

THE BRITISH PAIN SOCIETY

ANNUAL REPORT & ACCOUNTS



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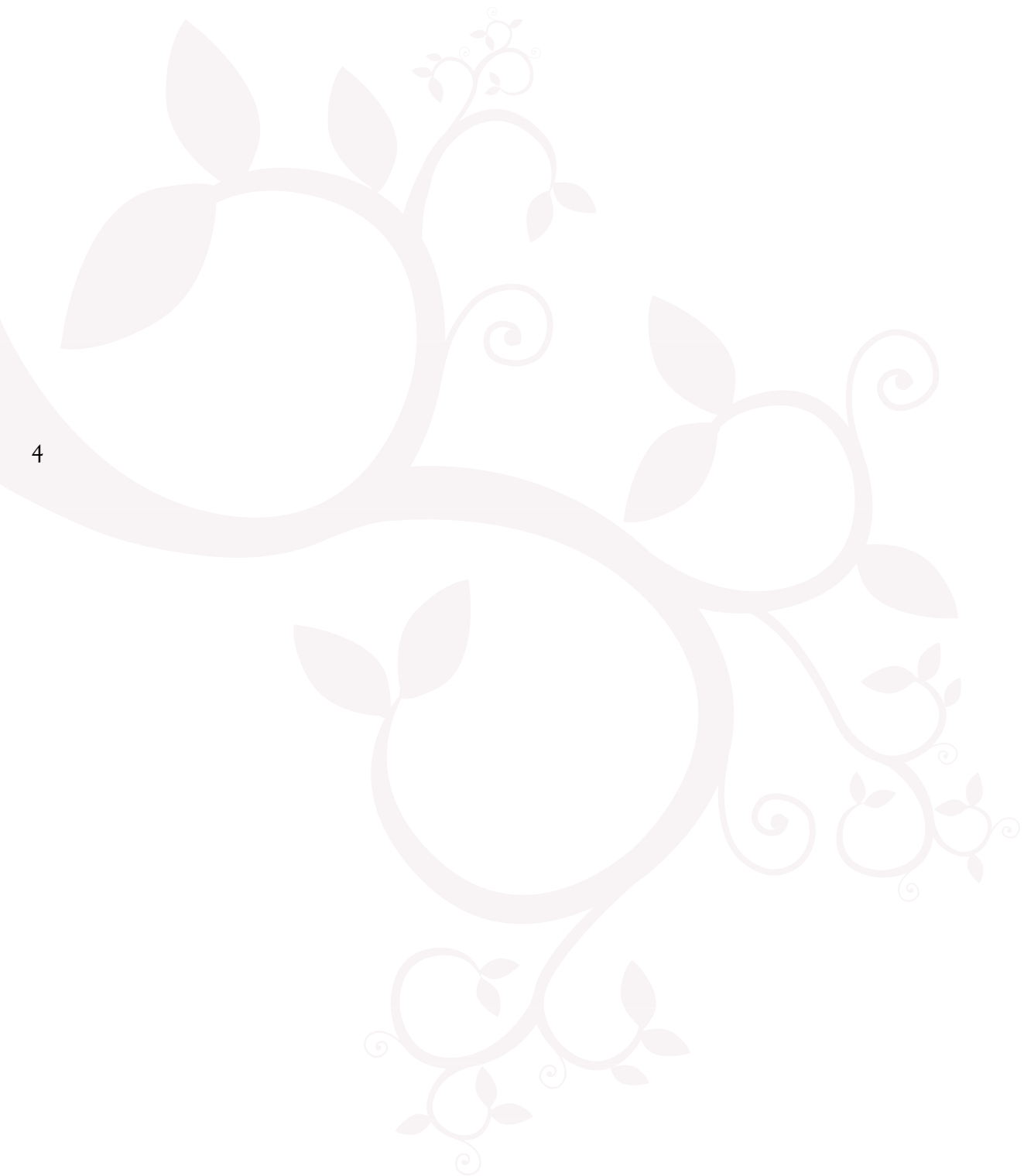
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# CONTENTS

INTRODUCTION	5
OFFICERS, ELECTED COUNCIL MEMBERS, CO-OPTED MEMBERS OF COUNCIL & STAFF	6
PRESIDENT'S REPORT	9
HONORARY SECRETARY'S REPORT	16
HONORARY TREASURER'S REPORT	18
CANCER PAIN COMMITTEE REPORT	23
COMMUNICATIONS COMMITTEE REPORT	24
COURSES & MEETINGS COMMITTEE REPORT	26
EDUCATION COMMITTEE REPORT	28
PATIENT LIAISON COMMITTEE REPORT	30
SCIENCE & RESEARCH COMMITTEE REPORT	33
ACUTE PAIN SOCIETY SIG REPORT	35
CLINICAL INFORMATION SOCIETY SIG REPORT	36
INTERVENTIONAL PAIN MEDICINE SOCIETY SIG REPORT	37
NEUROPATHIC PAIN SOCIETY SIG REPORT	38
PAIN IN CHILDREN SOCIETY SIG REPORT	39
PAIN MANAGEMENT PROGRAMMES (PMP) SOCIETY SIG REPORT	40
PHILOSOPHY & ETHICS SOCIETY SIG REPORT	41
AUDITED ACCOUNTS	
LEGAL AND ADMINISTRATIVE INFORMATION	A1
DIRECTORS' REPORT	A2
AUDITOR'S REPORT	A8
STATEMENT OF FINANCIAL ACTIVITIES	A9
BALANCE SHEET	A11
NOTES TO THE ACCOUNTS	A12
STATEMENT OF DIRECTOR'S RESPONSIBILITIES	A19





## 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 1,600 members.

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

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

5



# OFFICERS, ELECTED COUNCIL MEMBERS, CO-OPTED MEMBERS OF COUNCIL & STAFF

YEAR END 2006

## OFFICERS AND ELECTED COUNCIL

DR JOAN B HESTER, PRESIDENT  
*Consultant in Pain Medicine*

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

DR GEORGE R HARRISON,  
HONORARY TREASURER  
*Consultant Anaesthetist*

DR CATHY F STANNARD,  
HONORARY SECRETARY  
*Consultant in Pain Medicine*

DR PETER JD EVANS,  
HONORARY TREASURER ELECT  
*Consultant Anaesthetist*

DR WILLIAM I CAMPBELL,  
HONORARY SECRETARY ELECT  
*Consultant in Anaesthesia & Pain  
Management*

DR NICK ALLCOCK  
*Associate Professor, Nursing*

PROFESSOR RICHARD M LANGFORD  
*Consultant/Reader in Anaesthesia & Pain  
Management*

DR KEITH MILLIGAN  
*Clinical Director, Pain Management*

PROF. STEPHEN MORLEY  
*Professor of Clinical Psychology*

DR CATHY PRICE  
*Consultant in Pain Medicine*

DR JONATHAN RAPHAEL  
*Consultant in Pain Medicine*

DR JONATHAN RICHARDSON  
*Consultant Anaesthetist*

DR SIMON THOMSON  
*Consultant in Pain Medicine & Anaesthesia*

## CO-OPTED MEMBERS

PROF. SAM AHMEDZAI  
*Representative, Association for Palliative  
Medicine*

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*

MS RUTH DAY  
*Honorary Editor, British Pain Society  
Newsletter*

DR DEREK JONES  
*Occupational Therapy representative*

DR ROGER LAISHLEY  
*Representative, Royal College of Anaesthetists*

DR RICHARD POTTER  
*Representative, Royal College of General  
Practitioners*

MRS NIA TAYLOR  
*Chair, British Pain Society Patient Liaison  
Committee*

PROFESSOR IRENE TRACEY  
*Representative, British Neuroscience  
Association*

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

## STAFF

SANDRA UPALI  
*Secretariat Manager*

RITA AMARTEY  
*Membership & Communications Co-ordinator*

BODIL ANSHUS  
*Events & Administrative Co-ordinator*

CONTINUED

OFFICERS AND ELECTED MEMBERS OF COUNCIL



FROM LEFT TO RIGHT

*Back row:* DR WILLIAM CAMPBELL, DR NICK ALLCOCK, DR KEITH MILLIGAN, DR GEORGE HARRISON, DR PETER EVANS

*Front row:* DR JON RAPHAEL, DR CATHY PRICE, DR JOAN HESTER, DR BEVERLY COLLETT, DR JONATHAN RICHARDSON

*Absent from photograph:* PROFESSOR RICHARD LANGFORD, PROFESSOR STEPHEN MORLEY, DR CATHY STANNARD, DR SIMON THOMSON

OFFICER, ELECTED COUNCIL MEMBERS AND CO-OPTED COUNCIL MEMBERS'



FROM LEFT TO RIGHT

*Back row:* DR JON RAPHAEL, DR PAUL WATSON, DR JONATHAN RICHARDSON, PROFESSOR ALASTAIR CHAMBERS

*Middle row:* PROFESSOR SIR MICHAEL BOND, DR WILLIAM CAMPBELL, DR NICK ALLCOCK, DR KEITH MILLIGAN, DR GEORGE HARRISON, DR PETER EVANS, DR ROGER LAISHLEY

*Front row:* MS RUTH DAY, DR CATHY PRICE, DR JOAN HESTER, DR BEVERLY COLLETT, MRS NIA TAYLOR

*Absent from photograph:* PROFESSOR SAM AHMEDZAI, DR DEREK JONES, PROFESSOR RICHARD LANGFORD, PROF. STEPHEN MORLEY, DR RICHARD POTTER, DR CATHY STANNARD, DR SIMON THOMSON, PROFESSOR IRENE TRACEY

STAFF

SANDRA UPALI  
RITA AMARTEY  
BODIL ANSHUS





faculty of pain medicine

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association of anaesthetists  
external bodies

**strategy days**  
website

**ASM**

*pain services*

Churchill House

**2006 COUNCIL**





## PRESIDENT'S REPORT

DR JOAN HESTER



Dr Beverly Collett finished her term of office as President of the British Pain Society at the Annual Scientific Meeting on 27 April 2006, after a very productive three years, during which time pain as a speciality has achieved more recognition, status and debate than ever before. She achieved this through her own hard work, perseverance and a political thrust, lobbying the right individuals, and getting pain on the map. She set an excellent basis for a seamless succession, and much of 2006 has been spent in progressing this work. The Society receives daily enquiries from healthcare professionals, the media, many other medical and non medical organisations, the lay public and from carers, on a wide variety of topics, from an audit of the complications of epidurals, to a request to comment on the discovery of a new sodium channel, or a study that shows that watching television eases the pain of injections in children. Chronic pain as a disease receives less interest than it deserves; this is our goal for the future. Many congratulations to Beverly on all she achieved during her very busy term of office.

9

### MOVE TO CHURCHILL HOUSE

The Society finally moved to the third floor of Churchill House, 35 Red Lion Square, the Royal College of Anaesthetists, on 7<sup>th</sup> November 2006. We share the third floor with the other “partners”, the College of Emergency Medicine/British Association for Emergency Medicine and the Intensive Care Society. The building is light and spacious with an open plan feel to it, and the secretariat has considerably more space. The move was accomplished by Sandra, Rita and Bodil with no fuss; my thanks to them all for having achieved this while they continued to run the Society. The educational facilities at the College are superb, we have already used them for four seminars and we have been made to feel very welcome by the college staff, with good catering and helpful IT technicians. We look forward to many years of stability in our new environment, which



will give the Society a sound base for its future activities and development.

### ASSOCIATION OF ANAESTHETISTS

A fond farewell was made to the President, David Whitaker, Council Members and house staff of the Association of Anaesthetists on 1<sup>st</sup> December 2006, with an exchange of fine glass vases. The Society has shared their facilities for nearly 15 years, and we thanked them for their consistent courtesy and generosity.

### FACULTY OF PAIN MEDICINE

Beverly Collett and I were co-opted on to the Founding Board of the Faculty under the able chairmanship of Dr Doug Justins. The board spent intense time drawing up the ordinances, rules and regulations for the new Faculty of Pain Medicine, which are now under discussion and refinement by the Council of the Royal College of Anaesthetists. The final version has to be approved at the next Annual General Meeting of the College, and ratification is anticipated in 2007.

The need to set standards of training for the nursing profession in pain management has not been forgotten, and Nick Allcock is continuing to make a major contribution to this debate.

### EDUCATION

2006 has seen a considerable expansion in the educational activities of the Society. Three seminars have been held at Churchill House as part of the “Learning in Pain” series; on “Anatomy, Physiology and Imaging of Pain”, “Difficult Pain Problems” and “Acute to Chronic Pain”. We have adopted a format of a plenary lecture and six interactive master classes of small groups, allowing time for discussion and contribution from all the delegates. This has proved very popular and the last two study days have been over-subscribed. A full programme of





## CONTINUED

four study days as part of our core curriculum programme, and a study day for GPs at the Royal College of General Practitioners, is planned for 2007.

### SEMINAR ON PAIN IN THE OLDER PERSON

October 2006 saw the launch of a global “year against pain in the older person” by both the International Association for the Study of Pain (IASP) and its European Chapters (EFIC). Under the auspices of the Patient Liaison Committee (PLC), chaired by Mrs Nia Taylor, a highly successful seminar was held at Churchill House on 16<sup>th</sup> October 2006. Congratulations are due to Rita Amartey who invited a wide range of people from patient and professional groups, social services, pharmacy, nursing and rest homes, and from Westminster. Some excellent lectures in the morning led into group discussions in the afternoon, with a summary of action points that has already sparked interest at the Department of Health and from “Help the Aged”.



### “FAILING” PAIN SERVICES

In the present political climate with imposed financial stringencies in many areas, some pain services have suffered cut-backs of their staffing levels and procedures that can be performed. The British Pain Society has written letters of support, stressing the importance of high standards in the delivery of patient care in pain management. There are outline models for setting up pain management services in primary care that will be available for members in 2007.

### WEBSITE

The Society’s website has been completely re-vamped thanks to the sterling efforts of the Secretariat manager, Sandra Upali. It has a welcoming and modern feel to it, is easy to navigate, and



there are news flashes and bulletins to keep members and the public up to date with our activities. I would encourage all of you to use the website and to post material onto it. It is your window of opportunity!



### ANNUAL SCIENTIFIC MEETING

The 2006 ASM was held in Harrogate, which surpassed our expectations; it proved a friendly, compact yet suitably sized venue, with some excellent local shops and restaurants. The scientific programme, ably organised by Paul Watson, was a huge success, with Professor Allan Basbaum, Editor of the journal “Pain” as the jewel in the crown. The meeting was truly multidisciplinary, with something for everyone in the large number of workshop sessions available. Paul’s final meeting as chair of the scientific committee will be in 2007 in Glasgow, and I would like to thank him for his seamless organisation and “no nonsense” style which have been most effective. Our annual meetings have an international reputation for their high standards. Sandra Upali and all members of the secretariat are also to be heartily congratulated for their hard work and attention to detail which ensures the success and “feel good” factor of our meetings. The trade exhibition was the largest to date, and thanks are also due to all our sponsors who contribute not only to our finances, but also to our knowledge base of pain medicine.

### PUBLICATIONS

2006 saw the launch of three new draft publications, “Intrathecal drug delivery for the management of pain and spasticity in adults: recommendations for best clinical practice” under the chairmanship of Dr Kate Grady, “Pain and Substance Misuse: improving the patient experience” under the chairmanship of Dr Cathy Stannard, and “Recommended Guidelines for Pain Management Programmes in adults” under



the chairmanship of Dr Amanda Williams. All three are to be congratulated in producing succinct, evidence based documents that clearly express the state of the art. Some of BPS past publications, on “Spinal Cord Stimulation” and “Opioid use for non malignant Pain” are accessed frequently, and our patient leaflets have received the approbation of the Plain English Campaign.

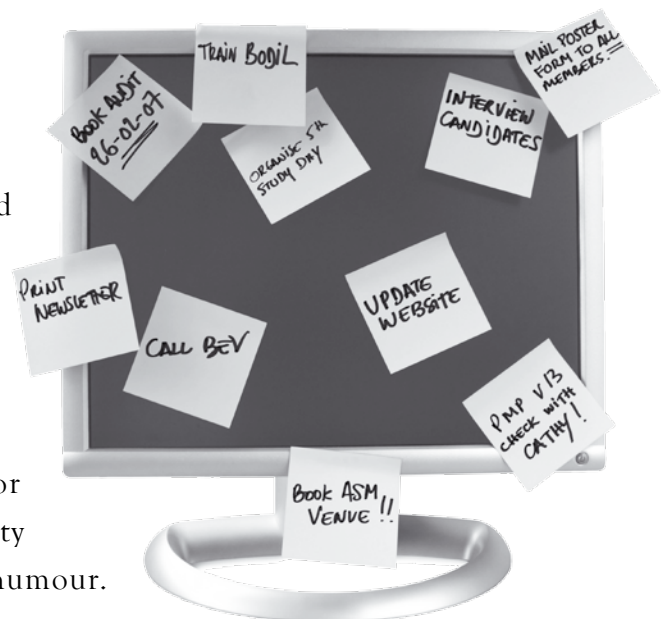
### STRATEGY DAY

Council attended a strategy day in November 2006 and produced a plan for some substantial areas of development and future work of the society, including an educational “travelling roadshow”, a fund raising effort towards a research foundation, and the production of more educational material both in the newsletter and on the website. This will require a good deal of further work in 2007.

### SECRETARIAT

A review of the roles and responsibilities of the administrative staff of the Society has been performed between May and December 2006, in recognition of the rapidly expanding work load that has been placed upon them. More education days, further publications, SIG meetings, seminars, media enquiries, further committees, increasing membership, accountability and the ASM all require time and dedication from our team; Sandra Upali, Rita Amartey and Claudette Kellar (replaced in September 2006 by Bodil Anshus). A fourth member of staff will be appointed in 2007.

I would like to offer my thanks to all of them for their commitment to the Society and their ability to work unsupervised and maintain a sense of humour.



### COUNCIL

Finally, I must thank the Council members of 2006, for their hard work and individual contributions to the development of the Society. George Harrison has been a most able Treasurer, and has stayed for a fourth year owing to the resignation of the Treasurer elect. Not only has he managed the accounts but he has learnt the rule book by heart and is always ready to give an informed opinion. Dr Cathy Stannard has been a most wise secretary, always giving a considered opinion and speaking and writing in structured and precise English. They will both leave Council in April 2007, and I thank them for their huge contribution. Beverly Collett's wise advice as immediate past president will also be sorely missed. Dr Stephen Morley and Dr Keith Milligan will also be leaving Council in 2007, and I thank them both for their contributions. A new Cancer Pain committee has been set up under the chairmanship of Jon Raphael. Cathy Price has continued to work on tariffs for pain procedures with the Department of Health. Simon Thomson is assessing the feasibility of a Neuromodulation registry, and Jon Richardson has represented the views of invasive practice in a sensible and practical way. Nick Allcock has supported the role of the nursing and allied professions and is a most helpful council member. The co-opted members have also helped us with their informed opinions; I would particularly like to thank Richard Potter, our GP representative, Roger Laishley from the Royal College of Anaesthetists, Sam Ahmedzai from Palliative Medicine and Alastair Chambers from the Association of Anaesthetists.



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### EXTERNAL BODIES

The British Pain Society has set up liaison with many other organisations which is continuing to flourish; NICE, the Department of Health 18-week referral to treatment orthopaedic committee, MHRA, Chronic Pain Policy Coalition, ME Society, Parliamentary Limb Loss group, Palliative Care Society, ARMA, Expert Patient Programme, BMA, to mention but a few. The dialogue continues.



Finally,

A great deal has been achieved and moved forwards in 2006, but there is no respite. Pain management is developing as a speciality and the science behind the art of clinical practice is providing us with answers to previously misunderstood problems. Pain specialists of all professional backgrounds practise holistic medicine; we are the patients' advocate and we uphold high standards in patient care. The British Pain Society promotes high professional standards through its educational programmes and in supporting research. We must ensure that the message is heard and understood by other professionals, politicians, and the public.





## HONORARY SECRETARY'S REPORT

DR CATHY STANNARD

16

The British Pain society has over 1,650 members, including 21 Honorary members and 34 retired members. Membership of the Society is open to healthcare professionals with an interest in the objects of the Society. We receive applications from a range of professionals involved in clinical pain management and research. Applications for membership of the Society are reviewed by the Honorary Secretary and presented to Council for approval. Each application must be supported by two members of the Society who must both be acquainted with the applicant and be able to endorse the applicant's current professional status. Applicants must hold a contract with a recognised healthcare organisation to deliver services to patients with pain or be affiliated with a recognised educational institution. Our multi-professional membership makes us uniquely placed to provide definitive comment on matters relating to pain. Currently our membership comprises 866 members from medical disciplines (including anaesthesia, rheumatology, neurology, orthopaedic surgery and neurosurgery) 443 nurse members, 122 psychologists, 91 physiotherapists, 28 occupational therapists as well as basic scientists, pharmacologists, PhD Students and Research Fellows.

The interests of members of our Society vary hugely and the Special Interest Groups are an important mechanism that allows these interests to be shared and developed for the benefit of patients. This year, the Society has approved one application to form a Society Special Interest Group (SIGs). The Society's Council has approved the formation of a SIG for Pain Management Programmes, bringing the total number of SIGs to seven. The process by which a group of professionals can become recognised as a Special Interest Group is defined by our constitution and is thus a legal requirement. The requirements for Special Interest Group formation can be found on the Society's website [www.britishpainsociety.org/members\\_sigs\\_create.htm](http://www.britishpainsociety.org/members_sigs_create.htm).

The 2006 Annual Scientific Meeting of the British Pain Society was held in Harrogate, a popular and user friendly venue! The meeting had 954 attendees. This year the Society awarded bursaries to 14 members to attend the meeting. Opportunities for learning throughout the year have been facilitated by continuation of the well attended and popular quarterly Learning in Pain seminars. Limited funds are available to support members to attend these seminars.



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The British Pain Society continues to represent the views of its members to various national bodies including the Department of Health, the National Institute for Health and Clinical Excellence, the Health Technology Assessment Unit, the Medicines and Healthcare Products Regulatory Agency, the Arthritis and Musculoskeletal Alliance and Medical Royal Colleges and other Professional Organisations.

The elected members of Council met in November for the Society's second strategy day. The Society's many activities were reviewed critically and future directions for the Society were outlined. A key theme emerging from this day was the need to improve accessibility to the organisation's prolific educational resource for members.

The work carried out by members of Council on behalf of the Society has been both unceasing and energetic and has considerably facilitated my job as Honorary Secretary. The demands on our Secretariat are ever increasing and their support this year has been maintained at the highest standard despite the considerable disruption of a change of premises. I am grateful to them for their wisdom and vision.

17



## HONORARY TREASURER'S REPORT

DR GEORGE R HARRISON

The Society's funds remain in good health, with an overall increase in both restricted and unrestricted reserves. The current reserves of the society stand at £855,258, of which £138,481 is in restricted funds. There has been a net movement in funds of £24,175 in unrestricted reserves. This has been in part due to the receipt of the final part of the bequest of Irene Bainbridge, as well as funds brought in with the new SIGs. Also this year has seen a small deficit on the budget for the ASM at Harrogate.

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 excess of income over expenditure. Because of an agreement with Her Majesties Revenue and Customs relating to the non-imposition of value added tax, this money can only be used for educational purposes, and covering any shortfall in the ASM budget. These funds form part of the designated reserves, along with the SIG funds (v.i.), and it is from this that the money has been taken to cover the shortfall in this years ASM budget.

This year we have continued to produce a formal reserves policy to determine the way in which we use the money we have accumulated. The reserves are divided into restricted reserves 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 unrestricted reserves are divided into general reserves and designated reserves. The designated reserves include the funds for the Study Days and Educational Days, which includes the unrestricted educational grant of £20,000 from Pfizer given to the Society in 2006 (£32,625), the funds for the SIGs (£22,804) and the Irene Bainbridge fund (£66,658). The designated ASM fund (£313,362) is to be used to cover the ASM against a shortfall of income due to a fall in the number of attendees.

The remainder of the unrestricted reserves are to be used as follows: £200,000 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. The remaining £81,353 is to be used to assist the Society to further the aims and objects of the Society



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### **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, maintaining the original capital. The decision was made in Council that the award should be made in alternating years, but that the sum should be of £50,000. This is to take recognition of the fact that nowadays the universities are looking at total funding for projects, which is to include overheads as well as the basic costs of the project. It will be noted that the interest from the original capital is insufficient to cover this award which is also supported from the interest derived from the Societies reserves.

### **THE PATRICK WALL OVERSEAS BURSARY**

A bursary of up to £1000 per individual per year has been made available to support researchers who wish to travel overseas to present their work at conferences, not restricted to conferences specifically for pain research or pain management. The maximum sum available for this purpose is £10,000 per annum. 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. This year there were four applicants for travel grants, all of whom were successful.

19

### **THE IASP TRAVEL GRANT**

This grant is specifically to enable members of the Society to travel to the World Congress. There were several grants offered to attend the World Congress in 2005, and will again be offered for those wishing to apply for travel grants to the next World Congress which will be held in Glasgow in 2008.

### **SPECIAL INTEREST GROUPS (SIGs)**

Each of the SIGs that have been approved by Council will have their own line of income and expenditure as shown in the notes to the accounts, to demonstrate that their monies are being accounted for openly.

### ETHICAL BANKING

As a Charity the Council is aware of its responsibility to act in an ethical manner in its financial dealings. To this end a review has been carried out in the past year to see whether there are any alternatives to the current banking practices that we employ. Our current account and investment account are with charitable banks (CAF and COIF). These we consider to be ethical. There was concern raised about the amount of bank charges paid each year to Barclays Bank, which we have to use to enable the society to deal with credit cards. Council has found out in this review that it is necessary to utilise one of the merchant banks for this facility, no matter which bank we use for investment and current accounts. Therefore, on a full assessment of the options available to us, we have decided that the best option is to remain as we are.

20

### 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.

### APPOINTMENT OF AUDITORS

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

### SORP 2005

Since our turnover exceeds £250,000 it is necessary for the Trustees to identify and minimise areas of potential risk within the Society as recommended by the Statement of Recommended Practice (SORP 2005). 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.

## PAIN SOCIETY 2007 DRAFT BUDGET

This year the draft budget for the Society has been produced as usual aiming to have no deficit. However, the move to Churchill House has necessitated an increased expenditure over and above that which would be normally expected to enable the Society to achieve its aims and objectives. Therefore there has been provision in the budget for a transfer of £12,000 from reserves for the extraordinary costs incurred.

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. As I wrote last year, to avoid a large increase in subscriptions every two to three years, the Council decided that there should be an annual increase in subscriptions. At the council meeting a majority decision was taken to increase the annual subscription by 5%.

I would also at this point like to remind members that if they agree to pay by direct debit there will be a 5% reduction in their subscriptions.

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

	2005	2006	2007	2008
MEMBERSHIP BAND A <i>Taxable Income over £40,000</i>	£110.00	£130.00	£136.50	£144.00
MEMBERSHIP BAND B <i>Taxable Income £30,000- 39,999</i>	£85.00	£100.00	£105.00	£110.00
MEMBERSHIP BAND C <i>Taxable Income £20,000- 29,999</i>	£50.00	£60.00	£63.00	£66.50
MEMBERSHIP BAND D <i>Taxable Income £10,000-19,999</i>	£25.00	£30.00	£31.50	£33.00
MEMBERSHIP BAND E <i>Retired members, income&lt;£10,000</i>	£20.00	£25.00	£26.25	£27.50

*Education*

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communications

patient liaison

cancer pain

**courses and**

meetings

*science & research*

2006





# CANCER PAIN COMMITTEE REPORT

DR JON RAPHAEL



This committee was proposed and accepted by the British Pain Society Council in June 2006 and first met September 2006 and discussed the limitations in cancer pain management. There are several documents/guidelines on cancer pain management; however, these do not help address the place of specialist pain services adequately. It is known that collaboration between palliative care and pain specialist clinics is limited and as a result access to such specialist services is poor.

This led to a plan to prepare a document on behalf of the British Pain Society in consultation with the Association for Palliative Medicine and the Royal College of General Practitioners. The document has the aim of producing guidelines on the place of such specialist pain services to aid clinicians in palliative care, pain management oncology and general practice. It also aims to promote better collaboration between palliative and pain specialists in the treatment of cancer pain to raise standards of practice.

So as not to reproduce previous guidelines, this document aims specifically to outline areas of practice where pain specialists could be useful in treating patients with cancer pain. Examples of this would include interventions in cancer pain syndromes, acute postoperative pain management in cancer patients, incident pain and pain management in those dependent on opioids to name a few. The document will also comment upon education and provision of pain specialist services for cancer pain management.

The committee are in the process of co-opting expertise in cancer pain psychology, bone cancer management and management of non-cancer pain in cancer patients.

## MEMBERS YEAR END 2006

DR JON RAPHAEL (CHAIR)

DR JOAN HESTER (BPS)

PROF SAM AHMEDZAI (APM)

DR MARTIN JOHNSON (RCGP)

MS JANETTE BARRIE (NURSING)

DR JOHN WILLIAMS  
(PAIN MANAGEMENT)

PROF MARIE FALLON  
(PALLIATIVE CARE)

MS HEATHER WALLACE  
(PATIENT REPRESENTATIVE)



## COMMUNICATIONS COMMITTEE REPORT

DR CATHY STANNARD

MEMBERS YEAR END 2006

DR CATHY STANNARD, CHAIRMAN

DR WILLIAM CAMPBELL

MS RUTH DAY

PROFESSOR RICHARD LANGFORD

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

The *British Pain Society Newsletter* is published quarterly and is sent to all members of the Society. The Newsletter editor is Ms Ruth Day. The publication includes details of the activities of Council on behalf of members, reports of Society meetings and clinical information and opinion. The Newsletter is also a vehicle for advertisers to bring their products to the attention of members as well as a means by which members can share news of meetings, surveys and other activities of interest.

The Society produces a series of publications relating to best clinical practice. Three publications were produced in provisional form this year: *Recommended Guidelines for Pain Management Programmes for Adults*, *Pain and Substance Misuse: Improving the Patient Experience and Intrathecal Drug Delivery for the Management of Pain* and *Spasticity in Adults – Recommendations for Best Clinical Practice*. All three of these publications were developed by working parties comprising relevant experts including representatives of Medical Royal Colleges and other professional organisations. The documents are accompanied by information leaflets for patients. The provisional documents are circulated to members and to relevant stakeholder individuals and organisations. Feedback from the consultation is incorporated by the consensus groups in the final version of the publication. In accordance with the Society's publications strategy the documents are revised and updated three yearly. The documents can be found on the Society's website where information regarding costs of hard copies can also be found.

Topic proposals for BPS publications must be in accordance with the objects of the Society. Topic selection for BPS publications will usually but not exclusively be initiated by a current or recent



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member of BPS Council or the Chairman of a SIG. If the lead/ Working Party Chair is not a member of Council, a Council liaison is appointed to ensure that the publication progresses according to the timescale. A topic proposal form has been developed and must be completed by proposed Working Party chairs. The submissions are reviewed by the Communications Committee and appropriate projects are presented to Council for approval. An instruction manual outlining key steps in preparation of a BPS publication has also been drawn up and a database of key stages of ongoing publications is kept by the secretariat.

The Society provides the following information for patients who contact the organisation: a list of their 10 nearest pain clinics, a copy of the British Pain Society publication *Understanding and Managing Pain: Information for Patients* and a list of self-help groups and other useful addresses for pain sufferers.

25

The website of the British Pain Society has been redesigned and was launched in August. The new site provides over 100 pages of information for members, industry colleagues, the public and the media. All the Society's publications are downloadable free of charge from the website.

The multidisciplinary nature of the British Pain Society make it uniquely positioned to comment on matters of interest in the field of pain. In 2006 representatives of the Society appeared on national and local radio, television and provided information for the written media.



## COURSES & MEETINGS COMMITTEE REPORT

DR PAUL J WATSON, CHAIR

MEMBERS YEAR END 2006

DR PAUL J WATSON  
CHAIR

PROF. CHRIS ECCLESTON  
CHAIR ELECT

DR NICK ALLCOCK

DR PETER EVANS

DR GEORGE HARRISON

DR DEREK JONES

PROF. STEPHEN MORLEY

DR SIMON THOMSON

This is my final report as the Chair of the Courses and Meetings committee. I have been chair now for 4 years and have served on the committee for nearly 10 years. During those 10 years the ASM has grown from a meeting attracting a couple of hundred people to its present form with over a thousand attendees, an extensive sponsored satellite programme, over 30 workshops and an impressive exhibition.

Glasgow in 2003 was the time when we really started to look like a truly international conference so I hope I am bowing out in Glasgow 2007 with its reputation and standing intact. The ASM is a big beast which funds much of the work of the Society so it is essential that it is successful and well supported. I would like to thank all those members who attended over the years and for the (mostly) positive feedback I have received from you which has helped to make the ASM so well attended.

Times in the NHS are difficult financially and to date this has not adversely affected our attendances at the ASM, one wonders how long this will be the case. Staff on low wages are eligible for our bursary scheme but we are often surprised how few people take advantage of it. The scheme is particularly generous to Ph.D student members. Most students who have a poster accepted attend for free and their accommodation and travel are paid for, usually in full. Please remember this for next year.

We introduced changes to the poster presentations this year, posters can be submitted as research or professional communications. Only those posters accepted as research submission are eligible for the research prize. We did this because some members were concerned that the important exchange of professional ideas was curtailed by the tight academic demands of the research requirements. I am pleased to say that this has been a great success and the overall number of



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posters is up in 2007 compared to previous years and the quality of the abstracts has also improved.

I am indebted to those members who have served on the Courses and Meetings Committee over the last 4 years. They have been a great support and fund of ideas. Particular thanks go to those hardy souls who have read through and judged the abstracts – a difficult but extremely important task. This is often the same group of people who arrive in the hall on the last morning after the annual dinner, bright and alert, to judge the prize paper presentations – an heroic feat by anybody's standards.

My job over the years has been made so easy because of the dedication of the staff at HQ. I know you read this every year but it is so true and needs repeating. Sandra Upali is a tower of strength for the British Pain Society and unfailingly reminds me exactly what I need to do. Rita Armarty does an excellent job organising the exhibition evidenced by the fact that we had the biggest exhibition ever in 2006 and sold out the space for 2007 well ahead of time. I really want you to understand how hard the secretariat work putting this meeting together. Their professionalism and dedication to detail is superb. Like you I have attended many conferences and it has taught me to really appreciate how well run this meeting is. When I attend other meetings I always compare them with the BPS and often find them wanting. This is not an idle boast on my part; I have to give all the praise to the secretariat.

As I step down Prof Chris Eccleston steps up to the mark. The next ASM will be in Chris' home town of Liverpool – this was by accident not arrangement. Liverpool will be the City of Culture in 2008 and our meeting will be in the brand new conference centre on the World Heritage site of the Liverpool Waterfront from 15th to 18th of April. I hope to see you there – I will be in the audience!



## EDUCATION COMMITTEE REPORT

DR JOAN HESTER, CHAIR

### MEMBERS YEAR END 2006

DR JOAN HESTER, CHAIR

DR NICK ALLCOCK

DR WILLIAM CAMPBELL

DR GEORGE HARRISON

PROF. RICHARD LANGFORD

DR JONATHAN RICHARDSON

DR CATHY STANNARD

DR PAUL WATSON

Four seminars were held in 2006 as part of the “Learning in Pain” series, originally started by Dr Kate Grady and Dr Patricia Schofield, as a series of 12 seminars to explore the Core Curriculum for Professional education in Pain published by the International Study of Pain (IASP Press, 3<sup>rd</sup> edition).

The first seminar was held at the Association of Anaesthetists, 21 Portland Place, London on 6<sup>th</sup> January 2006; *Interventions in the management of pain* was chaired by Dr Jonathan Richardson

The following seminars were held at the Royal College of Anaesthetists, Churchill House, Red Lion Square, London:

- 21st June 2006  
*Anatomy and physiology of pain applied to practice*  
chaired by Dr Joan Hester
- 22nd June 2006  
*Difficult pain problems,*  
chaired by Dr Cathy Stannard
- 31st October 2006  
*From acute to chronic pain,*  
chaired by Dr Joan Hester

The British Pain Society has adopted the format of a formal plenary lecture from an expert, followed by six interactive masterclasses with a maximum of 12 participants. Delegates have an opportunity to attend all six workshops. Evaluations of the seminars have rated the educational content very highly and have particularly praised the interactive nature of the masterclasses.



CONTINUED

A further series of four seminars is planned for 2007.

A joint *Education Day on Pain management for General Practitioners* is being held at the Royal College of General Practitioners on 1<sup>st</sup> March 2007.

In addition to this educational programme, the Society educates through the Annual Scientific Meeting, Patient Liaison Committee seminar, its publications, and SIG meetings.





## PATIENT LIAISON COMMITTEE (PLC) REPORT

MRS NIA TAYLOR, CHAIR

### MEMBERS YEAR END 2005

#### LAY MEMBERS:

MRS NIA TAYLOR (CHAIR)

MRS SUE CLAYTON

MR IAN SEMMONS

MRS HEATHER WALLACE

#### PROFESSIONAL MEMBERS:

DR JOAN HESTER

MS RUTH DAY

DR NICK ALLCOCK

In April 2006, at the Annual Scientific Meeting of the British Pain Society in Harrogate, Mrs Jean Gaffin OBE stepped down as Chair of the PLC after five years and was awarded honorary membership of the British Pain Society, in recognition of her massive contribution to improving the management of pain. As the first Chair of a new BPS Committee, she had a potentially difficult role but, under her leadership, the Committee has established itself as an important and respected part of the British Pain Society, regularly consulted by outside agencies looking for the patient perspective on matters relating to pain.

Dr Beverly Collett, in her citation for Jean, wrote: “Jean has been an inspiration to me personally. She has a diplomatic manner, listens to all views, puts forward the rounded patient view, and then suggests solutions that are mutually agreed as they are so logical. She is a great achiever in her field. Health care has been the better for her significant contribution over many years.” All members of the Committee will miss her but wish her well in her retirement.

When the Patient Liaison Committee was set up, the terms of reference included three major strands of work.

1. The Committee was set up to be advisory to the British Pain Society Council: the Chair is a co-opted member of Council and is an active member of the Committee of Chairs of Patient Liaison Committees of Royal Colleges and Faculties which is coordinated by the Academy of Royal Colleges; and the Committee has commented on new publications and policy matters.
2. The PLC was asked to provide a channel of communication between patients and the Council: again in 2006, the PLC organised an October Seminar for representatives of voluntary sector organisations and others.



CONTINUED

3. The third strand was to communicate to Council areas of concern amongst patients: work on identifying concerns of patients around the withdrawal of co-proxamol have continued; in addition members of the PLC have been active in promoting the new Musculoskeletal Services Framework published by the Department of Health, which, if implemented, could significantly improve the management of painful musculoskeletal conditions.

The lay members of the PLC were again invited to attend the Annual Scientific Meeting of the British Pain Society, and the PLC organised a seminar on the issue of patient choice, looking at the perspectives of the Commissioners, Providers and Patients.

During 2006 the PLC gave detailed consideration to the information on the “patient” pages of the redeveloped website, preparing lists of other useful organisations, a glossary and questions and answers.

The highlight of the year was the October seminar organised by the PLC. The topic was “Pain in the Older Person” following the International Association for the Study of Pain which had just launched a year to promote awareness worldwide of pain in older people. The seminar was attended by 80 people including healthcare professionals from geriatric medicine, rheumatology, medicine and pain medicine, and representatives from many patient and carer organisations, social services, pharmacy services, community services and residential homes. The seminar explored some of these barriers to the management of pain in older people, and looked at some new assessment tools, especially those that can be used for the cognitively impaired. We learned about the prevalence of pain in the older person, poor assessment and recognition of pain, fear of prescribing analgesics, stoicism on the part of the patient, fear of side

effects, and a feeling of “being a nuisance” which prevents the older person from asking for pain relief.

Other matters discussed during 2006 included the work of the Chronic Pain Policy Coalition, an umbrella organisation, launched in June 2006, 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.

Two lay members of the Committee, Mrs Sue Clayton and Mrs Heather Wallace, will step down in 2007, having served the maximum term of office. They will both be greatly missed as they have brought not only their own personal experience of and insights into the impact of pain, but also important networks with other patients and organisations. The Committee will be advertising for new members at the start of 2007.

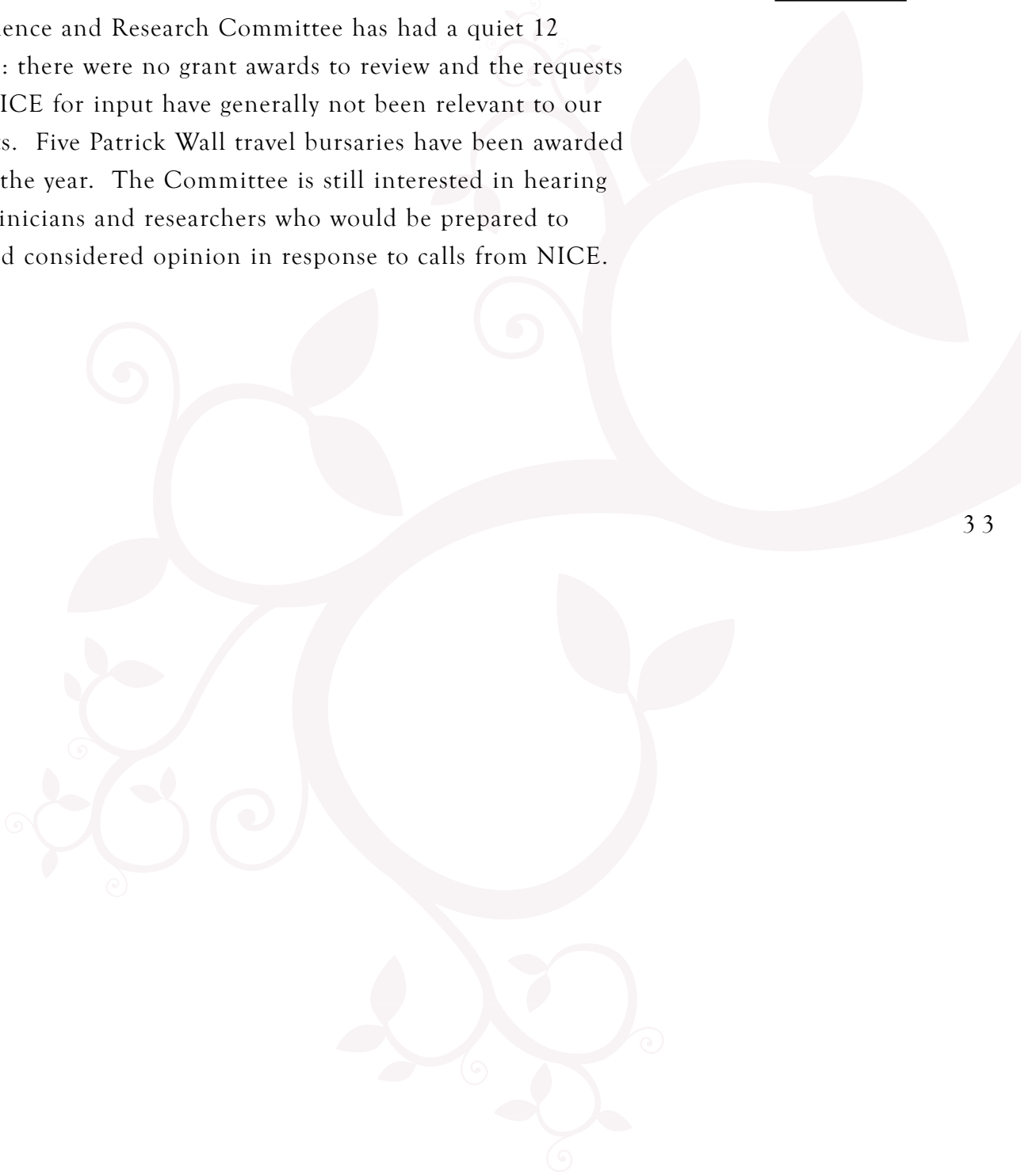


## SCIENCE & RESEARCH COMMITTEE REPORT

PROF. STEPHEN MORLEY



The Science and Research Committee has had a quiet 12 months: there were no grant awards to review and the requests from NICE for input have generally not been relevant to our interests. Five Patrick Wall travel bursaries have been awarded during the year. The Committee is still interested in hearing from clinicians and researchers who would be prepared to provide considered opinion in response to calls from NICE.



interventional pain medicine

*Philosophy & Ethics*

2006

acute pain

pain in children

**neuropathic**

pain

*clinical information*

2006



## ACUTE PAIN SOCIETY SPECIAL INTEREST GROUP REPORT

DR DAVID J COUNSELL, CHAIR

The SIG has met twice this year, once at the Annual Scientific Meeting in Harrogate and once during the National Acute Pain Symposium in Chester, the second meeting being kindly sponsored by the meeting organisers who paid for the meeting room.

The main topic for discussion at Harrogate was the National Confidential Acute Pain Critical Incident Audit (NCAPCIA) project. This web based data collection system was set up by members of the SIG to facilitate an audit of critical incidents related to acute pain management; in particular major neurological complications. Discussions with the Royal College of Anaesthetists at which the SIG was represented by myself, Dr Andrew Vickers and Dr Mick Rothwell, secured funding for the project and clarified the place of the website within the third National Audit Project (NAP III), into neurological complications from neuraxial blockade, being led by Tim Cooke on behalf of the college. NCAPCIA provides a confidential reporting portal for these incidents that is independent of the college. It is hoped that this will improve reporting of events in this difficult area of practice, particularly in cases where negligence may be involved. The questions on the website were selected by a working party of SIG members many of whom now act as 'gatekeepers' for the website, with the responsibility of ensuring the anonymity of the information on the website and the patients, hospitals and practitioners involved.

35

The website is password protected and contains other information of value to hospital pain practitioners including an audit of current practice against the guideline for the management of epidurals, published jointly by the BPS and RCOA amongst others. Members are encouraged to participate in this audit. Your hospital specific password for the site can be obtained from your NAP III audit co-ordinator. Failing that, enquire through the web site or to myself via dave.counsell@btinternet.com for further information as to how to obtain your password.

At the meeting in Chester during September, members were updated regarding the progress of NCAPCIA and the NAP III project. In addition a discussion took place regarding the future of the SIG; in particular the question was asked if the SIG should move towards independent status or remain a 'society' SIG as at present. The view of the majority of members present was that the current status quo be maintained as there was no obvious benefit to the SIG and that we risked becoming more isolated from the British Pain Society if we went down that avenue, not to mention the vast amount of work required from the officers concerned.

The SIG have again organised a session at the ASM during Parallel Session C, when Prof Richard Langford, our SIG representative on the BPS council, will be speaking on diversification by acute pain teams and Dr Tim Johnson will address us on the subject of predicting post-operative pain. The SIG session at last years meeting attracted well over 100 delegates and we hope this year's session will be equally successful.

# CLINICAL INFORMATION SOCIETY SPECIAL INTEREST GROUP REPORT

DR CATHY PRICE, CHAIRMAN

DR CATHY PRICE, CHAIRMAN  
DR TOM HOLLWAY, TREASURER  
DR PIERS LESSER, SECRETARY

This year has been a very quiet one for CISIG. Its targets were to:

1. Finalise the report it sponsored on validation of an amalgamated multi centre database (PAINDB)
2. Survey all BPS members on what they wanted from CISIG
3. Start revision of the Pain Dataset to reflect the core and sprint model

The report has experienced significant delays due primarily to the fact that the data analyst and epidemiologist do not work together and so many miscommunications have arisen. A final report suitable for publication in a pain journal is due end January.

The survey brought two responses- this is in contrast to a previous survey that was sent out 4 years ago. This may have been because it required completion on line and that the guidance directing people to the website did not enter consciousness. Alternatively it may be that people don't want a SIG that helps people manage information.

36

The revision of the Pain Dataset requires a lot of thought and discussion as to how to identify sprint items. Liaison with Council generally over this would be helpful and lessons learned from the RCOA model would also help.

Reserves are £21,424.

This year we have organised a workshop on Payment By Results for the Annual Scientific Meeting. There is also a SIG lunchtime meeting. A further workshop is needed to bring SIG members together more frequently.





# INTERVENTIONAL PAIN MEDICINE (IPM) SOCIETY SPECIAL INTEREST GROUP REPORT

DR RON COOPER, CHAIRMAN  
DR PATRICK MCGOWAN, SECRETARY  
DR SANJEEVA GUPTA, TREASURER

DR RON COOPER, CHAIR

The Interventional Pain Medicine Special Interest Group of the British Pain Society remains active and has a healthy and growing membership of that is invested in the interventional management of persistent pain problems. It is currently chaired by Dr. Ron Cooper from Coleraine in Northern Ireland. The secretary is Dr. Patrick McGowan from North London and treasurer is Dr. Sanjeeva Gupta from Bradford. The SIG holds biannual meetings every year. The first meeting is the AGM at the annual British Pain Society scientific meeting, last year hosted interesting talks on disc nucleoplasty, disc thermocoagulation, as well as many other topics. In this coming April, the SIG will be hosting lectures on the evidence for various interventions in the management of radicular pain, which has already attracted much interest in the run up to the AGM.

The second meeting of the year is the winter meeting. Last year, it took place at the beginning of November in Templepatrick, near Belfast. It was highly educational and enjoyable day of lectures with speakers from several disciplines including pain management, anaesthesia, maxillofacial surgery and urology and from several European countries.

During this last meeting, the concept of developing a national database of interventional pain procedures was introduced and is in the early stages of consideration by the SIG at the moment. A detailed lecture on the national urological database during its initial years has given great insight into the realities and pitfalls of such a project.

The SIG's intentions are to promulgate best practice between its members. We recognise that interventional pain management only addresses one facet of the multimodal problem, but when delivered appropriately to high standards can bring great benefits to many people. It is an arena to be developed and supported.

The finances of the SIG are held within the British Pain Society and are healthy.

The SIG membership continues to grow and is currently 104 members compared to 91 members last year, and is reflective of the general increase in interest in this aspect of pain management. Further growth is still anticipated. We continue to work within the British Pain Society on fully supported mutual objectives.

Anyone interested in joining is most welcome; please make contact with one of the SIG officers or the pain society secretariat to join. As ever we are not fully up to date with the current email addresses of a minority of SIG members which is the preferred means of communication

# NEUROPATHIC PAIN SOCIETY SPECIAL INTEREST GROUP REPORT

DR MICK SERPELL, CHAIR

DR MICK SERPELL, CHAIRMAN

DR STEVE ALLEN, SECRETARY

DR BARBARA HOGGART, TREASURER

DR JAYNE GALLAGHER  
ELECTED COMMITTEE MEMBER

DR SIMON THORPE  
ELECTED COMMITTEE MEMBER

Time to reflect back over the past twelve months. In Harrogate 2006 we hosted a very successful and well attended workshop on “Non-medical treatments for neuropathic pain”. Dr Claire Daniel (London) spoke on psychological aspects and Dr Max Pittler (Exeter) reviewed Complimentary & Alternative Medicine treatments.

You will notice that our workshop this year is all about getting to grips with neuropathic pain early on. Our three eminent speakers will be discussing the prevalence and some early diagnostic tools for neuropathic pain in general, and specific prophylactic strategies for PHN.

The AGM in Harrogate was attended by a core group of dedicated members. We understand the difficulties of attending lunchtime meetings during what is often a very busy conference schedule. However, the SIG relies on active membership to achieve its aims. We would encourage as many of you as possible to come along to meet us and share your views at this year’s AGM. There is a lot to discuss and I promise the meeting will be no more than half an hour!!

3 8

The current Office and Committee Members are listed above. We would welcome the input of any enthusiastic member who wishes to join the council. Those interested please contact the Secretary via “neuropsig@fsmail.net” or through the British Pain Society secretariat.

We look forward to seeing you in Glasgow come April.





# PAIN IN CHILDREN SOCIETY SPECIAL INTEREST GROUP REPORT

DR MARY ROSE, CHAIR

DR MARY ROSE  
CHAIRMAN

MS LINDA BUCHANAN  
SECRETARY

The Pain in Children SIG has represented the BPS on a working group set up by the Association of Paediatric Anaesthetists to develop Evidence Based Recommendations for the Management of Acute and Procedural Pain in Children. The resulting document is nearing completion & will be available for review on the APA website, later this year: [www.rcoa.ac.uk/apagbi](http://www.rcoa.ac.uk/apagbi).

The SIG submitted a proposal to council for the development of Guidelines for the Management of Chronic Pain in Children and Young People. The proposal was accepted and a multidisciplinary group has been set up to take this forward. Dr John Goddard, Consultant in Anaesthesia and Pain Management at Sheffield Children's Hospital, is chairing the group.

The SIG hosted a workshop at the 2006 ASM. The theme was the management of acute pain in children, with presentations on the development of the APA Evidence Based Recommendations and the National Audit of Epidural Complications in Children.



# PAIN MANAGEMENT PROGRAMMES (PMP) SPECIAL INTEREST GROUP REPORT

MRS PENNY MORTIMER, CHAIR

MRS PENNY MORTIMER, CHAIRMAN

DR DAVID WALSH, VICE CHAIRMAN

MRS JACQUELINE GOODALL,  
SECRETARY

MR ANDREW LUCAS, TREASURER

MS MARY RICKETTS  
COMMITTEE MEMBER

The PMP SIG was formally incorporated into the British Pain Society in February 2006. The stated aims of the SIG are to:

- Represent UK Pain Management Programmes
- Oversee the Pain Management Programmes National Conference
- Maintain a current register of UK Pain Management Programmes
- Liaise with the British Pain Society on issues regarding Pain Management Programmes and assist them in the development of education and training in pain.
- Act as a resource for information
- Promote inter-disciplinary and multi-disciplinary pain management
- Establish and maintain links with other professional organisations and societies related to Pain Management Programmes

40 During our first year we have worked to create a close working relationship with the British Pain Society. We regularly hold our committee meetings at the Society's offices in order to keep the best possible liaison. The committee has been strengthened by the election of "alternate" professional members to fill in when a regular member is unavailable, to ensure representation is continuously maintained for the professions.

The SIG will be presenting a session at the Annual Scientific Meeting of the Society on 25th April 2007 looking at the interface between interventionist treatments and the methods used on a PMP from the perspective of a pain physician and a neurosurgeon.

The 2007 Pain Management Programmes National Conference, entitled "Making Waves" will be held at Southampton University on the 6<sup>th</sup>-7<sup>th</sup> September. (The last conference in Nottingham attracted approximately 250 people). The Southampton team, led by Babs Sharp, are working extremely hard with the Society's administrative team to make it an inspirational and informative programme. Sessions include motivational interviewing with Mark Jensen, updates on neuropathic pain from Lorimer Moseley, acceptance and commitment theory and activity management in a contextual cognitive behavioural therapy framework. Other sessions will be looking at the realities of maintaining, improving and thinking laterally about our services within the constantly changing climate of the NHS.

Thanks to some hard work by Paul Waring and Alison Booth at the Walton Centre we have a newly updated and expanded Directory of British Pain Management Programmes. The staff at the British Pain Society are working at developing a protected members' section on the Society website where this and other relevant information could be held. We are also looking at creating a resource base for patients and carers which could be held on the open access section of the site.



# PHILOSOPHY AND ETHICS SOCIETY SPECIAL INTEREST GROUP REPORT

DR WILLY NOTCUTT, CHAIR

DR WILLY NOTCUTT  
CHAIRMAN

DR PETER WEMYSS-GORMAN,  
SECRETARY/TREASURER

## (1) Parallel Session at Harrogate ASM April 2006

The joint Declaration from WHO and IASP that pain relief should be a Universal Human Right had provided the main theme for the annual meeting of the SIG in 2005, and it was decided to share this very important subject with a wider audience at the ASM. Speakers at the workshop were Dr Minha Rajput and Dr David Greaves.

Dr Rajput, a Foundation Doctor who had worked in Pain management in Dundee, examined the question of the practicalities of implementing this noble intent in the context of countries with limited financial and medical resources. She described her experiences in setting up an IASP Chapter in her native Kenya which involved examining basic needs. However, an understanding of the local culture was essential and she cited the example of the attitudes towards pain of the Masai. Although improving resources such as availability of drugs was considered important, the over-riding need was identified as education. The responsibilities of pain professionals from affluent countries for providing training were emphasised.

Dr Greaves, Honorary Senior Lecturer in Medical Humanities at the University of Wales, spoke on the philosophical concept of human rights and concluded that the biomedical model of pain and the idea of human rights have a common lineage in the Enlightenment and have a number of problems in common, based as they are on the assumption that all problems are soluble. Pain is regarded simply as a puzzle to be resolved, rather than a mystery to be grappled with. He questioned the assumption that human rights will ensure the just allocation of drugs and other technologies and that we can get them by claiming our rights.

41

## (2) Annual Meeting of SIG at Launde Abbey June 2006

The first day was devoted to examining the interwoven themes of art and healing in medicine and the relief of suffering. The principal speakers were Professors John Saunders and Martyn Evans (who occupy the chairs of Medical Humanities at the Universities of Wales and Durham respectively). Prof Saunders discussed the relationship of art to science in medicine, concluding that they were complementary and both necessary, and Prof Evans talked of promoting flourishing in patients, even those who are dying, using the metaphor of a journey and an inn. These were supplemented by talks on the role of the physiotherapist as healer and the twelve steps of Alcoholics Anonymous as a paradigm of healing.

On the following days we made further progress in the preparation of a code of ethical practice for the BPS (which is to be the subject of our workshop at the Glasgow ASM) and covered a variety of other topics including metaphysics and mental pain, case studies illustrating patients' search for meaning in pain, and the question: do we know what we are doing and does it matter? - in the contexts of electrical treatment of pain and trigger points.

Attendance at these meetings remains small, perhaps because of the perception that limited study leave resources should be devoted to improvement of clinical skills, but enthusiasm expressed by participants seems undiminished (see "feedback" which can be found as a link to the SIG page on the BPS website) and the need for such a forum is well established.



THE BRITISH PAIN SOCIETY  
REGISTERED CHARITY NO. 1103260  
REGISTERED COMPANY NO. 5021381

ACCOUNTS FOR THE YEAR ENDED  
31<sup>st</sup> DECEMBER 2006

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## CONTENTS

LEGAL AND ADMINISTRATIVE INFORMATION	A1
DIRECTOR'S REPORT	A2 TO A7
AUDITOR'S REPORT	A8
STATEMENT OF FINANCIAL ACTIVITIES	A9 TO A10
BALANCE SHEET	A11
NOTES TO THE ACCOUNTS	A12 TO A18
STATEMENT OF DIRECTORS' RESPONSIBILITIES	A19

## LEGAL &amp; ADMINISTRATIVE INFORMATION

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AUDITOR:	SANDISON LANG & CO 2 ST. MARY'S ROAD TONBRIDGE KENT TN9 2LB



# THE BRITISH PAIN SOCIETY DIRECTORS' REPORT

For the period 1st January – 31st December 2006

The British Pain Society is the largest multidisciplinary, professional organisation comprising doctors, nurses, physiotherapists, scientists, psychologists, occupational therapists, and other healthcare professionals actively engaged in the diagnosis and treatment of pain and in pain research, within the UK. As of 31st December 2006 there were 1,710 members. The Society is the British Chapter of the International Association for the Study of Pain (IASP) and is part of the European Federation of IASP Chapters (EFIC).

The Directors present their Annual Report and audited Financial Statements for year 1st January – 31st December 2006. The Report is prepared in accordance with the recommendations of “Accounting and Reporting by Charities: Statement of Recommended Practice” (revised 2005) -- and complies with applicable law.

## 1. ORGANISATIONAL STRUCTURE

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

The Directors are appointed by ballot of the members, except for the Honorary Secretary and Honorary Treasurer who are appointed by the Directors. Any Ordinary 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 are eligible to stand for the post of Honorary Secretary or Honorary Treasurer. It is planned for all new directors to have a half-day for training and induction.

The Board of the Society meets at least four times a year. All the decisions related to the management of the Society are made by the Board at these meetings. The Executive and Finance committee sets the Agenda for the Board meeting, and takes overall responsibility for the day-to-day running of the Society. There is support for the Board from the following subcommittees: Cancer Pain Committee, Courses and Meetings Committee, Communications Committee, Patient Liaison Committee, Science and Research Committee and Education Committee.

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

During the last year, the Society has approved the formation of one Society Special Interest Group; the Pain Management Programmes Society SIG. There are now seven Society Special Interest Groups; Acute Pain, Clinical Information, Interventional Pain Medicine, Neuropathic Pain, Pain in Children, Pain Management Programmes and Philosophy & Ethics. The governance of these groups is established within the Articles and Regulation of the Society.

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

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

The internal controls are subject to ongoing assessment and evaluation by the directors. At least two meetings a year are held to consider financial management and performance in detail. In addition, the Honorary Treasurer reports on financial matters to each board meeting of the Society, comprising



directors and co-opted members. These meetings record the formal review and approval of all aspects of finance, internal controls and accounts.

- **Staff retention:** The Society wishes to retain its Secretariat staff. They become familiar with the Society's activities over a year or so and it is in our interests to avoid rapid turnover. To this end the Directors have attempted to provide a better and structured salary system and improve morale by allocating specific areas of responsibility on a regular basis. Appraisal is now a regular event for members of the secretariat. This year a full assessment of the working practices of the members of the secretariat has been undertaken. As a result of this there has been a change in the distribution of responsibilities, with a clearer management structure and new salary gradings. It was also appreciated that in view of the changes of Society activity that an extra permanent member of staff will be required and will be appointed in the coming year.
- **Information Technology and Data Protection:** The Society has a database system in operation and has also developed a website. Data protection and antiviral systems are in place, the data is backed up daily. To ensure compliance with data protection legislation, the Directors will appoint one of their number to be the Data Protection Compliance Officer. Compliance with the data protection act is assessed regularly and procedures are in place to ensure that this compliance is maintained.
- **Health and Safety**
  - The board accepts formally and publicly its collective role in providing health and safety leadership in its organisation
  - Each member of the board accepts their individual role in providing health and safety leadership for their organisation
  - The board will ensure that all board decisions reflect its health and safety intentions, as articulated in the health and safety policy statement
  - The board recognises its role in engaging the active participation of workers in improving health and safety
  - The board will ensure that it is kept informed of, and alert to, relevant health and safety risk management issues. In view of the Health and Safety Commission recommendations, the board will appoint one of its number to be the "health and safety director"

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

## 2. OBJECTIVES AND ACTIVITIES

The British Pain Society aims to:

- provide facilities for the exchange of information, opinions and experience about pain between active workers in the field;
- increase awareness of pain prevalence, disability and pain management among health care 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 "Mildred B Clulow Research Award", the "Patrick Wall Overseas Travel Bursary", the "British Pain Society Annual Scientific Meeting Bursary", "The British Pain Society Study Day Bursary" and the "International Association for the Study of Pain World Congress Bursary". Full details of the awards, including eligibility and application forms, are available on the Society website.

### 3. ACHIEVEMENTS AND PERFORMANCE

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

#### Society Meetings/Events

- The Society held its Annual Scientific Meeting (ASM) in Harrogate on 24-27 April 2006, which was attended by 950 participants.
- On 18th October, the Patient Liaison Committee of the Society organised a workshop entitled 'The forgotten majority; pain in the older person' which was attended by 72 representatives from different organisations interested in matters related to pain in older people.
- The Education Committee launched its 'Learning in Pain Series' which aims to provide comprehensive learning in pain medicine as per the IASP curriculum as a series of one day study days. Four study days were held in 2006:
  - 1st Study Day 'Interventions in the management of pain' was held on 6th January
  - 2nd Study Day 'Anatomy & physiology of pain applied to practice' was held on 21st June
  - 3rd Study Day 'Difficult pain problems' was held on 22nd June
  - 4th Study Day 'From acute to chronic pain' was held on 31st October

#### SIG Meetings/Events

- On 26-27 June, the Philosophy & Ethics Society SIG held its annual meeting at Launde Abbey, Leicester on 'Medicine - the healing art'.
- The Interventional Pain Medicine Society SIG held a one-day seminar on 'Interventional techniques in the management of pain syndromes' on 3rd November 2006.

#### Publications

- The provisional version of the *Recommended guidelines for pain management programmes for adults* was presented at the Annual Scientific Meeting in Harrogate and is now undergoing wide consultation.
- The provisional version of the *Intrathecal drug delivery for the management of pain and spasticity in adults; recommendations for best clinical practice* was presented at the Annual Scientific Meeting in Harrogate and is now undergoing wide consultation.
- The consensus document on *Pain and substance misuse; improving the patient experience* was presented at the Annual Scientific Meeting in Harrogate and is now undergoing wide consultation.
- The Society continues to publish a quarterly Newsletter which is provided free of charge to its members.
- All the Society's publications and patient information leaflets are available to download free of charge from the website.
- The Society's Website has been reviewed and was launched in the summer.

#### Bursaries & Grants

- The Society awarded 14 members of the Society bursaries to attend its ASM in Harrogate in April.
- The Society awarded 5 members of the Society Patrick Wall Overseas Travel Bursaries.

### Involvement with other bodies

- The Society has continued to be involved in the work of *The Chronic Pain Policy Coalition*, which is an umbrella organisation uniting patients, professionals and parliamentarians which will develop and help to implement a strategy for improving the prevention and treatment of chronic pain in the UK.
- The Society is a generic stakeholder for NICE (National Institute for Health and Clinical Excellence) guidelines.
- The Society is working with the British Geriatrics Society on a joint document entitled 'Assessment of pain in the older person'.
- The Society is a generic stakeholder for Interventional Procedures and Health Technology Assessment for NICE in addition to being generic stakeholders for NICE guidelines
- The Society is an NCCHTA (National Coordinating Centre for Health Technology Assessment) Affiliate Organisation.
- The Society provided feedback to the Shipman Inquiry and is represented on two working parties
- The Society is represented on the Joint Committee on Good Practice, which is run jointly by the Royal College of Anaesthetists and the Association of Anaesthetists of Great Britain and Ireland.
- The Society has representation on the Founding Board of the Faculty of Pain Medicine and the Pain Management Committee of the Royal College of Anaesthetists and reciprocal representation on the Executive of the Association for Palliative Medicine.
- A representative from the Royal College of Anaesthetists, the Association of Anaesthetists of Great Britain and Ireland, the Association for Palliative Medicine, the British Neuroscience Association, the Royal College of General Practitioners and the International Association for the Study of Pain (IASP) sits on the British Pain Society Council as co-opted members.
- The Society sent representation to events organised by the ME Society, ARMA, the Parliamentary Limb Loss Group, Help the Aged, EPP, BMA and other Royal Colleges.

### Information for people affected by pain

- The Society, although an organisation for healthcare professionals, provides a list of 10 nearest pain clinics, a copy of the British Pain Society publication *Understanding and Managing Pain: Information for Patients* and a list of self-help groups and other useful addresses to people affected by pain who contact the Society.

## 4. FINANCIAL REVIEW

As shown in the financial statements there are accumulated reserves of £855258 of which £138481 is in restricted funds, this being the sum of the Mildred B Clulow legacy and interest (note 12 to the financial statements). The sum of £66658 (the income from the Irene Bainbridge legacy) has been put into a designated reserve to support the restricted fund. The net SIG funds of £22804 are designated within the Society accounts to further the activities of the specific SIGs.

For the first time this year the Society has undertaken extra educational activities, including seminars for General Practitioners and a series of Seminars. These meetings are supported by unconditional educational grants from various companies, and for transparency they are accounted for separately. These reserves include a grant of £20,000 from Pfizer Ltd to support the seminars on pain management. This reserve of £32,625 is to support the extra educational activity of the Society. £313362 are accumulated ASM surpluses, which can only be used for educational purposes and to support future Annual Scientific Meetings.

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

- £200,000 is to be kept in reserve to cover the ongoing costs of the Society should there be a failure of income from subscriptions.

- £313362 is to be kept in reserve to cover the potential loss that would arise should there be a fall in the number of delegates attending the Annual Scientific Meeting below the expected level. This would be met from the prior year accumulated surpluses, as noted above.
- The residue of £81353 is to be used to further the aims and objects of the Society.

This year has seen the Society maintain a good financial base. The principal source of funding comes from the subscriptions of the members. We have received bequests and grants, which are specified in the accounts of the Society. This income has supported the activity of the Society recorded above. The Annual Scientific Meeting is expected to be self-funding, and no surplus is budgeted for.

## 5. PLANS FOR FUTURE PERIODS

- The British Pain Society's Annual Scientific Meeting will be held at the Scottish Exhibition + Conference Centre in Glasgow on 24-27 April 2007;
- The Society will launch the final version of its *Recommended guidelines for pain management programmes for adults* in April 2007.
- The Society will launch the final version of the consensus document on *Pain and substance misuse; improving the patient experience* in April 2007.
- The final version of the *Intrathecal drug delivery for the management of pain and spasticity in adults; recommendations for best clinical practice* will be launched by the end of the year.
- The Society will launch a joint publication with the British Geriatrics Society entitled '*Guidelines for the assessment of pain in the older person*' in 2007.
- The Society will begin work on producing three BPS publications: *Recommendations for management of chronic non-malignant pain in children and young people*, which will be led by the Pain in Children SIG, *Recommendations for nursing practice in pain management*, which will replace the 2002 version and a publication on Cancer pain management.
- The Patient Liaison Committee will embark on reviewing the Society's *Understanding and managing pain: information for patient* booklet and will be organising its annual voluntary sector seminar on pain in women in October.
- The Pain Management Programme SIG will hold its biennial conference 'Making Waves' in Southampton on 6-7 September.
- The Philosophy & Ethics SIG will hold its annual meeting 'Suffering and the world's religions' on Monday 2 - Thursday 5 July at Rydal Hall, Ambleside, Cumbria
- The Society will hold 4 study days during the course of the year; 'Psychology of chronic pain and suffering', 'Opioids and substance misuse', 'Headache and facial pain' and 'Cancer pain'.
- The Education Committee will be running a joint meeting 'Pain Management for General Practitioners' with the Royal College of General Practitioners on 1st March.
- The Society will consider the feasibility of instigating a Research Foundation, with a substantial fundraising project to acquire a capital sum that would generate sufficient income to support one or two pre- or post-doctorate fellows engaged in clinically orientated pain research.

CONTINUED

**6. DIRECTORS FOR THE PERIOD 1ST JANUARY-27TH APRIL 2006**

Dr. B.J. Collett	President
Dr. J. B. Hester	President Elect
Dr. C. Stannard	Honorary Secretary
Dr. G.R. Harrison	Honorary Treasurer
Dr. N. Allcock	Council Member
Dr. M. Chester	Council Member
Dr. K.M. Grady	Council Member
Dr. K. Milligan	Council Member
Prof. S. Morley	Council Member
Dr. A.S.C. Rice	Council Member
Dr. P. Schofield	Council Member
Dr. S. Thomson	Council Member


**DIRECTORS FOR THE PERIOD 27TH APRIL - 31ST DECEMBER 2006**

Dr. J. B. Hester	President
Dr. B. J. Collett	Immediate Past President
Dr. C. Stannard	Honorary Secretary
Dr. G.R. Harrison	Honorary Treasurer
Dr. W. Campbell	Honorary Secretary Elect
Dr. P. Evans	Honorary Treasurer Elect
Dr. N. Allcock	Council Member
Prof. R. Langford	Council Member
Dr. K. Milligan	Council Member
Prof. S. Morley	Council Member
Dr. C. Price	Council Member
Dr. J. Raphael	Council Member
Dr. J. Richardson	Council Member
Dr. S. Thomson	Council Member

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**STAFF MEMBERS AS AT 31ST DECEMBER 2006**

Mrs. Sandra Upali	Secretariat Manager
Miss Rita Amartey	Membership & Communications Co-ordinator
Ms. Bodil Anshus	Events & Administrative Co-ordinator

  
14/3/07

DR. G. R. HARRISON (HONORARY TREASURER)  
THE BRITISH PAIN SOCIETY

## 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 period ended 31st December 2006 on pages A10-19. These financial statements have been prepared under the accounting policies set out therein [and the requirements of the Financial Reporting Standard for Smaller Entities].

This report is made solely to the charity's members, as a body, in accordance with Section 235 of the Companies Act 1985. Our audit work has been undertaken so that we might state to the Charity's members those matters we are required to state to them in an auditor's report and for no other purpose. To use fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charity and the charity's members as a body, for our audit work, for this report, or for the opinions we have formed.

### RESPECTIVE RESPONSIBILITIES OF TRUSTEES AND AUDITORS

As described in the statement of Trustees' 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 Trustees' Annual Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards. (United Kingdom Generally Accepted Accounting Practice).

Our responsibility is to audit the financial statements in accordance with the relevant legal and regulatory requirements and International Standards on Auditing (UK and Ireland).

We report to you our opinion as to whether the financial statements give a true and fair view and are properly prepared in accordance with the Companies Act 1985. We also report to you if, in our opinion, the Trustees' Annual Report is consistent with the financial statements, if the charity has not kept proper accounting records, if we have not received all the information and explanations we require for our audit, or if information is specified by law regarding trustees' remuneration and transactions with the company is not disclosed.

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

### BASIS OF OPINION

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


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

### OPINION

In our opinion the financial statements:

- give a true and fair view, in accordance with United Kingdom Generally Accepted Accounting Practice [applicable to Smaller Entities] of the state of the Society's affairs as at 31st December 2006 and of its incoming resources and applications of resources, including its income and expenditure, in the year then ended; and
- have been properly prepared in accordance with the Companies Act 1985.

In our opinion the information given in the Trustees' Annual Report is consistent with the financial statements.

 19/3/07

Sandison Lang & Co. - Registered Auditors - 2 St. Mary's Road - Tonbridge - Kent TN9 2LB

# THE BRITISH PAIN SOCIETY

## STATEMENT OF FINANCIAL ACTIVITIES

for the year ended 31st December 2006

<b>INCOMING RESOURCES</b>	<b>Notes</b>	<b>Unrestricted Funds</b>	<b>Restricted Funds</b>	<b>Total Funds 2006</b>	<b>Total Funds 2005</b>
<b>INCOMING RESOURCES FROM GENERATED FUNDS</b>					
<b>Voluntary Income</b>					
Subscriptions		146,674		146,674	117,987
Donations, legacies & similar		871	34,000	34,871	67,028
<b>Activities for generating funds</b>					
Label sales		702		702	941
<b>Investment income</b>					
Interest received	11	23,155	6,292	29,447	28,083
<b>Incoming resources from charitable activities</b>					
Meeting income	2	405,327		405,327	385,274
Newsletter advertising & booklets		27,518		27,518	17,083
General Publications		159		159	33
Publications	8	5,059		5,059	10,309
Discounts Allowed		(548)		(548)	-
Research Awards and Grants		20,000		20,000	25,000
PLC Annual Voluntary Seminar		2,500		2,500	-
SIGS	5a	51,848		51,848	15,958
Study Days	6	17,025		17,025	-
Education Days	6	1,125		1,125	-
<b>Other incoming resources</b>					
Other income		232		232	11,651
<b>TOTAL INCOMING RESOURCES</b>		<b>701,647</b>	<b>40,292</b>	<b>741,939</b>	<b>679,347</b>

# THE BRITISH PAIN SOCIETY

## STATEMENT OF FINANCIAL ACTIVITIES

for the year ended 31st December 2006 (continued)

<b>RESOURCES EXPENDED</b>	<b>Notes</b>	<b>Unrestricted Funds</b>	<b>Restricted Funds</b>	<b>Total Funds 2006</b>	<b>Total Funds 2005</b>
Costs of generating voluntary income					
Functions costs-BPS promotions/Public Affairs		278		278	-
<b>Charitable expenditure</b>					
Research grants	16	4,629	25,000	29,629	109,213
Meeting expenses	2	412,521		412,521	427,358
Sub-Committee expenses		3,198		3,198	5,985
Core Com/SIGS	5a	36,701		36,701	8,301
Working Parties	5b	1,580		1,580	5,311
Strategy Day-meetings		4,353		4,353	41
PLC Annual Voluntary Seminar		2,525		2,525	-
Study Days	6a	11,847		11,847	854
Education Days	6b	368		368	2,756
Professional Meetings	9	6,693		6,693	-
Other meeting expenses		2,279		2,279	10,431
Miscellaneous expenses		777		777	200
Newsletter & Journal		24,121		24,121	23,702
Website		15,233		15,233	1,756
General Charitable Publications		13,517		13,517	14,997
Publications	8	21,301		21,301	15,531
Use of address & office facilities		4,735		4,735	13,976
Secretarial & other staff costs		31,309		31,309	21,542
Printing & postage		4,757		4,757	7,472
Telephone & fax costs		1,197		1,197	636
Computer system & software		13,644		13,644	15,648
Premises Rates & Insurance		1,795		1,795	1,612
Office stationery & photocopying		2,008		2,008	2,764
Professional fees		1,171		1,171	114
Subscriptions		410		410	35
Bank charges		4,272	10	4,282	3,975
Churchill House move costs	10	7,701		7,701	-
Bad Debts (write offs)		-		-	(135)
Depreciation		5,341		5,341	2,882
<b>Governance Costs</b>					
Council expenses	7	12,147		12,147	14,240
Induction of Trustees		1,269		1,269	-
Audit & accountancy		6,347		6,347	13,675
Legal fees		14,284		14,284	9,841
Annual Election Expenditure		3,164		3,164	2,318
<b>TOTAL RESOURCES EXPENDED</b>		<b>677,472</b>	<b>25,010</b>	<b>702,482</b>	<b>737,031</b>
<b>Net movement in funds</b>		<b>24,175</b>	<b>15,282</b>	<b>39,457</b>	<b>(57,684)</b>
Total funds brought forward		692,602	123,199	815,801	873,485
<b>TOTAL FUNDS CARRIED FORWARD</b>		<b>£ 716,777</b>	<b>£ 138,481</b>	<b>£ 855,258</b>	<b>£ 815,801</b>



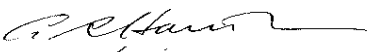
## THE BRITISH PAIN SOCIETY BALANCE SHEET

as at 31st December 2006

<u>31.12.05</u>	Notes	<u>31.12.06</u>	
<b>FIXED ASSETS</b>			
<b>Office Equipment</b>			
10,808	Balance at 1st January	11,530	
<u>3,604</u>	Additions	<u>15,173</u>	
14,412		26,703	
<u>2,882</u>	Less: Depreciation	<u>5,341</u>	
<u>11,530</u>			21,362
<b>CURRENT ASSETS</b>			
4,554	Debtors and Prepayments	172,573	
143,199	CAF Gold Account	183,481	
223,791	Barclays Account	306,663	
210,152	Barclays Business Base Rate Tracker	13,450	
-	Barclays Business Card	(520)	
236,871	Charities Deposit Fund	247,640	
<u>25,326</u>	Caf Cash Account 12170	<u>68,159</u>	
843,893		991,446	
<b>CURRENT LIABILITIES</b>			
<u>39,622</u>	Creditors and Accruals	<u>157,550</u>	
804,271			833,896
<u>£ 815,801</u>		<u>£ 855,258</u>	
<b>Represented by:</b>			
<b>ACCUMULATED RESERVES</b>			
<b>Unrestricted Reserves</b>			
297,731	General:	281,353	
66,658	Designated: I. Bainbridge	66,658	
320,556	Designated: ASM	313,362	
7,657	Designated: SIGS	22,804	
	Designated: Study Days & Education Days	32,625	
	Designated: PLC Seminar	(25)	
			<u>716,777</u>
<b>Restricted Reserves</b>			
123,199	M B Clulow		138,481
<u>£ 815,801</u>		<u>£ 855,258</u>	

These accounts are prepared in accordance with the special provisions of Part VII of the Companies Act 1985 relating to small entities.

Approved by the Directors and Signed on their behalf

by:   
Dated: 14/3/07

# NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31ST DECEMBER 2006

## 1 ACCOUNTING POLICIES

### A) BASIS OF PREPARATION OF ACCOUNTS

The accounts have been prepared on the basis of historic cost (except that investments are shown at market value) in accordance with Accounting and Reporting by Charities-Statement of Recommended Practice (SORP 2005).

### B) RESTRICTED AND UNRESTRICTED FUNDS

Restricted funds are subject to specific conditions imposed by the donor which are binding on the council. Unrestricted funds have no restrictions on their use.

### C) DEPRECIATION

Depreciation is charged to write off the cost of fixed assets at the following rates:  
Office Equipment - 20% on a reducing balance basis.

## 2 ANNUAL SCIENTIFIC MEETING

A 12

2006 Income and Expenditure Account	£	£
<b>Income</b>		405,327
		405,327
<b>Expenses</b>		
Room Hire	87,512	
Venue-miscellaneous	43,212	
Printing	24,812	
Help at Venue	7,777	
Speakers expenses(inc.travel & accom)	33,360	
Refreshments	1,060	
Coaching	245	
Poster Prizes	350	
Gifts	931	
AV/Data Protection	19,093	
Van Hire	1,322	
Advertising	94	
Council	6,722	
Staff	3,897	
Social program	41,958	
Insurance	3,230	
Badges	1,230	
Signage	961	
Flowers	435	
Other Prizes	3,952	
Miscellaneous	37,992	
Bursaries	3,827	
Evaluation Form Prize		
		323,972
Office Cost Contribution		88,549
Net Surplus		<b>(7,194)</b>

CONTINUED

**APPORTIONED ASM EXPENDITURE**

As agreed for 2005 some staff and office costs are apportioned 75% to the Annual Scientific Meeting and 25% to general fund costs. 100% of the annual audit cost is attributed this year to this meeting (£1,550).

**3 DEBTORS AND PREPAYMENTS**

	<b>2006</b>	<b>2005</b>
Advance Meeting Costs	88,564	4,554
Secretariat Invoices	84,009	-
	<u>£ 172,573</u>	<u>£ 4,554</u>

**4 CREDITORS AND ACCRUALS**

	<b>2006</b>	<b>2005</b>
Creditors	40,009	36,465
Creditor AAGBI	25,249	
Annual Scientific Meeting 2006	64,000	
B Clulow	25,000	
Accruals	3,292	3,157
	<u>£ 157,550</u>	<u>£ 39,622</u>

**5A SIGS**

	<b>Opening Balance</b>	<b>Income</b>	<b>Expenditure</b>	<b>Closing Balance</b>
Philosophy & Ethics	371	6,087	6,367	91
Acute Pain	6,580	-	-	6,580
Neuropathic Pain	650	-	-	650
Interventional Pain Management	57	11,140	6,299	4,898
Clinical Information	(1)	22,074	649	21,424
Pain Management Programmes	-	12,547	23,386	(10,839)
	<u>7,657</u>	<u>51,848</u>	<u>36,701</u>	<u>22,804</u>

**5B WORKING PARTIES**

	<b>Opening Balance</b>	<b>Income</b>	<b>Expenditure</b>	<b>Closing Balance</b>
Opioid Recommendations	-	-	-	-
Desirable Criteria for PM	(472)	-	732	(1,204)
HRG	-	-	31	(31)
Intrathecal Drug Delivery System	(2,524)	-	345	(2,869)
Pain & Substance Misuse	(2,315)	-	472	(2,787)
	<u>(5,311)</u>	<u>-</u>	<u>1,580</u>	<u>(6,891)</u>

## 6A STUDY DAYS

	Opening Balance	Income	Expenditure	Closing Balance
1st Study Day- 6th January 2006	4,450	2,125	4,489	2,086
2nd Study Day- 21st June 2006	1,125	4,550	2,337	3,338
3rd Study Day- 22nd June 2006	1,125	4,750	2,025	3,850
4th Study Day- 21st October 2006	-	4,200	2,964	1,236
5th Study Day - 9th January 2007	-	1,400	-	1,400
Study Day - misc expense	-	-	42	(42)
	<u>6,700</u>	<u>17,025</u>	<u>11,857</u>	<u>11,868</u>

## 6B EDUCATION DAYS

	Opening Balance	Income	Expenditure	Closing Balance
1st March 2007	20,000	1,125	368	20,757
	<u>26,700</u>	<u>18,150</u>	<u>12,225</u>	<u>32,625</u>

## 7 COUNCIL EXPENSES

	2006	2005
Meeting - Catering	2,786	2,817
Meeting - Room Hire	358	1,163
Meeting - Travelling	6,496	8,334
Meeting - Hotels	1,304	1,697
Misc. Expenses	1,203	229
	<u>£ 12,147</u>	<u>£ 14,240</u>

## 8 PUBLICATIONS

	Income	Expenditure	2006 Balance
Nursing Practice	62	-	62
Understanding & Managing Pain	-	2,382	(2,382)
Spinal Cord Stimulation	108	365	(257)
Opioid Recommendations	4,824	801	4,023
Drugs Beyond Licence	63	41	22
Intrathecal Drug Delivery	-	1,950	(1,950)
Pain & Substance Misuse	-	10,847	(10,847)
Pain Management Programme	2	4,915	(4,913)
	<u>5,059</u>	<u>21,301</u>	<u>(16,242)</u>

CONTINUED

## 9 PROFESSIONAL MEETINGS

	<b>2006</b>
Chronic Pain Policy Coalition Launch	518
Finance Meetings	2,801
BPS/Industry Drinks Reception	1,121
Expert Patients Programme(EPP)	172
DoH/Professional Bodies	1,756
British Geriatrics Society	314
Parliamentary Reception	11
	<b>£ 6,693</b>

## 10 CHURCHILL HOUSE MOVE COSTS

	<b>2006</b>
General Costs- Building Works	1,801
General Costs- IT	5,454
General Costs- misc	446
	<b>£ 7,701</b>

## 11 DESIGNATED RESERVES

### IRENE BAINBRIDGE LEGACY

The following designated fund is the sum from a legacy received in 2005, from Irene Bainbridge.

Its designation is as follows: “Basic research into the causes and cures for pain”.

	<b>2006</b>	<b>2005</b>
Balance at 1st January	66,658	-
Incoming Resources	-	66,658
Expenditure	-	-
	66,658	66,658

### 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:

	<b>2006</b>	<b>2005</b>
Balance at 1st January	320,556	362,640
Incoming Resources ASM	405,327	385,274
Expenditure ASM	(412,521)	(427,358)
	£ 313,362	£ 320,556

**SIGS**

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

These funds are represented by:

	<b>2006</b>	<b>2005</b>
Balance at 1st January	7,657	-
Incoming Resources SIGS	51,848	15,958
Expenditure SIGS	(36,701)	(8,301)
	<u>£ 22,804</u>	<u>£ 7,657</u>

**STUDY DAYS**

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

	<b>2006</b>	<b>2005</b>
Balance at 1st January	6,700	-
Incoming Resources Study Days	17,025	6,700
Expenditure Study Days	(11,857)	-
	<u>£ 11,868</u>	<u>£ 6,700</u>

**EDUCATION DAYS**

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

	<b>2006</b>	<b>2005</b>
Balance at 1st January	20,000	-
Incoming Resources Education Days	1,125	-
Expenditure Education Days	(368)	-
	<u>£ 20,757</u>	-

**PLC SEMINAR SPONSORSHIP**

	<b>2006</b>	<b>2005</b>
Incoming Resources	2,500	-
Expenditure	(2,525)	-
	<u>(25)</u>	-
Balance at 31st December 2006	<u><b>£ 435,424</b></u>	<u><b>£ 394,871</b></u>

CONTINUED

## 12 RESTRICTED FUNDS

### LEGACY

The following restricted fund is the sum and associated interest from a legacy received in 2001, from Mildred B Clulow , original amount £121,281.62 and a further £34,000 received 2006.

Its restriction is as follows: “Basic research into the causes and cures for pain”.

	<b>2006</b>	<b>2005</b>
Balance at 1st January	123,199	137,543
Incoming Resources	34,000	-
Expenditure	(25,000)	(20,000)
Charges	(10)	(10)
Interest	6,292	5,666
Balance at 31st December 2006	<u>£ 138,481</u>	<u>£123,199</u>

### 2006 FUNDS FOR PFIZER NEUROPATHIC PAIN AWARDS

	<b>2006</b>	<b>2005</b>
Balance at 1st January	-	50,000
Incoming Resources	-	25,000
Expenditure	-	(75,000)
Charges	-	-
Interest	-	-
Balance at 31st December 2006	<u><b>£ 138,481</b></u>	<u><b>£123,199</b></u>

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## 13 ANALYSIS OF NET ASSETS BETWEEN FUNDS

	<b>Unrestricted Reserves</b>	<b>Restricted Reserves</b>	<b>Total</b>
Fixed Assets	21,362	-	21,362
Net Current Assets	695,415	138,481	833,896
	<u><b>£ 716,777</b></u>	<u><b>£ 138,481</b></u>	<u><b>£ 855,258</b></u>

## 14 DIRECTORS EXPENSES

During the period a total of £13,137.09 was reimbursed to Directors expenses incurred.

**15 EMPLOYEES' REMUNERATION**

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

	<b>2006</b>	<b>2005</b>
Salaries - General	21,071	17,719
Salaries - Apportioned ASM	73,309	53,156
Salaries - Temporary staff	129	4,851
	<u>£ 94,509</u>	<u>£ 75,726</u>

Employer's contributions:	<b>2006</b>	<b>2005</b>
Employers Pension Contribution	1,149	1,082
Employers Nat. Insurance Contribution	2,233	1,802
	<u>3,382</u>	<u>2,884</u>
Total cost to charity	<u>£ 97,891</u>	<u>£ 78,610</u>

**16 GRANTS**

The annual report details the grants offered by the charity. In 2006 the grants awarded were: Patrick Wall £4,629.



## STATEMENT OF DIRECTORS' RESPONSIBILITIES

Company law requires the directors/trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the company and of its financial activities for that year, and adequately distinguish any material special trust or other restricted fund of the charity.

In preparing those financial statements the Trustees are required to:

- a) Select suitable accounting policies and then apply them consistently.
- b) Make judgements and estimates that are reasonable and prudent.
- c) State whether policies are in accordance with the appropriate SORP on Accounting by Charities and the Accounting Regulations and with applicable accounting standards subject to any material departures disclosed and explained in the financial statements.
- d) Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the company will continue in business.

The directors/trustees are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the company and enable them to ensure that the accounts comply with the Companies Act 1985.

They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.



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