

THE PAIN SOCIETY &
THE BRITISH PAIN SOCIETY



2004

ANNUAL REPORT & ACCOUNTS

2004

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INTRODUCTION

The British Pain Society is the representative body for all healthcare professionals and basic scientists involved in the management and understanding of pain in the United Kingdom. The British Pain Society is the British Chapter of the International Association for the Study of Pain (IASP) and is part of the European Federation of IASP Chapters (EFIC).

The membership of the Society is multidisciplinary and includes doctors, basic scientists, nurses, physiotherapists, psychologists, occupational therapists and other healthcare professionals. There are now over 1,600 members.

The Society promotes education, training, research and best clinical practice in all fields of pain for the benefits of patients. 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, various Committees, Special Interest Groups and Working Parties and via its Annual Scientific Meeting, publications and the Pain Awareness Week.

To encourage and promote the study and research into aspects of pain, the Society has established several bursaries and awards that are available to its members. Current bursaries and awards offered by the Society include the Patrick Wall Travel Bursary, for the presentation of research overseas; the Mildred B Clulow Research Award, to fund research into the causes and cure of pain; IASP travel bursaries to attend the triennial IASP Congress; ASM bursaries to attend the British Pain Society Annual Scientific Meeting.



OFFICERS, COUNCIL & CO-OPTED MEMBERS OF COUNCIL

AS AT YEAR END 31 DECEMBER 2004

OFFICERS AND COUNCIL

DR BEVERLY J COLLETT, PRESIDENT
Consultant in Anaesthesia & Pain Management

DR GEORGE R HARRISON, HONORARY TREASURER
Consultant in Anaesthesia & Pain Management

DR CATHY F STANNARD, HONORARY SECRETARY
Consultant in Pain Medicine

DR ELOISE CARR
Senior Lecturer, Nursing

DR MIKE CHESTER
Director, National Refractory Angina Centre, Liverpool

MS RUTH DAY
Consultant Nurse

DR KATE GRADY
Consultant in Anaesthesia & Pain Management

DR KEITH MILLIGAN
Clinical Director, Pain Management

PROF. STEPHEN MORLEY
Professor of Clinical Psychology

DR ANDREW S C RICE
Reader in Pain Research

DR PATRICIA SCHOFIELD
Senior Lecturer, Nursing

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FROM LEFT TO RIGHT

Back row:

DR K. MILLIGAN,
MS R. DAY, DR E. CARR,
DR P. SCHOFIELD,
DR A.S.C. RICE

Front row:

DR K. GRADY,
DR G.R. HARRISON,
DR B.J. COLLETT,
DR C.F. STANNARD,
PROF. S. MORLEY





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CO-OPTED MEMBERS

DR GRAHAM ARCHARD
Representative, Royal College of General Practitioners

PROF. SIR MICHAEL BOND
Representative, International Association for the Study of Pain (IASP)

PROF. ALASTAIR CHAMBERS
Representative, Association of Anaesthetists of Great Britain and Ireland

DR LESLEY COLVIN
Chair, British Pain Society Local Organising Committee for 2005 Annual Scientific Meeting

MRS JEAN GAFFIN OBE
Chair, British Pain Society Patient Liaison Committee

DR DEREK JONES
Occupational Therapy representative

DR DOUGLAS M JUSTINS
Representative, Royal College of Anaesthetists

DR CATHY PRICE
Chair, Health Resource Group (HRG) Working Party

DR PAUL J WATSON
Chair, British Pain Society Courses & Meetings Committee



FROM LEFT TO RIGHT

Back row:
DR C.PRICE, Ms R.DAY,
DR D JONES, DR E. CARR,
DR P. SCHOFIELD

Middle row:
PROF. A. CHAMBERS,
DR A.S.C. RICE, DR L.
COLVIN, DR. K. MILLIGAN,
DR P.J. WATSON

Front row: DR K. GRADY,
DR G.R. HARRISON,
DR B.J. COLLETT,
DR C.F. STANNARD,
PROF. S. MORLEY



PRESIDENT'S REPORT

DR BEVERLY COLLETT

The Pain Society's Annual Report 2003 was well received and Council is pleased to publish the British Pain Society's Annual Report for 2004. Many of Council's activities are delegated to Committees and each has prepared a report to review their activities for this year and to anticipate the challenges that may face the Society in 2005.

The Annual Scientific Meeting in Manchester was the educational highlight of the year. This was due to the organisational expertise and skills of Dr Paul Watson, Chairman of the Courses and Meetings Committee and of Sandra Schia, the Education Coordinator from our Secretariat. A wealth of international speakers from the UK, Europe and North America gave interesting and stimulating plenary lectures and the workshops were delivered by our own members and other invited participants. Our ASM for 2004 is in Edinburgh. We have changed the format so that the British Pain Society Patrick Wall lecture will be on the first morning, ensuring that as many people as possible will be able to hear this erudite lecture given in honour of one of our most famous members and a great scientist. Forged replicas of our crest will be presented to future commemorative lecturers.

LOCATION

This year, the British Pain Society formally agreed to move its location to Churchill House, the new premises for the Royal College of Anaesthetists. This was a difficult decision because the Association of Anaesthetists of Great Britain and Ireland have been most hospitable to the Society and to our Secretariat over the past years. However, Churchill House is more spacious and does give us an improved environment for our Secretariat and increased educational facilities and opportunities. We hope to move in 2005 and we will use this opportunity to take out a formal pre-paid lease, giving us the chance to invest our reserves whilst attaining financial security



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for the period of the lease. This will be an exciting move, but it is essential that we undertake this relocation with a clear perspective as to the Society's status and its goals.

STRATEGY DAY

Council held a Strategy Day in the autumn to build upon the work previously undertaken by Professor Michael Bond, during his term as President. We wanted to review our current situation, identify the Society's objectives and key targets and plan a course for achieving these. The day was successful with a plan of action to take forward and I will be reporting on these in more detail at the AGM.

GLOBAL DAY

The Global Day Against Pain organised by the International Association for the Study of Pain, the European Federation of IASP Chapters and co-sponsored by the WHO created another milestone in raising the profile of pain management worldwide. The WHO's recognition that pain treatment should be a human right is immense. We need to build upon this in the UK, endorsing it at every opportunity within our Trusts, Primary Care, the Department of Health, in politics, the media and the general public.

POLITICS

The Early Day Motion on chronic pain raised the profile of pain management within the political arena and we obtained over 100 signatures. We will endeavour to get a further EDM posted this year and continue to highlight poor pain management as a humanitarian and economic issue. We held an extremely successful Reception at the Houses of Parliament with over 100 participants. If you can interest your own MP in pain management, then do let us know, as all contacts within Parliament are most important.



Last year, the Society proposed the establishment of the Peer Review Scheme. However, our lawyers informed us that we would be in breach of our charitable objectives in setting up such a scheme and we were advised that an approach outside the one linked to the National Clinical Assessment Authority (NCAA) would be inadvisable. Then, the Joint Committee on Good Practice asked us to nominate a representative to join the JCGP committee to streamline and formalise activities in this area. The first meeting is in February and I hope to report on this at the AGM.

ROYAL COLLEGES

The Royal College of Anaesthetists recently approved the establishment of a Faculty of Pain Medicine. This is a tremendous step forward for our profession and will strengthen the importance of pain medicine in health care today. The Faculty will advise on training, accreditation and professional standards in pain medicine for anaesthetists and other doctors. Credit should go to Dr Douglas Justins for his contribution within the RCA to the development of this Faculty, but also to all past and present members of the British Pain Society who have campaigned for this Faculty for so long.

Our liaison with the Royal College of General Practitioners has improved and Dr Graham Archard has been co-opted onto Council. With the RCGP, we jointly produced 'A practical guide to the provision and commissioning of chronic pain services in primary care' which is available in hard copy and will also be available on our web-site. In January 2005, we are holding a seminar on pain management for Primary Care colleagues. We hope that improving pain management education within primary care and communication between secondary and primary care will be of benefit to patient care. However, given the paucity of trained anaesthetic doctors and nurses, there is a clear danger that many of us will be asked to



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return to the operating theatre and to reduce input into pain management services. Anaesthetic Clinical Directors may not be aware of potential opportunities for pain management and there may be pressure from Primary Care Trusts to establish pain services in this setting using staff without adequate education and organisational back-up.

INCORPORATION

The British Pain Society became incorporated on the 21st January 2004 and started to use its official title in August 2004. The elected Members of Council are the Directors and are responsible for the actions of the Company. We hope that the Society will be better protected by this move and enable it to move forward on a sound legal base.



MEMBERSHIP

The British Pain Society continues to expand its membership. As of 31st December 2004, there were 1,676 members, who reflect the diverse range of health care professionals within our Society. This is our great strength and we should capitalise on this position ensuring that we are the body that is consulted when an authoritative opinion on pain management is needed.



EXCELLENCE AWARDS

This year, the British Pain Society has nominated candidates to the Advisory Committee on Clinical Excellence Awards. This is the first year that the Society has done this independently from the Royal College of Anaesthetists. Next year, the process will be changed in that you will be able to self-nominate by submitting a form directly to the British Pain Society on ACCEA@britishpainsociety.org. The Society has established a nominations committee of higher award holders throughout England and all nominations will be considered and ranked. For a Society of our size, we can support no more than a maximum of 10 Bronze and 5 Silver/Gold nominations.

Wales, Scotland and Northern Ireland have separate systems; however, we are pleased to lend support to any candidate that is deemed worthy according to our criteria.



PUBLICATIONS

Dr Cathy Stannard is commenting on publications in more detail. However, I am pleased to report that the New Zealand Pain Society wrote to us in September congratulating us on our publication 'Recommendations for the appropriate use of opioids for persistent non-cancer pain' and asking if they could adopt them with attribution. Following discussion with our other contributors, this was agreed. The Shipman Inquiry continues raise questions regarding training and practice in opioid use and we continue to be active in monitoring this area. We are collaborating with the AAGBI on the revision of their Controlled Drugs document.

Dr Eloise Carr and Ms Ruth Day are coming to the end of their terms of office. Both have been significant contributors to Council's work and their input will be sorely missed. Due to family and work commitments, Dr Stephen Ward has resigned as Editor of the Newsletter. Stephen has done a remarkable job in creating a contemporary, stylish and much enjoyed publication and we are most grateful for the effort that he has put into this venture. We are appointing a new Editor soon and we anticipate the Newsletter going from strength to strength.

I am most grateful to Jean Gaffin, Chair of our Patient Liaison Committee who has worked tirelessly to enhance political and public awareness of pain management and to harness the efforts of various patient organisations into a cohesive force for change.



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George Harrison and Cathy Stannard, the Executive Committee, have been of significant assistance to me this year and I am grateful for their input and quick e-mail responses. I should like pay tribute to the dedicated professionalism and hard work of Sandra Schia who holds our Secretariat together and to Rita Amarty who started with us in September.

I should like to thank Council, both elected and co-opted, who have worked so hard on your behalf over the last year. It is becoming increasingly difficult to gain professional leave from Trusts, in spite of edicts from the Department of Health regarding the release of consultants for work necessary for the broader benefit of the NHS. Council's work is becoming more complex and time-consuming and thus more demanding. We should all be obligated to those who are prepared to undertake this additional responsibility.

I hope that you will be able to attend the Annual Scientific Meeting in Edinburgh and the AGM. I look forward to meeting with many of you there.

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multidisciplinary

2004 sigs

ASM

incorporation

education

patient care

2004



HONORARY SECRETARY'S REPORT

DR CATHY STANNARD



In August of this year, the Pain Society was dissolved and all assets transferred to the current incorporated company with charitable status – The British Pain Society. This marked the culmination of a lengthy but necessary process that places our large and vibrant organisation on a sound footing to carry out its work in supporting healthcare professionals and researchers to improve the understanding and management of pain.

The British Pain Society is the second largest chapter of the International Association for the Study of Pain (the largest being the American Pain Society). The Society is truly multidisciplinary. We have 1,676 members representing relevant disciplines including Nursing (511), Physiotherapy (103), Psychology (117), Occupational therapy (31) and Scientific researchers (30). It is a strategic goal for the Society to foster relationships with healthcare colleagues in primary care as the focus of management of long-term conditions shifts to the community setting. Our links with basic science colleagues have been strengthened by a successful meeting between representatives of the Society and a group of scientists of international repute to develop the collaborative agenda both educationally and financially.

With the dissolution of the Pain Society the nine former special interest groups (SIGs) of the Society also ceased to exist and many of these important groups have applied to become SIGs of the British Pain Society. The Society strongly supports these groupings of professionals with a common interest as their sharing of specialist expertise enhances care for patients. The process of SIG application inevitably involves a somewhat complex clarification of financial status and legal defining of relationship between the SIG and the Society. At the time of writing the Society's Council has approved the application of the SIGs for Pain in Children, Acute Pain, and Philosophy and Ethics. The chairmen of these SIGs are to



be congratulated for staying the difficult course! Other SIG applications are currently being considered by Council.

The Annual Scientific Meeting of the British Pain Society rightly remains a highlight of members' calendars. We now attract a faculty of world-class plenary speakers and have a comprehensive programme of parallel symposia, poster sessions, and sponsored satellite meetings to fulfil the educational needs of all groups of attendees. The meeting this year was held in Manchester, with over 1000 registrants. It is a mark of success of the meeting that there are now only a tiny number of conference venues that can accommodate us! Huge credit must go to both the Scientific Programme Committee and our hard working Secretariat for organising and ensuring the smooth running of this event. This year the Society awarded bursaries to 42 members to attend the meeting.

The educational activities of the Society continue throughout the year. Two in-house seminars have been arranged with basic science and with primary care colleagues. The Society has also continued to produce publications in collaboration with other Medical Royal Colleges and specialist professional groups. *Recommendations for the appropriate use of opioids in persistent non-cancer pain*, with accompanying patient information leaflet was published in April 2004. In May *Spinal cord stimulation for pain: provisional recommendations for best clinical practice* (again with patient information leaflet) was published and circulated to members and other stakeholders for comment.

As healthcare services for patients with pain evolve, the demands on professionals increase. The Society has many calls from its members relating to organisational matters that may well affect patient care. The Society's status prohibits it from becoming involved in local issues but we hope that efforts to improve decision makers' understanding of the problems of



C O N T I N U E D

patients in pain, raising the national profile of the Society and publication of appropriate recommendations relating to best practice will give members tools with which to tackle their problems. For consultants in medical disciplines, the Society played an active role in informing the recent process of job-planning and we hope that Trusts are beginning to recognise the heavy administrative load associated with a busy pain management practice.



The Society continues to develop its relationship with colleagues in commercial organisations. The generous contributions of these companies allow roll-out of many of the educational activities of the Society. It is very important for the probity of the Society that the relationship is well managed and conflict of interest must always be avoided. The Society has developed a policy for declaration of potentially competing interests at all Council meetings, for all working parties, participants at the ASM and other Society activities. A register of these interests is available for scrutiny at the offices of the Society.

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Elected members of Council met in the Autumn for a day to define a strategic direction for the Society. All participants at this meeting would agree that we have come a long way but much remains to be achieved. In common with other Council members I feel very privileged to work for this visionary organisation and with the unfailing support of our Secretariat am sure that the Society will continue to move forward.

auditors

bursary

Awards

2004

solicitors

funds

grants

2004



HONORARY TREASURER'S REPORT

DR GEORGE R HARRISON



The British Pain Society was founded by incorporation on the 21st January 2005. The Pain Society continued to trade under its original name, pending the finalisation of various legal matters, and ceased operating as of the 11th August 2004, when it became the British Pain Society.

The society funds remain in good health. The current reserves of the Society stand at £842,716, of which £157,543 are in restricted funds. There is a section of the unrestricted reserves which has accumulated as a result of unusually large turnouts at the Annual Scientific Meeting, therefore making an unexpected and unbudgeted profit. Because of an agreement with Her Majesties Customs and Excise relating to the non-imposition of value added tax, this money can only be used for educational purposes. The Council of the Society have therefore found an educational facility into which it is hoped to put some of these reserves for the purpose of purchasing a part of the facility.

You will notice that there is an anticipated increase in reserves of the society over the last year, which is due to a donation of £80,000 from Mrs Irene Bainbridge and the accumulated surpluses from the ASM, as at 31st December 2004, of £362,581. Please see the attached Financial Statements for the overall net movement in funds for the period.

This year we have continued to produce a formal reserves policy to determine the way in which we use the money which we have accumulated. The reserves are divided into restricted reserves, which are designated for a specific purpose, and unrestricted reserves. The restricted reserves are those monies which were donated by Mildred B Clulow and the interest derived from them which are to be used in research into the causes and treatment of chronic pain. The remaining reserves are designated to be used as follows: £100,000 is to cover



the failure of the society to achieve an income to allow it to continue to function for a period of twelve months, £100,000 to cover the ASM against a shortfall of income due to a fall in the number of delegates. The remainder is to be used to assist the Society to purchase an educational facility appropriate to the aims of the Society.

MILDRED B CLULOW AWARD

A legacy of £121,282 was left to the Society to carry out basic research into the causes and cure of pain. It was agreed that the interest from this legacy would be used each year to provide financial support towards a worthy research project. In the last year there were no applicants for this grant. Therefore a sum of up to £25,000 will be made available for this purpose this year, if a suitable research project is presented to the sub-committee who will make the decision. Details of this award will be available on the Society's web site and in the Newsletter.

THE PATRICK WALL OVERSEAS BURSARY

During the year it became clear that financial assistance was needed for individuals presenting research overseas but no mechanism was in place for this. A bursary of up to £500 per individual per year is now available for this purpose. The maximum sum available for this purpose is £10,000 per annum from restricted funds. Details are given in the Newsletter and on the Society's web site. The bursaries will be awarded twice a year and successful candidates will be selected by a sub-committee of the Society.

THE IASP TRAVEL GRANT

In order to help members of the Society get to the IASP World Congress, which will be taking place in August 2005,



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the Society will offer travel grants of up to £10,000. In order to enable members to plan their travels, the awards will be announced in February, and the closing date will be the 31st December 2004. This reward is granted triennially, the next one will be for the meeting in 2008.



BOOKKEEPERS & SOLICITORS

Over the last year we have continued to use Independent Examiners Ltd., who have been very efficient bookkeepers. They, in conjunction with Hempsons Solicitors, have been very supportive of our needs in relation to many queries, which have arisen in relation to the incorporation of the Society, and in communications with the Charity Commissioners. Their expertise in Charity Law and other issues is invaluable and I recommend that we continue to use their services.

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APPOINTMENT OF AUDITORS

Sandison Lang & Company of Tonbridge, Kent continue to provide a good service and it is recommended that we reappoint them.

SORP2000

Since our turnover exceeds £250,000 it is necessary for the Trustees to identify and minimise areas of potential risk within the Society by a Statement of Recommended Practice (SORP 2000). These areas of risk include: major financial shortfall at an ASM, Trustees Liability, control of signatories of the Society's cheques, retention of staff, security of IT data, ensuring compliance with the data protection act and having a designated Health & Safety member of staff. Each of these areas has been addressed and further details are given in the Trustees' Report for the year.

BRITISH PAIN SOCIETY 2005 DRAFT BUDGET

This year the budget for the Society has been brought in at a break-even level. In preparing the annual budget, I have been very aware of the concerns voiced among members of the society about the level of fees, what members get from membership of the society, the concerns raised about incorporation and the issues over SIGs. However, the members subscriptions have remained unchanged for the period of the last three years, and I think that it is appropriate for them to be increased by a relatively small amount. The new fees are demonstrated in the table below. Members are reminded that these fees constitute professional fees and can be claimed against taxable income.

Council is grateful for your continuing support to the Society, which continues to grow not only in numbers but also in activities.

	2003	2004	2005	2006
MEMBERSHIP BAND A <i>Taxable Income over £45,000</i>	£ 110	£ 110	£ 110	£ 130
MEMBERSHIP BAND B <i>Taxable Income £30,000- 44,999</i>	£ 85	£ 85	£ 85	£ 100
MEMBERSHIP BAND C <i>Taxable Income £20,000- 29,999</i>	£ 50	£ 50	£ 50	£ 60
MEMBERSHIP BAND D <i>Taxable Income £10,000-19,999</i>	£ 25	£ 25	£ 25	£ 30
MEMBERSHIP BAND E <i>Retired members, income<£10,000</i>	£ 20	£ 20	£ 20	£ 25



CLINICAL GOVERNANCE COMMITTEE REPORT

DR ANDREW RICE, CHAIR



The predominant activity of the British Pain Society Clinical Governance Committee has been in communicating the Society's view to the National Institute for Clinical Excellence (NICE) and related bodies. In particular, we have:

Contributed to the Health Technology Appraisal "Cyclo-oxygenase (COX) II selective inhibitors for osteoarthritis and rheumatoid arthritis". We are most grateful to Dr Richard M Langford for preparing the Society's response.

We have responded to the National Coordinating Centre for Health Technology Assessment draft briefing notes (these are produced to help inform decisions about the programme for NICE guidance):

Guideline on the management of patients with chronic low back pain (Prepared by Dr Paul Watson)

Guideline on the use of drugs for neuropathic pain (Prepared by Dr Andrew Rice)

The management of long term lower limb amputees (Prepared by Dr Andrew Rice)

However, we decided not make submissions in a number of areas which the Committee felt did not strictly fall into the Society's remit, for example guidelines on disease modifying therapies in rheumatoid arthritis.

We have maintained a sentinel on behalf of the Society to identify new guidance etc published by NICE and related bodies. When appropriate, we have asked the Editor of the Newsletter to publish notices about these.

MEMBERS AS AT 31 DECEMBER 2004

DR ANDREW RICE (CHAIR)

DR ELOISE CARR

DR MIKE CHESTER

DR KATE GRADY

DR KEITH MILLIGAN

DR CATHY STANNARD



COMMUNICATIONS COMMITTEE REPORT

DR CATHY STANNARD, CHAIR

The Communications Committee oversees the content and production of written and electronic material produced on behalf of the British Pain Society.

MEMBERS AS AT
31 DECEMBER 2004

DR CATHY STANNARD, CHAIR

DR MICHAEL CHESTER

DR BEVERLY COLLETT

MS RUTH DAY

NEWSLETTER

Dr Stephen Ward submitted his resignation as editor of the Society's Newsletter in October. Dr Ward has been responsible for reworking the Newsletter into a contemporary and much enjoyed format; the Society is indebted to him for his efforts. I am pleased to announce that the new editor of the Newsletter is Ms Ruth Day, Peterborough Hospitals NHS Trust.

Rita Amartey has recently joined the secretariat as the Communication & Membership Co-ordinator and will be administratively responsible for this quarterly publication.

PUBLICATIONS

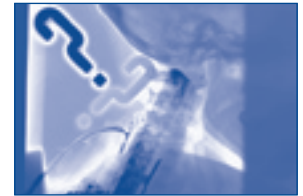
The British Pain Society's programme for the publication of a series of documents relating to clinical practice continues. The consensus documents are produced in collaboration with relevant Royal Colleges and other Professional Groups.

Recommendations for the appropriate use of opioids for persistent non-cancer pain was published in April 2004 and launched at the Society's ASM in Manchester. This was a collaborative document produced by the (then) Pain Society, the Royal College of Anaesthetists and the Royal College of Psychiatrists. The consensus group included representatives of the Royal College of Physicians, the Royal College of General Practitioners, the Royal Pharmaceutical Society and the Association for Palliative Medicine. The group worked in collaboration with the Patient Liaison Group of the Society. An accompanying patient information leaflet *Opioid medicines for persistent pain: Information for patients* has been produced and approved by the Centre for Health Information



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Quality (CHIQ). A working group has been tasked with the appropriate dissemination and implementation of these recommendations.



Spinal cord stimulation for pain: provisional recommendations for best clinical practice was presented at the ASM in April. The document was produced in consultation with the Society of British Neurological Surgeons and the Neuromodulation Society (UK). The document has been widely disseminated both to all British Pain Society members and to relevant professional and patient stakeholder organisations. A three-month consultation period ended in October and comments are being incorporated into the final document before publication in March 2005. The document is to be presented to the Council of the Society of British Neurological Surgeons for their formal endorsement.

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CURRENT PUBLICATIONS

Intrathecal drug delivery for painful conditions; recommendations for best clinical practice has been produced with the Society of British Neurological Surgeons and the Association for Palliative Medicine, in first draft format. Provisional recommendations should be available for publication in the autumn of 2005; the document will then be circulated for consultation. The final document will be launched at the 2006 Annual Scientific Meeting.

The publication *Desirable criteria for pain management programmes* is currently being reworked. A draft copy of the guidelines will be discussed at the ASM in Edinburgh.



REPORT FROM COURSES & MEETINGS COMMITTEE

DR PAUL J WATSON, CHAIR

MEMBERS AS AT 31 DECEMBER 2004

DR PAUL J WATSON (CHAIR)

DR LESLIE COLVIN

DR KATE GRADY

DR GEORGE HARRISON

DR DEREK JONES

PROF. STEPHEN MORLEY

DR ANDREW RICE

DR PATRICIA SCHOFIELD

The Annual Scientific Meeting proved to be a great success once again with over 1000 people attending the meeting in Manchester. The quality of the presentations was maintained to the excellent standard everyone has come to expect. I had a number of conversations with our overseas speakers, who are old hands at these meetings, and they were very impressed with the size of the meeting and the interest from the registrants. One kindly said that our meeting “must be one of the top annual pain meeting in the world”, high praise indeed and something to live up to. The evening events at the Manchester Art Gallery and Old Trafford were very well attended and highly successful once we managed to get people out of the “Theatre of Dreams” museum at Manchester Uniteds’ ground to the dinner table. Thanks once again to the local organising committee in Manchester for their hard work in making the meeting such a success.

The hard work demonstrated in Manchester is now being replicated in Edinburgh where the local organising committee headed by Lesley Colvin is doing an excellent job, liaising locally to develop an excellent social programme. With the Society being in Scotland we must have a ceilidh, so get fit and bring your best dancing shoes. The meeting will be in the Edinburgh International Conference Centre (EICC), an impressive venue in the heart of the city with many hotels within easy walking distance. I am sure you will enjoy the meeting and the chance to visit Edinburgh.

There has been some concern within the Society that the needs of basic scientists are not being met and the role of the ASM came under scrutiny. You will have read elsewhere in this report that the Society has taken steps to address these concerns. At a meeting with representatives of basic science groups it was decided that there should be no changes to the ASM, at least not in the short-term. The scientists thought



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that the ASM served our members well, was very successful and was growing when other societies' meetings were shrinking. The message was clearly, "it ain't broke, so don't try to fix it". Rather than change the ASM we are investigating ways forward with the British Neurological Society, the Physiological Society and the British Pharmacological Society. We will run a number of one-day meetings of mutual interest to our members and basic scientists each year. Two particular aims of these meetings are to develop a closer understanding between clinicians and basic scientists and to engage student researchers and those at an early stage in their careers. I have already been impressed with the commitment from the other Societies to develop links with the British Pain Society. It is likely that the first of these meetings will take place late in 2005, please keep an eye out in the newsletter for further announcements.



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I am gratified that members are now contacting me with suggestions for plenary speakers and subjects for workshops. I appreciate these suggestions and no suggestion is discarded out of hand. We now have to plan the meeting so far ahead that your suggestions may not appear on the programme for a year or two but please do get in touch, your input to the meeting is vital. The 2006 meeting will be in Harrogate 5th – 7th April – when Alan Basbaum will deliver the Patrick Wall lecture. Suggestions for workshop topics for this meeting will be gratefully received.

I hope to see you in Edinburgh!



EDUCATION COMMITTEE

DR KATE GRADY (CO-CHAIR)
DR PAT SCHOFIELD (CO-CHAIR)



INTRODUCTION & BACKGROUND

The Education committee is now well established and continues to address the educational needs of members and non-members.

We were appointed as joint chair of this committee in 2004 and have since reviewed the wider educational provision currently available. This has led to the development of strategic aims for the committee, to be implemented over the next ten years. These ideas were initiated at the council strategy day and have been extensively developed in the months since.

MEMBERS AS AT
31 DECEMBER 2004

DR KATE GRADY (CO-CHAIR)

DR PAT SCHOFIELD (CO-CHAIR)

DR ELOISE CARR

PROF. STEPHEN MORLEY

DR PAUL WATSON

STRATEGIC AIMS OF THE EDUCATION COMMITTEE

- To deliver the IASP Core Curriculum for Education to those professionals involved in the management of pain through the interprofessional sharing of knowledge and experience.
- To translate the curriculum into the dynamic delivery of improved patient care.

OBJECTIVES

Phases have been identified, each of which will contribute to significant advance in our aims and each of which takes on a different approach

SHORT TERM (1-3 YEARS):

There are two areas that are to be developed during this initial phase:

1. The provision of 'in house' multi-professional, post graduate study days informed by the International Association for the Study of Pain Core Curriculum. These will number 3-4 per year. The emphasis will be on shared learning using a workshop format according to recommended guidelines.



CONTINUED

The first of these was run, in collaboration with the Courses and Meetings Committee on 20 January, primarily for the educational needs of those working in primary care. Others are to run in September and December 2005 addressing the scientific and ethical aspects on pain medicine, and in February and June of 2006.

2. Implementation of a generic programme of education that will be designed to meet the needs of undergraduate students from all of the professions involved in the delivery of pain management and to inform and inspire those undergraduates unaware of the importance of the specialty of pain medicine. This will consist of an annual study day that will be offered to selected undergraduate students identified by council in the first instance. This study day will give a broad overview of aspects of pain management and would attract medical, nursing and allied health professional students.



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MEDIUM TERM (2-5 YEARS)

1. Preliminary development of the web site to upload study day presentations
2. Development of a protocol to capture the essence of learning from each study day
3. To produce an educational resource with links to other sites

LONG TERM (5 - 10) YEARS

1. To continue the cycle of study days
2. To develop a web based learning resource

We would like to structure our activity very much towards the wishes and needs of our members and any comments or suggestions would be well received.



PATIENT LIAISON
COMMITTEE REPORT
MRS JEAN GAFFIN OBE, CHAIR

MEMBERS AS AT
31 DECEMBER 2004

LAY MEMBERS:

JEAN GAFFIN OBE, CHAIR

SUE CLAYTON

IAN SEMMONS, (ACTION ON PAIN)

HEATHER WALLACE, (PAIN
CONCERN)

PROFESSIONAL MEMBERS:

DR BEVERLY COLLETT

MS RUTH DAY

DR GEORGE HARRISON

The Society set up its Patient Liaison Committee in 2001, selecting the lay members and chair after national advertising. During 2004, Elizabeth Brain retired from the Committee, and we welcomed Ian Semmons.

Our terms of reference include being advisory to the Council, providing a channel of communication between patients and the Council of the British Pain Society and communicating to Council areas of concern amongst patients. We see our main aim is to push the issue of pain higher up the public, professional and political agenda whilst remaining aware of the importance of influencing commissioners as well as providers about the needs of people living with chronic pain and the services they need.

The PLC Chair is a co-opted member of Council and the lay members of the Committee are actively involved in advising people in pain through their work with the Action on Pain and Pain Concern. PLC serve on several working parties and comment on draft Pain Society publications. The PLC is playing an active part in the work of the Patient Liaison Committees of Royal Colleges and Faculties which is coordinated by the Academy of Royal Colleges.

The Committee met three times in 2004, and their major activity was planning and actively participating in a Workshop, which the British Pain Society facilitated in May. It brought together representatives from 13 organisations working with chronic pain. The major outcome of the day was the agreement that whilst keeping their separate role, the organisations would form an email group, The Pain Liaison Group, to share information and work on issues of common concern including the parliamentary work of the British Pain Society in which the PLC is actively involved (See Autumn 2004 Newsletter for a report of the Conference).



CONTINUED

The PLC has taken a keen interest in the Parliamentary activities of the British Pain Society including drafting parliamentary questions and encouraging local MPs and contacts to sign the Early Day Motion referred to in the President's Report.

The Scottish Parliament is ahead of the UK in terms of Parliamentary interest and activity and as one member, Heather Wallace, is based in Edinburgh the PLC is fully informed of the work of the Scottish Parliamentary Cross Party Committee. The PLC receives regular reports from the European Patient Pain Network, and has met with members of EIFIC, as EIFIC plans to develop its patient perspective, to explain the role the UK PLC.



Other topics discussed during the year include:

- The Arthritis and Musculoskeletal Alliance (ARMA) Standards of Care Programme
- Intrathecal infusion pumps
- Implications for patients of the Shipman Enquiry
- Global Day against Pain

At its last meeting of the year the Patient Liaison Committee reviewed its activities and is developing a proactive programme of activities for 2005.



SCIENCE & RESEARCH COMMITTEE

DR ANDREW RICE, CHAIR

The Science and Research Committee was active in a number of areas in 2004, including:

1. The Society's relationship with laboratory-based scientists: A major activity of the Committee was to address a concern that, despite the recent success of the Society in attracting a wide multi-disciplinary membership of clinicians, we were failing to attract British laboratory-based pain researchers. This contrasts with the demographics of the British IASP membership. In order to address this concern we convened a one day workshop at which the views of a distinguished group of British pain scientists were sought. We are most grateful to the scientists who were able to take time out of their busy schedules to assist the Society in this way. This workshop resulted in a number of suggestions which were taken to Council and which are summarised below:

GENERAL

To introduce a new membership category for scientists.
Adopted by Council.

To revise the Society strap-line to include the word 'research'
Adopted by Council.

To lobby major funding bodies to raise awareness of the need for pain research. This is under further discussion. Professor Colin Blakemore (Chief Executive of the Medical Research Council) will be Guest of Honour at the 2005 annual dinner.

MEETINGS

The workshop was impressed by the quality and scope of the ASM and advised the Society not to alter the ASM format, at least not until such time as the membership demographics dictate such a re-examination.

Themed one day symposia co-organised with other societies.
This has been adopted by Council and is being taken forward

MEMBERS AS AT
31 DECEMBER 2004

DR ANDREW RICE (CHAIR)

DR ELOISE CARR

DR GEORGE HARRISON

PROF. STEPHEN MORLEY



CONTINUED

by the Courses and Meeting Committee, which is in discussion with the British Pharmacological Society, the Physiological Society and The British Neuroscience Association.

Technical workshops. This issue has been considered by the meetings committee and not taken further as a clear need could not be identified.

SUPPORT FOR SCIENCE

Use of existing funds: The Society should make laboratory scientists more aware of our travel bursaries and research grants. Adopted by Council.

Future funds – should the Society aspire to being a major charitable funding body by initiating a major funding drive? This was discussed at the Council Strategy day and an option appraisal is being prepared.

2. During 2004 the Science and Research Committee became concerned that that current conditions which govern the various research grants which the Society awards from time to time were in need of revision. The principal concern was that the Society needs to be protected against potential liability which might conceivably arise if the Society could be regarded as a body which conducted research or employed research staff, rather than a body which funds research. We were also concerned that the Society's interest in any intellectual property exploitations which might arise from research which was funded by a Society grant should be protected. New grant conditions have been drawn up in consultation with the Society's legal advisers.

3. The Committee has formally commented, on behalf of the Society, on the European Agency for the Evaluation of Medicinal Products draft document "Points to consider on the clinical investigation of medicinal products for the treatment of neuropathic pain".



HEALTHCARE RESOURCE GROUPS WORKING PARTY

Report from the Working party on the provision of Healthcare Resource Groups for the Department of Health's Payment by Results – Reform of Financial Flows within the NHS

DR CATHY PRICE, CHAIR

WORKING PARTY:

DR CATHY PRICE
MEDICINE, CHAIR

DR DEREK JONES
OCCUPATIONAL THERAPY

MRS HEATHER MUNCEY
PHYSIOTHERAPY

DR AMANDA C DE C WILLIAMS
PSYCHOLOGY

DR KEITH MILLIGAN
MEDICINE

DR PATRICIAN SCHOFIELD
NURSING

The Department of Health is introducing a new tariff based system of payment for activity in the National Health Service.

This is replacing the Finished Consultant episodes. Future episodes will be based on care pathways. It is envisaged that by 2008 it will cover all work outside general practice. The unit of currency will be a Health care Resource Group. Each healthcare resource group will attract an individual tariff.

The groups are formed from patient episodes related to either the diagnosis or treatment of similar conditions. Groupings therefore tend to be specialty based. Specialties are then grouped into chapters where it is identified that there may be overlap in the type of work done. The British Pain Society was asked to represent Pain Management as a specialty. Through data analysis we have identified that Pain Management as a specialty is found in all of the chapters but that there was no representation of pain management within any of the chapters outside neurosciences. This is chiefly because there were no specific HRG's for many aspects of pain work. There were no data standards and much pain clinic work is unclassified. Coders were thus assigning the work to the most appropriate group but in many cases it is clear this mis-represents the work done.

A working party was therefore established to

- Improve representation at chapter meetings
- Work on a system of classification for pain management work
- Decide how best to group this work into HRG's.



CONTINUED

After negotiation the Project lead for healthcare resource groupings agreed that Pain Management needed its own HRG's. These would be best placed in neurosciences but that they could be used in any chapter. Representation has been achieved in musculoskeletal chapters as well as neurosciences in order to ensure that there is consistency over the approach taken.



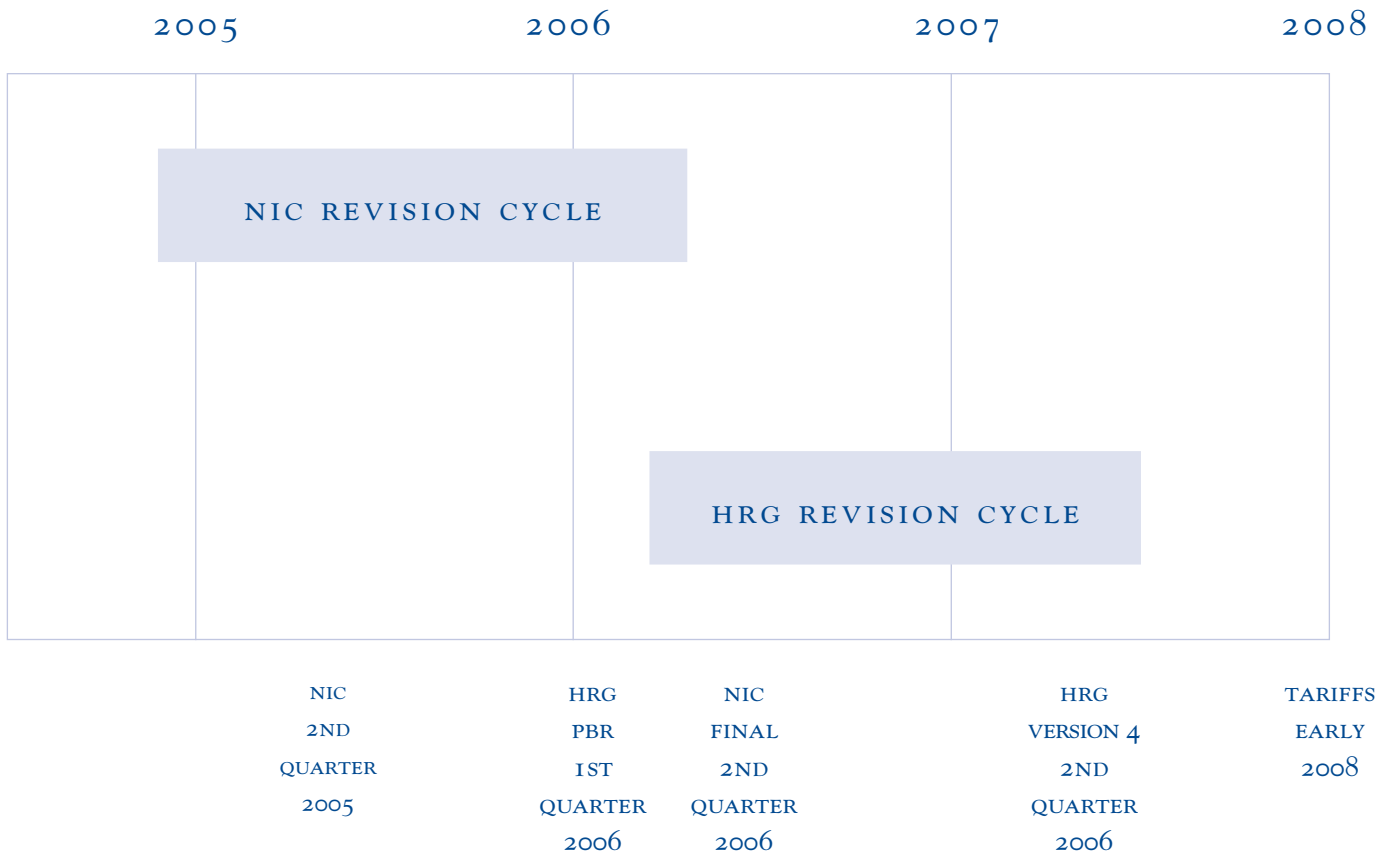
ICD- 10 codes have been identified that most likely represent pain work rather than any other work. A new coding structure to populate the successor to OPCS-4 has also been submitted by the working party. Detailed costs on implants have also been submitted. Nine Pain Management HRG's have been suggested by the working party to encompass both diagnosis and treatment and we are awaiting feedback as to whether our proposals are acceptable. We have tried to encompass the full multi-disciplinary approach. It is anticipated that episodes will be spell based eg application of TNS treated as one episode, pain management programme as another episode with the groupings reflecting the costs of provision.

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In 2004/5 limited HRG tariffs were brought in. Currently there are 3 Broad Areas of clinical care:

- Admitted Patient Care: HRG version 3.5 based day-case and elective work, non elective and short stay. This does not cover treatments outside OPCS4
- Outpatient: Specialty-based into new and follow up with a front loading of the first attendance. This does not cover unclassified activity ("U codes").
- Accident and Emergency: attendance-based high cost, standard and minor injury

The project completion date is set for early 2008. It is unclear at present when the working groups will cease. Timelines are as below.



There is no input as yet from rehabilitation, specialised services and paediatric services. Education costs are not accounted for.

The work that will be done shortly will include:

- Unbundling of care pathways
- Procedures in outpatients
- Pass through payments for new technology



CONTINUED

The working party has managed to establish that unclassified activity which accounts for much of the work in pain management can be negotiated with local Trusts if the cost of that activity is twice that of the standard tariff. Therefore, if an appointment in a Pain clinic (e.g. attending a pain management programme) costs twice that of the reference costs of follow up (at present £85) standard tariff then this activity can be charged to PCTs. A multidisciplinary assessment may cost more than the standard outpatient new patient tariff (at present £185). This activity can again be negotiated with PCTs if it costs twice the standard tariff.

Feedback from clinicians is sought. The NHSIA is happy to present to any meeting and there should be a mechanism of dissemination established within specialist societies as to progress so far. We hope that regular newsletter items and feedback through the annual report will keep people abreast of the changes. We will also update members through the British Pain Society website.



REPORT FROM THE SECRETARIAT 2004

SANDRA SCHIA, EDUCATION CO-ORDINATOR

RITA AMARTEY, MEMBERSHIP & COMMUNICATIONS
CO-ORDINATOR



There are two permanent members of staff at the Secretariat; Sandra Schia, the Education Coordinator and Rita Amarteay, who joined the Society as the Membership & Communications Co-ordinator, in September. In addition, the Society employs two contract staff in the lead up to the Annual Scientific Meeting.

2004 was a very busy year for the Secretariat. The first quarter, as is the case every year, was the busiest period. The annual membership subscription renewals, the organisation of the Annual Scientific Meeting (ASM), which in turn generates a surge in membership applications, and the annual Elections to Council keeps the team well focused after the Christmas break! In particular, the ASM (Manchester, 30 March-2 April) was an extremely successful Meeting, which once again attracted over 1,000 participants. Despite the continual growth of the ASM, the fact that it is managed solely in-house by the Secretariat, although very demanding, is a most rewarding undertaking.

The Society hosted a Parliamentary Reception in celebration of The Global Day Against Pain and the European Week Against Pain held at the House of Commons. The Secretariat coordinated the Reception in-house and provided all attendees with information packs on arrival. After the success of the event a press release was produced in-house and circulated to several key medical journals titled: "Facing the Challenges of Pain" supported with photographic images and placed the Society's and EFIC's website.

The Secretariat is also responsible for the coordination and printing of the Society's publications, which in 2004 included the Annual Report, the final *Recommendations for the appropriate use of opioids for persistent non-cancer pain* and the *Spinal cord stimulation for the management of pain: provisional recommendations for best clinical practice*. The Secretariat



CONTINUED

also plays a pivotal role in the production of the quarterly Newsletter. Rita Amartey has proactively looked at advertising as a strategy to produce the Newsletter as a self-financing publication.

At the Strategy Day in October, a Working Party was set up to review the Society's website; both Sandra and Rita are members of the Working Party, and together with Dr Cathy Stannard and Prof. Stephen Morley will look at ways to develop the website i.e. to improve the design, layout, and content so as to provide a more useful and user-friendly tool for members, non-members, general public and the media. In relation, the Society aims to produce a media pack available in a CD-ROM format and accessible via the website, which will contain information, press releases and current statistics for medical journalists enquiring about the Society's activities.



On an ongoing basis throughout the year, the Secretariat continues to organise and assist with all Council and Committee work; which this year included assistance with incorporation and in particular, the implementation of the name change.

The Secretariat has also seen a huge increase in the number of requests it receives from pain sufferers, and with this in mind, liaised with the Patient Liaison Committee to review the information pack that is sent out which aims to provide as much helpful information as possible to patients.

	Notes	Unrestricted Funds	Restricted Funds	Total Funds 2003	Total Funds 2002
RESOURCES					
Subscriptions		112,152	-0-	112,152	93,393
Industry Membership	9	5,000	-0-	5,000	18,000
Donations, Legacies & Similar		100,463	-0-	100,463	4,859
Label Sales		1,192	-0-	1,192	2,021
Main Week Income		-0-	-0-	-0-	30,000
Meeting Income		341,980	-0-	341,980	277,409
Newsletter Advertising & Booklets	2	4,157	-0-	4,157	3,272
Research Awards		-0-	-0-	-0-	-0-
Other Income		400	50,000	50,000	1,671
Interest Received	5	15,518	-0-	15,518	16,826
		580,862	4,053	584,915	447,451
RESOURCES EXPENDED					
COSTS OF GENERATING FUNDS					
Industry Membership Scheme		1,763	-0-	1,763	55
CHARITABLE EXPENDITURE					
COMMUNICATIONS					
Newsletter and Journal		13,874	-0-	13,874	14,417
Website		516	-0-	516	390
Publications		6,708	-0-	6,708	4,449
GRANTS PAYABLE IN FURTHERANCE					
OF THE CHARITY'S OBJECTS					
Bursaries Awarded	10	686	-0-	686	3,964
Research Grants		-0-	30,000	30,000	2,200
Cost of activities in furtherance of					
Charity's objects					
Meeting Expenses	2	278,624	-0-	278,624	222,395
Council Expenses		7,350	-0-	7,350	9,685
Sub-Committee Meetings		3,496	-0-	3,496	1,216
Main Week Expenses		8,193	-0-	8,193	5,102
Core Com/SIGS		1,345	-0-	1,345	-0-
Other Meetings Expenses		1,819	-0-	1,819	3,290
Miscellaneous Expenses		126	-0-	126	773
MANAGEMENT AND ADMINISTRATION					
Use of Address and Office Facilities		11,932	-0-	11,932	11,849
Secretarial and Other Staff Costs		37,691	-0-	37,691	25,676
Printing and Postage		4,177	-0-	4,177	3,381
Telephone and Fax Costs		1,020	-0-	1,020	438
Computer System and Software		11,966	-0-	11,966	21,507
Insurance		1,138	-0-	1,138	1,208
Office Stationery, Photocopying		4,706	-0-	4,706	2,438
Audit and Accountancy		11,066	-0-	11,066	12,068
Legal Fees		8,123	-0-	8,123	3,221
Professional Fees		-0-	-0-	-0-	-0-
Travelling & Entertainment		573	-0-	573	629
Subscriptions		329	-0-	329	1,398
Equipment Hire and Rental		47	-0-	47	38
Repairs/Renewals & Maintenance	5	4	-0-	4	-0-
Bank Charges		3,800	10	3,810	3,061
Depreciation		4,804	-0-	4,804	6,405
		425,876	30,010	455,886	361,253
Net Movement In Funds		154,986	24,043	179,029	86,198
Balances Brought Forward		472,687	128,570	601,257	515,059
		£627,673	£152,613	£780,286	£601,257

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