

THE BRITISH PAIN SOCIETY

ANNUAL REPORT & ACCOUNTS

2010



ANNUAL REPORT 2010

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INTRODUCTION

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

Membership comprises medical pain specialists, nurses, physiotherapists, scientists, psychologists, occupational therapists and other healthcare professionals actively engaged in the diagnosis and treatment of pain and in pain research for the benefit of patients. There are over 1,500 members.

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

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

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

YEAR END 2010

OFFICERS AND COUNCIL

PROF. RICHARD LANGFORD

Consultant in Anaesthesia & Pain

DR JOAN B HESTER, IMMEDIATE PAST PRESIDENT

Consultant in Pain Medicine

DR PATRICIA SCHOFIELD, HONORARY SECRETARY

Director, Centre for Advanced Studies in Nursing

DR JOHN GODDARD, HONORARY TREASURER

Consultant Paediatric Anaesthesia & Pain Medicine

DR NICK ALLCOCK

Associate Professor, Nursing

DR ANDREW BARANOWSKI

Consultant in Pain Medicine

DR SAM ELDABE

Consultant Anaesthetist

DR AUSTIN LEACH

Consultant in Pain Medicine

DR EDWARD LIN

Consultant in Anaesthetics & Pain Management

DR MICK SERPELL

Consultant and Senior Lecturer, Anaesthesia

DR THANTHULLU VASU

Consultant in Anaesthetics & Pain Management

DR STEPHEN WARD

Consultant Anaesthetist

MS SUZY WILLIAMS

Occupational Therapist/ Directorate Lead

STAFF

JENNY NICHOLAS

Secretariat Manager

RIKKE SUSGAARD-VIGON

Communications Officer

KEN OBBARD

Events & Membership Officer

CO-OPTED MEMBERS

PROF. SAM AHMEDZAI

Representative, Association for Palliative Medicine

DR MIKE BASLER

Honorary Editor, British Pain Society Newsletter

DR HEATHER CAMERON

Representative; Physiotherapy Pain Association

PROF. ELOISE CARR

Chair, Communications Committee

DR BEVERLY COLLETT

Representative; Chronic Pain Policy Coalition

MS FELICIA COX

Co-Editor, Reviews in Pain

DR MARIA FITZGERALD

Representative; Science

DR MARTIN JOHNSON

Representative; Royal College of General Practitioners

DR ROGER KNAGGS

Representative; Pharmacy

MS CELIA MANSON

Representative; Royal College of Nursing

DR MICHAEL PLATT

Co-Editor, Reviews in Pain

PROF. DAVID ROWBOTHAM

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

MR DOUGLAS SMALLWOOD

Chair, British Pain Society Patient Liaison Committee (from November 2010)

MRS NIA TAYLOR

Chair, British Pain Society Patient Liaison Committee (until November 2010)

PROF. IRENE TRACEY

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

DR SUELLEN WALKER

Chair, Scientific Programme Committee

OFFICERS AND ELECTED MEMBERS OF COUNCIL



FROM LEFT TO RIGHT
Back row: DR NICK ALLCOCK, DR SAM ELDABE, DR AUSTIN LEACH, DR THANHULLU VASU,
 DR EDWARD LIN, DR MICK SERPELL
Front row: DR STEPHEN WARD, DR JOAN HESTER, PROF. RICHARD LANGFORD,
 DR JOHN GODDARD, DR ANDREW BARANOWSKI
Absent from photograph: DR PATRICIA SCHOLFIELD, MS SUZY WILLIAMS

OFFICERS, ELECTED COUNCIL MEMBERS
 AND CO-OPTED COUNCIL MEMBERS



FROM LEFT TO RIGHT
Back Row: MR DOUGLAS SMALLWOOD, PROF. DAVID ROWBOTHAM, PROF. SAM AHMEDZAI,
 MR NEIL BERRY, DR MARTIN JOHNSON, DR ROGER KNAGGS, DR MICHAEL PLATT
Middle Row: DR NICK ALLCOCK, DR STEPHEN WARD, DR SAM ELDABE, DR AUSTIN LEACH,
 DR THANHULLU VASU, DR EDWARD LIN, MS NIA TAYLOR, DR MICK SERPELL
Front Row: DR ANDREW BARANOWSKI, DR JOAN HESTER, PROF. RICHARD LANGFORD,
 DR JOHN GODDARD, DR BEVERLY COLLETT.
Absent from photograph: DR PATRICIA SCHOFIELD, MS SUZY WILLIAMS, DR HEATHER CAMERON,
 PROF. ELOISE CARR, MISS FELICIA COX, DR SUELLEN WALKER, PROF. MARIA FITZGERALD,
 MS CELIA MANSON, PROF. IRENE TRACEY.

STAFF
 JENNY NICHOLAS
 RIKKE SUSGAARD-VIGON
 KEN OBBARD





PRESIDENT'S REPORT

PROF. RICHARD LANGFORD

This report will cover the Society's activities for the calendar year 2010.

I would like to start by paying tribute to Professor Sir Michael Bond, whose altruistic act in kindly taking on the role of Interim President of the Society from July 2009 until April 2010, paved the way for the Society to heal differences and resume its core business. We also owe a large debt of gratitude to William Campbell and Peter Evans, who similarly completed their terms of office as Honorary Secretary and Honorary Treasurer respectively, and to Eloise Carr and David Counsell on completion of their three year terms as Elected Council Members.



In April, three members were successfully elected to Council: Suzy Williams, Andrew Baranowski and Austin Leach, and simultaneously Pat Schofield and John Goddard took up their roles as Honorary Secretary and Honorary Treasurer, respectively. Mindful of the unusual circumstances, Joan Hester kindly agreed to serve a second year as Immediate Past President.

To a great extent, the Society returned in 2010 to its main educational, science and media activities including meetings and publications.

The flagship educational event of the Society's year is the Annual Scientific Meeting (ASM), which in 2010 was held in Manchester, and was considered another highly successful event. For Chris Eccleston, Chair of the Scientific Programme Committee, it was his final ASM as organiser and the Society is grateful to him for his most excellent stewardship of the ASM.

The Society's strategic activities in 2010 included:

- i) pursuing the opportunities outlined in the 2009 Chief Medical Officer's Report
- ii) addressing the issues and aftermath of the events of 2009 triggered by the NICE Low Back Pain Guidelines
- iii) responding to further devolution of policy-making and commissioning, namely the proposed change to local commissioning by GP consortia

NATIONAL PAIN AUDIT

One of the most important recommendations of the Chief Medical Officer was that 'all chronic pain services should supply comprehensive information to a National Pain Database'. Funded by the Healthcare Quality Improvement Partnership (HQIP), the National Pain Audit is being managed by a partnership of the BPS and Dr Foster Intelligence (<http://www.nationalpainaudit.org>), which completed its first phase in 2010. Details of pain services were sought: location, the type of facility and their resources including staff, equipment and support facilities. This was followed by the second phase, comprising a pilot project with twelve pilot data collection sites across England and Wales with the aim



of gaining experience using the online data collection tool. The pilot experience will inform the final methodology and documents for the national roll out scheduled to start in Spring 2011. The data on pain and quality of life 'Patient Reported Outcomes' is collected from patients before their pain clinic consultation, and repeated six months later.

INTERVENTIONAL PAIN RESEARCH INITIATIVE

The sequence of events and discussions relating to the NICE Low Back Pain Guidelines highlighted the need for a strengthening of the evidence base for Interventional Pain practice.

The British Pain Society responded by supporting its Interventional Pain Medicine Special Interest Group (IPMSIG) in developing a research strategy. The IPMSIG convened a series of meeting of clinical and

research leaders, at which the current evidence was reviewed, and research protocols and grant applications were developed and submitted.

COUNCIL STRATEGY DAY

A BPS Strategy Day, attended by Council Members and the Secretariat, was held in September 2010 to follow the Strategic Review in February, which had generated a number of themes and aspirations for the Society. The topics, carried forward from the previous Strategy Day and some new ones were divided across three working groups, which reported their deliberations for discussion and generation of actions:

- i) a review of Council workload, executive roles and multi-disciplinary representation, led to Council approval for the introduction of a Vice-President, with a two-year term. This is intended to be an active, executive and leadership role providing an alternate to the President for BPS representation, and taking on BPS projects and media activities.
- ii) consideration of the Society's internal and external communications with Members and SIGs; and outside bodies and the public respectively, generated proposals for a Website Committee to review and update the Society's website, and for the Secretariat staff to receive web management training.
- iii) to support local commissioning of pain services, Council identified the need to develop pain patient pathways and liaise with Primary Care. Actions to follow included the convening of groups to prepare the pathways and to liaise with the Primary Care SIG and the RCGP. My thanks therefore go to Andrew Baranowski for leading this key project.

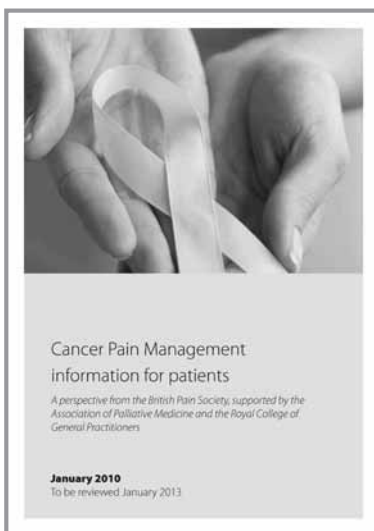
EXTERNAL RELATIONS, MEDIA ACTIVITY AND PUBLICATIONS

The British Pain Society were very pleased that the RCGP selected Chronic Pain as a Clinical Priority for 2011-2013, following a submission by Martin Johnson, and subsequently to participate in a stakeholder's meeting to identify a number of key aims and projects in association with the College's Clinical Innovation and Research Centre.

The British Pain Society participated in the IASP International Pain Summit in Montreal immediately after the Pain World Congress, to formulate and agree both the characteristics for an ideal national pain strategy and a statement to be called ‘The Declaration of Montreal’, the central proclamation of which, will be that universal access to competent pain management is a human right.

A frequent aspect of the Society’s activities is responding to media enquiries, and in September 2010, we had the additional opportunity to contribute to an eight page special report on ‘Pain Management’ in ‘The Times’, which we believe served to inform, educate and raise awareness of acute and chronic pain.

Another most important core activity for the Society is its production of publications for both professional and patients, and a number of notable documents appeared in 2010:



Opioids for persistent pain: Good practice
 Opioids for persistent pain: Good practice - shortened version
 Opioids for persistent pain: Information for patients
 Cancer Pain Management
 Managing Cancer Pain: Information for patients
 Managing your pain effectively using “Over The Counter” (OTC) Medicines

Considerable effort goes into all our publications and we thank the Communications Committee, Publication Working Group Chairs and all of the contributors for their success.

The Society’s Educational Seminars continue to be highly acclaimed with excellent feedback. The study day format will continue in 2011 with four more planned throughout the year, being Acute Pain, Pain in Vulnerable Groups, Crises in chronic pain and Integrated Care.

SPECIAL INTEREST GROUPS

An exciting development in 2010 was the expansion of the Society’s Special Interest Groups (SIG), with the initiation of two new SIGs approved by Council: Primary and Community Care SIG, led by Val

Conway and Cathy Price and with an official launch meeting planned for April 2011; and Pain in Developing Countries SIG led by Mike Basler.



In total, the Society now has eleven Society Special Interest Groups (SIGs); Clinical Information, Neuropathic Pain, Acute Pain, Pain Education, Pain in Children, Pain in Older People, Interventional Pain Medicine, Pain Management Programmes and Philosophy and Ethics and the two new SIGs described above.

The Pain Education and Philosophy & Ethics SIGs both held successful events in 2010. The Interventional Pain Medicine SIG annual meeting scheduled in December 2010, was postponed to early 2011 as a result of severely disruptive weather conditions.

ASM 2011

Preparations are well under way for the 44th Annual Scientific Meeting of the Society in Edinburgh (21-24 June 2011), at which will be hosting a joint meeting with the Canadian Pain Society. As President, I look forward especially to presenting: Professor Sir Michael Bond with new British Pain Society premier award, 'The Medal of Distinction' in recognition of his towering service and achievements in the field of pain management and to the British Pain Society; and also Honorary Membership to Ms Nia Taylor, Chair of the Patient Liaison Committee 2006-10; Dr Peter Evans, Honorary Treasurer 2007-10; and Dr William Campbell, Honorary Secretary of the Society 2007-10, for their outstanding contributions.

To conclude, I would like to thank the Executive Officers; Dr Joan Hester, Dr Pat Schofield and Dr John Goddard, all members of Council the SIG Chairs and the Secretariat for their work and support during the past year.



HONORARY SECRETARY'S REPORT

DR PATRICIA SCHOFIELD

I recall my first British Pain Society meeting held in a school in Basingstoke in the days when the Society was known as the Intractable Pain Society. How the Society has flourished since then as we move towards becoming a truly multidisciplinary group who represent our members and patients with pain in many forums including policy, research and practice initiatives. The strength of our multidisciplinary membership is that we can provide informed opinions on all matters related to the management of pain and we also have a very active Patient Liaison Committee included in this so the views of patients in pain can be included.

Membership of the Society continues to grow and remain healthy, at the time of writing this report, the membership stands at 1511 and is represented by 729 anaesthetists, 277 nurses, 101 psychologists and 84 physiotherapists with other disciplines accounting for 320 members. Other disciplines include occupational therapists, rheumatologists, neurologists, pharmacists, general practitioners and basic scientists. As usual we encourage members to promote our Society to their colleagues. Information on joining can be found at http://www.britishpainsociety.org/join_home.htm and the benefits of joining are many.

The British Pain Society is active in promoting the needs of patients and views of healthcare professionals to many of the key organisations including; the Department of Health, Royal Colleges, the National Institute for Clinical Excellence, the Medicines and Healthcare Products Regulatory Agency, the Faculty of Pain Medicine, the Chronic Pain Policy Coalition, the Association of Medical Research Charities and Help the Aged to name but a few. We often submit joint responses to pain related initiatives with these groups.

The Society has a number of working parties which vary from year to year. The working parties are made up of Council members or experts in a particular area who can represent the Society. Currently we have six working parties as follows:

- Healthcare Resource Group (HRG)
- Recommendations for management of persistent pain in the community Working Party

- Recommendations for the management of chronic non-malignant pain in children and young people
- The use of drugs beyond licence in palliative care and pain management (2005) review Working Party
- A core pain curriculum for preregistration healthcare education Working Party
- Pain Patient Pathway Working Group
- Recommended guidelines for Pain Management Programmes for adults (2007) review Working Party.

Information regarding the work of these groups and members can be found on the following web page: http://www.britishpainsociety.org/about_working_party.htm

The British Pain Society is proud to promote a number of high quality publications and there are three new ones that have become available in 2010:

- Opioids for persistent pain: Good practice - shortened version
- Opioids for persistent pain: Good practice
- Cancer Pain Management

The British Pain Society bases its publications upon best available evidence and involves expert working groups in the development along with expert review panels to ensure that the documents represent best available evidence. Provided alongside many of the documents are patient specific leaflets and documents. A further four publications have been produced with patients in mind:

- Managing cancer pain - Information for patients (2010)
- Managing your pain effectively using "Over the Counter" (OTC) Medicines (2010)
- Understanding and managing pain (2010)
- Opioids for persistent pain: information for patients (2010)

Along with the Annual Scientific Meeting, the British Pain Society offers a number of study days to its members. These are facilitated by the “Learning in Pain Series” or specifically by the Special Interest Groups. The Society offered four study days in 2010 with a further three offered by the SIGS. These study days cover the range of interests of the Society and reflect current practice and research. Further information can be obtained from our website.

We have increased our Special Interest Groups from nine to eleven in the last year with the addition of the Primary Care SIG and the Pain in Developing Countries SIG newly formed last year. A Society SIG can be formed by anyone with a particular interest in a topic area as long as they are able to recruit 25 other members of the Society to join the SIG. There are some special regulations to running a SIG which must be adhered to. Otherwise each SIG can submit to run a workshop of their interest at the ASM or they can offer a study day related to their topic which can be facilitated at Churchill House if there are free rooms or it can be offered at any venue chosen by the SIG itself. Anyone can join an existing SIG without any extra cost to them for their membership.

Council meets four times each year and membership of Council can be seen on the website or via the annual report http://www.britishpainsociety.org/about_accounts.htm. Also we have seven committees that include Council members and have been formed to represent the range of the activities carried out by the British Pain Society. There is much more activity ongoing throughout the year which represents the work of the Society and specifically Council. Liaison with many other organisations on an ad hoc basis such as media for example, occurs regularly and requires Council members supported by the enthusiasm and commitment of the Secretariat to respond on behalf of all members. Such energy and enthusiasm of the Secretariat helps me as Honorary Secretary and other members of Council maintain our roles.



HONORARY TREASURER'S REPORT

DR JOHN GODDARD

SOCIETY ASSETS

Notwithstanding the difficult economic times, the accounts continue to demonstrate that the British Pain Society maintains a sound financial basis. Accumulated reserves held by the Society are £939,600, of which £103,170 is in restricted funds.

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

Unrestricted reserves are further divided into designated reserves and general funds. Designated reserves include the Irene Bainbridge fund (£66,658), SIG funds (£51,378) and the funds for Study Days and Seminars (£39,621). The designated ASM fund (£257,174) exists to support future ASMs against a shortfall of income.

In line with guidance from the Charity Commission, the Directors have reviewed the Society's need for reserves and have made the following provision from unrestricted, undesignated funds: a sum of £200,000 to cover continuing function of the Society in the event of failure to maintain income; the remaining £196,599 to be used to further the aims and objects of the Society.

2010

The Society's year end position shows a surplus of £96,234. The major contributing factors to this position were a legacy of £48,000 from the estate of Elaine Clulow, which has been allocated to the Clulow restricted fund, and £34,000 recovered from overpayment of VAT. Membership has fallen slightly, but income has been maintained with the introduction of the A+ banding. Investment income remains low, but steps have been taken to maximise this return. Sponsorship from the pharmaceutical and medical equipment industries continues to support targeted activities of the Society and its SIGs.

The Chief Medical Officer's 150th annual report and an increasing recognition by the Department of Health of the importance of a multidisciplinary voice on pain matters have both resulted in

increasing activity, and, of course, cost. The Society has been able to absorb these costs, whilst at the same time maintaining our educational programme of workshops and seminars and supporting the development and updating of our publications. SIGs remain active and financially viable. Two new Society SIGs were launched in 2010: Pain in Developing Countries and Primary and Community Care.

The ASM in Manchester was another successful event. Despite concerns regarding the economic situation, study leave allocation and budgets, and unexpected costs associated with the Icelandic volcano, a small surplus of £7,261 was made. This sum has been added to the ASM fund.

The Society continues to support its members with research and meeting grants. The biennial Mildred B Clulow research award of £50,000 is ongoing. We have awarded grants for our ASM and study day bursaries and supported individuals with our IASP and Patrick Wall overseas grants.

I would like to take the opportunity, on your behalf, of thanking the Secretariat, particularly Jenny Nicholas, Secretariat Manager, and our bookkeepers, Independent Examiners Ltd, for their excellent operational management of the Society's finances. The Society's accounts, audited by Sandison Lang and Co of Tonbridge, are included in this annual report and will be available on the Society's website: http://www.britishpainsociety.org/about_accounts.htm .

2 0 1 1 D R A F T B U D G E T S

The Society has committed to substantial additional activity in 2011. Strategically, production of pain patient care pathways, to provide guidance for commissioning bodies, is considered a high priority by Council. Furthermore, a meeting with Professor Sir Bruce Keogh, Medical Director of the NHS in England, confirmed the high priority accorded to the improvement of pain services and resulted in several new initiatives. Nonetheless, a balanced budget has been produced for 2011.

Expenditure for the ASM in Edinburgh is high, due to both the venue and the funding of speakers at a joint meeting. A high attendance rate is anticipated for this event and it is hoped it will be self-funding.

Membership fees are increasing in 2011 by 3% after a year with no increase; this increase is well below inflationary indices and, Council believes, reflects good value for the membership.



CANCER PAIN COMMITTEE REPORT

PROF. MICHAEL BENNETT, CHAIR

Members Year End 2010

Mike Bennett (Chair)
Professor of Palliative Medicine

Catherine Urch
Consultant in Palliative Medicine

Mike Basler
Consultant in Pain Medicine

Celia Manson
Independent Nurse Advisor

Karen Robb
Consultant Physiotherapist

Arun Bhasker
Consultant in Pain Medicine

Paul Farquhar-Smith
*Consultant in Pain Medicine, Anaesthesia
 and Intensive Care*

Rose Murphy
Patient Representative

Sam H Ahmedzai (IASP Task Force)
Professor of Palliative Medicine

John Williams
*Consultant in Pain Medicine and
 Anaesthesia*

Karen Simpson (Faculty of Pain Medicine)
Consultant in Pain Medicine

Martin Johnson
*General Practitioner and Royal College of
 General Practitioners*

Marie Fallon
Professor of Palliative Medicine

Joan Hester (BPS Council Member)
*Consultant in Pain Medicine and
 Anaesthesia*

Paul Cook
Consultant in Pain Medicine

The committee has been constituted but we are looking for an oncologist to join us. We have agreed an outline strategy and will begin work in three key areas in 2011:

INFORMING SERVICES

Explore a minimum standard for 'what does a good cancer pain service look like?' This will build on recent audits in pain and palliative care and develop a template for access to services (including spinal interventions) and dedicated sessional time and advice, including out of hours. We will examine the use of this as a benchmarking tool working in a collaborative way with BPS and the Association for Palliative Medicine.

INFORMING CLINICIANS

Producing clinical guidelines along the lines of 'what does a good cancer pain consultation look like?' with enough clarity so that it could be used to model a standard consultation. Here, 'good' means effective or based on evidence of benefit as far as possible. We will also summarise and promote evidence regarding specific therapies too, and in particular highlight the role of both educational and interventional techniques which are still under-used or used too late.

INFORMING TRAINING

We will work collaboratively with the Faculty of Pain and the Specialty Advisory Committee of the RCP to identify 'What does good cancer pain training look like?' for pain and palliative medicine trainees. We hope to identify potential gaps in current training that we think are important, e.g palliative medicine trainees might need more training on looking after spinal infusions; pain trainees may need more training on communication skills.



COMMUNICATIONS COMMITTEE REPORT

PROF. ELOISE CARR, CHAIR

Members Year End 2010

Prof Eloise Carr (Chair)

Ms Thelma Etim

Dr Thanthullu Vasu (Council Liaison)

Ms Mary Ray (PLC member)

Dr Mike Basler

Ms Jenny Nicholas

Ms Felicia Cox

Ms Rikke Susgaard-Vigon

The Communications Committee oversees the content and production of the written and electronic material produced on behalf of the Society. It also deals with various requests to the Society including patient or patient group enquiries, website link requests, and permission to reproduce publications. The aim is to facilitate communication to a wider audience through publication, media, internet and other information technology. The past year has continued to see further developments and changes within the Communications Committee as well as consolidation of new processes.

PROCESS MANUAL FOR PUBLICATIONS

One of the significant achievements of the Committee in 2010 was the completion of the Process Manual for our publications. It provides guidance for contributors and working parties to improve the quality of our publications and to be in line with external accreditation (including NHS Evidence Accreditation and the NHS Information Standards). A sub-group looked at Scottish Intercollegiate Guidelines Network (SIGN) and Grading of Recommendations, Assessment, Development and Evaluation (GRADE) tools and adapted tools to create a transparent standard process. This will be piloted in the next two publications by the working party Chairs. The British Pain Society encourages publications in different areas of pain management and recommends those interested to utilise this Process Manual.

PAIN NEWS

The British Pain Society newsletter is published quarterly and was edited by Dr Mike Basler. Dr Thanthullu Vasu will take on the editor role of Pain News from the summer 2011 issue. All members of the Society receive a copy and are encouraged to contribute to the content. Copy dates are published in the newsletter and are available on-line. Pain News continues to be one of the main vehicles for communication to the membership providing an opportunity for members to advertise events at reduced rates to a specialist audience.

REVIEWS IN PAIN

This is a peer-reviewed publication co-edited by Dr Michael Platt and Ms Felicia Cox. It aims to meet a need for concise, up-to-date summaries in all fields of pain management. There were two issues in 2010 and the latest had a theme of cancer pain, which was well received by the members. Future themes that are planned include orofacial pain, neuropathic pain, postoperative pain and persistent pain after surgery.

PUBLICATIONS

2010 was very successful in that three very important publications were released by the Society.

Cancer Pain Management publication was supported also by the Association for Palliative Medicine and the Royal College of General Practitioners. It can be freely downloaded from the Society's website; a CD of both the Professional and Patient versions of the publications is available at a small cost.

Opioids for persistent pain: Good practice was a consensus statement prepared on behalf of our Society with the Faculty of Pain Medicine of the Royal College of Anaesthetists, the Royal College of General Practitioners and the Faculty of Addictions of the Royal college of Psychiatrists. Hard copies of this document are available on request from the Secretariat or can be freely downloaded from our website. This publication includes a patient version and a summary of guidance also.

Understanding & Managing Pain - information for patients This is an extensive rewriting of the previous booklet, produced by the Patient Liaison Committee with the help of many health professionals of all disciplines and patients and patient organisations. The publication is free for patients and hard copies are available on request from the Secretariat or can be downloaded from our website.

Further publications that will be produced in the future include: The use of drugs beyond licence in palliative care and pain management (review of the 2005 guideline), Recommended guidelines for pain management programmes for adults (review of the 2007 guideline), Recommendations for the management of chronic non-malignant pain in children and young people, Guidelines for management of pain in older adults and A core pain curriculum for preregistration healthcare education.

The Communications Committee has realised the vital importance of disseminating the publications after hard work of all the contributors. In the last year, the Committee formulated a Publications Dissemination Policy and produced a flowchart to help the Secretariat with this process.

WEBSITE

The Society website has undergone numerous changes and the Council has decided to create a Website development group to improve it further. The patients section has been changed to help people living with pain; it also includes a FAQ section, which is very detailed. We are hoping to develop it further with more educational resources.

PATIENT INFORMATION

Most professional publications have alongside an information booklet for patients. These are produced in close collaboration with patients or members of the public to ensure they meet the needs of individuals, or their families, who experience pain. The Communications Committee continues to strengthen its consultation with voluntary sector groups.

LINKS WITH MEDIA

The Communications Committee has stressed the need for the importance of creating awareness by media releases and this would be another important strategy to be considered in the forthcoming year. Templates for press releases have been produced by the Communication Committee and further training programmes for media releases are being planned.

WEB LINKS AND REPRODUCTION REQUESTS

The Committee has standardised requests for web links and reproduction of publications this year. The request forms are available from our website: http://www.britishpainsociety.org/pub_producing.htm



E D U C A T I O N C O M M I T T E E R E P O R T

D R A N D R E W B A R A N O W K S I , C H A I R

*Members Year End 2010**Mr Neil Berry**Dr Nick Allcock**Dr Joan Hester**Dr Ted Lin**Dr Mick Serpell**Prof. Eloise Carr**Prof. Richard Langford, Ex-Officio Member*

Dr Andrew Baranowski became Chair of the Educational Committee in August 2010. He would like to thank Dr William Campbell, immediate past Chair and Dr Ted Lin, interim Chair, for their skilled input during their terms in office.

During 2010 the “Learning in Pain Series” format of meetings continued and for the most part, the plan is to continue to run meetings based upon the masterclass format already established. At the beginning of each morning and each afternoon a keynote speaker will address the meeting. During the remainder of the day 6 masterclasses will run, each being facilitated by a specialist with a particular interest in the area to be covered. It is aimed to keep these groups small with each class accommodating a maximum of 12 participants. All participants will be able to attend each masterclass, permitting maximum interaction with their multidisciplinary colleagues. To date feedback on this format has been positive.

During 2010 the Education Committee reviewed its target audience and it was agreed that our education days must reflect the multidisciplinary membership of the BPS, and as a consequence meetings should involve the BPS Special Interest Groups where possible and must be accessible to all specialities and grades. As well as covering key topics within the Core Curriculum for Professional Education in Pain, published by the International Association for the Study of Pain (IASP Press, 3rd edition), it was agreed that there should be an emphasis on those more complex issues seen within daily practice and that different perspectives should be explored in our workshop format by encouraging multidisciplinary participation. By taking this approach it’s hoped that our meetings will appeal to both the established practitioner as well as the trainee.

The following study days were held at the Royal College of Anaesthetists, Churchill House, 35 Red Lion Square, London:

- The problems with long term opioid use, - January 2010 and repeated in November 2010 due to demand.
- Musculoskeletal Pain – June 2010

For 2011 the Education Committee is planning the following meetings:

- Acute Pain Study Day - a re-run of the previously successful meeting - January 2011.
- Pain Management in the Vulnerable Patient – to include responsibilities under the Mental Incapacity act, issues around and management of distressed patients, ethics in pain medicine and communication skills – April 2011.
- Crisis management in Chronic Pain – to include management of suicide risk, empowerment of patients to manage flare-ups, team work in a crisis – September 2011.
- Chronic Pain and Integrated Care – this masterclass will explore the skills required and different models of integrated care, including a keynote on integrating basic science into clinical practice.

Additional educational activities run through the Society include its Annual Scientific Meeting, Patient Liaison Committee seminars, Special Interest Group meetings and its publications.

In keeping with our aims to be inclusive for all BPS membership, members are encouraged to submit suggested topics and speakers for possible future meetings to Ken Obbard kenobbard@britishpainsociety.org



PATIENT LIAISON COMMITTEE (PLC) REPORT

MRS NIA TAYLOR, CHAIR

MR DOUGLAS SMALLWOOD, CHAIR

Members Year End 2010:

Lay Members

Ms Jo Cumming

Ms Rose Murphy

Mrs Mary Ray

Mr David Richardson

Mr Ian Semmons

Professional Members:

Dr Nick Allcock

Dr Sam Eldabe

Prof Paul Watson

Two new lay members joined the Committee at the start of 2010 and have already made enormous contributions. Jo is the helpline manager for Arthritis Care and links us to the many people seeking help for their pain who contact the helpline; Rose has worked with Pain Consultants as a patient expert and has a background in social work and mentoring.

The Patient Liaison Committee's role is:

1. To advise the British Pain Society Council
2. To provide a channel of communication between patients and the Council of the British Pain Society
3. To respond to requests for comments from Council and its committees including reviewing publications and contributing to internal and external consultations
4. To provide a forum for disseminating information and education on pain and pain services to patients, patient organisations and carers
5. To seek the concerns and views of patients, patient groups and carers regarding pain services and communicate these to Council
6. To facilitate improved communication about pain and pain services to enable patients to be better informed and involved in decisions about their care
7. To contribute to the wider debate on achieving consistent and equitable care for all

8. To improve liaison with patients for the development of services at both national and local level
9. To maintain working relationships with the Royal Colleges' Patient Liaison Groups
10. To review the Terms of Reference annually

The terms of reference were revised during the year to allow the co-opting of additional lay members representing patient organisations where this would benefit the work of the PLC.

During the year, the committee met four times and much activity was done in between meetings by email and telephone and by individual members representing the committee in different ways. Some of the highlights were:

1. Mary Ray organised an inspiring workshop at the ASM in Manchester in which choreographer Hakan Redjep (who also lives with chronic neuropathic pain), his dancers Amy Latchman, Charlotte Moore and Tiffany Gibson and his pain consultant Dr Natasha Curran presented 'Dance - A Creative Perspective on Pain'. This workshop gave the audience the opportunity to look at chronic pain from two points of view, that of the patient and clinician. It also raised questions about the use of language and creativity in expressing pain. What helps the process of communication between patient and clinician and what hinders it? How does a professional understand the emotional impact of pain on someone's life? The dancers performed part of Hakan's dance piece 'Vines of Duty' demonstrating that creative expression can be a crucial part of that emotional journey. (See the article in the Autumn edition of Pain News for more about the workshop including photographs of the dancing.)
2. The revision of "Understanding & Managing Pain" was published and disseminated widely through linked patient organisations, professional bodies, websites, newsletters and radio. This booklet for patients has been well-reviewed and the BPS office were ordering a second print run at the end of 2010.

3. The annual voluntary sector seminar on the theme of 'Bringing Pain Management Closer to Home' was attended by 34 people from a variety of backgrounds. About 60% of delegates were people living with long term pain or representing a voluntary organisation with an interest in pain; the remaining delegates were working in the field of pain – mostly as health professionals. There were presentations by Dr Martin Johnson, Pete Moore and Val Conway on the current situation with respect to pain management in a community (as opposed to hospital) setting, followed by two workshop sessions designed to elicit views on how best to deliver pain management in the community. The PLC plans to take the work forward in conjunction with the RCGP with one idea being to design a HP/patient contract for people living with long-term pain.

I decided in the summer to step down as Chair after five years in the role and I am delighted to welcome my successor Douglas Smallwood, ex-Chief Executive of Diabetes UK who brings a wealth of knowledge, experience and passion for real patient involvement to the role. I have enjoyed the work with the British Pain Society enormously; I have met so many inspirational people, learnt so much and had a lot fun along the way.



SCIENCE & RESEARCH COMMITTEE REPORT

DR MICHAEL SERPELL, CHAIR

Members Year End 2010

Dr Nick Allcock

Prof. Jose Closs

Prof. Maria Fitzgerald

The Science and Research Committee (SRC) are responsible for fostering research in the field of pain medicine to advance our knowledge in basic scientific, clinical and epidemiological aspects.

The biennial £50,000 Mildred B Clulow award was awarded in December 2009 to Prof Tara Renton, KCL Dental Institute. She has submitted her interim report and is on target for completion of the study on “Mapping of central changes, using cASL, induced by post surgical pain after third molar surgery before and after Perfalgan infusion.”

We have already advertised details in Pain News to attract applications for the next cycle, application deadline May 16th, 2011.

We had 166 responses to the survey of BPS members. Analysis is almost complete, and we will produce a database on audit and research activity and a list of potential research questions for future projects. It is our intention to facilitate several small projects. We have also begun to explore collaboration with the National Institute for Health Research Clinical Research Network (NIHRCRN).

Our main strength is that we bring together over 1500 professionals from many different specialities with great expertise in pain. We are particularly strong in having access to a large number of patients and a multitude of clinical therapies which are in dire need of a stronger evidence base. All of us have a duty to contribute to this endeavour, so please get your research caps on!



SCIENTIFIC PROGRAMME COMMITTEE

DR SUELLEN WALKER, CHAIR

Members Year End 2010:

*British Pain Society**Dr Fiona Cramp**Prof. Christopher Eccleston**Prof. Maria Fitzgerald**Prof. Gary Macfarlane**Dr Candy McCabe**BPS Ex-Officio Members**Prof. Richard Langford (President)**Dr John Goddard (Treasurer)**Ms Rikke Susgaard-Vigon (Secretariat)**Canadian Pain Society**Jen Stinson, Co-Chair**Jeffery Mogil**Jason McDougall**Michael McGillion**Barry Sessle**Paul Taenzler*

The Scientific Programme Committee (SPC) for 2010-11 has been working to develop a programme for the Joint British and Canadian Pain Society Meeting to be held in Edinburgh. This joint meeting represents a unique opportunity for an expanded programme of plenary and workshop speakers, and this has been reflected in the programme.

Our plenary speakers are all experienced leaders in their fields, and come from a range of backgrounds (including acute and chronic pain clinical practice, translational laboratory and clinical research, epidemiology, podiatry, and clinical pharmacology), which reflects the broad range of interests of the delegates.

We were very pleased to receive a record number of workshop submissions, which far exceeded the number of time-slots available within the programme. Submissions were grouped according to topic, and then scored and ranked by members of both the British and Canadian SCP. Where both British and Canadian SIGs had the same theme, Chairs from both Societies were in contact with their counterparts and included both UK and Canadian speakers in joint workshops where possible. Following discussion at the BPS Council meeting in September, an additional session for 6 SIG workshops was scheduled to run concurrently with the Poster Prize session in order to accommodate an increased number of workshops. Many of the plenary speakers also agreed to be involved in workshops, which will give delegates an opportunity to interact with the speakers and ask questions in a more informal setting.

An on-line submission process has been instituted for poster abstract submissions. We shall seek opinion and feedback from delegates regarding ease of use. This system will also facilitate review of abstracts by the SPC, and ensure that posters are grouped according to the topic themes selected by the author(s) at the time of submission. Authors who fit the eligibility criteria as trainees within

their discipline or are under-graduate or post-graduate students can also elect to be considered for the Poster Prize session, which will allow oral presentations of the 5 highest ranked submissions.

I wish to acknowledge and thank the other members of the British SCP and the Canadian SCP (Jeffrey Mogil, Jason McDougall, Michael McGillion, Barry Sessle, Paul Taenzer), in particular the Canadian Co-Chair Jen Stinson. In addition to regular email contact, Jen and I have been able to hold face-to-face meetings while attending the ISPP Meeting in March and the IASP Congress in August 2010. Additional meetings at the BPS Offices which have facilitated planning included a hand-over meeting with the outgoing Chair Chris Eccleston, Maria Fitzgerald, Jenny Nicholas and Rikke Susgaard-Vigon in early 2010; a planning meeting with Richard Langford, John Goddard, Pat Schofield, Jenny Nicholas and Rikke Susgaard-Vigon on June 7th; and Progress Reports at BPS Council meetings on 28th September and 30th November. I would also like to thank Rikke and the Secretariat for their valuable assistance.

Delegate comments and suggestions from previous meetings have been reviewed, and incorporated where possible, and we hope to receive further positive feedback following a successful meeting in Edinburgh.



ACUTE PAIN SOCIETY SPECIAL
INTEREST GROUP REPORT

DR DAVID COUNSELL, CHAIR

DR JANE QUINLAN, VICE CHAIR

The Acute Pain SIG has met twice during the year at the BPS Annual Scientific meeting in April and again at a lunchtime session following the National Acute Pain Symposium in September.

This year is the Global Year against Acute Pain, announced by the International Association for the Study of Pain (IASP) and supported by the British Pain Society.

To highlight this, we have added the IASP “Global Year against Acute Pain” logo to the BPS website with a link to the APSIG pages where there are downloadable resources in the form of factsheets for doctors and nurses about acute pain issues; information for patients to explain what acute pain is; and a poster to raise awareness in hospital patients and staff.

An article in the winter edition of Pain News aimed to draw attention to the year, and a forthcoming issue of Pain News will have articles centred on specific areas of acute pain management. There will also be an issue of “Reviews in Pain” dedicated to acute pain.

We plan to announce a national day against acute pain in October.

APSIG hope to support all BPS members in improving the acute pain management of patients in their hospitals by reinforcing the need for pain assessment and pain treatment by all staff. Key to this is the National In Patient Pain Survey (NIPPS) being developed by members of the SIG and supported by SIG funding.

This is a 2 phase project aiming to establish a national benchmarking system to promote quality in acute pain. Phase 1 aims to survey the current provision of acute pain services in the UK via a web based questionnaire on the NIPPS website due to be launched in April.

All anaesthetic departments in the UK (310 identified by RCoA) will be invited to participate in this survey which can be regularly updated via the website to provide a continuous snapshot of UK acute pain services. We hope that members will support the NIPPS project.

CLINICAL INFORMATION SOCIETY SPECIAL INTEREST GROUP REPORT

DR BARBARA HOGGART, CHAIR

Dr Mike Bailey, Secretary

Dr Ola Olukoga, Treasurer

The CISIG group has been very active supporting the National Pain Audit. The National Pain Audit is an important project supported by the BPS.

The CISIG will host a workshop at the Annual Scientific Meeting where the outcomes of the first phase of the National Pain Audit will be presented. The aims of the audit were to improve the quality and effectiveness of care by measuring services, to improve awareness of specialist pain services amongst patients and clinicians and to help close the gap in the variation of care and finally to establish new standards relating to the delivery of a high quality pain service. At the workshop two presentations are planned “The outcome data for Phase one of the Audit” presented by Dr Cathy Price. In addition Rachel McIlroy will present “Pain coding and the clinician-Getting the code right”.

Also I and Dr Cathy Price are organising two posters for presentation at the Annual Scientific Meeting. The posters will present the information to all delegates, so it can be reviewed and discussed.

At the 2011 Annual Scientific Meeting the CISIG will hold an Annual General Meeting at which we discuss our plans for future meetings.



INTERVENTIONAL PAIN MEDICINE
(IPM) SOCIETY SPECIAL INTEREST
GROUP REPORT

DR SANJEEVA GUPTA, CHAIR

Members Year End 2010:

Officers:

Dr Stephen Ward, Secretary

Dr Manohar L Sharma, Treasurer

IPM SIG Committee:

Dr J Richardson

Dr C Wells

Dr A Hammond

Dr S Thomson

Dr R Munglani

Dr A Lawson

Dr S Balasubramanian

Dr AR Cooper

Dr A Bhaskar

Dr A Erdmann

Current Membership of the IPM SIG: 114

IPM SIG WORKSHOP DURING BPS ASM MANCHESTER, 2010

The IPM SIG organised a very successful parallel session on the current role of radiofrequency treatment for lower back pain. This session was very well attended and was of very high standard and educational value.

IPM SIG ANNUAL LUNCH TIME MEETING DURING BPS ASM
MANCHESTER, 2010

This meeting was well attended. SIG membership was updated regarding recent events. Some plans were suggested to improve SIG membership numbers. SIG membership suggested considering other alternative venues for the annual IPM SIG meeting and these may be considered for future meetings.

NICE GUIDELINES FOR LBP AND ITS IMPACT ON PAIN SERVICES IN UK

Dr Ashish Gulve and Dr Peter Toomey have presented concerns regarding a complete stop on all spinal injections by their PCTs. Despite repeated meetings with PCTs in their area, little progress is in sight. Local MPs have been involved as well as patient groups. The IPM SIG along with the Canadian IPM SIG will be presenting a parallel session on this highly relevant topic at the BPS ASM in June 2011.

FEASIBILITY OF NATIONAL INTERVENTIONAL PAIN MEDICINE RESEARCH FOR LBP MEETINGS AND FUTURE PLANS

The research group led by Dr Simon Thompson and Dr Tony Hammond was set up during the 2009 IPM SIG meeting to encourage and co-ordinate research efforts and generate evidence base in interventional pain medicine. The research strategy group has mapped the strategies and identified the potential grants and NIHR programs for funding for these multicentre studies. Several one day meetings of the committee members has culminated in submission of application to the NIHR for Research for Patient Benefit Grant (RfPB) for a pilot study on radiofrequency neurotomy for facet joint early low back pain. Currently the group is preparing a NIHR Program Development Grant application for submission in Spring 2011. This would be followed up by NIHR Program Grant to develop a series of nested projects to generate large outcome data on interventions in back pain management. Prof. Richard Langford is the Principal Investigator and Dr Vivek Mehta would be coordinating these research initiatives and grant application processes.

GOOD PRACTICE IN INTERVENTIONAL PAIN MEDICINE

Another subgroup was set up during the 2009 IPM SIG annual meeting to promote good practice in interventional pain medicine. Dr Neil Collighan and Dr Sanjeeva Gupta are chairing this group.

NEXT IPM SIG MEETING – 4TH MARCH 2011 IN LONDON

The next IPM SIG annual meeting has been arranged for 4th March 2011 in London. The IPM SIG plans to alternate venue between Manchester and London. This is because of ease of commuting and central location for members to attend the meeting.

OTHER ACTIVITIES

There are suggestions to hold a joint meeting between the IPM SIG and PMP SIG. This may happen in 2012. This may enhance closer co-operation between these two important SIGs of BPS.



NEUROPATHIC PAIN SOCIETY SPECIAL INTEREST GROUP REPORT

DR MICK SERPELL, CHAIR (SINCE APRIL 2004)

Dr Jayne Gallagher (since April 2010)

Dr Chris Wells (since April 2009)

Dr Bernhard Frank (since April 2010)

The NeuP SIG ran another successful workshop at the ASM in Manchester (with Paul Farquhar-Smith and myself), on the subject of the NICE guidelines on NeuP. It was attended by over 100 delegates and proved to be a very interactive session. Overall, the guidelines were warmly received, though there was surprise that gabapentin was not included with pregabalin, as a suitable alternative¹.

We have had TWO workshops accepted for 2011's combined BPS/CPS ASM in Edinburgh!! The themes are 1) Trigeminal Neuralgia -mechanisms, diagnosis and rational management, and 2) Fibromyalgia – is it a Central Neuropathic Pain or a condition of Psychological Distress? We have been fortunate to secure the contribution of the cream of Canadian and British pain experts for both workshops, no doubt a major factor in our success.

One of our action points, from the Manchester ASM, of running a Research/Audit Survey has been completed. We had a total of 166 responses, and the results will be disseminated shortly.

The SIG relies on active membership to achieve its aims. Our AGM will be held during the Wednesday lunchtime at the ASM, and I encourage as many of you as possible to attend. We are keen to attract new members to the SIG and especially to Council, so please think about the role you could have in your SIG.

1. Serpell M. Neuropathic pain. Geriatric Medicine 2010; 40: 676-679.



PAIN IN CHILDREN SOCIETY SPECIAL INTEREST GROUP REPORT

DR JOHN GODDARD, CHAIR

Dr Gwen Porter, Vice-Chair

Dr Christina Lioffi, Secretary

Dr Alison Bliss

Yet again, many of the SIG activities for 2010 were determined at the business meeting held at the ASM in Manchester. The next business meeting of the SIG will be held at the ASM in Edinburgh in June 2011; we encourage you to attend with your ideas and aspirations, and recruit new SIG members.

At the business meeting, Gwen Porter was elected Vice-Chair and will take over as Chair of the SIG in June 2011. Christina Lioffi agreed to continue as Secretary and Alison Bliss agreed to join the committee.

At this meeting, Hannah Connell volunteered to lead an initiative to coordinate the production of national information leaflets on chronic pain for children and families.

The National Pain Audit includes paediatric patients and services. The first phase is now complete and clinicians are strongly recommended to visit the website and verify the details recorded for their services. Pilot projects for phases 2 and 3 are now complete; these concern casemix and patient related outcome measures. All clinicians are encouraged to participate in data collection during a three month period, which will commence shortly.

The Grunenthal supported evaluation of the use of Lidocaine medicated plasters in paediatric practice has commenced. A network of centres is providing data to Sheffield Children's Hospital, where the project is being coordinated.

The research sub-group of the SIG is actively working to produce a database of centres wishing to be involved in research, and actual numbers of patients and diagnoses seen. This is vital to enable the production of realistic research bids.

The working party on recommendations for children with chronic pain continues to be very active. The evidence based approach has led to some delay, but drafting of the content has now begun.

In November the Faculty of Pain Medicine led document “Best practice in the management of epidural analgesia in the hospital setting” was published. Endorsed by the BPS, Royal College of Nursing and the Association of Paediatric Anaesthetists, among others, input was provided from the SIG by John Goddard.

In September 2010, “Getting it right for children and young people: Overcoming cultural barriers in the NHS so as to meet their needs” was published. This review by Sir Ian Kennedy identifies much good practice, but also many problems. The review particularly highlights networks built around specialist children’s hospitals, transition of care for young people, and collaboration between health, education and social services as areas that need development. These are issues for many children and young people with chronic pain. John Goddard, representing the SIG, provided written and verbal input to the review.

At the same time a government consultation document “Achieving equity and excellence for children” was published.



PAIN EDUCATION SOCIETY SPECIAL
INTEREST GROUP REPORT

PROF. ELOISE CARR, CHAIR

Dr Emma Briggs (Vice Chair)

Dr Marcia Schofield (Treasurer)

Dr Paul Wilkinson (Secretary)

Ann Taylor

Maggie Whittaker

Dr Nick Allcock

Co-opted members:

Dr William Nottcutt

Dr Janet McGowan

The fourth year of the Pain Education SIG has been a great success. Membership of the SIG continues to grow and currently stands at over 64.

In August 2010 SIG members played a significant role in the organisation and delivery of the first international Pain Education Satellite Symposium in Toronto entitled 'Moving the Pain Education Agenda Forward: Innovative Models.' Professor Eloise Carr co-chaired the symposium with Professor Judy Watt-Watson (University of Toronto) and presented her work on user involvement in pain education. Mrs Ann Taylor and Dr Paul Wilkinson led a dynamic workshop exploring interprofessional assessment and Dr Emma Briggs presented the results of the BPS survey of UK undergraduate curriculum. This latter work is due to be published shortly in the European Journal of Pain.

In response to the findings of the SIG's educational survey, and in the light of the call from the CMO's report for better health care profession education on pain, the SIG has formed a working party chaired by Dr Nick Allcock to develop a core pain curriculum for preregistration healthcare education. The proposal has been accepted by Council and the group will develop the curriculum for publication in 2011.

The annual seminar brought a very successful year to a close with a stimulating third Seminar in November. Speakers included; Professor Paul Kinnersley who gave a insight into novel ways to improve communication. In the afternoon Professor John Spencer gave insights in to the most recent understanding of reflection and its role in professional practice. The fourth annual seminar is planned for 29th November 2011, Churchill House, London.

An exciting SIG workshop is planned for the 2011 ASM delivered jointly with the Canadian Education SIG. The seminar entitled 'Jointly mapping the challenges and bringing solutions' will be delivered by international experts in pain education. We look forward to the discussion and debate.

The SIG has matured and grown significantly with core strands of educational activity at the undergraduate and postgraduate level. As ever there are opportunities for further new directions and in 2011 Dr Emma Briggs will move into the role of Chair to continue the success of the group. Future plans include refreshing the SIG website, a book and strengthening links across Europe. There are also opportunities to embrace patient/public education as a core strand of the SIGs activity. We hope that your interest in strengthening pain education will encourage you to join our SIG.



PAIN IN OLDER PEOPLE SOCIETY
SPECIAL INTEREST GROUP REPORT

DR PATRICIA SCHOFIELD, CHAIR

As we approach year four of our Special Interest Group we are reassured to hear that people are beginning to acknowledge the importance of good pain management for the older population. The main focus of our activity this year has been towards the development of the guidelines for the management of pain in older adults. We plan to publish these guidelines later in the year. Hopefully, in time for the ASM in the summer. When we started this project three years ago, we were very concerned that there would not be enough literature available for us to make any recommendations. But now we are trying to trim back the document which currently contains approaching 100 pages. Thus showing that people are recognising pain in older adults and carrying out research in the area.

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We made an active decision last year not to offer any study days particularly focussed on older adults. I still feel confident that this was the right decision. We were able to offer an interesting workshop at the ASM with another planned for 2011. Next month however, the SIG is offering an event in Edinburgh which will involve politicians, policy makers, research funders and experts in the field with a wish to influence the future of practice, research and policy. The event is co-facilitated by Professor Christopher Eccleston and the KT Equal research group (<http://kt-equal.org.uk/calendar/58/26-Question-time-panel-pain-and-ageing>). The SIG members were invited to apply for places and four free places have been offered to SIG members. We are planning to have a pod cast of the event which will be available on our website later in the year.

Of interest to anyone in the field is the COST EU project that will be looking at pain assessment in older adults with dementia http://www.cost.esf.org/domains_actions/isch/Actions/td1005 . Take a look at the web site and keep an eye on what is happening.

Finally, I think we need to think about updating the pain assessment guidelines – so another major piece of work will get underway when we have completed the management guidelines!

PAIN MANAGEMENT PROGRAMMES (PMP) SOCIETY
SPECIAL INTEREST GROUP REPORT

DR FRANCES COLE, CHAIR

PMP SIG Committee Members 2009/10:

Medical

Main member- Frances Cole (Chair)

Alternate member – Paul Wilkinson

Psychology

Main member – Sue Peacock (Secretary)

Alternate member- Kerry Matthews

Nursing

Main member – Sara Brookes (Treasurer)

Alternate member – Dee Burrows

Occupational Therapy

Main member – Emma Wheatley

Alternate member: Louise Haynes

Physiotherapy

Main member: Eve Jenner

Alternate member: Leila Heela

The SIG has had its focus on several key aspects in the last 12 months and has over 90 members with the Annual Scientific Meeting recruiting more members.

The key events during the year included a well attended workshop with over 70 participants, at the ASM symposium in April 2010. The speakers Professor Sally Lamb, Warwick University and Kevin Vowles, North Staffordshire led the workshop and discussion on evidence for early pain management interventions.

BPS Guidelines for Pain Management Programmes are being reviewed under the Chair of Dr Paul Wilkinson with a multidisciplinary group of clinicians working in the pain management field in the UK as well as input from patients. The group is currently working on the review and hope to deliver by late 2011.

The Pain Management Conference is due to take place in September 2011 led by the Pain Management Services team at Bath. The programme is at its final stages and the focus of the conference is on the “Context of Pain and Suffering” with a broad range of speakers from within the UK and Europe.

Two new members have recently joined the SIG officers as alternate members; Dee Burrows as nursing alternate member and Kerry Matthews as the alternate member for psychology.



PHILOSOPHY AND ETHICS SOCIETY
SPECIAL INTEREST GROUP REPORT

DR MICHAEL PLATT, CHAIR

The 2011 meeting of the SIG at Rydal Hall was an unprecedented success in terms of numbers, with more than 50 delegates, including visitors from Canada, the USA, Australia and New Zealand, and the first to be attended by an ex-president of the IASP!

The main theme, culture and suffering, was introduced by medical anthropologists Simon Dein and Jonathan Koffman. The main lesson from our discussions was that not only does race and culture influence the perception and expression of pain but, more importantly, false stereotyping of patients of different ethnic groups frequently leads to inappropriate or inadequate treatment of pain. The second and related theme, that of pain relief in countries with poor medical resources, was introduced by Michael Bond, and illustrated by the experiences of Tom Middlemiss working in Dr Rajagopal's unit in Kerala. We were heartened by the progress made by the IASP in promoting education in pain management in developing countries, but made to realise that unrelieved pain remains a huge unfulfilled need worldwide. We wish every success to the new SIG dedicated to this issue.

The remainder of the meeting was taken up by exploration of the usual variety of subjects not normally addressed in clinical and scientific gatherings: perhaps the most memorable among the many excellent contributions was that of Bobbie Farsides, Professor of Medical Ethics at Brighton and Sussex Medical School, on the concept of intolerable pain, and the difficulty of defining this, especially in the context of euthanasia.

Abridged versions of the talks on culture will appear in the next issue of Pain News and of the rest of the meeting in due course. The complete transcript will be published as a booklet, hopefully in April or May.

We will return to Launde Abbey for the 2011 meeting in May. Our discussions on the subject of Virtue Ethics and pain medicine will be led by Alastair Campbell, professor of medical ethics at the Singapore medical school. A large increase in accommodation charges has necessitated a similar increase in conference fees, giving rise to some anxiety regarding its affordability for the members of Allied Professions who constitute a large part of our group.

Generally speaking our finances are in good shape having made an adequate surplus last year, but increasing costs and the withdrawal of help from NAPP, our usual sponsors, together with the above anxiety and its possible effects in terms of attendance, would disallow any complacency.

At the Edinburgh ASM we will be sharing a workshop with Canadian colleagues, comparing the ways in which our different health systems nurture (or are inimical to) the ideals of care and healing which are at the heart of all pain medicine.

The collection of essays by previous speakers to be published by the Radcliffe Press is finally nearing the end of its long gestation, and should be available at least in time for the ASM.

The chairmanship of the group passed from Willy Notcutt to Michael Platt at our AGM last June, and Diana Brighthouse will be taking over as Secretary/Treasurer as from the next one in May.

All in all the SIG continues to go from strength to strength, as evidenced by the numbers attending and emerging international interest. We appear to be the only such SIG in the world apart from the one attached to the American Pain Society, which does not appear to have been very active recently, and were mentioned in the recent edition of the IASP e-newsletter!



PRIMARY AND COMMUNITY CARE
SOCIETY SPECIAL INTEREST GROUP

DR VAL CONWAY, CHAIR

Dr Martin Johnson, Vice Chair

Dr Johanna Theron, Honorary Secretary

Sonja Bigg, Honorary Treasurer

The Primary & Community SIG was formed in July 2010 with our first meeting on 2nd July 2010. It was established that the group would represent both Primary Care & Community Pain Services rather than just General Practice.

Following our second meeting in November 2010 we agreed several short and long term objectives. The most important objectives are as follows:

- Working on the development of the Pain Patient Pathway project, especially with regard to the Primary Assessment & Management Tool.
- Take forward pain as a Clinical Priority with the RCGP – noting that Dr Martin Johnson has been appointed RCGP Clinical Champion for Pain from 1st April 2011.
- Promote and encourage education online (Ann Taylor to lead)
- Promote educational events- delivered to local communities
- Promote and encourage membership of the BPS & SIG from primary care/community
- Collate what Primary & Community pain services exist

We have planned an initial launch meeting April 9th 2011 at the BMA. This will be chaired by Richard Langford and Mark Porter. We hope to attract mainly primary care but anyone who is interested in the delivery of care in the community is welcome.

As a SIG we have identified a huge gap in the availability of primary care and community pain services across the UK. The Dr Foster report/audit focuses on hospital pain services and therefore one of our remits is to establish what pain services are available nationwide in primary and community care.

This data could then be presented nationally as a benchmark for the development of services such as:

1. Develop areas with existing high quality community pain services to become national models of care for others to follow.
2. Look at areas with no community pain facilities and/or identify why that is the case. Try to match up the national pain models with areas of poor service delivery to enable vision and support
3. Role out local and regional education days. Key people from BPS SIG would help and support this initiative.

Several members of the SIG are working with Dr Andrew Baranowski on the Pain Patient Pathway project.

Ann Taylor is helping to promote and encourage community education via www.paincommunitycentre.org.

The establishment of the Primary & Community Care SIG has been a steep learning curve for all involved and requires close liaison with BPS Council, RCGP and other professional bodies. We are planning an educational meeting at the ASM in June and members of SIG will be involved in taking further initiatives forward.

We would like to thank the support from Richard Langford and Joan Hester (who acts as our liaison with BPS Council) and also the BPS Secretariat.



PAIN IN DEVELOPING COUNTRIES
SOCIETY SPECIAL INTEREST GROUP

DR MIKE BASLER, CHAIR

Dr Clare Roques, Honorary Secretary

Dr Sam Eldabe, Honorary Treasurer

After an initial scoping meeting at the Manchester BPS ASM the PDCSIG was ratified as an Society Special Interest Group at the BPS Council meeting of November 2010. The initial chair was Dr Mike Basler, and Dr Clare Roques and Dr Sam Eldabe were appointed as Honorary Secretary and Treasurer respectively. It is both a challenging and interesting time for this SIG to be formed and the challenges remain massive -80% of the worlds opioid consumption occurs in 6 countries; it is expected that there will be a shortfall of 4 million health workers by 2015; less than 0.4% of patients with cancer pain in India have access to morphine and 5 billion people live in areas where the average morphine consumption is less than 5 mg per year.

Globally the economic downturn has meant that for many developing countries the priority of pain relief remains poor but in spite of this the formation of health links between the UK and the developing world remains a priority for the Department for International Development.

The aims of the SIG are –

- To improve awareness of pain and the specific barriers to the effective implementation of pain treatments in developing countries.
- To improve the knowledge of patients, health care workers and the public regarding pain management in developing countries.
- To facilitate the communication of views, knowledge, ideas and ideals between healthcare workers from developing and developed countries.
- To engage in Advocacy, where appropriate, to highlight the need for, and importance of pain management in the overall part of developing countries healthcare agenda.
- To organise meetings, seminars and workshops focusing on pain management issues in developing countries.

- To support culturally sensitive research into pain and pain management issues in and of developing countries.
- To support the work of the IASP developing world committee.
- To look into innovative ways of facilitating communication between healthcare professionals with an interest in the developing world e.g. a web based forum for the exchange of ideas and knowledge related to pain management in developing countries.

The first ever seminar of the PDCSIG will take place on Thursday 23rd of June 2011 at the ASM and will involve international speakers from India and Australia as well as a UK based world expert in pain relief in the developing world.

Thereafter the SIG will meet to discuss strategies. It is hoped that an audit of UK based activity will be undertaken as a first step before moving forward.

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THE BRITISH PAIN SOCIETY

ACCOUNTS FOR THE YEAR ENDED

31ST DECEMBER 2010

REGISTERED CHARITY NO. 1103260

REGISTERED CHARITY IN SCOTLAND NO. SC039583

REGISTERED COMPANY NO. 5021381

SANDISON LANG & CO.

CHARTERED ACCOUNTANTS

2, ST. MARY'S ROAD

TONBRIDGE

KENT TN9 2LB

LEGAL & ADMINISTRATIVE INFORMATION

REGISTERED OFFICE:

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

BANKERS:

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

SOLICITOR:

HEMPSONS SOLICITORS
HEMPSONS HOUSE
40 VILLIERS STREET
LONDON
WC2N 6NJ

AUDITOR:

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 2010

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 2010 there were 1522 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 2010. The Report is prepared in accordance with the recommendations of “Accounting and Reporting by Charities: Statement of Recommended Practice” (revised 2005) - and complies with applicable law.

I. ORGANISATIONAL STRUCTURE

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

The Directors are appointed by ballot of the members, except for the Honorary Secretary and Honorary Treasurer who are appointed by the Directors. Any Ordinary or Honorary Member of the Society is entitled to stand for election to the post of Director/Trustee. Only Members who have previously served as Trustees of the Pain Society, the British Pain Society, or as Board members of either the International Association for the Study of Pain (IASP) or the European Federation of IASP Chapters are eligible to stand for the post of President, Honorary Secretary or Honorary Treasurer. All new directors undertake an induction training half-day on appointment.

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

There are currently eleven Society Special Interest Groups; Acute Pain, Clinical Information, Interventional Pain Medicine, Neuropathic Pain, Pain in Children, Pain Management Programmes, Philosophy & Ethics, Pain Education, Pain in Older People, Primary and Community Care and Pain in Developing Countries. 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 whereby career aspirations and training needs can be identified. The Society also makes a 5% salary contribution to the staff pension scheme, which increases to 10% after three years of service providing staff contribute a minimum of 5%.
- *Information Technology and Data Protection:* The Society has a database system in operation and has also developed a website. Data protection and antiviral systems are in place, the data is backed up daily. To ensure compliance with data protection legislation, the Directors will appoint one of their number to be the Data Protection Compliance Officer. Compliance with the data protection act is assessed regularly and procedures are in place to ensure that this compliance is maintained.
- *Health and Safety*
 - The board accepts formally and publicly its collective role in providing health and safety leadership in its organisation
 - Each member of the board accepts their individual role in providing health and safety leadership for their organisation
 - The board will ensure that all board decisions reflect its health and safety intentions, as articulated in the health and safety policy statement
 - The board recognises its role in engaging the active participation of workers in improving health and safety
 - The board will ensure that it is kept informed of and alert to, relevant health and safety risk management issues. In view of the Health and Safety Commission recommendations, the board will appoint one of its number to be the “health and safety director”

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

2 . OBJECTIVES AND ACTIVITIES

The British Pain Society aims to:

- provide facilities for the exchange of information, opinions and experience about pain between active workers in the field;
- increase awareness of pain prevalence, disability and pain management among healthcare and other professionals and the public;
- promote education and training in pain management and research into the understanding and relief of pain;
- institute or assist in instituting, and provide continuing support for, pain research;

- cause to be written, published, produced and circulated, and to encourage contributions to and publication and production of, periodicals, journals, books, papers, abstracts, pamphlets, posters and other documents and films, videos, recorded tapes and communications in any medium;
- endow Chairs, Readerships, Scholarships, Fellowships and Lectureships at, and provide other support to, appropriate institutions to facilitate the conduct of study and research in furtherance of the Objects;
- to disseminate the useful results of research;
- to sponsor and hold meetings, symposia, conferences, lectures, classes, seminars, courses and exhibitions either alone or with others; and
- to encourage and promote the study and research into aspects of pain, the Society offers five bursaries/grants that are available to its members; the “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 . A C H I E V E M E N T S A N D P E R F O R M A N C E

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:

S O C I E T Y M E E T I N G S / E V E N T S

- The Society held its 43rd Annual Scientific Meeting (ASM) at Manchester Central on 13-16 April 2010, which was attended by 660 participants.
- On 12th October, the Patient Liaison Committee of the Society, organised a seminar entitled “Bringing Pain Management closer to home” which was attended by 37 representatives from different organisations interested in matters related to pain and physical disability.
- The Education Committee continued its “Learning in Pain Series” which aims to provide comprehensive learning in pain medicine as per the IASP curriculum as a series of one day study days. Three study days were held in 2010:
 - 16th Study Day “The problems of long term opioid” use was held on 25th January.
 - 17th Study Day “Musculoskeletal Pain” was held on 8th June.
 - Repeat of the 16th Study Day “The problems of long term opioid” use was held on 1st November due to popular demand.

Two further study days were originally planned; 18th Study Day “Use of ultrasound” was to be held on 17th September but cancelled due to low attendance numbers, and the 19th Study Day “Back Pain” was to be held on the 2nd December but was cancelled due to adverse weather conditions.

S I G M E E T I N G S / E V E N T S

- On 28th June to 1st July, the Philosophy & Ethics Society SIG held a meeting at Rydal Hall on “Suffering and Culture”.
- The Pain Education Society SIG held a one day seminar on 23rd November.

- The Interventional Pain Medicine Society SIG was due to hold a one-day seminar on the 3rd December, but this was cancelled due to adverse weather conditions and has been rescheduled for the 4th March 2011.

PUBLICATIONS

- The final version of the patient information leaflet “Understanding and Managing Pain” was published in January.
- A joint publication with the PAGB (The Proprietary Association of Great Britain) on “Managing your pain effectively using Over the Counter (OTC) Medicines” was published in January.
- The updated version of “Opioids for persistent pain: Good practice” was published in January, along with an accompanying information for patients publication and summary version.
- The new “Cancer Pain Management” publication was published in January along with an accompanying information for patients version.
- The Society continues to provide its quarterly Newsletter “Pain News” free of charge to its members.
- The Society continues to provide its bi-annual newsletter supplement “Reviews in Pain” free of charge to its members. Only Members are able to access the online version of Reviews in Pain.
- All the Society’s publications and patient information leaflets are available to download free of charge from the website.

BURSARIES & GRANTS

- The Society awarded 21 members of the Society bursaries to attend its ASM at Sandown Park. .
- The Society awarded 1 member of the Society the Patrick Wall Overseas Travel Bursary.
- The Society awarded 2 members of the Society the IASP Travel Bursary.

INVOLVEMENT WITH OTHER BODIES

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

- A representative of the British Pain Society is a member of a Royal College of Physicians publication working party for “Concise Guideline on CRPS”.
- The Society has a representative on the Scottish Government Chronic Pain Steering Group.
- Alternate representatives from the British Pain Society sit on the Joint Neuroscience Council (JNC).
- Two Society members co-chair the Healthcare Resource Group working party, with links to the Royal College of Physicians “Payment by Results” initiative.
- The Society has reciprocal representation on the Board of the Faculty of Pain Medicine.
- A representative from the Faculty of Pain Medicine of the Royal College of Anaesthetists, the Association for Palliative Medicine, the Physiotherapy Pain Association, the Chronic Pain Policy Coalition, the Royal College of General Practitioners, the Royal College of Nursing and the International Association for the Study of Pain (IASP) sits on the British Pain Society Council as coopted members.
- The Society has established a positive relationship with the Department of Health. Information for people affected by pain
- The Society, although an organisation for healthcare professionals, provides a list of the 150 PCTs in England, 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 £939,600 of which £103,170 is in restricted funds, £103,170 being the sum of the Mildred B Clulow legacy and interest. The sum of £66,658 (the income from the Irene Bainbridge legacy) has been put into a designated reserve to support the restricted fund. The net SIG funds of £51,378 are designated within the Society accounts to further the activities of the specific SIGs.

The Society continues to expand its educational activities, including Special Interest Group Conferences and a series of Seminars. These meetings are supported by unconditional educational grants from various companies, and for transparency they are accounted for separately. This reserve of £39,621 is to support the extra educational activity of the Society. £257,174 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.
- The residue of £196,599 is to be used to further the aims and objects of the Society.

This year has seen the Society maintain a good financial base although 2010 has been another difficult year financially for the Society. 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 44th Annual Scientific Meeting will be held at Edinburgh International Conference Centre from 21-24 June 2011.

- The British Pain Society is undertaking a review of the publication *“The use of drugs beyond licence in palliative care and pain management”* which will be launched in 2011.
- The British Pain Society will undertake a review of the publication *Pain Management Programmes for Adults*, which will be launched in 2011.
- The Society will continue work on producing a new BPS publication: *Recommendations for management of chronic non-malignant pain in children and young people*, which will be led by the Pain in Children SIG.
- The Society will continue work on producing a new BPS publication: *A core pain curriculum for preregistration healthcare education*.
- The Society will continue to work on producing a new joint publication with the British Geriatrics Society on *“The Management of Pain in Older People”* due to be completed in 2011.
- The Society will continue to work on joint publications with the Royal College of General Practitioners on *Pain management in Primary Care* in 2011.
- The Philosophy & Ethics SIG will hold its annual meeting on 16 – 18 May 2011 at Launde Abbey, Leicestershire.
- The Society will hold 4 study days during the course of the year; “Acute Pain”, “Pain in Vulnerable Groups”, “Crises in chronic pain”, and “Integrated Care”.
- The Patient Liaison Committee of the British Pain Society will hold its annual voluntary seminar on the 26th October 2011.
- The Pain Management Programmes SIG will hold its bi-ennial meeting on 7th-9th September 2011 in Bath.
- The newly established Primary and Community Care SIG will hold its launch meeting in Spring 2011 in London.
- The Pain in Older People SIG are endorsing a workshop on “Pain and Ageing” on the 22nd March 2011 in Edinburgh.
- The Society continues to investigate 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.
- The Science and Research Committee will continue to survey the Society members with regards to their views on research priorities for the Society.
- The National Pain Audit, a joint project with Dr Fosters Research Ltd continues, with phase 1 complete and a national roll out planned for early 2011.
- The Society will continue work on producing a pain patient pathway, with support and advice from various interested organisations, including the Department of Health and the Chronic Pain Policy Coalition.

6. DIRECTORS & STAFF

DIRECTORS FOR THE PERIOD 1ST JANUARY – 16TH APRIL 2010

Prof. Sir M. Bond	Interim President (July 2009 – 16th April 2010)
Dr J. B Hester	Immediate Past President
Dr W. Campbell	Honorary Secretary
Dr P. Schofield	Honorary Secretary Elect

Dr P. Evans	Honorary Treasurer
Dr J. Goddard	Honorary Treasurer Elect
Dr N. Allcock	Council Member
Dr E. Carr	Council Member
Dr S. Eldabe	Council Member
Dr E. Lin	Council Member
Dr D. Counsell	Council Member
Dr M. Serpell	Council Member
Dr S. Ward	Council Member
Dr T. Vasu	Council Member

DIRECTORS FOR THE PERIOD 16TH APRIL – 31ST DECEMBER 2010

Prof. R. M. Langford	President
Dr J. B Hester	Immediate Past President
Dr P. Schofield	Honorary Secretary
Dr J. Goddard	Honorary Treasurer
Dr N. Allcock	Council Member
Dr A. Baranowski	Council Member
Dr S. Eldabe	Council Member
Dr A. Leach	Council Member
Dr E. Lin	Council Member
Dr M. Serpell	Council Member
Dr T. Vasu	Council Member
Dr S. Ward	Council Member
Ms S. Williams	Council Member

STAFF MEMBERS AS AT 31ST DECEMBER 2010

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



Dr John Goddard (Honorary Treasurer)

THE INDEPENDENT AUDITORS TO THE TRUSTEES OF THE BRITISH PAIN SOCIETY

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

We have audited the Financial Statements of the British Pain Society for the year ended 31st December 2010 on pages 9 - 17. These Financial Statements have been prepared under accounting policies set out therein (and the requirements of the Financial Reporting Standard for Smaller Entities)

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

RESPECTIVE RESPONSIBILITIES OF TRUSTEES AND AUDITORS

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

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

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

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

BASIS OF OPINION

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

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

In our opinion the Financial Statements give a true and fair view in accordance with United Kingdom Generally Accepted Accounting Practice (application to Smaller Entities) of the state of the Society's affairs as at 31st December 2010 and of its incoming resources and applications of resources, including its income and expenditure in the year then ended and have properly prepared in accordance with the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005, and regulation 8 of the Charities Accounts (Scotland) Regulations 2006.

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

 FCA

Mr. A.C.D. Lang, FCA
Senior Statutory Auditor
For and on Behalf of Sandison Lang and Co
Registered Auditors
2 St Mary's Road
Tonbridge
Kent TN9 2LB

Dated: 11/03 / 2011

THE BRITISH PAIN SOCIETY
STATEMENT OF FINANCIAL ACTIVITIES

for the year ended 31st December 2010

INCOMING RESOURCES	Notes	Unrestricted Funds	Restricted funds	Total Funds 2010	Total Funds 2009
INCOMING RESOURCES FROM GENERATED FUNDS					
Voluntary Income					
Subscriptions		172,788	-	172,788	163,191
Donations, legacies & similar	11	2,992	47,798	50,790	250
Activities for generating funds					
Label sales		914	-	914	2,864
Investment income					
Interest received	11	2,630	254	2,884	7,134
INCOMING RESOURCES FROM CHARITABLE ACTIVITIES					
Meeting income	2	456,336	-	456,336	465,947
Newsletter advertising & booklets		46,824	-	46,824	23,483
General Publications		454	-	454	567
Publications	8	4,407	-	4,407	4,703
Research Awards and Grants		-	-	-	1,500
PLC Annual Voluntary Seminar		-	-	-	150
SIGS	5a	42,090	-	42,090	54,894
Study Days	6a	15,690	-	15,690	19,683
Education Days	6b	-	-	-	-
OTHER INCOMING RESOURCES					
Other income		4,257	-	4,257	2,034
TOTAL INCOMING RESOURCES		£ 749,382	£ 48,052	£ 797,434	£ 746,400

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THE BRITISH PAIN SOCIETY
STATEMENT OF FINANCIAL ACTIVITIES

for the year ended 31st December 2010 (continued)


RESOURCES EXPENDED	Notes	Unrestricted Funds	Restricted Funds	Total Funds 2010	Total Funds 2009
Costs of generating voluntary income					
Functions costs-BPS promotions		600		600	224
Public Affairs		-	-		
Charitable expenditure					
Research grants		545	25,000	25,545	26,783
IASP Travel bursary award		2,695	-	2,695	-
Meeting expenses	2	449,075	-	449,075	365,219
Sub-Committee expenses		5,436	-	5,436	4,040
Core Com/SIGS	5a	40,193	-	40,193	42,577
Working Parties	5b	1,882	-	1,882	2,239
PLC Annual Voluntary Seminar		1,629	-	1,629	2,514
Study Days	6a	13,720	-	13,720	11,655
Education Days	6b	-	-	-	-
Professional Meetings	9	11,431	-	11,431	4,736
Other meeting expenses		1,584	-	1,584	5,762
Miscellaneous expenses		2,436	-	2,436	271
Newsletter & Journal		49,495	-	49,495	36,686
Website		3,409	-	3,409	2,939
Publications	8	(14,334)	-	(14,334)	14,274
Rent & Service Charges		10,503	-	10,503	12,305
Secretariat & other staff costs		51,451	-	51,451	63,813
Printing & postage		2,978	-	2,978	2,923
Telephone & fax costs		2,908	-	2,908	4,598
Computer system & software		9,094	-	9,094	16,103
Equipment hire & storage		604	-	604	564
Premises Rates & Insurance		1,015	-	1,015	1,250
Office stationery & photocopying		2,939	-	2,939	3,831
Professional fees		904	-	904	1,675
Subscriptions		156	-	156	233
Bank charges		1,848	10	1,858	1,991
Depreciation		2,460	-	2,460	3,075
Governance Costs					
Council expenses	7	5,546	-	5,546	5,320
Induction of Trustees		350	-	350	581
Accountancy		7,955	-	7,955	8,879
Legal fees		6	-	6	2,263
Annual Election Expenditure		2,186	-	2,186	2,526
Annual Report		2,847	-	2,847	3,841
TOTAL RESOURCES EXPENDED		675,546	25,010	700,556	655,690
Net movement in funds					
Total funds brought forward		737,594	105,128	842,722	752,012
Transfers between funds	10	25,000	(25,000)	-	-
TOTAL FUNDS CARRIED FORWARD		£ 836,430	£ 103,170	£ 939,600	£ 842,722

THE BRITISH PAIN SOCIETY BALANCE SHEET
as at 31st December 2010

31.12.09	Notes	31.12.10
FIXED ASSETS		
Office Equipment		
15,376	Balance at 1st January	12,301
-	Additions	-
<u>15,376</u>		<u>12,301</u>
3,075	Less: Depreciation	2,460
<u>12,301</u>		<u>9,841</u>
CURRENT ASSETS		
148,031	Debtors and Prepayments 3	175,701
158,632	CAF Gold Account	114,480
14,391	Barclays Account	33,504
78	Barclays Business Base Rate Tracker	78
460,520	Charities Deposit Fund	462,902
244,015	Caf Cash Account	149,668
17	Petty Cash	20
-	Santander Business Bond	250,000
-	Barclays Business Card	-
<u>1,025,684</u>		<u>1,186,353</u>
CURRENT LIABILITIES		
195,263	Creditors and Accruals 4	256,594
<u>830,421</u>		<u>929,759</u>
842,722	NET ASSETS	939,600
Represented by:		
ACCUMULATED RESERVES		
Unrestricted Reserves		
333,891	General	396,599
66,658	Designated: I. Bainbridge 10	66,658
249,913	Designated: ASM	257,174
49,481	Designated: SIGS	51,378
37,651	Designated: Study Days & Education Days	39,621
-	Designated: Reserves	25,000
-	Designated: PLC Seminar	-
		<u>836,430</u>
Restricted Reserves 11		
80,128	M B Clulow	103,170
25,000	Pfizer Grant	-
<u>842,722</u>		<u>939,600</u>

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

Approved by the Board for issue on 25 February 2011

by: 
Director

Dr John Goddard (Honorary Treasurer)

NOTES TO THE ACCOUNTS
for the year ended 31st December 2010

I 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

2010 Income and Expenditure Account		£	£
Income			456,336
			456,336
Expenses			
Room Hire	107,979		
Venue-miscellaneous	1,257		
Printing	17,984		
Help at Venue	3,080		
Speakers expenses (inc.travel & accom)	22,057		
Refreshments	39,353		
Coaching	-		
Poster Prizes	900		
Poster Boards & Advertising	2,330		
Gifts	1,238		
Van Hire	931		
Presidents Dinner	1,574		
Council	12,170		
Staff	3,029		
PLC Committee Members	1,055		
Social programme	28,020		
Insurance	3,711		
Badges	1,296		
Flowers	652		
Cyber Café	3,074		
AVA's / Data Protection	22,855		
Miscellaneous	5,751		
Bursaries	8,140		
Stuffing Delegates Bags	512		
Art Exhibition	1,847		
			290,795
Office Cost Contribution			158,280
Total cost			449,075
Net Surplus			£7,261

APPORTIONED ASM EXPENDITURE

As agreed for 2010 some staff and office costs are apportioned 60% to the Annual Scientific Meeting and 40% to general fund costs.

100% of the annual audit cost is attributed this year to this meeting being £2,160 (2009 £2,056).

3 DEBTORS AND PREPAYMENTS

	2010	2009
Advance Meeting Costs	103,663	91,220
Secretariat Invoices	72,038	56,811
	<u>£ 175,701</u>	<u>£ 148,031</u>

4 CREDITORS AND ACCRUALS

	2010	2009
Creditors	41,613	51,068
Creditor AAGBI	29,244	35,524
Annual Scientific Meeting 2011	185,737	108,671
Mildred B Clulow	-	-
Accruals	-	-
	<u>£ 256,594</u>	<u>£ 195,263</u>

5 A SIGS

	Opening Balance	Income	Expenditure	Closing Balance
	01.01.2010			31.12.2010
Philosophy & Ethics	846	14,474	12,539	2,781
Acute Pain	6,580	-	1,788	4,792
Neuropathic Pain	650	-	-	650
Interventional Pain Medicine	10,771	15,374	10,512	15,633
Clinical Information	16,454	6,576	6,111	16,919
Pain Management Programmes	14,922	370	5,622	9,670
Pain Education	183	4,530	2,875	1,838
Older People	(925)	-	-	(925)
Primary Care	-	266	746	(480)
Developing Countries	-	500	-	500
	<u>49,481</u>	<u>42,090</u>	<u>40,193</u>	<u>51,378</u>

5 B WORKING PARTIES

	Opening Balance	Income	Expenditure	Closing Balance
	01.01.2010			31.12.2010
Nurses Working Party	(1,421)	-	-	(1,421)
Opioid Recommendations	(62)	-	-	(62)
Desirable Criteria for PM	(1,335)	-	-	(1,335)
HRG	(31)	-	687	(718)
Intrathecal Drug Delivery System	(2,869)	-	-	(2,869)
Pain & Substance Misuse	(3,248)	-	-	(3,248)
Understanding & Managing Pain	(1,151)	-	-	(1,151)
Pain Management Programme	(420)	-	-	(420)
Nurse Recommendations	(1,227)	-	435	(1,662)
Cancer Pain Committee	(926)	-	-	(926)
Rec Management of Chronic Pain in Children	(1,666)	-	760	(2,426)
Drugs Beyond Licence	(756)	-	-	(756)
Opioids for non cancer pain	(64)	-	-	(64)
RCGP/BPS Guide Lines	(1,140)	-	-	(1,140)
	<u>(16,316)</u>	<u>-</u>	<u>1,882</u>	<u>(18,198)</u>

6 A STUDY DAYS

	Opening Balance	Income	Expenditure	Closing Balance
	01.01.2010			31.12.2010
Prior Study Day Surpluses	12,265	-	-	12,265
14th Study Day - 8th June 2009	4,170	-	(150)	4,320
15th Study Day - 2nd December 2009	2,761	-	(73)	2,834
16th Study Day - 25th January 2010	2,030	3,860	4,202	1,688
17th Study Day - 8th June 2010	-	5,400	4,018	1,382
18th Study day- 1st November 2010	-	4,950	3,412	1,538
19th Study Day - 2nd December 2010	-	50	1,048	(998)
20th Study Day - 10th January 2010	-	1,430	741	689
21st Study Day - 15th April 2010	-	-	174	(174)
22nd Study Day - 21st September 2010	-	-	174	(174)
23rd Study Day - 14th November 2010	-	-	174	(174)
Study Day - miscellaneous	(42)	-	-	(42)
	<u>£21,184</u>	<u>£15,690</u>	<u>£13,720</u>	<u>£23,154</u>

6 B EDUCATION DAYS

	Opening Balance	Income	Expenditure	Closing Balance
	01.01.2010			31.12.2010
1st March 2007	21,147	-	-	21,147
1st March 2008	(4,880)	-	-	(4,880)
Primary Care Education Day Sponsorship	200	-	-	200
	<u>£16,467</u>	<u>£-</u>	<u>£-</u>	<u>£16,467</u>
TOTAL Study Days & Education Days	<u>£37,651</u>	<u>£15,690</u>	<u>£13,720</u>	<u>£39,621</u>

7 COUNCIL EXPENSES

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

	2010	2009
Meeting - Catering	902	764
Meeting - Room Hire	-	323
Meeting - Travelling	3,258	3,114
Meeting - Hotels	831	803
Misc. Expenses	555	316
	<u>£5,546</u>	<u>£5,320</u>

8 PUBLICATIONS

	Opening Balance	Income	Expenditure	Closing Balance
	01.01.2010			31.12.2010
Nursing Practice	(359)	-	-	(359)
Understanding & Managing Pain	(2,733)	532	3,500	(5,701)
Spinal Cord Stimulation	(2,653)	210	487	(2,930)
Opioid Recommendations	1,204	1,839	4,224	(1,181)
PMS Good Practice	-	12	-	12
Drugs Beyond Licence	(187)	10	-	(177)
Intrathecal Drug Delivery	(3,305)	9	303	(3,599)
Pain & Substance Misuse	126	26	330	(178)
Pain Management Programme	(456)	307	458	(607)
Rec. Management of Chronic Pain	1,509	12	-	1,521
Cancer Pain Management	-	119	6,691	(6,572)
Prov. Of Chronic Pain Serv. For Adults	-	25	-	25
Help The Aged	-	-	-	-
RCPG/BPS Pain Man. in Primary Care	23,915	1,306	-	25,221
Pain Management Guide Lines	(11,737)	-	-	(11,737)
VAT Reimbursement on printing costs	0	-	(30,327)	30,327
	<u>£5,324</u>	<u>£4,407</u>	<u>(£14,334)</u>	<u>£24,065</u>

9 PROFESSIONAL MEETINGS

	2010	2009
BPS/Industry Drinks Reception	-	1,425
DoH/Professional Bodies	5,776	2,003
Primary Care Meeting 2009	-	915
Finance Meetings	458	393
Strategic Planning Meeting	5,197	-
	<u>£11,431</u>	<u>£4,736</u>

10 DESIGNATED RESERVES

IRENE BAINBRIDGE LEGACY

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

	2010	2009
Balance at 1st January	66,658	66,658
Incoming Resources	-	-
Expenditure	-	-
Balance as at 31st December	<u>£66,658</u>	<u>£66,658</u>

A S M

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

	2010	2009
Balance at 1st January	249,913	229,185
Incoming Resources ASM	456,336	465,947
Expenditure ASM	(449,075)	(365,219)
Additional cost allocation	-	(80,000)
Balance as at 31st December	<u>£257,174</u>	<u>£249,913</u>

S I G S

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

These funds are represented by:

	2010	2009
Balance at 1st January	49,481	37,164
Incoming Resources SIGS	42,090	54,894
Expenditure SIGS	(40,193)	(42,577)
Balance as at 31st December	<u>£51,378</u>	<u>£49,481</u>

STUDY DAYS

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

	2010	2009
Balance at 1st January	21,184	13,156
Incoming Resources Study Days	15,690	19,683
Expenditure Study Days	(13,720)	(11,655)
Balance as at 31st December	£23,154	£21,184

EDUCATION DAYS

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

	2010	2009
Balance at 1st January	16,467	16,467
Incoming Resources Education Days	-	-
Expenditure Education Days	-	-
Balance as at 31st December	£16,467	£16,467

DESIGNATED RESERVES

	2010	2009
Balance at 1st January	-	-
Incoming Resources	-	-
New Reserve	25,000	-
Expenditure	-	-
Balance as at 31st December	£25,000	-

PLC SEMINAR SPONSORSHIP

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

	2010	2009
Balance at 1st January	-	-
Incoming Resources	-	150
Expenditure	(1,629)	(2,514)
Transfer from General Funds	1,629	2,364
Balance at 31st December	-	-
Total Designated Reserves at 31st December	£439,831	£403,703

I I 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 in 2006 and £47,798 in 2010. Its restriction is as follows: "Basic research into the causes and cures for pain".

	2010	2009
Balance at 1st January	80,128	104,153
Incoming Resources	47,798	-
Expenditure	(25,000)	(25,000)
Charges	(10)	(10)
Interest	254	985
Balance at 31st December 2008	<u>£103,170</u>	<u>£80,128</u>

PFIZER CHARITABLE DONATION

	2010	2009
Balance at 1st January	25,000	25,000
Incoming Resources	-	-
Transfer for Pain Education activities costs	(25,000)	-
Expenditure	<u>-</u>	<u>-</u>
Balance at 31st December	<u>-</u>	<u>£25,000</u>
Total Restricted Reserves at 31st December	<u>£103,170</u>	<u>£105,128</u>

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I 2 ANALYSIS OF NET ASSETS BETWEEN FUNDS

	Unrestricted Reserves	Restricted Reserves	Total 31.12.2010
Fixed Assets	9,841	-	9,841
Net Current Assets	<u>826,589</u>	<u>103,170</u>	<u>929,759</u>
	<u>£836,430</u>	<u>£103,170</u>	<u>£939,600</u>

I 3 DIRECTORS EXPENSES

During the period a total of £13,359.65 was reimbursed to Directors for expenses incurred. (Reimbursements for 2009 £9,503.87)

I 4 EMPLOYEES' REMUNERATION

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

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

Salaries	2010	2009
General Charitable Activities	41,758	51,115
Average number of staff in year - 3		
Apportioned ASM	62,637	51,115
Average number of staff in year - 3		
Temporary staff	666	1,190
Average number of staff in year - 1		
	<u>£105,061</u>	<u>£103,420</u>
Employer's contributions:	2010	2009
Employers Pension Contribution	2,091	2,281
Employers Nat. Insurance Contribution	<u>4,516</u>	<u>5,510</u>
	6,607	7,791
Total cost to charity	<u>£111,668</u>	<u>£111,211</u>

I 5 GRANTS

The annual report details the grants offered by the charity. In 2010 the allowance for the Clulow award was £25,000, which was paid out in 2010. The total awarded was £44,396 (in 2009 the Clulow Award grant allowance of £25,000 was not awarded but also be paid out in 2010).

STATEMENT OF DIRECTORS' RESPONSIBILITIES

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

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

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



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A charity registered in Scotland No. SC039583*