? The role of central nervous system in chronic musculoskeletal pain, Professor Eva Kosek (Sweden)
- The benefits of pain: a new approach to understanding pain, Dr Brock Bastian (Australia)
- BPS Lecture: Care for people with painful joints: what works and by whose standards? Dr Rachael Gooberman-Hill (Bristol)

As you will see, not only were we fortunate to have home grown experts but also many from further afield.

Annual General Meeting 2016

The term of office for two Council members were complete this year: Mr Neil Berry and Dr Tim Johnson. Their contributions to running our organisation are appreciated, without such volunteers the Society would struggle.

Dr Tim Johnson was re-elected for a second term of office, and new Council members were Dr Zoey Malpus and Dr David Glyn Williams. We look forward to working with them.

Dr Heather Cameron took up the reigns of Honorary Treasurer, finally allowing Dr John Goddard to step down from official duties at the BPS after he had stepped into the role because Dr Baranowski became President Elect. John's attention to detail will be missed, he has steered the BPS through many difficult times.

Prof. Roger Knaggs became Honorary Secretary, taking over from Dr Martin Johnson who was elected Vice President with responsibility for membership. Dr Paul Wilkinson was elected Vice President with responsibility for the National Awareness Campaign.

Our Execs represent a range of interests and include physiotherapy, pharmacy, general practice, pain management programs and specialised services. Everyone has a commitment to Multidisciplinary Pain Management Services.

Honours and Awards

Two BPS members were awarded Honorary membership

- Dr John Goddard, following a citation read by Dr William Campbell
- Mr Pete Moore, following a citation read by Dr Martin Johnson

The recipients had contributed very significantly to the aims of the Society – in particular Dr Goddard's commitment to the Council of the Society in various roles and Mr Moore's achievements in promoting and raising awareness of selfcare of pain on an international level.



Committees

I wish to express my thanks to:

Dr Paul Cameron, Chair of the Education Committee 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, (Prof. David Walsh will take over from May 2017). Professor Sam Eldabe, Chair of the Science and Research Committee

Ms Felicia Cox, Editor of the British Journal of Pain, supported by Roger Knaggs during a brief time of illness. 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

As Dr Campbell indicated in last year's report: '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.' 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 can achieve our aims, and support those living in pain.

Unfortunately, during 2016 the savings made did not prevent a deficit and as further savings would probably harm the Society our efforts do need to look towards new income generation.

Secretariat

Mrs Rikke Susgaard-Vigon has moved on from the Society after nine years of organising our ASMs. As always we are grateful to Ms Jenny Nicholas, as Chief Executive Officer, Dina Almuli as Secretariat Manager and Ken Obbard who supports membership and many of the committees.

The British Pain Society Website and Social Media

In last year's report it was noted that in 2015 the British Pain Society website underwent significant changes under Dr John Goddard. He was supported by Mr Steve Walmsley (Project Manager), Ken Obbard and Ms Jenny Nicholas. During 2016 there has been significant discussions about the next stage. Dr Ann Taylor and Prof. Sam Ahmedzai took over as webmasters and with a team input we will see the launch of a new look to the website in early 2017, that built on the more functional changes of the past. These changes are a part of the BPS re-branding exercise but were also considered important to facilitate clear communication with our members and the public around our activities.



Dr Zoey Malpus has been working with the Secretariat on integrating the Pain Community Centre website with the British Pain Society website so that the BPS will host the wealth of information available on that site in the future. This merger will open up opportunities for the BPS to undertake Multidisciplinary CME activity in the future.

Dr Ann Taylor and Prof. Sam Ahmedzai also took over as our Social Media leads, our Facebook account has been re-branded and both Facebook and Twitter activity have increased with a significant expansion in followers. If you have such accounts, please follow the BPS accounts.

Media

The BPS has been reactive to media requests for many years with Austin Leach and Roger Knaggs taking the lead as Media Liaison Officers, but with the involvement of others as required. We now welcome Dr Alan Fayaz to the team and he will take on the role of developing a proactive media strategy. As a part of this project we shall be horizon scanning for news stories before they break and even looking to taking those items to the press, TV and radio. We hope to draw up standard responses to regular questions and a list of experts and their special interests and skill (are they good writers or better on TV?).

The structure of the Media Group has been formalised and both the Media and Social Media Groups are now integrated into the structure of the Communications Committee led by Arun Bhaskar.

The Pain Consortium

This is an alliance whose membership includes: the President of The British Pain Society, the Dean of The Faculty of Pain Medicine, Royal College of Anaesthetists, the Pain Lead for the Royal College of General Practice and the Chairs of The Chronic Pain Policy Coalition (CPPC). The meetings of the Consortium aim to ensure collaboration between these agencies, reducing overlapping work and ensuring we work on shared goals and outcomes. The BPS continues to represent the MDT and by its Patient Liaison Committee and Patient Reference Group, patients.

Commissioning for Specialised Pain Services, NICE (The National Institute for Health and Care Excellence) Guidelines and National activities

The BPS, along with many other healthcare and patient representatives, have regular meetings and email contact with the NHS England Clinical Reference Group (CRG), on Specialised Pain Services (CRG – SPS). Dr Sarah Love-Jones is our representative on the Committee which is currently led by Dr John Hughes.

The BPS will continue to work with this group to ensure that evidence based treatments are available within the NHS but we will also be looking at how we can influence the implementation of best practice at all levels of care. Our joint working with the Pain Consortium will be key.



Dr Paul Wilkinson (Vice President BPS) is Chair of the Professional Standards Committee of the Faculty of Pain Medicine, and Royal College guidance, and support is key to the furtherment of pain medicine.

It has been agreed that the BPS will work with the CPPC and they shall lead on activity within Parliament.

Dr Paul Cameron is acting National Lead Clinician Chronic Pain, Scottish Government.

We continue to be stakeholders for many of NICE's activities, and several of our members have had key roles in developing NICE guidelines; Professor Sam Ahmedzai Chaired "End of life care for adults (QS13)" and Prof. Stephen Ward Chaired "Low back pain and sciatica in over 16s: assessment and management, NG59".

Meeting at the House of Commons

The Chronic Pain Policy Coalition with support from the All-Party Parliamentary Health Group organised a meeting at Parliament on issues related to pain. The BPS was represented by our Vice President Dr Martin Johnson.

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. The BPS President or representative sits on the EFIC Council. BPS membership gives automatic membership of EFIC and provides certain advantages. For instance, Members of the British Pain Society are entitled to receive a complimentary electronic copy of EFIC's European Journal of Pain.

The Annual Patient seminar

The usual format of the patient seminar underwent a review, and will take place as a webinar in early 2017, hopefully allowing for more people to attend. Those currently registered represent a mix of healthcare professionals, patients and patient organisations.

Re-branding

In this era of social media we need to ensure that our Brand covers all of our outward facing activities and across all platforms (from paper to electronic). As a consequence, during 2016 the BPS underwent a re-branding exercise with our external Consultant Bill Wallsgrove. We have retained the historic crest but with a modern look that works across the board.

The Annual Scientific Meeting 2017

Members will also have noted that the ASM has been rebranded. The look of our documentation is much slicker and we have a worthy cover for the 50th Anniversary ASM.

Other changes for the ASM are (many taken up as suggestions from our members): a new look, themed parallel sessions, a conference app to plan your day and



for feedback, Q&A sessions within plenary sessions, and oral presentations of the top 5 non-trainee posters during a plenary session.

Bursaries are available for those on a salary lower than $\pounds36,000$ per annum (providing certain criteria are met).

The Social events were re-introduced a few years back and the venue for 2017 labels itself as 'Birmingham's most exclusive hangout'. To facilitate the dancing, BPS members have been asked to suggest the music that will get their team going on the dance floor. Thank you Dina and the nurses that led on this in the early days, Flick Cox and Julia Cambitzi.

The National Awareness Campaign (NAC)

This has been led by Paul Wilkinson as Vice President for the National Awareness Campaign. During 2016 Paul and his team completed the BPS Prospectus. This document clearly outlines the difference that the BPS has made and can make based on our values. It's a key document so we can move forward on income generation and required much debate to maximise its impact. The document will be used both electronically and during direct face to face discussions around fundraising.

The NAC Posters will be launched in early 2017, again after a tremendous amount of work. Once more these are designed to be visually of high impact but to contain key messages. We hope that members and their friends will circulate them and even use old fashioned technology printing them for public places. Let's spread the word.

The Prospectus and posters will be linked to our website and as well as raising awareness, may support income generation.

Income generation

For us to see another 50 years, we need to move to being more in control of our finances through income generation. BPS Pain Business Ltd. was set up about two years ago and is there to support the Charity in business matters and income generation.

In 2017 we hope to see a National Art Competition linked with National Art Galleries and social media agencies to promote the work the BPS does and to provide a new income stream. Several other fundraising campaigns are being discussed and planned by Council.

At the ASM there will be the possibility of buying anniversary and other products also aimed at income generation.



To conclude

Last year Dr William Campbell in the Annual Report Stated:

... 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.

This remains our main aim and by doing so we will continue to support the BPS Multidisciplinary Team mandate and aim to provide financial stability for the Society. The Executive team is drawn from a MDT background and on Council we co-opt members to ensure as wide a voice as possible, which has been bolstered by several initiatives and surveys of our membership. Finally, I wish to acknowledge the outstanding contributions made by all of the BPS Council; in particular, we all need to thank the Secretariat, led by our Chief Executive Officer – Jenny Nicholas, our Honorary Secretary- Roger Knaggs, Honorary Treasurer – Heather Cameron, Vice President (Membership) Martin Johnson, Vice President (NAC) Paul Wilkinson and of course our Immediate Past President – Dr William Campbell without whose support we would have struggled significantly over the past year.



Prof. Roger Knaggs

This is my first report as Honorary Secretary after stepping in to the rather 'large shoes' left after Dr Martin Johnson completed his three-year term of office at the Annual General Meeting in Harrogate in May 2016. I formally wish to thank Martin for all that he has done for the Society over the last three years. It was a pleasure to work closely with him over the last year and begin to learn some of the intricacies of the role.

HONORARY SECRETARY'S REPORT

Membership

The membership of the Society was 1,149 at the end of December 2016. As has been reported in Annual Reports over recent years, this continues the trend of a gradually declining membership. Following on from the member survey conducted in 2015, professional advice was obtained and it was reassuring that the main issue appears to be recruitment of new members. Most members who were not renewing their membership were either retiring or moving to a different speciality. However, following a recent change to the subscription process with twice yearly renewals, there was a substantial reduction in membership numbers. Further work is ongoing to consider how we can reverse this decline in membership. You will, no doubt, hear more on future occasions.

Council

The Council reflects the multidisciplinary nature of the Society and pain management; there are nine elected members and six executive officers. In addition, there are a further ten members who have been co-opted including chairs of key BPS committees and representatives from professional organisations that regularly interact with the Society such as the Faculty of Pain Medicine, Chronic Pain Policy Coalition, Association of Palliative Medicine and RCN.

In 2016, there were three vacancies for elected Council Members. Results of the 2016 Council Elections were as follows:

Johnson, Tim	116
Malpus, Zoey	101
Williams, David Glyn	80
Tan, Chee-Wee	53

Warm congratulations to Tim, Zoey and Glyn and thanks to other candidates who stood for election.

The election process for 2017 will be begin very soon in the New Year and do consider if you may be willing to stand for election.

In addition, there were elections for the position of Vice President in 2016. After Council discussion, given the amount of work undertaken by the Society, it was agreed to appoint two Vice Presidents; Dr Martin Johnson with a



special responsibility for membership and Dr Paul Wilkinson with a remit to develop a national awareness campaign.

There are five full Council meetings during the year which consider a huge range of topics that affect the Society on a daily basis including; media, clinical issues, educational issues, policy matters and many more. Outside of these meetings there is a vast amount of discussion addressing daily matters and other issues that arise unexpectedly.

The BPS also has a number of committees, which have been established to work in particular areas such as Education, Science and Research and the Scientific Programme Committee for the Annual Scientific Meeting. During 2016 the terms of reference, agenda and plans for activity have been reviewed and agreed.

Special Interest Groups

Special Interest Groups (SIGs) allow members who have a specific interest to discuss and debate their interest in more depth and the Society encourages the work of the SIGs as it demonstrates the multidisciplinary nature of the Society. There continue to be 14 Special Interest Groups within the Society covering a wide variety of topics from interventional pain medicine, acute pain, headache, ICT and pain education.

Reports for the activities of the SIGs in 2016 can be found later in this Annual Report.

Study Days

The Education Committee oversees a programme of Study Days. With support from the Pain in Children SIG, one Study Day was held in 2016. In addition, several of the SIGs organised events throughout the year.

Publications

There have been two publications in development over 2016. Led by the Acute Pain SIG and Patient Liaison Committee, an information booklet for patients on pain after surgery will be a timely publication for the IASP Global year of Pain after Surgery in 2017. Also, there has been collaboration with the Faculty of Pain Medicine regarding a position statement on use of particulate steroids for spinal procedures and implications for informed patient consent for these procedures. After contributions from many BPS members, the e-Pain project, a joint project between the Faculty of Pain Medicine and the British Pain Society, was finally completed in 2016. Soon will come the task of reviewing and updating material.

Finally, all Council members of the Society are indebted to the ongoing work of the all members of the Secretariat led by Jenny and Dina and ensuring the everyday business of the Society is not forgotten.



Dr Heather Cameron

As in previous reports, times remain tough from a financial perspective. Although 2015 realised a small surplus, in 2016 we once again saw a deficit as we had in 2013 and 2014. However the Society continues to further explore future opportunities, and we hope to continue to see changes we have made in recent years fully come to fruition.

HONORARY TREASURER'S REPORT

2016

The Society's year end position shows a consolidated deficit of £47,937. Whilst a deficit, this position is in fact a considerable improvement from our predicted deficit of £112,230 and reflects the enormous amount of effort that continues to be taken to cut our costs. Significant effort through a number of initiatives has taken place to generate an increase in income; whilst these have not yet realised significant funds we are confident that these initiatives will start to have impact in 2017. As membership fees were not increased in 2015, a small increase of was applied across the board in 2016.

The Society continues to maintain an educational programme of study days and to host the Annual Scientific Meeting; the latter being financially essential to the continuing activities of the Society.

18 bursaries for the ASM were awarded this year and one Patrick Wall bursary was paid. The Clulow Award was not allocated in 2016 as it is a biennial award with the next round due in 2017.

Special Interest Groups

Most SIGs remain active and financially viable: the Headache SIG was launched in 2016. The registration fee structure for SIG meetings has been reviewed and there is now a greater differential between members and nonmembers fees with difference in income from member and non-member fees being allocated to general funds rather than SIG budgets. Council made this decision on the basis that access to education opportunities at a reduced cost is an important member benefit and should be promoted to increase membership.

The Philosophy and Ethics, Interventional Pain Medicine and Headache SIGS have all held financially successful meetings this year under the new arrangements.

BPS Pain Business Ltd

In 2014, BPS Pain Business Ltd was incorporated as a trading subsidiary of the Charity to help mitigate any potential VAT liability. The trading arm also offers us opportunities for further income generation.



2016 is the second full accounting year for BPS Pain Business Ltd, and as such you will note that the accompanying accounts are the consolidated accounts of the two entities.

Under the provision of an operating license, BPS Pain Business Ltd has contributed £50,000 to the office costs of the Society, and has been able to make an additional year-end corporate donation of £37,000 to the charity. The trading arm retains only a small operating fund of about £1,000.

Society Assets

Despite the deficit reported for 2016, the Society continues to maintain healthy reserves; the consolidated accumulated reserves held are £1,056,559 of which £217,783 is in restricted funds.

The Society also 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. Consolidated designated reserves (£200,517) include the Irene Bainbridge fund (£22,208) SIG funds (£70,578) and the funds for Study Days and Seminars (£45,631). The consolidated designated ASM fund (£12,748) exists to support future ASMs against a shortfall of income.

In line with guidance from the Charity Commission, the Directors 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 consolidated £339,595 to be used to further the aims and objects of the Society.

2017 Budgets

As in 2016, significant challenges remain in 2017 to increase income to enable development of the Society's activities. Much work was undertaken on the Pain:Less Campaign in 2016 and we expect to start seeing a return in 2017. We also plan on delivering a more accessible education programme with the development of regional meetings.

The Society is also considering the feasibility of changing our membership categories, along with our membership subscription fee structure. In response to members' request, in 2016 we changed our membership year to November-October in order to move away from a January payment. We also introduced the option of splitting payment across two direct debits rather than one. We will continue to review this as part of our overall membership review and feedback from Members will be welcomed.



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.

Thanks

On your behalf I would like to take the opportunity to thank the Secretariat 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 Andrew Lang Limited, are included in this annual report and are available on the Society's website.



Dr Arun Bhaskar, Cha

COMMUNICATIONS COMMITTEE REPORT

The Communications Committee is eleven-strong with representation from Executive (William Campbell), the Secretariat (Dina Almuli), Patient Liaison Committee (Antony Chuter), Elected Council Members (Sarah Love-Jones and Arun Bhaskar), the Editors of the British Journal of Pain (Felicia Cox) and Pain News (Arasu Rayen).

Dr William Campbell stepped down in 2016 and that position is going to be taken up by Andrew Baranowski; in Dr Baranowski's absence the Executive representation was from Dr Campbell and in future would be by Dr Paul Wilkinson. Prof. Sam Ahmedzai and Dr Ann Taylor were inducted to the Committee in their role as webmasters and their experience and expertise will be invaluable in the committee affairs. Dr Damien Smith and Dr Stephen Humble also joined the Communications Committee in 2016 and bring in a wealth of experience in the world of social media and related matters.

The Chair, on behalf of the Communications Committee, thanked William for his contribution and words of wisdom during his tenure on the Committee. The Chair also thanked Mrs Rikke Susgaard-Vigon for her support to the Communications Committee and wishes her all the very best for the future upon leaving the Secretariat in October.

Communications Strategy

The National Awareness Campaign is taking shape and the Committee is to liaise with the Council and Secretariat to work closely with the agenda across all platforms. The Committee will continue to co-ordinate with the Education Committee under Dr Paul Cameron. Communications Committee is to oversee implementation of the social media networking in line with the strategy plan involving Twitter, Facebook, discussion forums and maintaining a web presence for both patients and professionals.

Social Media

The Committee has started increasing the social media profile of the BPS and is gearing up to promote the National Awareness Campaign. Twitter traffic has increased and relevant tweets regarding pain are being retweeted by the BPS. This role has been taken over by Prof Ahmedzai and Dr Ann Taylor to timely tweet on behalf of the BPS. Three articles were published in Pain News on social media and its relevance to pain professionals, to bring them up

Members Year End 2016

Dr Andrew Baranowski, Anaesthesia and Pain Management (Executive Officer Link) Dr Arun Bhaskar, Chair/Anaesthesia Dr William Campbell, Anaesthesia and Pain Management

Mr Anthony Chuter, Lay Rep

Ms Felicia Cox, Nursing (Editor, The British Journal of Pain)

Ms Meherzin Das, ICT SIG

Dr Stephen Humble, Anaesthesia

Dr Sarah Love-Jones, Anaesthesia

Dr Arasu-Rayen, Anaesthesia and Pain Management (Editor, Pain News)

Dr Damien Smith, Pain Management

Dr Paul Wilkinson, Anaesthesia and Pain Management (National Awareness Campaign Lead)

Ms Dina Almuli, BPS Secretariat



to speed on the important developments and encourage the membership to actively contribute towards supporting the BPS ventures. The President, Executives and Council members are encouraged to tweet on anything that would be of interest and raise the profile of the BPS; relevant subjects would be retweeted and commented to keep the subject matter in the discussion groups.

BPS is to have a Facebook presence – one for the general public and another for members only. The aim is to start a forum for discussing relevant matters of interest and the SIG Chairs are encouraged to co-ordinate the discussions particularly relevant to various SIGs. There is a proposal for the President and the Executives to do monthly blogs to feedback to the membership on on-going BPS activities so that the membership would be able to keep abreast of the activities.

Website Review

Prof Sam Ahmedzai and Dr Ann Taylor have taken over as webmasters and have had a preliminary meeting and put together a plan of action. We are awaiting a decision on the day-to-day management of the website and keeping it up to date with the relevant documents and current discussion topics. Web pages and SIG sections are yet to be populated, but this is being planned. The aim is to ensure that the website would be the portal through which the activities of the BPS can be accessed and followed by both members and the public.

Pain News

Pain News had been successful in attracting more contributors and had some really interesting articles over the past year. Dr Arasu Rayen started a second term of three years as the Editor of Pain News. Margaret Dunham has stepped down as Associate Editor due to personal reasons and the Committee gratefully acknowledges her contribution on behalf of the BPS. The Editorial team is to be reviewed to enable better support for Arasu. Pain News is bringing out the March 2017 edition as a special edition commemorating the 50th Anniversary of the Society. The aim is to get founding and senior members of the Society to reminisce about how the Society evolved to its current state.

British Journal of Pain

Felicia Cox had been working hard to ensure that the profile of BJP is improving; it is still available as open access and is indexed. She has been supported ably by Prof Roger Knaggs.

Publications update

The 'Intrathecal drug delivery for the management of pain and spasticity in adults; recommendations for best clinical practice' document is ready to be disseminated. Undergraduate Pain Education Curriculum and Pain Assessment in Older People documents have been completed and are awaiting formatting. For future publications, the PLC lay member in the publication group will liaise with the PLC Chair and advise regarding



language right from the first draft. Guidance on epidural steroid injections is going through the process of requesting endorsement from the Faculty of Pain Medicine (FPM). The FPM document on patient information leaflets will be reviewed by the Patient Liaison Committee. The new document on Acute and peri-operative pain management has gone out for consultation.

Cancer Pain Guidelines were published in 2010 and were due for updating in 2013; Prof. Sam Ahmedzai and Dr Arun Bhaskar are looking at putting together a group to revise and update the existing guidelines. An update of the Spinal Cord Stimulation guidelines are due for review as technology has changed and there is no accepted guidelines. Prof. Sam Eldabe and Dr Arun Bhaskar are planning to put together a group alongside NSUKI to review and update the guidelines. Industry support is expected to cover the expenses for the above guidelines, but as unrestricted grants.

There are several Pain Apps available, which the Patient Liaison Committee is tasked with reviewing and, in collaboration with the Communications Committee, is looking to writing a review on the various Apps.

The committee review each year and put forward recommendations to Council as to which publications are to be continued on the website as well as deciding on the documents/ publications that need updating. Communications committee meetings for 2017, exact dates to be confirmed:

February 2017	Teleconference
June 2017	Face to face meeting
September 2017	Teleconference
November 2017	Face to face meeting



Dr Paul Cameron, Chair

EDUCATION COMMITTEE REPORT

Following my previous report, where I was able to detail some challenges that had arisen over the previous year in organising appropriate Study Days, I am pleased to announce that, following a call to our full membership via email, we have now recruited three new, well qualified, members to our team. It is hoped that the additional recruitment will allow us to achieve our minimal aims of four Study Days at RCoA, London, and one regional day elsewhere in the UK.

The new members are:

- Ms Sue Jenkins, Acting Senior Lecturer and Deputy Programmes Director, Cardiff University School of Medicine
- 2. Dr Athanasia Chatziperi, Anaesthetist Pain Trainee, Newcastle
- 3. Dr Ashish Gulve, Consultant in Pain Management, Middlesbrough.

I am sure you will all join me in welcoming them to the team, and we very much look forward to their participation in the Committee. We will have our first meeting of the whole Committee on the 24th February 2017, at Red Lion Square, where we aim to agree and sign off the Study Days for this year, and discuss and agree a regional event.

Study days

We are currently in discussion with three members of the Society to Chair three Study days.

- Topic one: Cancer Pain Study Day, Prof. Sam Ahmedzai
- Topic two: Torture, abuse and pain, Dr Amanda C de C Williams
- Topic three: Possible joint with Science and Research Committee, on multiple facets of pain research, Prof. Sam Eldabe
- Topic four: to be discussed.

Additionally, we have already had some interest expressed from the Pain in Children SIG to run a Study Day for 2018.

It is hoped that these discussions will be successful, and we will soon be able to report Study Day dates, and firm commitments, with a view to forward planning commitments for Study Days well into 2018.

Members Year End 2016

Dr Emma Briggs, Nursing/Education (Co-opted Pain Education SIG) Dr Paul Cameron, Chair/Physiotherapy Dr Athanasia Chatziperi, Anaesthesia Ms Geraldine Granath, Lay Rep Dr Ashish Gulve, Anaesthesia Mrs Sue Jenkins, Nursing Prof. Roger Knaggs, Pharmacology

(Executive Officer Link)

Dr Ann Taylor, Education (Co-opted Web Development)

Dr Paul Wilkinson, Anaesthesia

Mr Ken Obbard, BSP Secretariat



Mr Antony Chuter, Chair

Members Year End 2016

Ms Rebecca Brierley, Lay member Dr William Campbell, Anaesthesia and Pain Management (Executive Officer Link) Mr Antony Chuter, Chair / Lay member Ms Geraldine Granath, Lay member Dr Austin Leach, Anaesthesia and Pain Management Ms Anusha Nirmalananthan, Lay member Mr Colin Preece, Lay member Ms Linda Reid, Lay member Dr Francine Toye, Researcher Vacant, Lay member Vacant, Lay member Mr Ken Obbard, BPS Secretariat

PATIENT LIAISON COMMITTEE REPORT

2016 has been another busy year for the Patient Liaison Committee. We had some changes in our membership, all due to people coming to their end of term and so we will be running a recruitment process in 2017 to replace the two lay members we lost. We welcomed Dr Francine Toye to the Committee late in 2016.

The Annual Scientific Meeting

Two lay members and the Chair of the PLC attended the 2016 Annual Scientific Meeting in Harrogate. It was a fantastic and interesting few days. We continued to promote 'Understanding and Managing Long Term Pain' booklet to the attendees. The Chair of the Patient Liaison Committee is now a member of the Scientific Programme Committee, with the intention of bringing a lay voice to the work of the Committee and enhancing their work and that of the Annual Scientific Meeting.

Patient Reference Group

The Patient Reference Group continues to grow. The group has proved very useful to the BPS on several occasions and many people who registered for our Annual Patient Seminar/Webinar came from the Patient Reference Group. 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://eepurl.com/Zalkv

We have had an average open rate of 47.74%, which is far higher than the industry average open rate of around 20%. We have also had a slightly above industry click rate of 25.19% when the industry average is 16.51%. This needs to be taken into context that not every email we sent had a survey and some had links back to the BPS.

The Patient Liaison Committee Annual Seminar

For the past few years, we have held a very successful 'Annual Patient Seminar'. Attendance has been between 30 - 50 people and we have held them at the Royal College of Anaesthetists in London, often with people returning year on year. This was great but with the awareness of just how many people live with or in pain in the UK, the Patient Liaison Committee wanted to do something that would reach more people and be



accessible to people after the day. We opted to go online and have our speakers use YouTube. This will be a first for us and for The British Pain Society.

On the 18th January 2017 (a little later than usual), the President of The British Pain Society, Dr Andrew Baranowski, and the Chair of the Patient Liaison Committee, Antony Chuter, will go live on air. Their topic will be around raising awareness of chronic pain. Andrew talked about what and who The British Pain Society is and what the Society does; followed with describing how big the issues around pain are. Antony will talk about his own life, how it changed when he developed chronic pain and how he has learned to manage the struggle of living with pain for the past 25 years. This video will be available for anyone to watch on The British Pain Society's YouTube Channel.

The 'Professor Sir Michael Bond Lecture'

In 2017, the 'Professor Sir Michael Bond Lecture' will be given by Dr Fran Toye. It will be a fascinating insight into how her and her co-researchers conducted a qualitative systematic review of several thousand other research studies, which had enabled them to produce a video from a patients' perspective of living with pain. It is called 'Struggling to be me'. This video will be available for anyone to watch on The British Pain Society's YouTube Channel. The video that was produced by the research study can be found here:

https://www.youtube.com/watch?v=FPpu7dXJFRI

We hope that clinics will tell their patients about the lecture and seminar.

Patient Liaison Committee and Representation

The PLC have representation at the following organisations / BPS Committees: Chronic Pain Policy Coalition (CPPC), Network for Patients (Patient Association), Airing Pain Advisory Board, Pain UK, BPS Communications Committee, BPS Education Committee, BPS Science and Research Committee, BPS Charitable Aims Committee, BPS Scientific Programme Committee and the Opioids in Primary Care publication working party.

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

Understanding and Managing Long-term Pain

The PLC was delighted to launch this updated publication at the Annual Scientific Meeting in Harrogate in 2016. Initially 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, over 1,250 copies of this publication were sold, bringing

in £1301.34 of income for the Society. Since then we have sold an additional 980 copies - bringing in a further £995 of income for the Society.

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 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 £1 charge for the download). Any surplus goes to helping fund the ongoing work of the Society 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 Ken in the BPS office for more information at kenobbard@britishpainsociety.org

Understanding and Managing Pain after Surgery

The PLC has worked together with the Acute Pain Special Interest Group and other specialists, to produce a new publication aimed at patients who are at home recovering from surgery.

We are aiming to launch this at the 50th Anniversary Annual Scientific Meeting being held in Birmingham 3 - 5th May 2017. Copies will be available for Trusts and other providers to purchase from the Society.



Prof. Sam Eldabe, Chair

In 2016, a number of Committee members have chosen to step down after a long service, including;

SCIENCE AND RESEARCH COMMITTEE REPORT

- Prof. Jose Closs
- Dr Thanthullu Vasu
- Prof. Chris Main
- Prof. Maria Fitzgerald

The Committee would like to extend its gratitude to the above named for their contribution to the work of the Committee over the years, and wish them all the best for the future. They were non-Trustee members and have to be replaced with non-Trustees in order to keep the Committee within the AMRC guidance.

Dr Andreas Goebel, Liverpool University and Walton Centre, and Prof. Lance McCracken, King's College London, will be joining the Committee as of January 2017 and will participate in the Clulow Award Process in 2017.

Outstanding tasks

The Committee will look to replace standing down members (2 members outstanding) in 2017, and propose

a Study Day at the RCoA for November 2017, to highlight the multiple facets of pain research with NIHR contribution.

Planned activities

The Clulow Award administration for 2017, including the revamped application form process, will take place.

A parallel workshop session on 'Clinical pain research' was agreed by the Scientific Programme Committee for the 50th Anniversary Annual Scientific Meeting in May 2017. Committee members discussed the twin ambition of organising a joint meeting with the Faculty of Pain Medicine (FPM) and other groups to showcase to the NIHR a common position on clinical pain research. This should be attended by the NIHR pain speciality group lead, Prof. Mike Grocott.

Science and Research Committee meetings for 2017

A teleconference is in preparation for May 2017, following the closing date of the Clulow Award. A face to face meeting is planned for September at RCoA, London.

Members Year End 2016

Prof. Sam Ahmedzai, Palliative Medicine/ Trustee

Dr Heather Cameron, Trustee (Exec Officer Link)

Mr Antony Chuter, Lay/Non-Trustee Prof. Sam Eldabe, Chair/Non-Trustee Dr Martin Johnson, Primary Care/Trustee Prof. Roger Knaggs, Pharmacology/Trustee Prof. Pat Schofield, Nursing/Non-Trustee Dr Ann Taylor, Nursing/Trustee Mr Ken Obbard. BPS Secretariat



Prof. Kate Seers, Chair

Members Year End 2016

Dr Andrew Baranowski, Exec Officer Link Dr Gill Chumbley, Nursing Mr Antony Chuter, Lay member Dr Lesley Colvin, Anaesthesia Dr Sandrine Geranton, Basic Science Dr Ed Keogh, Psychology Prof. Roger Knaggs, Pharmacology Dr Vivek Mehta, Pain Medicine Prof Kate Seers (Chair), Nursing Ms Gail Sowden, Physiotherapy Prof. David Walsh, Rheumatology Ms Dina Almuli, BPS Secretariat

SCIENTIFIC PROGRAMME COMMITTEE REPORT

Our 2016 Annual Scientific Meeting (ASM) in Harrogate was stimulating and enjoyed by delegates. We read carefully all 78 pages of very constructive feedback on this meeting. Nearly all of the plenary sessions had an average rating of 4 or 5 on a 0-5 (poor to excellent) scale. The parallel sessions were also positively evaluated, with more time for discussion with delegates the most common improvement requested. The balance of plenaries, parallel sessions and posters was felt to be about right by the majority. Although 50% felt the number of clinically based sessions was about right, 47.5% felt there should be more, so we took this into account when planning the 2017 ASM.

Our new innovation of the best posters from non-trainees having the opportunity to present orally was very popular, with 92.5% wanting to keep this. The ASM was most valued for its educational content and opportunities for networking. The meeting would be recommended to a colleague by 96.5%, and 86% felt they had learnt something at the meeting that would change their practice.

Many delegates commented it would be easier to get time off if the meeting was over two days.

The social programme and the food drew a variety of comments across the spectrum. We noted more space at the social event would be an improvement.

The Scientific Programme Committee was busy during 2016 planning our 50th Anniversary ASM taking place in Birmingham from May 3-5th 2017. We also devised part of the programme to support the IASP 2017 Global Year Against Pain After Surgery. We have a really stellar line up of plenary speakers: The Pat Wall lecture will be delivered by Professor Frank Porreca (Arizona, US). Our plenary speakers include Dr Jane Ballantyne (Seattle, US); Professor Stephan Schug (Perth, Australia); Professor Lance McCracken (London, UK); Dr Nicole Tang (Warwick, UK); Professor Sam Eldabe (Middlesbrough, UK); Professor Sir Muir Gray (Oxford, UK), and giving the British Pain Society lecture is Professor Liesbet Goubert (Ghent, Belgium). We will also have a plenary session for the top five trainees/ students and for the top five non-trainees who have submitted the most highly rated abstracts. This year as a result of delegate feedback, for the first time plenary sessions will be followed by time for questions.



There is also a balanced programme of workshops, which we have planned so there is something for everyone. We have themed the sessions this year, to make it easier for delegates to follow an area throughout the meeting if they choose. The SPC also reviewed 166 abstracts submitted for posters, and these will provide updates on the latest research in a very wide range of areas at our ASM. The top 5 trainee/student and the top 5 non-trainee/student abstracts were selected for oral presentation; the top 10 abstracts of those remaining receive a rosette for best abstract. All accepted abstracts are published in the British Journal of Pain.

Looking ahead, the incoming Chair, Prof. David Walsh, is already busy working on the 2018 ASM. He is consulting with Council on the format and other ways to reduce costs.

Your SPC will meet in June/July to devise the programme, invite plenary speakers and select workshops. The second meeting in January discusses the abstracts and makes decisions about which to accept. There will be a call for workshops/parallel sessions and suggestions for plenary speakers for 2018 in May 2017. The SPC looks forward to developing a scientific programme for your next ASM with your input. This is my last report as Chair of the SPC after six years on the Committee, the last three of which as Chair. I would like to thank the Execs, Council and many members of the Society for their support throughout this time, it is much appreciated. Members of the SPC, present and past, have also been brilliant, committed and hardworking, for which I thank them, and the support from the Secretariat has been stellar as always.



SPECIAL INTEREST GROUP REPORTS

The British Pain Society Annual Report 2016



Dr Ruth Day, Chair

Members Year End 2016

Dr Nilesh Chauhan Dr Ruth Day, Chair Dr Suchitra Kanagasundaram, Officer Mrs Sophie Moran, Secretary Dr Sailesh Mishra, Officer Mr Colin Preece, Patient Liaison Committee representative Dr Mark Rockett, Officer Dr Devjit Srivastava, Treasurer Dr Paul Wilkinson, Council Liaison Officer

Total membership: 170

ACUTE PAIN SOCIETY SIG REPORT

This has been a busy and exciting year for APSIG. Following the adoption of a new constitution and terms of reference at the AGM during the ASM, the new committee was elected. We were sorry to see Andrea Magides, Jane Quinlan, Chandran Jepegnanam and Keith Stevens leave us and thank them for the work they did during their terms of office. A mixture of new and old faces are continuing and extending the workstreams of APSIG.

Membership stands at 170 and members have received two newsletters via email this year. The committee has worked hard to increase the profile of acute pain within the Society and are delighted that suggestions for plenary speakers and parallel sessions for the 2017 ASM will reflect this.

Sharing information and clinical experiences is key to growth, and Sailesh Mishra took this forward with the development of the Acute Pain Hub UK. This web-based platform enables discussion and sharing of information. It is open to any healthcare professional interested in acute pain management and currently has 95 members. Nilesh Chauhan keeps the APSIG page on the BPS website up to date – please let us have any information to add to it that you would find useful.

Outcome measures in acute pain, and the development of a registry, has been a long term ambition of APSIG. Devjit Srivastava and Suchitra Kanagasandram, working with Mark Rockett (wearing his Faculty of Pain Medicine hat), are carrying this forward.

Another project which has moved forward in 2016 is the production of the booklet 'Pain after Surgery'. It is planned to launch this at the 2017 ASM. It should be available as printed copy and download.

APSIG continues to make and strengthen links with other organisations such as the National Acute Pain Symposium, the South Thames Acute Pain Group and the Faculty of Pain Medicine. Our meeting at the NAPS 2016 conference was well attended and we hope to keep this so that there are two opportunities each year for members to meet the committee. We hope you will make time to come to the APSIG AGM during the ASM in May 2017.



CLINICAL INFORMATION SOCIETY SIG REPORT

CHAIR TO BE APPOINTED

Total membership: 111

During 2016 the SIG remained dormant. It is intended that the SIG will be reactivated in 2017.



Members Year End 2016

Ms Karin Cannons, Officer

Dr Vivek Mehta, Chair

Total membership: 85

Dr Anish Bahra, Honorary Secretary

Prof Joanna Zakrzewska, Officer

Dr Arun Bhaskar, Council Liaison Officer

Dr Sarah Love-Jones, Honorary Treasurer

Dr Vivek Mehta, Chair

HEADACHE SOCIETY SIG REPORT

The Headache SIG group has continued its success in its second year as well. The business meeting at the British Pain Society ASM in Harrogate on 11th May 2016 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 accounts were presented to the members by Dr Sarah Love-Jones, Honorary Treasurer. The format of the SIG education day in November 2016 was discussed.

The Headache education day organised on 16 November was very successful. It was a multidisciplinary education event and was very well received by the audiences generating excellent feedback.

There were 54 delegates at the inaugural Headache SIG meeting, 34 members, 13 non-members. This raised £1,040 (13 x £80) for the Society in registration fees from non-members. The Headache SIG received £2,720 (34 x £80) in registration fees from members. The SIG started the year with a balance of £10,134. After expenditure of £3,179, and further income from their event totalling £13,680, the SIG ends the year with a balance of £20,635.

The SIG is in talks with BASH, the headache specialist neurology society, for a joint meeting in November 2017. The SIG is quite keen play a major role in improving headache management as part of multidisciplinary approach and will continue to develop an active role in this regard.



Members Year End 2016

Mr David Barrett, Treasurer

Mrs Meherzin Das, Chair

Prof Tamar Pincus, Secretary

Total membership: 147

Dr Dee Burrows, Committee member

Dr Frances Cole, Committee member

Dr Martin Johnson, Council Liaison Officer

Dr Tim McCormick, Committee member

Mr Pete Moore, Committee member

Ms Meherzin Das, Cha

INFORMATION AND COMMUNICATION TECHNOLOGY SOCIETY SIG REPORT

The ICT SIG has spent this year getting back in step with developments within the Society.

During the first half of the year, it was suggested that we wait until internal matters within the operational arm of the Society were resolved.

27th June 2016 heralded a seminal teleconference with the new President and other officers. The energy brought by Andrew Baranowski was invigorating! It was agreed that the ICT SIG would await developments on the Pain Campaign before proceeding with a Strategy Planning Meeting.

It was suggested that we could support the Society with social media dissemination, webinars, merging with the Pain Community Centre website, the Pain Campaign and so on. While there is appreciation that some of the suggestions made by the ICT SIG a few years ago have finally been adopted, as several office bearers have elected to step down, progress of these emerging developments will be contingent on the establishment of a new committee.

We wish the Society every success on the occasion of its 50th Anniversary and extend our good wishes for the road ahead.

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Dr Neil Collighan, Chair

Members Year End 2016

Dr Arun Bhaskar, Council Liaison Officer Dr Neil Collighan, Chair Dr Ashish Gulve, Secretary Dr Sameer Gupta, Treasurer

Total membership: 235

INTERVENTIONAL PAIN MEDICINE SOCIETY SIG REPORT

The IPM SIG meeting in Manchester in September was a good meeting with approximately 50 attendees. Topics covered include new bipolar techniques for Cervical RFD, comparing Pulsed RF with Thermal RF, knee interventions using Ultrasound, a review of the NICE LBP guidelines (prior to full publication), the conundrum of neck and shoulder pain and its origins, SIJ RF denervation, choosing interventions for pelvic pain and case presentations by SIG members with discussion.

We were unable to have a business meeting following this meeting due to problems with the rail service and a need to ensure attendees could get home!

Outstanding tasks

The SIG will work to complete the programme for the next IPM SIG meeting in October 2017 and to look into the use of webinars to increase overall attendance for meetings.

Planned activities for 2017

The SIG is planning to apply to the BPS to consider a British publication/guideline on anticoagulation in axial procedures. The SIG is also looking to organise a joint meeting with the Neuropathic Pain SIG for October 2017.



Dr Joshua Adedokun, Chair

MEDICOLEGAL SOCIETY SIG REPORT

Members Year End 2016

Dr Joshua Adedokun, Chair Dr Tim Johnson, Council Liaison Officer Dr Rajesh Munglani, Secretary Dr Jonathan Valentine, Vice Chair

Total membership: 99

At the ASM in Harrogate, the SIG unfortunately was not able to hold a parallel session.

However, the 50th Anniversary ASM in Birmingham in May 2017 will see the Medicolegal SIG hold two parallel sessions.

The first session will be solely organised by the SIG and the topic is 'Medicolegal report writing masterclass, pitfalls in writing pain reports and critical issues in medicolegal pain' including an update on the law of consent to be delivered by an exciting line up of eminent medical and legal experts.

The SIG is also organising a parallel session with the Pain Management Programme SIG in order to explore whether medicolegal proceedings are a significant barrier to pain management rehabilitation, to be delivered by leading clinical and legal experts. During 2016, 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.



Members Year End 2016

Dr Bernhard Frank, Chair

Dr Abdul Nazal, Officer

Dr Kiran Sachane, Treasurer

Dr Katie Warnaby, Officer

Total membership: 227

Dr Jayne Gallagher, Secretary

Dr Subhash Kandikattu, Officer

Dr Arun Bhaskar, Council Liaison Officer

Dr Bernhard Frank, Chair

NEUROPATHIC PAIN SOCIETY SIG REPORT

A joint meeting with the Neuromodulation Society of the UK and Ireland (NSUKI) took place for two days at the beginning of November in Manchester. The SIG chaired the Friday morning session with presentations by Prof. Anthony Dickenson and Dr Andrew Marshall and the Chair of the SIG presented an update about the management of central pain.

No AGM took place in 2016.

Outstanding tasks

A report about the NSUKI meeting will be submitted for the Pain News March 2017 edition. An email to all Council members and SIG members will be sent to encourage better participation and probably new Committee members.

The website will be populated but a webmaster needs to be found.

Planned activities

Joint educational day with Interventional Pain Medicine SIG is planned for 2017.

A workshop proposal about opioids in neuropathic pain has been submitted and was accepted for the 50th Anniversary ASM in Birmingham in May 2017. A joint workshop proposal with the Pain in Children SIG has been submitted about transitional pain services and has also been accepted.


Dr Emma Briggs, Chair

Members Year End 2016

Dr Emma Briggs, Chair Prof. Michelle Briggs, Officer Dr Paul Cameron, Council Liaison Officer Ms Geraldine Granath, Patient Liaison Committee representative Dr Sarah Henderson, Officer Miss Ethel Hili, Co-opted Member Mrs Sue Jenkins, Treasurer Ms Despoina Karargyri, Co-opted Member Dr Sailesh Mishra, Officer Dr Pat Roach, Officer Dr Amelia Swift, Officer Prof. Alison Twycross, Secretary Dr Paul Wilkinson, Co-opted Member Mrs Sharon Wood, Co-opted Member

Total Membership: 240

PAIN EDUCATION SOCIETY SIG REPORT

The Pain Education SIG is a group of lay people, clinicians and academics who are all passionate about pain education. The interprofessional SIG committee this year have extended a warm welcome to Dr Sailesh Mishra and Dr Amelia Swift, and express our thanks to Dr Steve Gilbert who was able to join us briefly before changing jobs and moving overseas.

At the 2016 ASM, we had the pleasure of jointly facilitating two well-attended and successful workshops with our SIG colleagues:

- Pain Education for Patients and Practitioners: In Person or Online?(with the ICT SIG)
- Benchmarking the Complex Patient (with the PMP SIG)

We hope you will join us in Birmingham for the 2017 ASM for two further thought provoking workshops:

- Pain Management Education Locally and Globally With a Focus on Sustainability (with Pain in Developing Countries SIG)
- Patient and Professional Education to Improve Pain after Surgery (with Acute Pain SIG)

The committee continue to work within our two-year strategy that focuses on 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 communication strategy
- Continue to network with other BPS SIGs and build networks with other Pain Education SIGs across IASP

In 2017, committee members Amelia Swift, Alison Twycross and Michelle Briggs will be hosting a symposium at the Royal College of Nursing International Conference in Oxford entitled 'Setting the Research Agenda for Pain Education Research in the UK'. This is an important opportunity to explore these key issues with an audience beyond the pain community.



The committee and SIG members are also particularly excited that 2018 will be IASP Global Year for Pain Education and will be working with IASP Pain Education SIG to shape and support the campaign.

We hope our members enjoy our bi-annual newsletter 'Education Matters' led by Sarah Henderson and please do join 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.

As always, a heartfelt thanks to SIG members for their continued support and contributions in 2016. 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.



Dr Alison Bliss, Chai

Members Year End 2016

Dr Alison Bliss, Chair Dr Paul Cameron, Council Liaison Officer Dr Paul Rolfe, Officer Dr Alison Twycross, Officer Dr Richard Walters, Officer

Total membership: 77

PAIN IN CHILDREN SOCIETY SIG REPORT

The SIG ran a successful "Pain in Children" Study Day at Churchill House in July 2016. We had 22 delegates attending from a wide range of backgrounds (medical, nursing, psychology, research, physiotherapy). The day consisted of morning lectures and afternoon workshops, delivered by a full MDT faculty, with plenty of time for delegate networking. The feedback for all parts was overall very positive and with the Council's support, we would plan to run the day again.

We asked the SIG members to review and comment on the new NICE guidelines on End of Life Care for Infants, Children and Young People. A formal response was then collated and submitted on behalf of the Society.

The SIG continues to support the HCSA in their two linked projects - a campaign aimed at schools to highlight the support they should be giving to CYP with chronic health conditions and a petition to the DfE to ensure schools fulfil their obligations.

Outstanding actions

To ensure Council are happy for the SIG/BPS to continue to support the HCSA, and are happy for the BPS logo to be present with all the other supporting organisations on their documentation.

Completing write up of qualitative aspects of 2015 survey on chronic pain provision in children.

Planned activities

There is a joint workshop planned for the 50th Anniversary ASM in May 2017 as a combined venture with the Neuropathic Pain SIG, following on from this year's Transition theme.

To use this year's and last year's workshops as a basis for a follow-on article on Transition in Pain News.

Further brief article for the IASP Pain in Children newsletter/Pediatric Pain Letter (open access peer-reviewed commentary published by IASP).



Dr Victoria Tidman, Chair

Members Year End 2016

Dr Barbara Duncan, Secretary Prof. Sam Eldabe, Treasurer Dr Tim Johnson, Council Liaison Officer Dr Mike O'Connor, Officer Dr Victoria Tidman, Chair

Total membership: 89

PAIN IN DEVELOPING COUNTRIES SOCIETY SIG REPORT

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.

This year our SIG held a joint parallel session at the ASM with the Neuropathic Pain SIG. This explored the problems in managing neuropathic pain in resource poor environments. Next year we will collaborate on a workshop with the Education SIG; Professor Colin Coles, a career educationist working in professional education with a special interest in curriculum development; and Dr Masuzyo Zyambo, a Zambian anaesthetist. This will be focused on evaluation and sustainability of educational programmes here and overseas.

Our contribution to Pain News this year was about the experience of trainee anaesthetists starting a multidisciplinary pain service in Rwanda, exploring the difficulties encountered. In the future we are submitting an article entitled "Essential Pain Management - To Medical Schools and beyond!". This describes the use of EPM as a standardised course for healthcare professionals, both here and abroad.

We continue to compile a database of teaching material, on top of that provided by the EPM course (core material), which BPS members can access when teaching abroad. This can be accessed through the BPS website.

We maintain our relationship with the International Relations Committee of the Association of Anaesthetists of Great Britain and Ireland. We also retain close links with EPM and a number of our members sit on the EPM UK Advisory Group.



PAIN IN OLDER PEOPLE SOCIETY SIG REPORT

Chair to be appointed

Total membership: 117

During 2016 the SIG remained dormant. It is intended that the SIG will be reactivated in 2017.



Ms Gail Sowden, Chair

Members Year End 2016

Mrs Deanne Barrow, Co-opted Alternate Occupational Therapy representative

Dr Dee Burrows, Co-opted Nursing representative

Dr lain Jones, Treasurer/Medical representative

Ms Sarah Kelly, Occupational Therapy representative/Clinical Champions Lead

Dr Zoey Malpus, Past Chair/BPS Council Liaison Officer

Mr Colin Preece, Patient Liaison Committee representative

Mrs Jill Probert, Nursing representative

Mrs Barbara Sharp, Secretary/Physiotherapy representative

Dr Melanie Smith, Alternate Psychology representative

Ms Gail Sowden, Chair/Physiotherapy alternate

Dr Hannah Twiddy, Psychology representative Dr Lars Williams, Alternate Medical representative

Total membership: 246

PAIN MANAGEMENT PROGRAMMES SOCIETY SIG REPORT

The Pain Management Programme Special Interest Group (PMP SIG) once again comprised a full committee with two members (main and alternate) drawn from each discipline; medical, nursing, occupational therapy, physiotherapy and psychology. The PMP SIG was fortunate to have excellent patient representation through Colin Preece and strong links with British Pain Society Council through Zoey Malpus, Past PMP SIG Chair and current Council Liaison Officer.

After a successful PMP SIG Conference in Manchester in 2015 the SIG finances where returned to a positive balance. The last statement showed a positive balance of £3,636. This allowed the SIG committee to hold a face to face meeting in September 2016, which was felt by all to be very productive and allowed us to consolidate and approve plans for the next PMP SIG conference and provided an opportunity to discuss future projects which the SIG would like to develop.

The Clinical Champions (CC) network is now complete, except for one geographical area. The Clinical Champions are now focusing on working with service to update The Pain Management Programme Services Directory. Leadership for the CC programme has moved from Gail Sowden to Sarah Kelly.

The PMP SIG conducted an online survey of the memberships' views about:

- what information the Pain Management Programme Services Directory should contain and how and who should access it;
- 2. suggestions for the content (speakers and/or topic) of the next PMP SIG conference;
- 3. suggestions regarding initiatives that the membership would like the SIG to take forwards.

The SIG committee is grateful to Barbara Sharp for producing the August 2016 PMP SIG membership Newsletter, which amongst other items contained the results of the membership survey.



Outstanding tasks

SIG Committee members continue to contribute to the development of e-PAIN modules and sessions. e-PAIN is the multidisciplinary e-learning programme for all staff in the NHS who deal with patients who have acute or chronic pain. This is a joint initiative undertaken by the Faculty of Pain Medicine of the Royal College of Anaesthetists and the British Pain Society.

Planned activities

As a result of the membership survey, two possible projects are now being considered:

- 1. the development of a minimum data set and electronic database and
- 2. the development of a system for peer review of pain services.

Both potential projects provide ideal opportunities for collaboration with other SIGs.

16th Biennial PMP SIG Conference

After the success of the 15th Biennial PMP SIG Conference we are delighted that the Glasgow Pain Management Programme and Scottish National Residential Pain Management Programme will be hosting the 16th PMP SIG Conference at the Glasgow Caledonian University (GCU), Hamish Wood Centre on Thursday 14th and Friday 15th September 2017. Planning and organisation of the conference are well under way, the conference theme promises to be very stimulating and Scottish as it is titled "Gonnae no dae that!" and explores both patient and clinician fears. A number of notable speakers will be presenting, including, but not limited to, Johanns Vlaeyen, Tamar Pincus, David Gillanders, Amanda Williams and Cormac Ryan.



Dr Maureen Tilford, Secretary

Members Year End 2016

Mr Anthony Chuter, Patient Liaison Committee representative Dr Paul Dieppe, Officer Dr Mike Platt, Chair Mr Matthew Jay, Website Manager Dr Tim Johnson, Council liaison officer Dr Willie Notcutt, Officer Dr Bernd Strathausen, Officer Dr Jeremy Swayne, Officer Dr Jaremy Swayne, Officer Dr Maureen Tilford, Secretary Dr Peter Wemyss-Gorman, Transcript Editor

Total membership: 101

The concept at the heart of our Special Interest Group is that of taking a broad perspective of how pain and suffering are experienced and how there are many ways of managing that suffering. Of course, as health professionals, we have practical skills but we recognise that those skills alone do not suffice. We see that the development of compassion and empathy with those who suffer as a vital part of our approach. We encourage the skilful use of language and the development of a healing, caring relationship. We also recognise that people from other fields including the diverse spiritual and philosophical arenas have much to contribute and this is reflected in our meetings. We consider the patient experience as central and whatever is seen by that person as important to them should be cultivated and enabled.

PHILOSOPHY AND ETHICS SOCIETY SIG REPORT

Philosophy and Ethics SIG Annual Meeting

The Philosophy and Ethics Special Interest Group Meeting was held at Rydal Hall, Cumbria, on June 27th-30th 2016, with the title 'The Power of the Mind in Pain'. The topic this year was selected as we all recognised how much pain and suffering depends on the mind and the emotions and how often this is neglected. This meeting took place in the fabulous setting of the lakes and fells of Cumbria and we were most fortunate to have a wide ranging group of speakers who brought many creative concepts to the challenge of pain management. Many new people came along both from within the UK and abroad bringing their own new perspectives.

This meeting explored the complexities of these issues and our first speaker, Dr David Reilly, spoke about his integrative approach, tapping into wellness enhancement and people's own strengths and self-healing abilities.

Sarah Goldingay, a writer and actor spoke about the rituals involved in the therapeutic encounter and the mysteries of how caring is efficacious although we do not fully understand this. This concept was further developed by Prof. Paul Dieppe who spoke about the amazing power of the placebo effect and 'healing intentions' in the clinician. Dr Ann Williamson has used hypnosis and suggestion extensively in her management of people with pain. She explained how empowering the patient to use self-hypnosis to access a state where imagery and self-generated suggestion can be most effective. Ann successfully

demonstrated the use of imagery on a volunteer from the group by relieving his headache!

Patrick Browning presented his use of group hypnosis for the National Migraine Centre.

Dr Maureen Tilford showed a video on the use of how a virtual reality game which has successfully been used during burns dressing changes, reducing the need for high doses of opiates. She also discussed some cases she had treated as a GP using hypnotic techniques.

Mr Eamonn Coveney gave a very entertaining talk about how he has incorporated hypnosis into his work as a general surgeon. He uses brief hypnotic interventions for managing painful interventions and teaching patients selfhypnosis to manage both acute and chronic pain.

Dr Tim Johnson brought some ethical dilemmas he had encountered and we all joined in with the discussion, and Alistair Turvill presented some of the research on the role of the mind in pain management programmes.

We all took part in a workshop on the last morning given by a group of five professionals from Liverpool University including Josie Billington (CRILS: Centre for Research into Reading, Literature and Society), Dr Andrew Jones, Dr Jim Ledson and two 'readers'. The workshop involved the reading of specially selected poetry followed by group discussion about the images and issues we experienced. The pain clinic in Liverpool has been running these groups for people suffering with chronic pain.

We all enjoyed the talks and of course the opportunity to discuss and reflect on each day's activities. Despite patchy weather, several intrepid members of the group managed some walks and it stayed dry for our early morning Tai -Chi sessions in the gardens.

Planned activities

We are currently planning our meeting for 26th-29th June 2017 at Rydal Hall in Cumbria. The programme is almost complete but we will be inviting one or two more speakers.

Our theme for the annual meeting this year is 'Living Well right to the End'. We will be examining issues around wellbeing and life quality in the face of serious illness or even death. Our speakers include Prof. Karol Sikora, Dean of Buckingham Medical School and an oncologist speaking on 'Living with the Uncertainty of Cancer'.

Other speakers include:

- Dr Sara Booth, Lecturer at Cambridge University and at King's College in London who has researched breathlessness and has an interest in the characteristics of wellbeing.
- Fr Andy Graydon: 'Living to Die: Deep acceptance', Catholic priest and hospital chaplain who has worked



with people with mental health problems as well as in hospice care.

- Kate Binnie who is a music therapist who uses music and song in her work to relieve suffering. Kate plans to involve our group in a singing exercise to demonstrate her approach.
- Dr Jeremy Swayne, retired GP, Homeopathic physician and priest: his topic is 'Coming Alive at Last'.
- Steve Johnson (Narapa) is a Buddhist teacher, mindfulness trainer and healthcare chaplain in hospital and hospice settings.
- Dr Emmylou Rahtz has a PhD in Psychiatry and is interested in how healing can be achieved. 'Healing While Dying'.

The SIG account balance is £1,836.

Delegates will pay a fee for the meeting which will include their stay at the hall.

We now have 101 members including seven from overseas. We attracted a number of non-members to attend the meeting last year, several from Europe.

We encourage involvement of people outside the medical profession to attend our meetings as we view the management of pain and suffering to be an immense field. This has proved to be an enriching experience both to members and to non-members alike. All have benefited.



Dr Dee Burrows, Acting Chair

Members Year End 2016

Dr Dee Burrows, Acting Chair/Honorary Secretary

Emma Davies, Newsletter Editor

Geraldine Granath, Patient Liaison Committee representative

Dr Martin Johnson, Vice Chair and Honorary Treasurer/BPS Council Liaison

Dr Ann Taylor, Co-opted Officer

Total membership: 106

PRIMARY AND COMMUNITY CARE SOCIETY SIG REPORT

The Primary and Community Care SIG continues to grow in membership and we have a healthy budget. We could do with new members on the Committee. If you are interested, please contact the Secretariat. They will pass your details on and we will be in touch and welcome your involvement.

The SIG is passionate about the fulfilment of its objectives: to contribute to the British Pain Society on matters relating to pain management in primary and community care; improve knowledge and understanding of this area of pain management; share best practice, which this year has focused on the wider audience we can reach through our Newsletters; organise educational opportunities; and establish and maintain links with others who have an interest in primary and community care pain management.

We are grateful to the teams in West Suffolk and Southeast Hampshire, Fareham and Gosport for their commitment to the Newsletters. I know my own team and CCG have found the articles insightful, interesting and useful in considering our own services, thank you. We have an exciting list of speakers for our workshop at the British Pain Society 50th Anniversary Annual Scientific Meeting in May 2017. The session is entitled "Self-Management: Sharing Good Practice". It will be chaired by myself, witt Renee Blomkvist exploring "Barriers to Self-Management", Professor Anne Rogers will be sharing her work on "Developing a social network to support self-management - the Eugenie Tool" and Gill Simon will be will be talking about "Models of Healthcare that support self-management of pain". We hope to see you in Birmingham on Wednesday 3rd May, 2017.



AUDITED ACCOUNTS



LEGAL AND ADMINISTRATIVE INFORMATION

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Registered Office

Third Floor Churchill House 35 Red Lion Square London WC1R 4SG

Bankers

CAF Bank 25 Kings Hill Avenue Kings Hill West Malling Kent ME19 4JQ

Solicitor

Hempsons Solicitors Hempsons House 40 Villiers Street London WC2N 6NJ

Auditor

Andrew Lang Limited 2 St. Mary's Road Tonbridge Kent TN9 2LB

Charity Number 1103260

Registered Charity in Scotland Number SC039583

Company Number 5021381



DIRECTORS' REPORT

For the period 1st January – 31st December 2016

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 2016 there were 1,149 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 2016. The Report is prepared in accordance with the recommendations of "Charities SORP (FRSSE)".

1. 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 Council Meeting following their appointment.

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

The Council 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 Council or the Officers, who are the President, the President-elect (if applicable), the Vice President(s) (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, although there is currently no formal written business continuity plan in place. This will be reviewed in 2017. 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 formalised 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 Council 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. In 2017 the Society will be looking towards further prudent investment by spreading risk of funds across additional institutions.

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%.

In October 2016, Ms Rikke Susgaard-Vigon, a longstanding member of the Secretariat with 9 years' service, left the employment of the Society, and the Council wishes her well with her future endeavours.

- 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.
- Declining membership numbers: In 2016 the Society appointed two Vice Presidents; one with a remit to work on a National Awareness Campaign to generate income to the Society, and one with the remit to improve membership recruitment and retention. Plans are in place to continue this work into 2017.

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 a 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.
- A Society member Chair's 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.
- The Association of Palliative Medicine, 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) each have one representative who sits on the BPS Council as a co-opted member.
- 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 British Psychological Society 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 Clinical Reference Group for Specialised Pain Services, the Chronic Pain Policy Coalition, and the Clinical Lead for Pain of 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 49th Annual Scientific Meeting (ASM) in Harrogate on 10-12 May 2016 which was attended by 511 participants.
- The Education Committee continued with its series of one day study days. One study day was held in 2016:
- 36th Study Day 'Pain in Children' was held on 13th July 2016.

SIG Meetings/Events

- On 27th 30th June 2016, the Philosophy & Ethics Society SIG held a meeting on 'The Power of the Mind in Pain'
- The Interventional Pain Medicine Society SIG held their annual meeting on 16th September in Manchester.
- The Headache SIG held their second annual meeting on the 16th November in London.

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.

Bursaries & Grants

- The Society awarded 18 members of the Society bursaries to attend its ASM in Harrogate.
- The Society awarded two members of the Society bursaries to attend the bi-ennial IASP Conference in Japan.

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.
- In addition, the majority of the Society's professional publications, have a sister patient version.
- The Society also contributed to joint patient information leaflets with other organisations.



4. FINANCIAL REVIEW

As shown in the financial statements there are accumulated reserves of £1,057,895 of which £217,783 is in restricted funds, £196,563 being the sum of the Clulow legacy and interest.

The net SIG funds of £70,578 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 £45,631 is to support the extra educational activity of the Society. £12,748 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 £339,595 to be used to further the aims and objects of the Society.

This year has seen the Society maintain healthy reserves although sustainable finances remain an ongoing priority for the Society, and in 2016 we have seen a deficit. The principal source of funding comes from the subscriptions of the members which were increased during 2016. We have received 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 50th Anniversary Annual Scientific Meeting will be held at the International Conference Centre, Birmingham from 2-5 May 2017.
- The Society will finalise and publish a new publication on 'Acute pain in the community'.
- The Society will launch 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 introduce an online member's discussion forum for members, along with an online research hub for pain.
- The Patient Liaison Committee will hold its annual meeting as a Webinar on the 18th January 2017.



- The Society will hold 3 study days during the course of the year; 'Torture, Abuse and Pain', and two further study days, topics to be confirmed.
- The Society will work towards holding a regional meeting, outside of London, for the first time.
- The Philosophy & Ethics Society SIG will hold their annual Conference from 26-29th June 2017 on 'Living Well Right to the End' in Cumbria.
- The Pain Management Programme SIG will hold their bi-ennial conference from the 14-15th September 2017 on 'Gonnae do dae that! – exploring patient and clinician fears' in Glasgow.

6. DIRECTORS FOR THE PERIOD 1ST JANUARY – 12TH MAY 2016

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

DIRECTORS FOR THE PERIOD 13TH MAY – 31ST DECEMBER 2016

Dr A. P. Baranowski	President
Dr W. Campbell	Immediate Past President
Dr M. Johnson	Vice President
Dr P. Wilkinson	Vice President
Prof. R Knaggs	Honorary Secretary
Dr H. Cameron	Honorary Treasurer
Prof. S. Ahmedzai	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 Z. Malpus	Council Member
Dr A. Taylor	Council Member
Dr D. G. Williams	Council Member

STAFF MEMBERS AS AT 31ST DECEMBER 2016

Ms Jenny Nicholas	Chief Executive Officer
Ms Dina Almuli	Secretariat Manager
Mr Ken Obbard	Events & Membership 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.

Signed: Just G.

Dated: 10th March 2017

Dr Heather Cameron (Honorary Treasurer) The British Pain Society

AUDITOR'S REPORT

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

We have audited the Financial Statements of the British Pain Society for the year ended 31st December 2016 on pages 61-85. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

This report is made solely to the Society's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the Society's members those matters we are required to state to them in an auditors' report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Society and the Society's members as a body, for our audit work, or for the opinions we have formed.

Respective Responsibilities of Trustees and Auditors

As described in the Statement of Director's Responsibilities, the Trustees (who are also the Directors of the British Pain Society for the purposes of company law), are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view.

Our responsibility is to audit and express an opinion on the financial statements in accordance with the relevant legal and regularity requirements and International Standards on Auditing (UK and Ireland).Those standards require us to comply with the Auditing Practices Board's (APB's) Ethical Standards for Auditors.

Scope of the audit of the Financial Statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the charitable company's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the trustees; and the overall presentation of the financial statements. In addition, we read all the financial and non-financial



information in the trustees' annual report to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materials inconsistent with the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

Opinion on Financial Statements

In our opinion the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 31st December 2016 and of its incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006 and the Charities and Trustee Investment (Scotland) Act 2005.

Opinion on other matters prescribed by the Companies Act 2006

In our opinion the information given by the Trustees' Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which are required to report by exception

We have nothing to report in respect of the following matters where the Companies Act 2006 requires us to give to you if, in our opinion:

- adequate accounting records have not been kept or returns adequate for our audit have not been received from branches not visited by us; or
- the financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of trustees' reimbursements specified by law are not made; or
- the trustees were not entitled to prepare the financial statements in accordance with the small companies' regime and take advantage of the small companies' exemption in preparing the trustees' report.



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

Dated: 10th March 2017



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

CONSOLIDATED STATEMENT OF FINANCIAL ACTIVITIES

including consolidated income and expenditure account for the year ended 31st December 2016

	Notes	Unrestricted funds £	Restricted funds £	Total 2016 £	Total 2015 £
Income					
Donations and legacies	4	175,480	1,000	176,480	210,403
Income from charitable activities	5	240,137	-	240,137	310,535
Income from other trading activities					
Commercial trading operations	6	151,260	-	151,260	143,275
Investment income	7	4,244	-	4,244	4,362
Total income		571,121	1,000	572,121	668,575
Expenditure					
Costs of Raising Funds					
Commercial trading operations		53,749	-	53,749	68,670
Expenditure on charitable activities	8	566,309	-	566,309	587,149
Total Expenditure		620,058	-	620,058	655,819
Net income/expenditure		(48,937)	1,000	(47,937)	12,756
Transfers between funds		-	-	-	-
Net movement in funds		(48,937)	1,000	(47,937)	12,756
Reconciliation of funds:					
Total Funds Brought Forward		889,049	216,783	1,105,832	1,093,076
Total Funds Carried Forward		840,112	217,783	1,057,895	1,105,832



The trustees have prepared group accounts in accordance with section 398 of the Companies Act 2006 and section 44 of the Charities and Trustee Investment (Scotland) Act 2005. These accounts are prepared in accordance with the special provisions of Part 15 of the Companies Act relating to small companies.

The notes on pages 65 to 82 form part of these financial statements. Approved by the Directors on the 10th March 2017

Company Registration Number: 5021381

CONSOLIDATED BALANCE SHEET

as at 31 December 2016

	Note	Group 2016 £	Group 2015 £	Charity 2016 £	Charity 2015 £
Fixed Assets					
Tangible assets	16	2,400	2,999	2,400	2,999
Total fixed assets					
Current Assets					
Debtors	17	200,858	121,478	145,073	92,869
Cash at bank and in hand		1,077,352	1,094,704	1,026,904	1,082,584
Total Current Assets		1,278,210	1,216,182	1,171,977	1,175,453
Liabilities					
Creditors: falling due within 1 year	18	222,715	113,349	117,818	73,225
Net Current assets		1,055,495	1,102,228	1,054,159	1,102,228
Total assets less current liabilities		1,057,895	1,105,832	1,056,559	1,105,227
Creditors: amounts falling due after more than 1 year		-	-	-	-
Net assets		1,057,895	1,105,832	1,056,559	1,105,227
Funds of the Charity	20				
Unrestricted income funds		840,112	889,049	838,776	888,444
Restricted Funds		217,783	216,783	217,783	216,783
Total Charity Funds		1,057,895	1,105,832	1,056,559	1,105,227

Dr H. Cameron

CASHFLOWS AND CONSOLIDATED STATEMENT OF CASHFLOWS

for the year ending 31st December 2016

		Group 2016 £	Group 2015 £	Charity 2016 £	Charity 2015 £
Cash used in operating activities	(a)	(21,596)	15,596	(59,924)	3,476
Cash used from investing activities					
Interest income		4,244	4,362	4,244	4,362
Purchase of tangible fixed assets		-	-	-	-
Cash provided by (used in) investing activities		4,244	4,362	4,244	4,362
Cash flows from financing activities					
Repayment of borrowing		-	-	-	-
Cash used in financing activities		-	-	-	-
Increase/(decrease) in cash and cash equivalents in the year		(17,352)	19,958	(55,680)	7,838
Cash and cash equivalents at the start		1,094,704	1,074,746	1,082,584	1,074,746
of the year					
Total cash and cash equivalents at the end of the year	(b)	1,077,352	1,094,704	1,026,904	1,082,584

CASHFLOWS AND CONSOLIDATED STATEMENT OF CASHFLOWS

continued, for the year ending 31st December 2016

(a) Reconciliation of net movement in funds to net cash flow from operating activities

	Group 2016 £	Group 2015 £	Charity 2016 £	Charity 2015 £
Net movement in funds	(47,937)	12,756	(48,668)	12,151
Add back depreciation charge	599	2,771	599	2,771
Deduct interest income shown in investing activities	(4,244)	(4,362)	(4,244)	(4,362)
Decrease/(increase) in stock	-	-	-	-
Decrease/(increase) in debtors	(79,380)	(14,867)	(52,204)	13,741
Increase/(decrease) in creditors	109,366	19,298	44,593	(20,825)
Net cash used in operating activities	(21,596)	15,596	(59,924)	3,476

(b) Analysis of cash and cash equivalents

	Group 2016 £	Group 2015 £	Charity 2016 £	Charity 2015 £
Cash at bank and in hand	777,352	817,848	726,904	805,728
Fixed Term Bond	300,000	276,856	300,000	276,856
Total cash and cash equivalents	1,077,352	1,094,704	1,026,904	1,082,584



1. 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 applicable in the UK and Republic of Ireland (FRS102) (effective 1 January 2015) - (Charities SORP (FRS102)), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS102) and the Companies Act 2006.

The British Pain Society meets the definition of a public benefit entity under FRS 102. Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant policy note.

b) Transition to FRS102

In preparing the accounts, the trustees have considered

whether in applying the accounting policies required by FRS102 and the Charities SORP FRS102 the restatement of comparative items was required.

No restatements were required.

The transition date was 1 January 2015.

c) Income

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

d) 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.

e) 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.

f) 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.

g) 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.

h) 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.

i) 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. The charity is under no further obligation to make any extra payments irrespective of how that pension fund performs.

j) Operating leases

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

k) Taxation

The charity is exempt from tax on its charitable activities.

I) Group financial statements

The financial statements consolidate the results of the charity and its wholly owned subsidiary BPS Pain Business Ltd.

A separate Income and Expenditure Account for the charity has not been presented because the charity has taken advantage of the exemption afforded by section 408 of the Companies Act 2006.



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.

m) Donated services and facilities

Donated professional services and donated facilities are recognised as income when the charity has control over the item, any conditions associated with the donated item have been met, the receipt of economic benefit from the use by the charity of the item is probable and that economic benefit can be measured reliably. In accordance with the Charities SORP (FRS 102), the general volunteer time is not recognised and refer to the trustees' annual report for more information about their contribution. On receipt, donated professional services and donated facilities are recognised on the basis of the value of the gift to the charity which is the amount the charity would have been willing to pay to obtain services or facilities of equivalent economic benefit on the open market; a corresponding amount is then recognised in expenditure in the period of receipt.

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.



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

As agreed for 2016, some staff and office costs are apportioned 60% to the annual scientific meeting and 40% to general fund costs. These are shown as the office cost contribution. 100% of the annual audit cost is attributed this year to this meeting being £3,300 (2015 : £1,200). The summary performance of the charity is:

	Unrestricted Funds \pounds	Restricted Funds £	Total 2016 £	Total 2015 £
Incoming resources - charity only	429,641	1,000	430,641	525,300
Income from subsidiary company paid under licence	50,000	-	50,000	50,000
Corporate donation	37,000	-	37,000	24,000
	516,641	1,000	517,641	599,300
Expenditure on charitable activities - charity only	566,309	-	566,309	587,149
Net incoming resources	(49,668)	1,000	(48,668)	12,151
Total funds brought forward	888,444	216,783	1,105,227	1,093,076
Total funds carried forward	838,776	217,783	1,056,559	1,105,227
Represented by:				
Unrestricted income funds	838,776	-	838,776	888,444
Restricted Funds	-	217,783	217,783	216,783
	838,776	217,783	1,056,559	1,105,227

The charity only performance of the annual scientific meeting is:

	Unrestricted Funds \pounds	Restricted Funds £	Total 2016 £	Total 2015 £
Income	215,886	-	215,886	242,853
ASM office costs paid under licence	50,000	-	50,000	50,000
	265,886	-	265,886	292,853
Expenses				
Room hire	51,419	-	51,419	56,520
Venue-miscellaneous	5,653	-	5,653	6,027
Printing	3,775	-	3,775	8,197
Help at venue	1,585	-	1,585	3,097
Speakers expenses (inc.travel & accom)	5,169	-	5,169	5,468
Refreshments	43,053	-	43,053	44,258
Out sourced event management	450	-	450	600
Poster prizes	944	-	944	943
Poster boards & advertising	2,982	-	2,982	2,580
Gifts	2,452	-	2,452	1,352



The income from donations and legacies was £3,354 (2015 : £22,044) of which £2,354 was unrestricted (2015: £21,844) and £1,000 restricted (2015 : £200). Corporate Donation total £46,780, less SIG fund transfer £9,780 and Study Day £1,756 (2015: Total £24,000 , SIG fund transfer £8,995)

			Society		Report	2016
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	Unrestricted Funds \pounds	Restricted Funds £	Total 2016 £	Total 2015 £
Van hire	86	-	86	873
Coaching	298	-	298	1,465
Council	6,978	-	6,978	10,391
Staff	3,233	-	3,233	4,270
PLC committee members	702	-	702	408
Social programme	7,940	-	7,940	7,874
Insurance	3,493	-	3,493	3,788
Badges	864	-	864	469
Contingency- additional purchases	-	-	-	881
Miscellaneous	402	-	402	438
Bursaries	37,929	-	37,929	22,563
AVA's/data projection	22,178	-	22,178	6,120
Stuffing delegates bags		-	-	695
ASM registration fee bank charges	363	-	363	363
	201,948	-	201,948	189,640
Office cost contribution	168,682	-	168,682	172,661
Total cost	370,630	-	370,630	362,301
Net movement in funds	(104,744)	-	(104,744)	(69,448)
				,

4. Income from donations and legacies

	Group 2016 £	Group 2015 £	Charity 2016 £	Charity 2015 £
Donations	3,354	404	3,354	404
Legacies	-	21,640	-	21,640
Gift aid received	764	878	764	878
Subscriptions	171,297	187,481	171,297	187,481
Corporate donation (note 13)	-	-	37,000	15,005
Credit Card Charges	1,065	-	1,065	-
Total	176,480	210,403	213,480	225,408



5. Income from charitable activities

	Group 2016 £	Group 2015 £	Charity 2016 £	Charity 2015 £
Meeting income	215,886	242,853	215,886	242,853
General publications	5	-	5	-
Publications	80	377	80	377
PLC annual voluntary seminar	99	1,188	99	1,188
SIGS	23,165	58,935	32,945	67,930
Study days	100	6,555	100	6,555
Other income	802	627	802	627
Total	240,137	310,535	249,917	319,530

6. Income from other trading activities

	Group 2016 £	Group 2015 £	Charity 2016 £	Charity 2015 £
Trading	151,260	143,275	50,000	50,000
Total	151,260	143,275	50,000	50,000

7. Investment income

The investment income arises from money held in interest

bearing deposit accounts.

	Group 2016 £	Group 2015 £	Charity 2016 £	Charity 2015 £
Interest received	4,244	4,362	4,244	4,362
Total	4,244	4,362	4,244	4,362



8. Expenditure on charitable activities

5. Experiariore on chamable acrivines				
	Group 2016 £	Group 2015 £	Charity 2016 £	Charity 2015 £
Research grants	1,897	2,167	1,897	2,167
Meeting expenses	370,630	362,301	370,630	362,301
Sub-Committee expenses	5,376	5,169	5,376	5,169
Core Com/SIGS	18,584	38,199	18,584	38,199
SIGS- Chairs meetings	-	1,939	-	1,939
Working parties	3,017	84	3,017	84
PLC annual voluntary seminar	201	1,803	201	1,803
Study days	540	3,347	540	3,347
Professional meetings	2,002	2,070	2,002	2,070
Other meeting expenses	1,298	2,396	1,298	2,396
Miscellaneous expenses	405	2,662	405	2,662
Newsletter and Journal	35,790	36,903	35,790	36,903
Website	934	389	934	389
Publications	160	3,512	160	3,512
Rent and service charges	13,240	12,092	13,240	12,092
Secretariat and other staff costs	62,520	66,744	62,520	66,744
Printing and postage	408	962	408	962
Telephone and fax costs	2,152	1,782	2,152	1,782
Computer system and software	5,036	5,157	5,036	5,157
IT Review	-	8,909	-	8,909
Equipment hire and storage	439	428	439	428
Premises rates and insurance	1,586	2,409	1,586	2,409
Office stationery and photocopying	2,160	2,098	2,160	2,098
Professional fees	1,432	1,710	1,432	1,710
Subscriptions	549	373	549	373
Bank charges	1,871	2,164	1,871	2,164
Depreciation and asset adjustment	599	2,771	599	2,771
Council expenses	2,854	3,965	2,854	3,965
Induction of trustees and trustee training	302	267	302	267
Accountancy	11,448	11,742	11,448	11,742
Legal fees	163	545	163	545
Annual report	2,470	90	2,470	90
Pain Awareness Campaign	16,246	-	16,246	
Total	566,309	587,149	566,309	587,149



9. Summary analysis of expenditure on charitable activities

Activity or programme	Note	Activities undertaken directly £	Grant funding of activities £	Support costs costs £	Total £
ASM		164,019	37,929	168,682	370,630
Charitable grants	14	-	1,897	-	1,897
Newsletter and publications		35,950	-	-	35,950
Secretariat costs		152,206	-	-	152,206
Governance costs		5,626	-	-	5,626
		357,801	39,826	168,682	566,309

10. Net income/(expenditure) for the year

This is stated after charging:

	Group 2016 £	Group 2015 £	Charity 2016 £	Charity 2015 £
Depreciation	599	750	599	750
Auditor's remuneration:				
Audit Fees	5,050	2,700	3,300	1,200
	5,649	3,450	3,899	1,950


100% of staff costs shown above, but expense split 40% charged to general fund and 60% to ASM meeting costs.

No employee had employment benefits in excess of £60,000 (2015 : 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

(2015: nil) but were reimbursed expenses during the year for council meetings of £7,135 (2015: £9,913) See analysis below.

Total expenses reimbursed to trustees during the year £10,441 (2015: £9,913)

No charity trustee received payment for professional or other services supplied to the charity (2015 : nil)

All of the staff costs relate to key management personnel of the charity and the group, comprising the Chief Executive Officer, Secretariat Manager and Events and Membership Officer.

11. Analysis of staff costs, trustee remuneration and expenses and the cost of key management personnel - charity (also comprising that of the group)

	100% 2016 £	100% 2015 £
Salaries and wages	120,960	107,595
Social security costs	8,608	8,410
Pension costs	18,010	20,340
Temporary staff costs	-	35,350
	147,578	171,695
Council expenses		
Meeting - Catering	2,203	2,088
Meeting - Room Hire / Telecons	168	-
Meeting - Travelling	4,140	6,500
Meeting - Hotels	625	1,325
	7,135	9,913

12. Staff numbers - charity (also comprising that of the group)

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

	2016	2015
Charitable activities	3.5	3.5
	3.5	3.5



13. Related party transactions

In 2016 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: £50,000).
- The transfer under gift aid of the trading profits of BPS Pain Business Ltd to the charity totalled £46,780 split £37,000 received to the general fund, £1,756 of it being 36th Study Day and £8,710 transferred to the Headache SIG designated fund and £1,070 to the IPM SIG Designated fund (2015: £24,000).

There were no outstanding balances with related parties as at 31 December 2016 (2015: nil).

14. Grants - charity (also comprising that of the group)

The attached annual report details the grants offered by the charity. The Clulow Award is awarded bi-annually (up to a maximum of \pounds 50,000), and is paid in four instalments at agreed milestones. 2017 is a Clulow Award year. The first three instalments will be paid at 30% of the total grant value and the fourth at 10%, each against an invoice from the receiving institution. The first instalment will be transferred following receipt of the signed grant award letter. The second and third instalments will be paid on receipt and approval by The British Pain Society of two progress reports to be submitted at 12 and 18 months from the date of receipt of grant award letter. A final instalment of 10% will be paid upon receipt of the study final report. In 2016 P.Wall grant not awarded (2015 : £1,397). IASP Grant awarded 2016 £1,897.Bursaries for the charity 2016 annual scientific meeting totalled £37,929 (2015 : £22,563).

2016 Reconciliation:

Total grants and bursaries awarded:	39,826
2016 bursaries	37,929
2016 IASP	1,897

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 -charity (also comprising that of the group)

Office Equipment \pounds	Fixtures & Fittings \pounds	Total S
6,552	12,326	18,878
-	-	
-	-	
6,552	12,326	18,87
4,990	10,889	15,87
312	287	59
-	-	
5,302	11,176	16,47
1,562	1,437	2,99
1,250	1,150	2,40
	6,552 - - - - - - - - - - - - - - - - - -	

In the prior year the charity wrote off historic obsolete assets and a net adjustment was made.

17. Debtors and prepayments

	Group 2016 £	Group 2015 £	Charity 2016 £	Charity 2015 £
Meeting pre-payments	85,378	53,513	67,978	41,659
Trade debtors	115,480	67,965	30,315	27,210
Amount due from subsidiary undertaking	-	-	46,780	24,000
	200.858	121,478	145.073	92.869

18. Creditors: amounts falling due within 1 year

	Group 2016 £	Group 2015 £	Charity 2016 £	Charity 2015 £
Trade creditors	122,991	91,164	48,279	57,900
Advance meeting costs	30,185	22,185	-	15,325
Subscriptions Advanced Payments	69,539	-	69,539	-
	222,715	113,349	117,818	73,225

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.

	2016 £	2015 £
Balance at 1st January	596,794	542,377
Income	272,091	278,204
Expenditure	(231,061)	(240,285)
Transfers between funds - PLC	(102)	(615)
Transfers between funds - SIGs	1,873	17,113
Movement in funds	42,801	54,417
Total general reserves at 31st December	639,595	596,794

Within the general fund of the charity are £52,005 of accumulated reserves received via corporate donations from the wholly owned trading company (2015 : accumulated £15,005).

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 were "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.

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	2016 £	2015 £
Balance at 1st January	22,208	9,677
Income "Set Aside " fund	-	21,640
Expenditure	-	(9,109)
Movement in funds	-	12,531
Balance as at 31st December	22,208	22,208

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:

	2016 £	2015 £
Balance at 1st January	117,492	186,940
Income	265,886	292,853
Expenditure	(370,630)	(362,301)
Movement in funds	(104,744)	(69,448)
Balance as at 31st December	12,748	117,492



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 83.

These funds are represented by:

	2016 £	2015 £
Balance at 1st January	57,132	44,514
Income	32,945	67,930
Expenditure	(17,626)	(38,199)
Transfer to general funds (internal allocation of expenses)	(1,873)	(17,113)
Movement in funds	13,446	29,731
Balance as at 31st December	70,578	57,132

Within the SIGS funds of the charity are £18,775 of accumulated reserves received via corporate donations from the wholly owned trading company (2015 : accumulated £8,995).

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.

	2016 £	2015 £
Balance at 1st January	46,071	42,863
Income	100	6,555
Expenditure	(540)	(3,347)
Movement in funds	(440)	3,208
Balance as at 31st December	45,631	46,071



Map of Medicine Pathways

	2016 £	2015 £
Balance at 1st January	7,774	7,774
Income	-	-
Expenditure	-	-
Movement in funds	-	-
Balance as at 31st December	7,774	7,774

Pathways I&D

	2016 £	2015 £
Balance at 1st January	16,578	16,578
Income	-	-
Expenditure	-	-
Movement in funds	-	-
Balance as at 31st December	16,578	16,578

Other designated reserves

	2016 £	2015 £
Balance at 1st January	25,000	25,000
Income	-	-
Expenditure	-	-
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:

	2016 £	2015 £
Balance at 1st January	-	-
Income	99	1,188
Expenditure	(201)	(1,803)
Transfer from General Funds	102	615
Movement in funds	-	-
Balance as at 31st December	-	-
Total designated reserves at 31st December	200,517	292,255

Analysis of movements in restricted funds:

Legacy

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

	2016 £	2015 £
Balance at 1st January	196,563	197,133
Income	-	200
Expenditure	-	(770)
Interest	-	-
Movement in funds	-	(570)
Balance at 31st December	196,563	196,563



Grants

Oranis			
		2016 £	2015 £
GP/Primary Care Publicatio	ns		
Balance at 1st January		20,220	20,220
Income	(GP Pain Patient Pathway Booklet)	-	-
Expenditure	(GP Pain Patient Pathway Booklet)	-	-
Reserves Transfer	(GP/Primary Care Publication)		-
Movement in funds		-	-
Balance at 31st December		20,220	20,220
PLC Seminar			
Balance at 1st January		-	-
Income		1,000	-
Expenditure		-	-
Movement in funds		1,000	-
Balance at 31st December		1,000	-
Total restricted reserves at 3	31st December	217,783	216,783



20. Analysis of group net assets between funds

	General Fund £	Designated Reserves £	Restricted Reserves £	31.12.2016 Total £	31.12.2015 Total £
Fixed assets:	2,400	-	-	2,400	2,999
Net current assets:	-	-	-		
General	637,195	-	-	637,195	593,795
Designated: I Bainbridge		22,208	-	22,208	22,208
Designated: ASM	-	12,748	-	12,748	117,492
Designated: SIGS	-	70,578	-	70,578	57,132
Designated: Study Days & Education Days	-	45,631	-	45,631	46,071
Designated: Reserves	-	25,000	-	25,000	25,000
Designated: Map of Medicine Pathways	-	7,774	-	7,774	7,774
Designated: Pathways I & D	-	16,578	-	16,578	16,578
Designated: PLC Seminar	-	-	-	-	-
Restricted : Clulow	-	-	196,563	196,563	196,563
Restricted : Grants	-	-	20,220	20,220	20,220
Restricted : PLC Seminar			1,000	1,000	-
	639,595	200,517	217,783	1,057,895	1,105,832

21. Summary trading account

The summary financial position of the subsidiary alone is:

20	16 £ 2015 £
Turnover 15	,260 143,275
Cost of sales and administration costs (103	,569) (118,519)
Corporation tax	(182) (151)
Profit 42	24,605
Amount gift aided to the charity (46	,780) (24,000)
Retained in subsidiary	730 605



APPENDIX TO FINANCIAL STATEMENTS

a) Detailed analysis of tracked charitable funds - charity only

	01.01.2016 £	Income £	Expenditure £	Transfers \pounds	31.12.2016 £
SIGS					
Philosophy and Ethics	(477)	11,695	9,032	(350)	1,836
Acute Pain	4,634	-	10	-	4,624
Neuropathic Pain	650	-	-	-	650
Interventional Pain Management	16,865	6,570	4,718	(958)	17,759
Clinical Information	12,856	-	-	-	12,856
Pain Management Programmes	4,339	(600)	1,169	-	2,570
Pain Education	4,595	-	-	-	4,595
Older People	(1,106)	-	-	-	(1,106)
Primary Care	1,592	1,600	83	-	3,109
Developing Countries	430	-	-	-	430
Info and Comm Tech	2,620	-	-	-	2,620
Headache	10,134	13,680	2,614	(565)	20,635
	57,132	32,945	17,626	(1,873)	70,578
Study Days					
Prior Study Day Surpluses	25,685	-	-	-	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	(1,443)	-	-	-	(1,443)
34th Study Day - 13th February 2015	(647)	-	-	-	(647)
35th Study Day - 17th October 2015	3,819	100	200	-	3,719
36th Study Day- 23rd November 2015	(1,102)	-	340	-	(1,442)
Study Day - miscellaneous	(42)	-	-	-	(42)
	29,604	100	540	-	29,164



	01.01.2016 £	Income £	Expenditure £	Transfers £	31.12.2016 £
Education Days					
Prior Education Day Surpluses	16,267	-	-	-	16,267
Primary Care Ed. Day Sponsorship	200	-	-	-	200
	16,467	-	-	-	16,467
Total Study days & Education Days	46,071	100	540	-	45,631
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 and 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 and Retention	(84)	-	-	-	(84)
	(32,713)	-	-	-	(32,713)



	01.01.2016 £	Income £	Expenditure £	Transfers £	31.12.2016 £
Publications					
Nursing Practice	(359)	-	-	-	(359)
Understanding and Managing Pain	(7,978)	80	-	-	(7,898)
Spinal Cord Stimulation	(2,582)	-	-	-	(2,582)
Opioid Recommendations	(514)	-	-	-	(514)
PMS Good Practice	12	-	-	-	12
Drugs Beyond Licence	(680)	-	-	-	(680)
Intrathecal Drug Delivery	(4,024)	-	160	-	(4,184)
Pain and 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
	19,742	80	160	-	£19,662

Figures above include any transfers under gift aid of the trading profits of BPS Pain Business Ltd due to the charity - SIGS \pounds 9,780 (Headache \pounds 8,780 & IMP \pounds 1,070. (2015: Headache SIG \pounds 8,995)



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