

THE BRITISH PAIN SOCIETY

ANNUAL REPORT & ACCOUNTS

2012



BRITISH PAIN SOCIETY ANNUAL REPORT 2012

Introduction	3
Officers, Elected Council Members, Co-opted Members of Council & Staff	4
President's Report	7
Honorary Secretary's Report	14
Honorary Treasurer's Report	17
Communications Committee Report	19
Education Committee Report	23
Patient Liaison Committee Report	25
Science & Research Committee Report	28
Scientific Programme Committee Report	30
Society Special Interest Group (SIG) Reports	
Acute Pain Society SIG Report	32
Clinical Information Society SIG Report	34
Interventional Pain Medicine Society SIG Report	35
Medicolegal Society SIG Report	37
Neuropathic Pain Society SIG Report	38
Pain in Children Society SIG Report	39
Pain Education Society SIG Report	40
Pain in Older People Society SIG Report	42
Pain Management Programme SIG Report	43
Philosophy & Ethics Society SIG Report	45
Primary and Community Care Society SIG	47
Pain in Developing Countries Society SIG	49

AUDITED ACCOUNTS 2012

Contents	52
Legal and administrative information	53
Directors' Report	54
Auditor's Report	66
Statement of Financial Activities	68
Balance Sheet	70
Notes to the Accounts	71
Statement of Director's Responsibilities	80

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 1,400 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 2012

OFFICERS AND COUNCIL

PROF. RICHARD LANGFORD, PRESIDENT

Consultant in Anaesthesia & Pain

DR WILLIAM CAMPBELL, PRESIDENT ELECT

Consultant in Anaesthesia & Pain Management

DR JOHN GODDARD, HONORARY TREASURER

Consultant Paediatric Anaesthesia & Pain Medicine

DR ANDREW BARANOWSKI,

HONORARY TREASURER ELECT

Consultant in Pain Medicine

PROF. PAT SCHOFIELD, HONORARY SECRETARY

(1ST JANUARY – 19TH OCTOBER)

Director Centre for Applied Health Research

DR MARTIN JOHNSON, INTERIM HONORARY SECRETARY

(19TH OCTOBER – 31ST DECEMBER)

GP (Yorkshire Medical Chambers)

DR HEATHER CAMERON

Specialist Research Physiotherapist

MR PAUL CAMERON

Pain Specialist Physiotherapist

DR SAM EL DABE

Consultant Anaesthetist

DR OLLIE HART

GP Principal

PROF. ROGER KNAGGS

Specialist Pharmacist – Anaesthesia & Pain Management

DR AUSTIN LEACH

Consultant in Pain Medicine

DR RAJESH MUNGLANI

Consultant in Pain Management

DR MICK SERPELL

Consultant and Senior Lecturer, Anaesthesia

MS SUZY WILLIAMS

Occupational Therapist/ Directorate Lead (Retired)

CO-OPTED MEMBERS

PROF. SAM AHMEDZAI

Representative, Association for Palliative Medicine

ASSOCIATE PROFESSOR NICK ALLCOCK

Chair, Communications Committee

MR NEIL BERRY

Representative; British Psychological Society

MR ANTONY CHUTER

Chair, British Pain Society Patient Liaison Committee

DR BEVERLY COLLETT

Representative; Chronic Pain Policy Coalition

MS FELICIA COX

Editor, British Journal of Pain

PROF. MARIA FITZGERALD

Representative; Science

PROF. GARY MACFARLANE

Chair, Scientific Programme Committee

DR ANDREW NICOLAOU

Chair, Pain Patient Pathway Implementation and Dissemination Working Party

PROF. DAVID ROWBOTHAM

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

PROF. IRENE TRACEY

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

DR THANTHULLU VASU

Editor, Pain News

STAFF

JENNY NICHOLAS

Secretariat Manager

RIKKE SUSGAARD-VIGON

(MATERNITY LEAVE 1ST JAN – 18TH JUNE)

Events and Communications Officer

LEILA TALEB

Events and Marketing Officer

KEN OBBARD

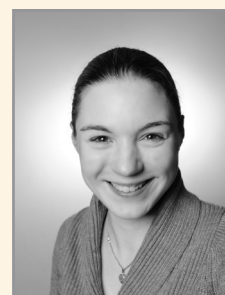
Events & Membership Officer

OFFICERS AND ELECTED MEMBERS OF COUNCIL



FROM LEFT TO RIGHT
Back row: DR AUSTIN LEACH, DR MICK SERPELL, DR OLLIE HART, MS SUZY WILLIAMS, PROF. ROGER KNAGGS, DR HEATHER CAMERON, MR PAUL CAMERON
Front row: DR ANDREW BARANOWSKI, DR JOHN GODDARD, PROF. RICHARD LANGFORD, DR WILLIAM CAMPBELL, DR MARTIN JOHNSON
Absent from photograph: DR SAM ELDABE, DR RAJESH MUNGLANI

STAFF
 JENNY NICHOLAS
 RIKKE SUSGAARD-VIGON
 KEN OBBARD
 LEILA TALEB



OFFICERS, ELECTED COUNCIL MEMBERS AND CO-OPTED COUNCIL MEMBERS



FROM LEFT TO RIGHT
Back Row: DR OLLIE HART, MR PAUL CAMERON, DR MICK SERPELL, DR HEATHER CAMERON, MS FELICIA COX, MR NEIL BERRY
Middle Row: MS SUZY WILLIAMS, PROF. NICK ALLCOCK, PROF. ROGER KNAGGS, DR THANTHULLU VASU, DR BEVERLY COLLETT, DR ANDREW NICOLAOU
Front Row: DR ANDREW BARANOWSKI, DR JOHN GODDARD, PROF. RICHARD LANGFORD, DR WILLIAM CAMPBELL, DR MARTIN JOHNSON
Absent from photograph: PROF. SAM AHMEDZAI, MR ANTONY CHUTER, DR SAM ELDABE, PROF. MARIA FITZGERALD, DR RAJESH MUNGLANI, PROF. DAVE ROWBOTHAM AND PROF. IRENE TRACEY





PRESIDENT'S REPORT

PROF. RICHARD LANGFORD

This report will cover the Society's activities for the calendar year 2012.

BRITISH PAIN SOCIETY EXECUTIVE AND COUNCIL

Two elected Council Members completed their three-year terms of office:

- Dr Ted Lin, who was previously Chair of the Education Committee
- Dr Thanthullu Vasu, who will stay on Council, co-opted as the Society's excellent Editor of Pain News.
- Dr Sam Eldabe, (who has made major contributions as one of our two leads for NICE consultation responses), was congratulated on being elected for his second term.

As one existing Council Member, Dr Andrew Baranowski, was elected to the executive role of Treasurer elect, there were three further vacant Council Member seats in the 2012 Council election by the general membership, conducted under the auspices of the Electoral Reform Society. The successful candidates were announced at the Annual General Meeting (AGM) on 26th April 2012:

- Dr Heather Cameron (who will also continue to represent the Physiotherapy Pain Association)
- Mr Paul Cameron
- Dr Ollie Hart

Also announced at the 2012 AGM, with congratulations, were the appointments of the new executives, who will commence in their actual roles from the 2013 AGM:

President elect:	Dr William Campbell
Honorary Secretary elect:	Dr Martin Johnson
Honorary Treasurer elect:	Dr Andrew Baranowski

An especial acknowledgement is owed to the major contribution of the Society's first ever Vice President, Dr William Campbell for his great support.

In mid-October, Professor Pat Schofield requested, with regret, that she demit office early for personal reasons, and on 19th October, Dr Martin Johnson (already Honorary Secretary elect) kindly agreed to commence as Interim Honorary Secretary (with the unanimous approval of Council) until the 2013 AGM, when he commences his three-year term, as planned, in this role.

Professor Pat Schofield was personally and on behalf of the Society thanked for her major contributions on Council and as an Executive. She will continue as Chair of the Pain in Older Person SIG, and with the convening of the joint Working Group with the British Geriatric Society.

B P S C O M M I T T E E S

These are the vital engines of the Society's ongoing activities, and particular thanks are owed to Dr Mick Serpell (Science and Research), Professor Nick Allcock (Communications), Professor Paul Watson (Education) and Professor Gary Macfarlane (Scientific Programme) and all of their members for these important contributions.

P A T I E N T L I A I S O N C O M M I T T E E C H A I R

As a result of mounting commitments, Mr Douglas Smallwood stood down as Chair of the BPS Patient Liaison Committee (PLC), and was thanked for the PLC's major progress and contributions during his tenure. Mr Antony Chuter was interviewed and appointed to the Chairmanship, and bringing his interest in pain and his considerable expertise and experience of having been Chair of the Patient Liaison Group at the Royal College of General Practitioners (RCGP).

S P E C I A L I N T E R E S T G R O U P S

Two Special Interest Group (SIG) Chairs, Val Conway (Primary and Community Care SIG) and Mike Basler (Developing Countries SIG) demitted office in 2012. Both were the founders of their respective SIGs and contributed greatly to establish their respective activities.

H O N O R A R Y M E M B E R S H I P O F T H E S O C I E T Y

Two awards of Honorary Membership of the Society were made in 2012 to two notable British academics for their major contributions to pain medicine. Professor Chris Eccleston kindly delivered the citation for Stephen Morley, Professor of Clinical Psychology at the University of Leeds noting his remarkable contribution to the field of pain medicine. Stephen had also previously served the BPS as a Council Member and Chair of the Science and Research Committee. I presented the citation in support of Professor Andrew Moore noting his major contribution to pain clinical trial methodology and statistical analysis.

THE 2012 ANNUAL SCIENTIFIC MEETING

The 45th Annual Scientific Meeting (ASM) was held in Liverpool from 24th to 27th April 2012. This flagship educational event for the Society again featured an excellent faculty and around 600 attendees. The Society is most grateful to Professor Gary Macfarlane in his first year as Chair, and his fellow members of the Scientific Programme Committee for delivering a most excellent programme. This year, we were privileged to have a most distinguished opening 'Pat Wall' Lecturer, Professor Gerald Gebhart, past President of the International Association for the Study of Pain (IASP), who spoke on visceral pain. In addition to this eponymous lecture, the other premier plenary session, the 'British Pain Society Lecture', was entitled 'A Normal Psychology of Pain', most excellently presented by Professor Chris Eccleston. The scientific poster exhibition attracted a record number of submissions, with for the first time, publication of the accepted abstracts in the Society's 'British Journal of Pain'.

LIBRARY OF QUALITY STANDARDS

In the Spring of 2012, the proposed Library of Quality Standards was confirmed, after the consultation period by the Department of Health, and included Pain as a topic. This was an important moment for both pain medicine and our patients, representing the first time that pain has made it in its own right onto the Department of Health Quality and Standards agenda, and follows a sustained effort by the Society. At the Pain Summit Report launch, Earl Howe referred to the selection of Pain for a Quality Standard and re-iterated its significance.

PAIN SUMMITS

The Pain Summit in England, led by the Chronic Pain Policy Coalition in partnership with the BPS, Faculty of Pain Medicine, RCGP, and patient organisations, took place in Westminster in November 2011. On 4th July 2012, 'Putting Pain on the Agenda: The report of the First English Pain Summit', was launched at a well attended reception in the Houses of Parliament hosted by the All Party Parliamentary Group on Chronic Pain.

The summary report is now available to download from: <http://www.painsummit.org.uk/news/articles/final-report-pain-summit-launched>

The BPS has agreed to deliver one of the Report's four workstreams: 'A data strategy for chronic pain should be agreed through creation of an epidemiology of chronic pain working group'.

The Northern Ireland Pain Summit was staged on Tuesday 15th May 2012 near Stormont, Belfast by the Pain Alliance of Northern Ireland (PANI) under the chairmanship of Dr Pamela Bell, in partnership with the Patient and Client Council. I represented the BPS at the Summit, at which

both Northern Ireland Minister for Health and Social Service and Public Safety Edwin Poots MLA, and Northern Ireland's Chief Medical Officer, Dr Michael McBride both participated on the programme.

NICE LOW BACK PAIN CLINICAL GUIDELINE 88 (CG88)

The publication of CG88 ('Low back pain - Early management of persistent non-specific low back pain') in May 2009 led to serious disquiet amongst pain clinicians. Since then, the BPS has identified serious flaws in the guideline development process, and in October 2012, a pivotal meeting took place with Professor Mark Baker, Director of the Centre for Clinical Practice at NICE. He informed us that he has decided to cancel the planned update of CG88, which would have been of limited scope and under the auspices of the same panel. Instead, he will initiate the commissioning of an entirely new guideline development process, with a newly constituted committee. Their remit will be to start afresh with a focus on chronic (and not acute) low back pain. This was very well received by the Society, and represents real progress in our dealings with NICE.

SOCIETY PREPARATIONS FOR THE QUALITY STANDARD AND COMMISSIONING AGENDAS

i) Pain Patient Pathways

The five evidence- and consensus-based pathways, developed and endorsed by the BPS, were published on the Map of Medicine (MoM) website in November and December 2012, and early in 2013, will be accessible via a 'microsite' on our BPS website enabling unrestricted viewing with full functionality. These best practice pathways for patients with painful conditions represents the largest single project the Society has ever undertaken, and much gratitude is owed to Dr Andrew Baranowski (Chair) and my fellow members of the Executive Committee: Dr Cathy Price, Dr Martin Johnson, Dr Beverly Collett (Ex officio, CPPC) and Ms Jenny Nicholas (BPS Secretariat Manager) and to the seventy members for their major efforts on this project.

ii) Implementation and Dissemination of the Pathways

The BPS has concentrated a great deal of resource and effort to address the issues of best practice guidelines and the challenge of healthcare commissioning. In addition to the MoM Pathways, we have been closely following the evolving commissioning systems, and where possible engaging with the development process. With regards to National Commissioning, Dr Andrew Baranowski (Treasurer elect) is Chair of the NHS Commissioning Board's 'Chronic Pain Clinical Reference Group', with me representing the British Pain Society.

The second phase of the Pathways project, entitled, 'Implementation and Dissemination' led by Dr Andy Nicolaou, commenced in 2012, for which we have obtained pledges of funding by the ABPI PPI group of pharmaceutical companies to support a series of regional 'Roadshow' meetings, which will take place in the first quarter of 2013. We will use these events to roll out the pathways and our commissioning strategy. The Society began addressing this need with its own Satellite meeting on 'Commissioning' at the 2012 ASM, followed by four 'Implementation and Dissemination' workstreams, comprising the following themes and leaders:

Primary Care:	Dr Martin Johnson
Commissioning:	Dr Ollie Hart
BPS Members:	Professor Nick Allcock
Patients:	Mr Antony Chuter and Dr Ann Taylor

BRITISH PAIN SOCIETY – INTERNAL AND EXTERNAL COMMUNICATIONS

During 2012, the Society continued to address the profile of pain in the media and has responded to many enquiries. Thanks are owed to Dr's Mick Serpell and Austin Leach, our Council members leading on these communications.

i) Pain News and British Journal of Pain

Dr Thanthullu Vasu, Editor has continued to develop Pain News, the Society's main vehicle for communication and dialogue with another year of informative and vibrant issues, which have received excellent feedback from our members.

Ms Felicia Cox, Editor, who in 2011 piloted our arrangement with SAGE Publishing, succeeded in launching the first issues of the 'British Journal of Pain' in 2012.

ii) British Pain Society Study Days

The Society's Educational Seminars continue to be highly acclaimed with excellent feedback. The study day format will continue in 2013 with five more planned across the year.

iii) Website

After much discussion over the past few years, the Society's Council proposed that the website should be revamped to achieve improved functionality, and a Website Development Working Group was convened in 2011 by Dr Raj Munglani, under the auspices of the Communications Committee. In 2012, the essential and desirable criteria were defined by the Group for prioritisation by the Council and Society membership, and subsequent costing in 2013.

iv) Publications

Considerable effort goes into all of the publications, and the Society is grateful for the efforts of Professor Nick Allcock, Chair and the members of the Communications Committee, the Publication Working Group Chairs and all of the contributors for making the Society's publications so successful and respected.

SPECIAL INTEREST GROUPS (SIG)

In total, the Society now has twelve 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, Primary and Community Care SIG, Pain in Developing Countries SIG and the Medicolegal SIG described above.

The Interventional Pain Medicine, Pain Education and Philosophy & Ethics SIGs all held successful events in 2012.

PAIN LESS EXHIBITION

The BPS joined with other organisations in co-sponsoring an exhibition at the Science Museum in London covering pain medicine and anaesthesia called 'Pain Less'. It will run for a year until 7th November 2013.

NATIONAL PAIN AUDIT FINAL REPORT

The second of the National Pain Audit data collection phases was completed in 2012, for this two-year HQIP funded, BPS and Dr Foster Intelligence collaboration, in which patients were recruited and consented to provide baseline information when first attending their Pain Service, and follow-up data six months later. In this second phase, 91 participating clinics recruited a total 9430 patients. The National Pain Audit Final Report was launched on the evening of 17th December 2012 at a well-attended reception in the Pain Less Exhibition at the Science Museum. The Report's key messages were focused on the finding of chronic pain's severe impact on quality of life and on the utilisation of health service resources by these patients, with both measures showing improvement after Pain Clinic attendance. Such evidence was deemed to be of potentially significant influence on healthcare policymakers and commissioners.

The Society expressed gratitude to all of our members and their patients who were responsible for the return of the data, and in particular to Dr Stephen Ward for chairing the Project Board; and Dr Cathy Price, Chair of the Scientific Advisory Committee for her outstanding contribution and colossal amount of work, as well as to her co-authors of the Report:

Dr Barbara Hoggart, Chair Clinical Information Group

Dr Ola Olukoga, Consultant in Pain Medicine and Expert Working Group Chair for Pain, Information Centre

Dr Amanda C de C Williams

Dr Alex Bottle

E - L E A R N I N G F O R P A I N

Following the announcement in late 2011 of the Department of Health award of £170,000 for the joint BPS/FPM bid for an e-learning in pain project, Dr Ian Goodall kindly agreed to lead on this project. During 2012, he led defining of the topics, and has overseen work commence on producing the educational sessions.

B U P A

In April 2012, BUPA issued revised guidance, which ceased to recognise anaesthesia-based pain medicine specialists and a number of common pain procedures.

In a joint strategy, the Association of Anaesthetists of Great Britain and Ireland (AAGBI), the Faculty of Pain Medicine of the Royal College of Anaesthetists and the BPS, met senior BUPA executives, and succeeded in restoring the full recognition of pain medicine.

A S M 2 0 1 3

Professor Gary Macfarlane and the Scientific Programme Committee have organised the programme for the 46th ASM in the Bournemouth International Centre from 16th-19th April 2013. In addition to the bursary scheme, the Society has introduced new highly discounted places for students. I especially look forward to presenting Honorary Membership to Dr Amanda Williams and Dr Cathy Stannard for their outstanding contributions to both pain medicine and the Society.

To conclude this Report, my last as I approach the completion of my three years as President, I would like to thank the Executive Officers for their outstanding support and work for the Society: Dr William Campbell (President elect), Dr John Goddard (Honorary Treasurer), Dr Pat Schofield (Honorary Secretary until mid-October), Dr Martin Johnson (Interim Honorary Secretary from 19th October 2012) and all members of Council, the Committee and SIG Chairs and the Secretariat, especially their Manager, Ms Jenny Nicholas.

At the AGM in Bournemouth on 18th April 2013, we will welcome our new President, William Campbell and his executives for the next three years: Martin Johnson, Honorary Secretary and Andrew Baranowski, Honorary Treasurer, as well as the new Vice President and Council. I am confident that the Society will continue to go from strength to strength.



HONORARY SECRETARY'S REPORT

PROF. PATRICIA SCHOFIELD

DR MARTIN JOHNSON

Our Society is a truly multidisciplinary Society and we are proud to all work together for the benefit of patients experiencing acute, chronic or cancer pain living in the UK.

BPS Council reflects the multidisciplinary nature of the Society; we have 9 elected members and 3 executive members (4 with the new role of Vice President). We also have a further 13 members who have been co-opted on to Council from professional organisations linked to the Society such as the RCGP, RCN, Association of Palliative Medicine and others such as the Faculty of Pain Medicine and the Chronic Pain Policy Coalition. We also ensure where membership of Council does not represent key groups that such representatives are co-opted.

Membership of the Society remains stable. We are currently around 1500 members and all of the professions are represented including, anaesthetics, nursing, general practice, physiotherapy, psychology, pharmacy and occupational therapy. Representation exists from practice, academia and research. We also have a very enthusiastic and growing student membership which will be our future active members.

Full Council meetings occur five times during the year and take up most of the day discussing a huge range of topics that come to the Society on a daily basis including; media, clinical issues, educational issues, policy matters and many more. Outside of these meetings there is a vast amount of email discussion addressing daily matters and a number of other issues that arise unexpectedly. All of this work is supported on a daily basis by our very experienced Secretariat who deal with many issues themselves when appropriate and direct further enquiries to an appropriate Council or Executive member along with servicing the needs of the membership and preparing for the annual ASM. Over the last year the work has been particularly dominated by the ground breaking Map of Medicine project – all 5 pathways are now complete. The equally hard work of disseminating and implementing the pathways has now begun.

The BPS also has a number of committees, which have been established to work in particular areas such as Education, Science & Research and the Scientific Programme Committee. These groups have their own terms of reference, agenda and plans for activity, such as the Education Committee which plans the learning in pain series and the Science and Research Committee which sets the research agenda for the Society. http://www.britishpainsociety.org/about_committee.htm.

Apart from these Committees, the Society has working parties that act on short term activities such as the Healthcare Resource Group and Opioid Guideline Development Group – including the development of the Primary Care Opioid guidelines. Details of these groups can be seen here http://www.britishpainsociety.org/about_working_party.htm . We have two new working groups coming online in 2013, the Pain in Disability Working Group and the joint BPS/BGS Pain in Ageing Working Group.

Members, who have a particular interest in an area, can establish a Special Interest Group (SIG). We currently have 12 SIGs. These groups can develop their own forum to discuss the issues related to their own topic area and the work of the SIGs is currently encouraged and supported by the Society as they can lead to developments relative to the SIG on behalf of the Society such as guidelines and other publications. Alternatively they can hold study days open to all BPS members and offer a workshop at the ASM particularly promoting their area of interest. SIG Chairs meet with the Officers and Council Liaison Officers of the British Pain Society on an annual basis, usually during the Annual Scientific Meeting and each SIG has a Council Liaison Officer which provides a link for communication of activities. http://www.britishpainsociety.org/members_sigs.htm. Information on setting up a SIG can be found on the website.

The Society provides published guidance on matters related to pain within their publications and these are updated every three years. Members planning to develop a publication need to follow the process developed by the Communications Committee, but are encouraged by the Society to use their expertise to develop such documents as they form an important contribution to the work of the Society. http://www.britishpainsociety.org/pub_professional.htm. We have the new Pain in older adults' publication being launched in 2013.

Two new reports have been published recently; Final Report of the National Pain Audit, which can be downloaded from our website at: http://www.britishpainsociety.org/members_articles.htm. The Final Report was officially launched at an evening reception held on 17th December 2012, at the Science Museum within the Pain Less Exhibition.

The first ever National Pain Audit, carried out by the British Pain Society and Dr Foster Intelligence, was used to measure the availability and activity of NHS specialist centres for the diagnosis and management of complex chronic pain disorders in England and Wales. This three-year study was commissioned by the Health Quality Improvement Partnership (HQIP) in September 2009 in response to the Chief Medical Officer's report of 2008: 'Pain: Breaking Through the Barrier' which expressed concern that the needs of people with chronic pain were being poorly served by the NHS and wider society.

The second landmark Report went public in December. It is the Health Survey for England <https://catalogue.ic.nhs.uk/publications/public-health/surveys/health-survey-eng-2011/HSE2011-Ch9-Chronic-Pain.pdf>, which featured chronic pain questions, and has revealed an estimated 10M chronic pain sufferers in England aged 16 years and over.

We have facilitated three study days this year with five planned for 2013. The Education Committee works hard to ensure that these study days cover topics which are of current importance to the membership and issues which are relevant to practice.

The Patient Liaison Committee was created in 2001 to act in an advisory capacity to Council of the British Pain Society. The PLC works to ensure that the views of patients are represented within the Society. The role of the committee is to respond to requests for comments from Council and its committees, to consider the provision of information for patients about pain and pain management services, to consider means of improving communication between patients and professionals and to encourage patients to be better informed and involved in decisions about their care. The Committee also works to improve patient information within the Society and at least one member of the Committee is invited to sit on each publication working party. We are now encouraging more involvement of the PLC and SIGs are encouraged to involve the PLC in their work. The Patient Liaison Committee is made up of between eight and twelve members; 3-4 healthcare professionals and 5-8 lay members. The Chairman is appointed by the Council of the British Pain Society and is a lay member; the Chair is a co-opted member of Council. The PLC keeps in touch with a range of voluntary organisations concerned with pain, and has held three seminars bringing these organisations together to look at common issues.

MESSAGE FROM DR MARTIN JOHNSON

I would like give an enormous vote of thanks to Pat for all her valuable & hard work as the Honorary Secretary for the last few years. Pat will continue to lead the BPS on matters relating to pain in the elderly – may I draw everyone’s attention to the ground breaking collaborative work Pat has been doing with the British Geriatric Society especially the publication of the treatment guidelines for the older patients which is a document of the highest standard (due to be officially launched at the ASM in 2013).



HONORARY TREASURER'S REPORT

DR JOHN GODDARD

SOCIETY ASSETS

The economic situation remains very tough with low interest rates and rising costs. Nonetheless, the accounts for 2012 continue to demonstrate that the British Pain Society maintains a sound financial basis. Accumulated reserves held by the Society are £1,178,995 of which £244,703 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 (£53,642) and the funds for Study Days and Seminars (£42,002). The designated ASM fund (£263,248) 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 £260,868 to be used to further the aims and objects of the Society.

2012

The Society's year end position shows a deficit of £52,243. Primarily this is due to reduced income from the ASM and is reflected in the Society's assets as a reduction in the designated ASM fund. The deficit is due to reduced attendance and, more significantly, a reduction in trade attendance: I believe both are indicative of the current economic climate. Membership has remained steady, but our office costs are increasing at an inflationary rate which is significantly greater than the increase in membership fees. Moving further reserves to fixed rate bonds has improved our investment income. Significant sponsorship from the pharmaceutical and medical equipment industries continues to support targeted activities of the Society, particularly the Map of Medicine pathways project.

The Society continues to maintain its educational programme of study days and support for the development and updating of its publications. Our relationship with SAGE publishing is financially sound and the British Journal of Pain flourishes. SIGs remain active and financially viable. 22 bursaries for the ASM were awarded this year, as were 2 Patrick Wall and 3 IASP bursaries. The biennial Clulow research award of £50,000 continues, awarded this time to Professor Gary Macfarlane's group in Aberdeen.

I would again 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 are available on the Society's website. My tenure as Honorary Treasurer finishes in April 2013 and I wish to personally thank all of the above for their efficiency and goodwill in making my "job" a pleasure over the last three years.

2013 DRAFT BUDGETS

Although the financial recession has been with us for some years now, it is only this year that it has significantly impacted upon the Society's finances. As the situation became apparent, the executive officers undertook a comprehensive review of the Society's finances in late 2012 and Council approved recommended suggestions at its November meeting. Regarding ASM venues, we were committed to Bournemouth in 2013 and Manchester in 2014: Glasgow offers very favourable rates and this will be the venue for 2015. For Bournemouth, to reduce travel costs, we have a plenary programme of British speakers and have reduced workshop allowances. Council members have been requested to support their own registration for the meeting.

With regard to the general budget, we have decided to revert to a Secretariat of three, although a temporary post, funded from Map of Medicine income, will likely be required to manage the significant workload associated with the project. Embracing modern technology, a decision has been made to distribute our publications electronically in future, thus saving on print costs: we have also reduced the number of face to face meetings available for committees and working groups, encouraging teleconferences if necessary. We also decided to undertake a significant review of membership fees, which is currently underway.

Finally, I would like to acknowledge the input to this initiative made by Andrew Baranowski, your Treasurer elect, and to wish him well as your next steward of the Society's finances with effect from April 2013. He will, as I have, be depending on your continued support as members of the Society to further develop the significant activities of the Society detailed in the President's and Directors' reports.



COMMUNICATIONS COMMITTEE REPORT

ASSOCIATE PROFESSOR NICK ALLCOCK, CHAIR

Members Year End 2012

Prof. Nick Allcock - Chair

Dr Thanthullu Vasu -Editor of Pain News

Ms Felicia Cox – Editor of British Journal of Pain

Dr William Campbell, President Elect

Ms Dorothy Helme, Patient Liaison Committee Representative

Ms Celia Manson

Dr Rajesh Munglani, Council Member

Ms Jenny Nicholas – Secretariat

Ms Rikke Susgaard-Vigon, Secretariat

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.

This year has seen the further development of a number of areas of the work of the Communication Committee which are outlined in this report. The major publications this year have been the pathways published in conjunction with the Map of Medicine which will be available to all BPS members via a microsite via the BPS website. Both *Pain News* and the *British Journal of Pain* have continued to develop following the agreement with SAGE and I would like to thank Dr Thanthullu Vasu and Ms Felicia Cox for their continued work in providing such high quality publications.

PROCESS MANUAL FOR PUBLICATIONS

The Committee works with authors to review and monitor the Society's publications in line with the Society's Process Manual. The Committee is actively engaged in preparing for an application to obtain accreditation from NHS Evidence Accreditation. Following a meeting with Paul Chrisp (AD of Accreditation) and Stephanie Birtles to discuss the process we are undertaking an audit of our current publications. Depending on the outcome and further discussions we would hope to submit an application for accreditation in 2013.

WEBSITE DEVELOPMENT

Dr Rajesh Munglani has continued to lead the development of the Society's Website. A number of priorities have been identified and consultation with members has been carried out via a survey. Following review of the survey outcomes we aim to put our requirements out to tender during 2013.

PAIN NEWS (THANTHULLU VASU, EDITOR)

All the four newsletters in 2012 were a great success; these issues have represented the multidisciplinary role of the Society and raised the profile significantly.

- The highlight is the December issue- a special issue on *Pain Patient Pathways*; this had vital information on Pathways and commissioning process.
- Articles on *Opioid use in chronic pain* had significant recent evidences, practical information and was accompanied by a Guest Editorial.
- Debate on diagnosis and disability also had feedback and valuable views from members.
- Article on overhaul of benefits system led to significant feedback from members.
- This year saw a significant variety of interesting articles, just to highlight a few:
 - Pain pathway related articles, Pain Summit related articles, National Pain Audit articles.
 - Art related articles including Pain T, Mask: Mirror: Membrane, Beyond words- picture of pain etc.
 - Debates: Diagnosis and disability; Knitting and occupational therapy etc.
 - Innovative ways: Online PMP, Self-management PMP etc.
 - Interventions: Steroid use, Current UK practice survey, Cordotomy project, spinal cord stimulation commissioning.
 - Stakeholder views: Patient Association, CRPS UK, Pain UK, APRIL.
 - Philosophy and ethics articles: huge number of transcripts from the meetings.
 - Regular articles from the Pain in Developing Countries Special Interest Group.
- SAGE secured the ISSN number for both print and online versions

The Editor sincerely thanks all the members of the Society for their participation in the newsletter and representing their views.

BRITISH JOURNAL OF PAIN (FELICIA COX, EDITOR)

2012 heralded the evolution of Reviews in Pain into the British Journal of Pain as part of the BPS collaboration with SAGE Publishing. Four themed issues of the BJP were published together with the ASM abstracts as a supplement to issue 2. Issue 4 saw the inaugural publication of SIG abstracts. The four themed issues published in 2012 were:

- Opioids
- Education
- Headache
- Failed back surgery syndrome.

Prof. Roger Knaggs was appointed as deputy Editor during the year. This role will have the responsibility for one BJP issue per annum.

The BJP online submission system 'SAGE track' allows editorial staff or any member of the Secretariat to view at a glance the progress of submissions. Although the majority of published content has been commissioned, the number of unsolicited submissions continues to increase. The use of 'SAGE track' has reduced the reliance of the Editor on Secretariat staff as this system automatically generates emails and reminders to authors, editors and reviewers.

2012 saw the introduction of advertising into the Journal and the expansion of the Editorial Board. Content will continue to be free to access until the end of 2013. The SAGE host site allows anyone visiting the BJP webpage to see what the most viewed content is. Of note is that general articles on topics such as differentiating and managing the common subtypes of headaches, basic opioid pharmacology and opioids and endocrine dysfunction are the most viewed.

A call for papers will be made in the first quarter of 2013 with identical artwork in the *BJP* and *Pain News*. The four themes for 2013 are visceral pain, trauma, nature and nurture and pain in the community.

PUBLICATIONS

The publication of five pain patient pathways including Initial assessment and early management of pain, Spinal pain, Pelvic pain, Chronic widespread pain, including fibromyalgia and Neuropathic pain was completed in partnership with the Map of Medicine website (<http://www.mapofmedicine.com/>). To ensure all BPS members have access to the pathways and to ensure the wide dissemination of the pathways they will be shortly available via a microsite accessible via the BPS website.

A number of publications are in production including: A Core Pain Curriculum for Preregistration Healthcare Education, Recommendations for the Management of Chronic Non-Malignant Pain in Children and Young People, The Safe and Effective Use of Opioids for Persistent Pain in Primary Care and the Community, Guidelines for the Management of Pain in Older Adults (joint publication with the British Geriatric Society). A number of publications are also currently being reviewed including Use of Drugs Beyond Licence and Using Medicines Beyond License, Pain Management Programmes, Pain & Substance Misuse: Improving the Patient Experience and Pain & Problem Drug Use- Information for Patients.

22

At the November Council meeting it was agreed that we should rationalise the process of identifying potential publications. We will be introducing an annual process for proposing new publications. This will allow the Communications Committee to review new publications alongside any publications that require updating and to prioritise publications for the upcoming year. We envisage this process taking place in the Autumn and the Communication Committee will be working on the details of the process.

PATIENT INFORMATION

Most professional publications by the Society are accompanied by 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 who experience pain, or their families. The Communications Committee works closely with the Society's Patient Liaison Committee who is represented on the Communication Committee.

WEB LINKS AND REPRODUCTION REQUESTS

The Committee received a number of 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



EDUCATION COMMITTEE REPORT

PROF. PAUL WATSON, CHAIR

Members Year End 2012

Prof. Paul Watson - Chair (period of appointment 2011- 2014)

Neil Berry

Ken Obbard – Secretariat

Prof. Roger Knaggs

Prof. Patricia Schofield (Council representative)

Ann Taylor

Dr Michael Serpell

Geraldine Granath (PLC representative)

The Committee had two teleconferences and one face to face meeting in 2012.

STUDY DAYS 2012

The study days have all been very well attended in 2012 despite the IASP meeting in September. Indeed the Commissioning Pain Services meeting held in September was heavily oversubscribed despite increasing the numbers with the agreement of the workshop organisers. We plan to repeat this workshop again in 2013 and link the content with the important work done by the BPS on treatment pathways.

The study day on Psychological Aspects of pain management was also oversubscribed and once again we were able to increase the numbers slightly so as not to disappoint people.

The attendance figures despite the difficult financial circumstances of most members and their employers demonstrate a continued need for the study days in addition to the other educational opportunities offered by the BPS.

LINKS WITH THE EDUCATION SIG

The Education Committee has forged better links with the Pain Education SIG after a clash in study day content during the year. This was fortunately resolved easily. The two bodies will share the Committee meeting minutes and reports in future to prevent any replication of events.

FUTURE STUDY DAYS 2012-13

- Pain management in older people (January 2013)
- The Use of Information and Communication Technologies in Managing Pain (February 2013).

- Commissioning Pain Services (June 2013). This will be a repeat of the highly successful and oversubscribed meeting held in September 2012 with additional information on how commissioning services fits in with the BPS Pain Patient Pathways.

BPS WEBSITE AND EDUCATION

The Committee intends to develop web-based materials for dissemination through the web site. A proposal to have the material hosted by an outside organisation was considered not to be acceptable by Council and not needed in the light of the upgrading of the BPS website. We are still eagerly awaiting the updating of the website to allow us to provide access to some of the talks presented as part of the study days. Unfortunately we are still not able to do so but watch this space.

YOUR INPUT

The Education Committee is always interested in suggestions for study days from members. Please contact Ken Obbard at the Secretariat with your suggestions.



PATIENT LIAISON COMMITTEE (PLC) REPORT

MR ANTONY CHUTER, CHAIR

Members Year End 2012:

Lay Members

Mr Antony Chuter

Ms Jo Cumming

Ms Alison Harvey

Ms Dorothy Helme

Ms Geraldine Granath

Ms Liz Killick

Ms Rose Murphy

Mr Colin Preece

Professional Members:

Dr William Campbell

Dr Sam Eldabe

Dr Austin Leach

Ms Suzy Williams

Secretariat:

Ms Rikke Susgaard-Vigon

Following on from last year's annual report which detailed the Committees plans for redefining their objectives (as detailed below), the first half of the year focused on planning activities to meet their long term objectives.

OUR MISSION

To make a difference to the lives of people living with pain and their carers by making the views of patients based on their experience, influential in the design and delivery of the care and support they receive.

LONG-TERM OBJECTIVES

- Ensuring the members of the British Pain Society and those with whom we work are informed about and understand the experience of people living with pain, also that their carers are aware of the barriers that prevent effective patient care.
- Proactively influence the priorities and work of the British Pain Society and those with whom we work as well as respond to requests from them.
- Improve our communications with people living with pain and their carers so that there is better engagement with them.
- Influence those responsible for Health and Social Care policy and those who implement it
- To help people living with pain, and their carers, to develop a plan to understand and manage their pain through education.

Key areas of importance for the PLC work plan were discussed at the January 2012 Council meeting and included;

- Ensuring a mix of what the PLC wish to accomplish and what the Council wishes from the PLC.
- The Society website – a valuable resource for the patient.
- Educational/publication elements. The PLC to advise as to what the patient needs and wants.
- Commissioning packs and patient involvement.

Council were in agreement that the PLC should be closely linked to the whole work of the Society and it was agreed to identify:

- What are the jobs that the PLC should do? (i.e. website) and
- What are the key priorities of the Society and how can the PLC contribute to that? (i.e. pathways/commissioning)

We are pleased to report that each Committee, Working Group, and almost every Special Interest Group of the British Pain Society, now has at least one lay representative from the Patient Liaison Committee, actively engaged in their work.

Further changes in the membership of the Committee took place over the summer, with two lay members and the Chair stepping down, and the introduction of three new lay members and the later appointment of a new Chair.

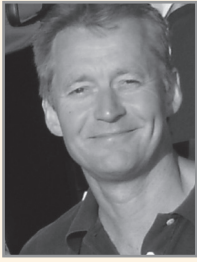
The Council would like to take this opportunity to express its sincere thanks to Mr Douglas Smallwood for his Chairmanship of the Committee during 2011 and 2012, and give thanks to members Jane Brown and Stephanie Stokes for their valued contributions.

Mr Antony Chuter was appointed Chair of the Patient Liaison Committee in November of 2012 and joins the British Pain Society having been Chair of the Patient Partnership Group of the Royal College of General Practitioners. He introduces himself and future plans for the Committee below.

Ms Jenny Nicholas

I am very pleased to take on this role – I have lived in chronic pain for about 20 years and so pain is something close to my heart and life. I work in a consultative style, I prefer consensus to voting. The PLC has a great feel about it and I am looking forward to working with the members. I also am looking forward to working with the Council at the BPS. The members of the Society make a great difference to people living in pain – I am very pleased to be part of that work and hope that I too can help make a difference.

Mr Antony Chuter



SCIENCE & RESEARCH COMMITTEE REPORT

DR MICHAEL SERPELL, CHAIR

Members Year End 2012

Trustee members

Dr Mick Serpell (Chair, Pain Medicine)

Dr Heather Cameron (Physiotherapy)

Dr Sam Eldabe (Pain Medicine)

Dr Martin Johnson (GP)

Prof. Roger Knaggs (Pharmacology)

Prof. Pat Schofield (Nursing)

Non-trustee members:

Prof. Sam Ahmedzai (Palliative medicine)

Prof. Jose Closs (Nursing)

Prof. Maria Fitzgerald (Basic scientist)

Prof. Chris Main (Psychology)

Dr Thanthullu Vasu (Pain Medicine)

*Co-opted member from Patient Liaison
Committee (PLC)*

External reviewers:

Dr Ann Taylor (Nursing)

Prof. Paul Watson (Physiotherapy)

THE SRC

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 Committee was expanded and reorganised last year to comply with the recommendations of the Association of Medical Research Charities (AMRC). These included the following aspects;

- The membership of the SRC has been expanded from 4 to 12.
- The composition of the judging group for the Clulow award will comprise of 6 non-trustee members.
- External referees will be sourced from individuals independent of the SRC.

CLULOW AWARD

The former biennial Mildred B Clulow award has been renamed the Clulow award, as the BPS has received another generous donation from another member of the family. Details of the award are on the BPS website. The deadline for applications for the 2013 award is May 13th.

The 2011 applicant holder is Prof. Gary Macfarlane, Aberdeen.

BPS SURVEY

Results from the BPS Audit/Research survey have enabled us to collate a database of members interested in Research and Audit. This will be available to members on the new BPS website. It is our intention to promote both of these forms of activity, and the database should facilitate this. Our main strength is that we bring together nearly 1500 Professionals from many different specialities, with great expertise in pain.

The eight domains identified were ranked in importance and priority with a second BPS survey. The clear winner was “Preventing Acute to Chronic pain”, so we would encourage members to work on this theme.

RESEARCH

Chronic pain research has never been in a better position, despite the current economic situation. The UK Government has made Research a priority, and has taken steps to incorporate it into the constitution of the NHS.

The Faculty of Pain Medicine (FPM) and BPS are exploring ways to set up a Comprehensive Local Research Network (CLRN) to facilitate both NHS and Commercial research amongst the whole range of healthcare providers.

To this effect, BPS & FPM jointly held a meeting on Nov 1st 2012, entitled “Developing a UK Clinical Research forum for Pain”. It was attended by 45 delegates, who clearly stated a strong will to form a CLRN in order to facilitate research activity. Members will be emailed about further developments shortly.

In combination with this process, we are working with NETSCC (NIHR Evaluation, Trials and Studies Co-ordinating Centre) in order to define specific research questions which will be more likely to succeed in external grant applications. We will liaise with the Royal College of Anaesthetists and the National Institute of Academic Anaesthesia to identify specific research activities, which could be delivered by using CLRN's.



SCIENTIFIC PROGRAMME COMMITTEE

PROF. GARY MACFARLANE, CHAIR

Members Year End 2012:

Professor Gary J Macfarlane (Chair) *Epidemiology*

Members:

<i>Prof. Mike Bennett</i>	<i>Palliative Care</i>
<i>Dr. Beverly Collett</i>	<i>Pain Management</i>
<i>Prof. Candy McCabe</i>	<i>Nursing</i>
<i>Prof. Maria Fitzgerald</i>	<i>Neurology</i>
<i>Prof. Roger Knaggs</i>	<i>Pharmacology</i>
<i>Prof. Stephen Morley</i>	<i>Psychology</i>
<i>Prof. Kate Seers</i>	<i>Nursing</i>
<i>Prof. Paul Watson</i>	<i>Physiotherapy</i>

Ex-officio-members:

<i>Prof. Richard Langford</i>	<i>President</i>
<i>Dr. John Goddard</i>	<i>Honorary Treasurer</i>
<i>Ms Leila Taleb</i>	<i>Secretariat</i>
<i>Ms Rikke Susgaard-Vigon</i>	<i>Secretariat</i>

In 2013 we visit a new venue for our Annual Scientific Meeting (ASM) – Bournemouth. There are relatively few suitable venues in the south of the United Kingdom to hold a conference of our size so this venue allows members and others based in the south a relatively easy travel to the conference.

Last year we introduced a number of changes to the conference format. We reinstated the “prize abstracts” to a plenary slot in response to feedback from conference delegates. The most common complaint previously was that there was insufficient time to view posters – and dedicating a plenary session to the posters has addressed this need. Two-thirds of the members welcomed this change when we analysed the responses after conference and so we will continue with this change. This year we will make a minor amendment in having two dedicated poster sessions, one during a plenary session and the other during the drinks reception which, this year, will be held in the conference centre. The poster prize abstracts proved popular (in addition to the trainee oral presentations) and will be offered again this year. However it proved impossible for a judging panel to view all the posters in the available time and so this year presenters who are being considered for a poster presentation prize will be notified in advance and when to be at their posters. This issue of persons submitting posters to the conference and then not being present to discuss it is still one to which we need to find a solution.

We are all aware of the current financial climate and this affects conferences as well. In addition to potential delegates finding it tougher to secure funds to attend, selling exhibition space is more difficult and we have been finding that some companies are no longer taking stands or are taking smaller stands. While the ASM has in past made a surplus, it is important that we take a close look at our costs. Accordingly we no longer can be quite so generous in providing funds to persons involved in workshops, but hopefully we have found a balance between being prudent and it still being attractive for scientists and clinicians to submit workshop proposals. There will also be one less “stream” of parallel sessions, but since many people commented there was too much choice last year, hopefully, this will not be a problem.

Returning to the science, we have themed 2013 as “Highlighting the best of British science” with all our plenary speakers coming from the United Kingdom (and one from our neighbour, the Republic of Ireland!) We have, once again, tried to include topics which have been under-represented in previous years such as fatigue and pain and managing patients with pain in primary care. Each of the SIGs will be represented at the meeting and will have a scientific session and/or lunchtime meeting. We have encouraged SIGs to consider collaborative sessions with other SIGs and we will welcome feedback on how this works.

I would like to thank the Scientific Programme Committee for their help with planning the programme for this year; they have as usual been most collegiate. Our work is mainly done at a planning meeting in early summer and thereafter Rikke Susgaard-Vigon (who we welcomed back from maternity leave) puts this into practice! We will hold a meeting in early January to select the conference abstracts and potential prize winners and we aim to provide earlier feedback to presenters on the outcome in order to give them enough time to secure funds to allow them to attend.

I look forward to meeting many of you on the south coast in April and please do take the opportunity to give me feedback on the conference.



ACUTE PAIN SOCIETY SPECIAL INTEREST GROUP REPORT

DR JANE QUINLAN, CHAIR

Officers Year End 2012:

Dr Jane Quinlan, Chair

*Mrs Dorothy Helme, Patient Liaison Committee
Representative*

Current membership: 103

The APSIG workshop at the Liverpool ASM in April was a well-attended and lively debate on the pros and cons of ketamine use in post-operative pain, with Dr Rae Bell giving a great talk on the need for caution. Thanks to all who attended and contributed so enthusiastically.

We continue to work with the East of England Ambulance Service (EEAS) to develop pre-hospital analgesia. In June I represented the SIG and spoke at the EEAS paramedic summit on acute pain assessment and management, while Professor Pat Schofield gave an excellent talk on pain assessment in the elderly.

At the end of July this year the Royal College of Physicians released their National Early Warning Score (NEWS) to standardise the assessment of acute illness severity across the NHS. When the discussion document for the NEWS chart was originally released in May 2011, members of the SIG were concerned that pain scores had not been included on the chart, and it was felt that this was a backward step in the efforts to make pain scoring routine for hospital inpatients. Following a formal reply from APSIG on behalf of the BPS, the NEWS observation chart has been amended to include pain scoring.

We have provided feedback on the value of NAP3 - National Audit of Major Complications of Central Neuraxial Block in the United Kingdom - for the Health Services Research Council who are undertaking an external review of the Royal College of Anaesthetists National Audit Projects.

The NIPPS project (National Inpatient Pain Survey) is going well with an NIHR grant application under review, and the PainOut project continues to expand to provide national and international benchmarking in acute post-operative pain.

We look forward to working with the Pain in Children SIG to host our first joint SIG workshop at this year's Bournemouth ASM, where we shall be able to discuss our different approaches to pain and share ideas for improvement in analgesic provision for both children and adults.

We shall hold the APSIG AGM during our lunchtime meeting in Bournemouth, so I look forward to seeing existing APSIG members there, and to welcoming new members.



CLINICAL INFORMATION SOCIETY SPECIAL INTEREST GROUP REPORT

DR BARBARA HOGGART, CHAIR

Officers Year End 2012:

Dr Barbara Hoggart, Chair

Dr Ola Olukoga, Treasurer

The group continues its active involvement in the National Pain Audit. The officers of the SIG Dr Olukoga (treasurer) and Dr Hoggart (chairperson) are on the Scientific Committee and were co-authors of the final report.

The interest has now moved on to the areas of pain delivery that can be improved and audited. The Scientific Committee are meeting on the 30/1/13 to discuss these developments and I am sure the outcome of our deliberations will be presented to the Council meeting.

In addition the SIG will be presenting the final report of the audit at a workshop in Bournemouth so all members of the British Pain Society can hear the results and deliberate. The results will be presented by Dr Alex Bottle, Dr Cathy Price, and Dr Ola Olukoga.

The other part of the workshop will be a discussion on further audits that can be done with all members of the SIG pooling their information. Such audits are never cost neutral and funding needs to be identified. In my experience, such projects can find funding by pharma companies, but issues of ownership of the data becomes an issue so the discussion should be robust.



INTERVENTIONAL PAIN MEDICINE (IPM) SOCIETY SPECIAL INTEREST GROUP REPORT

DR MANOHAR SHARMA, CHAIR

Officers Year End 2012:

Officers:

Dr Manohar Sharma, Chair
Dr Ganesan Baranidharan, Secretary
Dr Neil Collighan, Treasurer

IPM SIG Committee:

Dr S Balasubramanian
Dr A Bhaskar
Dr AR Cooper
Dr A Erdmann
Dr S Gupta
Dr A Hammond
Dr J Richardson

BPS Council liaison:

Dr Raj Munglani

Total membership: 190

IPM SIG WORKSHOP DURING BPS ASM LIVERPOOL, APRIL, 2012

The IPM SIG organised a most successful parallel session on Management of Pelvic Pain. Speakers were Drs Andrew Baranowski and John Hughes. The session was chaired by Dr Sanjeeva Gupta.

IPM SIG ANNUAL LUNCH TIME MEETING DURING BPS ASM LIVERPOOL, APRIL, 2012

Dr Sanjeeva Gupta updated the group on the Spinal pain pathway for Map of Medicine and Dr Tony Hammond updated on the research feasibility study submission by the group. Dr G Barani suggested ideas for a national initiative for developing patient information leaflets for spinal interventions which may be used locally by further adaptation. The group was supportive of this initiative.

IPM SIG ANNUAL SEMINAR ON 28TH SEPTEMBER, 2012, MANCHESTER

IPM SIG held its annual seminar on 28th September, 2012, in Manchester. The meeting invited posters for the first time to encourage more engagement with SIG members as suggested by the IPM SIG Exec committee. These abstracts have been published in the British Journal of Pain. The meeting had sessions on updates on Neuromodulation, Neuroablation, Cancer pain and Research including collaboration with Neurosurgery and Palliative care. The meeting was attended by 75 delegates including faculty and had very good feedback.

IPM SIG members thanked the President of the BPS and Dean of Faculty of Pain Medicine for their assistance in helping to influence and seek recognition for Pain Medicine as one of the specialities, which, could assess and treat BUPA insured chronic pain patients.

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

An HTA application (Full proposal) on a Feasibility study on Facet joint injections versus usual care and sham has been submitted again to NIHR. The group is awaiting the outcome. This work has been led by Prof. Richard Langford and Dr Vivek Mehta.

GOOD PRACTICE IN INTERVENTIONAL PAIN MEDICINE DOCUMENTS

We have submitted proposals to the BPS for two good practice guidelines:

Good Practice Guidelines for Medial Branch Block and Radiofrequency Denervation for Lumbar Facet Joint Pain. This document has been endorsed by the Faculty of Pain Medicine.

Good Practice Guidelines for Percutaneous Spinal intervention Procedures (excluding epidural).

Many IPM SIG members are contributing to these guidelines.

IPM SIG WORKSHOP DURING BPS ASM, BOURNEMOUTH, 2013

The IPM SIG is organising a workshop on technical updates on Radiofrequency and transforaminal injection techniques.

DATE FOR 2013 ANNUAL SCIENTIFIC MEETING OF IPM SIG

18th October, 2013, at the Royal College of Anaesthetists.



MEDICOLEGAL SOCIETY SPECIAL INTEREST GROUP REPORT

DR JONATHAN VALENTINE, CHAIR

Officers Year End 2012:

Dr Jonathan Valentine, Chair

Dr Kevin Markham, Vice Chair

Dr Rajesh Munglani, Secretary

Dr Joshua Adedokun, Treasurer

Dr Chris Jenner, Officer

Dr George Harrison, Officer

Dr Neil Collighan, Officer

The Medicolegal SIG was established in July 2011. The SIG currently has 46 members.

The activities over the past twelve months have been to hold a first M-L SIG workshop at the ASM at Liverpool in April 2012. This session was very well attended and ultimately successful. Many thanks to Dr. Chris Wells and Dr. Kevin Markham for providing excellent presentations, which were both very well received.

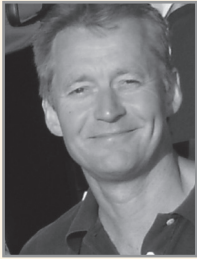
The second SIG workshop will be held at the ASM at Bournemouth in April 2013. Speakers will be Charles Pither, Kevin Markham and Leigh Neal.

A decision was made at the SIG meeting in April 2012 not to proceed with stand-alone meetings because of the complexities and risks associated with the financial arrangements for such meetings.

Dr. Kevin Markham will become Chairman during the BPS ASM at Bournemouth in April 2013. A new Vice-Chairman will be elected shortly.

Email: jon.valentine@pain-expert.org

Website: www.pain-expert.org



NEUROPATHIC PAIN SOCIETY SPECIAL INTEREST GROUP REPORT

DR MICK SERPELL, CHAIR

Office and Committee Members:

Mick Serpell, Chair 2004
Jayne Gallagher, Secretary 2012
Praveen Ganty, Treasurer 2012

Elected Committee Members:

Frank Bernhard 2010
Katie Warnaby 2012
Subhash Kandikattu 2012
Abdul Nazal 2012

At our AGM at this year's BPS ASM in Liverpool, the above members volunteered for positions on the Committee.

WORKSHOP

BPS ASM in Bournemouth April 2013. We have planned a joint Workshop with the Primary Care SIG, on the theme of "The cost of Neuropathic Pain in Primary Care". The three speakers will be;

"Latest update on epidemiology of neuropathic pain" Dr Nicola Torrance, Dundee

"Budgets in the real world - when is treatment no longer affordable?" Prof. David Taylor, UCL.

"Barriers to managing neuropathic pain in primary care" Dr Johanna Theron

RESEARCH ACTIVITIES

The BPS Research & Audit survey ranked the theme "Preventing Acute to Chronic Pain" as the highest priority over other domains. This theme is under discussion amongst NeuP SIG members for our own research/audit efforts.

We have given feedback to NICE on the proposed revision of their guidelines "Neuropathic pain: the pharmacological management of neuropathic pain in adults in non-specialist settings. CG96".



PAIN IN CHILDREN SOCIETY SPECIAL INTEREST GROUP REPORT

DR GWEN PORTER, CHAIR

Officers Year End 2012

Dr Gwen Porter, Chair

Dr Alison Bliss, Secretary

Our allocated Patient Liaison member has now been identified as Ms Alison Harvey.

Membership of the SIG remains pretty stable hovering around 50 members.

The SIG holds no independent funds

The SIG is joining with the Acute Pain SIG to deliver a workshop at the next ASM in spring 2013. The proposed programme should inform the practise of members of both SIGs. It is hoped that this joint venture will also increase the profile of the Pain in Children SIG.

We are discussing the possibility of delivering a study day in 2013 directed at doctors in training presenting for the Fellowship of Faculty of Pain examination. It would be open to trainees based outside London, for whom the London course is not available. It will cover aspects of pain management in children and young people. This project has been delayed until late 2013.

The SIG executive (Dr Bliss and Dr Porter) have submitted articles to Pain News which have been published.

Sheffield Children's Hospital Pain Management team continues to co-ordinate data on the outcome of using Versatis patches in children. A further update on results will be presented in poster form at the next ASM.

The SIG has been invited to comment on the Service Specifications for Prescribed Services.



PAIN EDUCATION SOCIETY SPECIAL INTEREST GROUP REPORT

DR EMMA BRIGGS, CHAIR

Officers Year End 2012

Dr Emma Briggs, Chair

Dr Alison Twycross, Secretary

Mrs Maggie Whittaker, Treasurer

Prof. Michelle Briggs

Dr Sarah Henderson

Dr Janet McGowan

Dr William Notcutt

Co-opted members:

Prof. Nick Allcock

Mrs Dorothy Helme

Miss Ethel Hili

Ms Despoina Karargyri

Dr Paul Wilkinson

As we enter our sixth year, the Pain Education SIG Committee and members can be suitably proud of its achievements in 2012. The membership continues to grow at over 115 members-lay people, clinicians and academics who are all passionate about pain education and moving the agenda forward. At the heart of this interprofessional group is the SIG Committee who extended a warm welcome to Professor Michelle Briggs and Dr Alison Twycross and as a team, the Committee have been working hard on a number of initiatives.

The SIG were delighted to commission and write for the second issue of the British Journal of Pain (May 2012). National and international experts have written some interesting articles on contemporary educational issues (available <http://bjp.sagepub.com/content/6/2.toc>) and the publication has helped to raise the profile of pain education.

For the 2012 ASM, we joined forces with the Primary Care SIG to offer a participatory workshop called 'Citius, Altius, Fortius: Launching our Olympic Pain Education Campaign.' The well-attended session explored the undergraduate initiatives (Nick Allcock), primary care educational provision (Val Conway) and the all important lay perspective on the priorities for education (Dorothy Helme). For the 2013 ASM, we are looking forward to presenting with the Developing Countries SIG examining pain education in low resource countries.

Prof. Nick Allcock continues to lead the development of an interprofessional curriculum document that will support educators to enhance pain teaching in the undergraduate programmes. This document will offer some practical and realistic solutions for those involved in undergraduate work.

The fifth annual seminar in November focused on ‘Improving Patient Education: Making a Difference.’ It was a fascinating and worthwhile day that saw us explore the challenges and innovations (with Mr Pete Moore and Dr Frances Cole), pain free pedagogic practice (Dr Chris Holland), motivational interviewing (Dr Clare Daniel) and the activities of the BPS in supporting professionals to educate patients (Dorothy Helme, Despina Karagyri and Ethel Hili). The seminar was co-ordinated by Maggie Whittaker and the theme reflects a new area of the SIGs activity. The Patient Education Working Party, chaired by Ms Despina Karagyri is exploring how we can support practitioners in their patient education role.

Finally, Committee members are also active on an international level working with EFIC in developing a European project (Emma Briggs) and IASP Pain Education SIG initiatives with Dr Paul Wilkinson as newsletter Editor.

With so much achieved in 2012, we are looking forward focusing our attention on the undergraduate curriculum document, supporting professionals to deliver patient education, implementing our communication strategy (led by Dr Sarah Henderson) and planning our next mission. We’d like to invite all BPS members to join us in shaping pain education in the UK and beyond.



PAIN IN OLDER PEOPLE SOCIETY
SPECIAL INTEREST GROUP REPORT

PROF. PATRICIA SCHOFIELD, CHAIR

Officers Year End 2012

Prof. Pat Schofield, Chair

There has been a lot of work going on this year around pain in older adults.

In terms of our workshops and study days, we have facilitated another successful workshop at the ASM and one planned again for 2013. We have not offered a SIG study day, but we have facilitated a day supported by the education committee.

Whilst we are still quite disappointed in the uptake of the pain assessment guidelines produced in 2007, there has been some movement this year. A number of key documents have alluded to the recommendations made within the guidelines such as end of life care for people with dementia, a policy report published in 2012 and the dementia care standards. We are also seeing pockets of use of pain scales around the country and evaluation into scales such as the ABBEY scale with a new interest in technology, such as the iPhone APP.

We are currently updating the assessment guidelines which will be published in autumn 2013. Work continues on the pain management guideline which will be launched in March via Age & Ageing. Other publications that we are leading in the development of is the “How to” guide for finding information. This is a guide that has been developed by older adults on how to find self-help literature; it will be available later in the year.

We have recently launched the joint working party on Pain in Older Adults. This is a joint venture with the British Geriatric Society and will enable us to work together to take forward the needs of older adults in pain.



PAIN MANAGEMENT PROGRAMMES (PMP) SOCIETY SPECIAL INTEREST GROUP REPORT

DR PAUL WILKINSON, CHAIR

Officers Year End 2012

<i>Main Medical</i>	<i>Dr Paul Wilkinson (Chair)</i>	<i>Alternate Nursing</i>	<i>Helen Taylor</i>
<i>Alternate Medical</i>	<i>Dr David Laird</i>	<i>Main Physiotherapist</i>	<i>Sarah Wilson (Treasurer)</i>
<i>Past Chair</i>	<i>Dr Frances Cole</i>	<i>Alternate Physiotherapist</i>	<i>Despoina Karagyri</i>
<i>Main Psychology</i>	<i>Dr Kerry Mathews (Secretary)</i>	<i>Main Occupational Therapist</i>	<i>Deanne Barrow</i>
<i>Alternate Psychology</i>	<i>Dr Zoe Malpus</i>	<i>Alternate OT</i>	<i>Diane Wingfield</i>
<i>Main Nursing</i>	<i>Dr Dee Burrows</i>		

PMP DIRECTORY – UPDATE

The committee agreed that it would be worth updating (and adding to) the Directory. The committee agreed that the first step should be to investigate whether PMP data/info could be collected as part of the National Audit 2013 and explore the limitations. This work is ongoing.

PMP GUIDELINES UPDATE

The PMP Guidelines were published online for member consultation – to respond by 28th September so this phase is now completed. Feedback has been processed and only several differences need to be resolved. Outside consultation will begin ready for the workshop session at the pain conference.

ASM SIG WORKSHOP UPDATE + LOSS OF LUNCH TIME MEETING

This change has caused some difficulty. The committee agreed that 2013 PMP SIG AGM would be held at PMP conference in Jersey.

With regard to the 2014 ASM workshop – the committee agreed that it would be important to organise a joint workshop together with another SIG, particularly with the aim of encouraging/ highlighting MDT working in the BPS (given the unidisciplinary nature of most of the sessions at the last ASM and lack of AHP attendance).

HRG CODING – UPDATE

We are working with Dr Ola Olukoga to help use the HRG coding system more effectively. A draft coding document is pending.

PMP CONFERENCE 2013

The planning of this continues to be a key focus of SIG work at the current time. The local organising committee have been working hard to keep costs as low as possible to ensure the conference comes in with minimal financial risk.

PMP AUDIT/APPRaisal + OUTCOME MEASURES (AS DISCUSSED IN LAST SUBMISSION)

Informally, we are considering a proposal to set up an external review process for PMPs, for quality assurance purposes. For example, PMP SIG members could be invited to visit other PMPs to offer feedback on issues such as the level of CBT included, whether the work was truly MDT in nature and the range of individual components included. An external review process might for example lead to a formal document regarding the quality of care provided that could be shared with managers and could ultimately become the benchmark to raise standards for new PMP services.

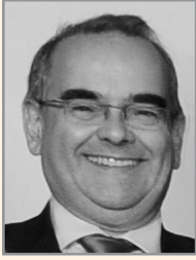
ROLE OF COMMITTEE OFFICERS + COMMITTEE COMMUNICATION

We have more formally defined the roles of the SIG officers. We have further refined our approaches regarding E-Communication in relation to sub-groups by creating topic banners.

DATES FOR NEXT TELECONFERENCE + FUTURE LONDON MEETINGS

The Next Meeting is to be held on Tuesday 29th January 2013 in London 11:00-15:00.

Dr Paul Wilkinson



PHILOSOPHY AND ETHICS SOCIETY
SPECIAL INTEREST GROUP REPORT

DR MICHAEL PLATT, CHAIR

Officers Year End 2012:

Dr Michael Platt, Chair

Dr Diana Brighouse, Secretary/Treasurer

Our July 2012 annual meeting focussed on the subject of Care Ethics. Bryan Vernon, Senior Lecturer in Health Care Ethics at Newcastle Medical School described care as the meeting of needs of one person by another where interaction between care and cared for is a crucial element. It is demanding, and makes the caregiver vulnerable. Care is the starting point for ethical action and is grounded in the relationship of a mother with her child.

Jeremy Swayne, retired GP and priest, expressed concern that the *scientia* of present day medicine may not be conducive to the *caritas*; although they are necessarily complementary the two are not always compatible, and our preoccupation with a narrowly defined biomedical science has undermined our capacity for care.

Professor Paul Dieppe of the University of Exeter Medical School spoke on the necessity for two-way, relational trust between doctor and patient, and Tim Johnson, Consultant in Pain Medicine, Salford, talked about the difficulty of maintaining trust in the context of medicolegal work.

Havi Carel, philosopher and author, guided us into the ways that phenomenology, the 'first person' approach, can help to enrich the understanding people in health professions have of their patients. Raymond Tallis, Professor of Geriatric Medicine at the University of Manchester made a convincing case for legalising assisted dying.

Other subjects discussed included the necessity of collaboration with management imperatives if we are to obtain funding for our work, the 'difficult patient', and Jumbalance holidays for people with serious disabilities or approaching the end of life with cancer.

Abridged versions of these talks have as usual been published in Pain News, and the booklet of the complete transcription will appear in the spring.

Attendance at this meeting was a little down on recent years, but a more pressing concern is the continuing fall in the proportion of members of Allied Professions among our participants, despite our efforts to keep fees for them at a minimum. This seems to reflect the worsening provision of study leave for our colleagues, which has always been poor and is now approaching a disgrace. This is surely something that should be taken up at governmental level by the Colleges and professional organisations including the BPS.

Participants in the SIG's parallel session at the 2012 ASM were treated to a fascinating talk by Professor Helen Askitopoulou from Greece on the real meaning of the Hippocratic Oath with its modern application and the implications it holds for present-day practice.

At last year's meeting we acknowledged that over the years the SIG has spent many hours identifying the shortcomings of pain medicine but had never addressed the issue of how to change them. So it was decided that the task of this year's meeting (at Launde Abbey from June 10th to 13th) would be not only to define a new culture of pain medicine but also to determine the best means of 'evangelising' the message of the need for change, not only to our colleagues in the speciality but to the medical and health professions as a whole. John Loeser, former President of the IASP will be attending as key speaker focussing on the importance of education in pain medicine to all practitioners.

Book sales of the book of essays by previous participants of our Special Interest Group meetings, called: "Pain, Suffering and Healing, Insights and Understandings" edited by Peter Wemyss-Gorman, with a foreword by John D Loeser, have reached just over 200, and it is shortly to be translated into Arabic.



PRIMARY AND COMMUNITY CARE SOCIETY SPECIAL INTEREST GROUP

DR CHRIS BARKER, CHAIR

Officers Year End 2012:

Chris Barker, Chair

Ann Taylor

Martin Johnson, Vice-Chair

Val Conway

Dee Burrows, Secretary

Johanna Theron

Sonja Bigg, Treasurer

Current Membership: 58

PCC SIG – ANNUAL GENERAL MEETING, LIVERPOOL, APRIL 2012

It was recognised how well the launch of the SIG the previous year had gone. It was the culmination of a number of years of attempting to start the SIG.

Changes to the PCC SIG committee were agreed:

- Val Conway stepped down as Chair; Chris Barker was elected
- Johanna Theron also stepped down as Secretary. Election of a Secretary did not take place however Dee Burrows kindly agreed to replace until election.

Committee and members identified a number of SIG priority areas (see below). Provisional leaders for each were identified.

PROJECT

Research and Audit	Current Agendas
Commissioning	Guidelines and Tools
Clinical Issues	Data Collection
Education	

It was recognised that one or two areas needed to be focused upon as it would be too difficult to achieve in all areas. The priorities were Problematic Pain, and Commissioning

It was also agreed we needed regular teleconferencing to maintain contact and momentum for agenda

ADDITIONAL COMMITTEE MEMBERS

It was recognised within the constitution that election of a Secretary could only take place at AGM (which did not take place). Two additional committee member posts identified were therefore postponed until the next AGM (2013), however it was agreed Dee Burrows would stand it as Secretary at least until next election.

PROJECT AREAS

Significant progress has been made with 'Problematic Pain'. Some committee members met in August to scope out a plan for the development of this area. It was agreed this area is huge and will take many months to complete involving a number of parties. We are planning a stakeholder meeting for this soon after the ASM in April 2013, where we will agree the scope and timescale of the project.

Commissioning has also moved forward with committee members actively involved with BPS in the development of a commissioning toolkit.

PCC SIG has commenced discussion regarding 2013 SIG study day. A number of topics have been suggested. We are currently conducting an electronic survey to establish the most relevant topics for the sessions and workshops.. It is hoped this meeting will build upon the success of the first study day at the SIG launch in 2011, perhaps hosted in the Midlands.



PAIN IN DEVELOPING COUNTRIES
SOCIETY SPECIAL INTEREST GROUP

DR CLARE ROQUES, CHAIR

Officers Year End 2012:

Dr Clare Roques, Chair

Dr Sam Eldabe, Honorary Treasurer

Dr Senthil Vijayan, Honorary Secretary

The Pain in Developing Countries SIG has had a busy year with several new projects underway and a growing membership now numbering 67.

Early in the year we held our SIG workshop at the BPS ASM in Liverpool entitled 'Practical analgesia in the developing world: making a silk purse', with fascinating and emotive talks from Dr David Snell and Dr Karen Frame describing their experiences and many of the barriers they faced when practicing in several areas of pain management in Africa.

During the meeting that followed the workshop we began to formulate a working plan for the group to specify the roles and aims of the SIG. After much discussion we decided that a practical way forward would be to support established projects who feel they would benefit from our input. Thereby hopefully targeting our resources efficiently and achieving a 'bottom-up' approach to our work. The hope is that this model can be used in many different scenarios with various resources such as educational materials, sharing of experiences, time working on projects and fundraising, and will remain relevant as the SIG grows. The first step towards this has been to survey our members to ascertain what resources are potentially available and what related projects are underway. A pilot survey of SIG members was followed by a full survey of the BPS membership, the results of which are soon to be collated.

We are also continuing to liaise with other related groups and individuals such as the International Relations Committee of the Association of Anaesthetists of Great Britain and Ireland, and the authors of the educational programme 'Essential Pain Management' (Roger Goucke and Wayne Morriss). We are currently looking towards establishing support to run an Essential Pain Management course overseas, which we hope will enable us to make the most of one of our key strengths namely that our members have experience of working in various specialties including acute and chronic pain as well as palliative care.

At the time of writing we are finalising our plans for a joint workshop at the Bournemouth ASM with the Education SIG called 'Maximising the impact of education in developing countries', with speakers Dr Emma Briggs and Dr Catherine D'Souza.

We are continuing to write regular articles for Pain News with updates of the work of the SIG and of our members, many of whom are spending considerable amounts of time working in very challenging environments in resource poor settings across the world. Hopefully these writings will serve to raise awareness of many of the issues surrounding the complex problems encountered overseas.

As we have suggested before, the remit of the SIG to improve pain management in developing countries is enormous but I think we are beginning to take some small steps that hopefully will prove useful.

CONTENTS

Legal and administrative information	53
Directors' Report	54
Auditor's Report	66
Statement of Financial Activities	68
Balance Sheet	70
Notes to the Accounts	71
Statement of Director's Responsibilities	80

THE BRITISH PAIN SOCIETY

LEGAL AND 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 2012

The British Pain Society is the largest multidisciplinary professional organisation in the UK. It comprises of: doctors, nurses, physical therapists, scientists, psychologists, occupational therapists, and other healthcare professionals actively engaged in the diagnosis and management of pain and in pain research. As of 31st December 2012 there were 1468 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 2012. 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 British Pain Society is a company limited by guarantee.

The Directors are appointed by ballot of the members, except for the Vice President, Honorary Secretary and Honorary Treasurer who are appointed by the Directors. Any Ordinary or Honorary Member of the Society is entitled to stand for election to the post of Director/Trustee. Only Members who have previously served as Trustees of the Pain Society, the British Pain Society, or as Board members of either the International Association for the Study of Pain (IASP) or the European Federation of IASP Chapters (EFIC) are eligible to stand for the post of President, Vice President, Honorary Secretary or Honorary Treasurer, however, if no person who falls within the eligibility categories is willing to be considered for election, Council may consider a candidate or candidates from the Ordinary and Honorary Members. All new directors 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: Scientific Programme Committee, Communications Committee, Patient Liaison Committee, Science and Research Committee and Education Committee.

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

An Annual General Meeting of the members is held at the time of the Annual Scientific Meeting.

There are currently twelve Society Special Interest Groups; Acute Pain, Clinical Information, Interventional Pain Medicine, Medicolegal, 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 response to the current financial position of the Society, a review was undertaken by the Council at its meeting in November 2012 and items of potential savings / increased income were considered. 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 "Clulow Research Award", the "Patrick Wall International Meetings Bursary", the "British Pain Society Annual Scientific Meeting Bursary", "The British Pain Society Study Day Bursary" and the "International Association for the Study of Pain World Congress Bursary". Full details of the awards, including eligibility and application forms, are available on the Society website.

3. ACHIEVEMENTS AND PERFORMANCE

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

Society Meetings/Events

- The Society held its 45th Annual Scientific Meeting (ASM) in Liverpool on 24-27 April 2012, which was attended by 585 participants.

- The Education Committee continued its 'Learning in Pain Series' which aims to provide comprehensive learning in pain medicine as per the IASP curriculum as a series of one day study days. Three study days were held in 2012:
- 23rd Study Day 'Acute Pain' was held on 24th January.
- 24th Study Day 'Commissioning Pain Services' was held on 10th September.
- 25th Study Day 'Psychological therapies in the management of pain' was held on 23rd November.
- A further study day was originally planned. 'Back Pain' was to be held on 13th June but cancelled due to low attendance numbers.
- An additional SIG Chairs meeting was held on the 5th July 2012.
- On the 17th December, the final report of the National Pain Audit was launched at an event held at the Science Museum, London.

SIG Meetings/Events

- On 2nd – 5th July, the Philosophy & Ethics Society SIG held a meeting at Rydal Hall on 'The ethics of care'.
- The Interventional Pain Medicine Society SIG held their annual one day seminar on 28th September in Manchester.
- The Pain Education Society SIG held a one day seminar on 29th November on 'Improving patient education; making a difference'.

Publications

- The Society continues to provide its quarterly Newsletter 'Pain News' free of charge to its members.
- The Society continues to provide its quarterly newsletter supplement 'British Journal of Pain' (formerly Reviews in Pain) free of charge to its members. Only Members are currently able to access the online version of the British Journal of Pain from the Society's website.

- All the Society's publications and patient information leaflets are available to download free of charge from the website.
- The Society published 'Use of medicines outside of their UK marketing authorisation in pain management and palliative medicine' with accompanying Patient Information Leaflet.

Bursaries & Grants

- The Society awarded 22 members of the Society bursaries to attend its ASM in Liverpool.
- The Society awarded 2 members of the Society the Patrick Wall Overseas Travel Bursary.
- The Society awarded 3 members of the Society the International Association for Study of Pain (IASP) Bursary.

Involvement with other bodies

- The National Pain Audit, a joint project with Dr Fosters Research Ltd, concluded in 2012, with the launch of the Final Report taking place in December.
- The Society, with advice and support from various interested organisations, including the Department of Health, the Chronic Pain Policy Coalition and the Royal College of General Practitioners, published five Pain Patient Pathways; Initial assessment and early management of pain, Spinal pain, Chronic widespread pain, including fibromyalgia, Neuropathic pain and Pelvic pain. All the pathways are available on the Map of Medicine portal.
- The Society has continued to be involved in the work of the Chronic Pain Policy Coalition, which is an umbrella organisation uniting patients, professionals and parliamentarians which will develop and help to implement a strategy for improving the prevention and treatment of chronic pain in the UK.
- The Society is a generic stakeholder for NICE (National Institute for Health and Clinical Excellence) guidelines.
- The Society is a generic stakeholder for Interventional Procedures and Health Technology Assessments for NICE.
- The Society is a member of the Association of Medical Research Charities (AMRC).

- A representative from the British Pain Society Council sits on the British Medical Association (BMA) Specialist Sub-Committees.
- 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.
- The Society has representation on the Airing Pain radio Advisory Board, an initiative from Pain Concern.
- 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 Chronic Pain Policy Coalition, the Royal College of Nursing and the International Association for the Study of Pain (IASP) sits on the British Pain Society Council as co-opted members.
- The Society has established a positive relationship with the Department of Health.
- The Society has representation on the Royal College of General Practitioners Stakeholder Group.

Information for people affected by pain

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

4. FINANCIAL REVIEW

As shown in the financial statements there are accumulated reserves of £1,182,414 of which £244,703 is in restricted funds, £244,703 being the sum of the Clulow legacy and

interest. In 2011 a further sum of £185,304 was received as a legacy from Elaine Clulow. The sum of £66,658 (the income from the Irene Bainbridge legacy) has been put into a designated reserve to support the restricted fund. The net SIG funds of £53,642 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 £42,002 is to support the extra educational activity of the Society. £263,248 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 £264,287 to be used to further the aims and objects of the Society.

This year has seen the Society maintain a good financial base although 2012 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 46th Annual Scientific Meeting will be held at the BIC, Bournemouth from 16-19 April 2013.
- The British Pain Society continues to review the publication *Pain Management Programmes for Adults*, which will be completed in 2013.
- 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 2013.
- The Society will continue to work on joint publications with the Royal College of General Practitioners with a publication on *The Safe and Effective Use of Opioids for Persistent Pain in Primary Care and the Community*.
- The British Pain Society continues to review the publication *Pain and substance misuse: improving the patient experience* which will be launched in 2013.
- The British Pain Society continues to review the publication *Intrathecal drug delivery for the management of pain and spasticity in adults; recommendations for best clinical practice* which will be launched in 2013.
- The Society will undertake a review the patient information publication *Understanding and Managing Pain* which will be led by the Patient Liaison Committee.
- The Chair of the publication working group for *Spinal cord stimulation for the management of pain; recommendations for best practice* has considered the review of this publication and as no new evidence is currently available the guidelines still stand. The publication will next be reviewed in late 2013.
- The Society's Pain Mechanisms DVD will be reviewed in 2013.
- The Society's 'A case of neuropathic pain; case study' will be reviewed in 2013.
- The British Pain Society will continue to work on producing a new publication on *Good practice guidelines for Medial Branch Block and Radiofrequency Denervation for Lumbar Facet Joint Pain*, which will be led by the Interventional Pain Medicine SIG.
- The British Pain Society will continue to work on producing a new publication on *Good practice guidelines for percutaneous spinal intervention procedures (excluding epidural)*, which will be led by the Interventional Pain Medicine SIG.
- The British Pain Society will continue to work on producing a new publication on *Search for self management*.

- The Society will undertake a review of the *Pain Assessment in older people* publication.
- The Philosophy & Ethics Society SIG will hold its annual meeting on 10-13 June at Launde Abbey, Leicestershire.
- The Society will hold 5 study days during the course of the year; *Pain in Older People*, *Harnessing interactive technologies in pain management*, *Commissioning pain services*, *Visceral pain* and a further day, topic to be confirmed.
- The Patient Liaison Committee of the British Pain Society will hold its annual voluntary seminar on the 12th June 2013.
- The Pain Education Society SIG will hold their annual one day seminar in the autumn.
- The Pain Management Programmes SIG will hold their bi-ennial conference on 25-27th September in Jersey.
- The Interventional Pain Medicine Society SIG will hold their annual one day seminar in London on the 18th October.
- 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 National Pain Audit, a joint project with Dr Fosters Research Ltd, will continue with an extension for a further year. The extension will look at collecting additional data.
- Now published, the Pain Patient Pathways project will continue with the implementation and dissemination phase. It is planned to run a series of up to 8 roadshows in the UK on *Pathways and Commissioning*.
- The Society will continue to work with Map of Medicine to provide all five Pain Patient Pathways on a microsite, accessible by anyone with internet access.
- The Society, jointly with the Faculty of Pain Medicine of the Royal College of Anaesthetists, will continue to work with the Department of Health on producing an e-learning resource on Pain.

6. DIRECTORS FOR THE PERIOD 1ST JANUARY – 26TH
APRIL 2012

Prof. R. M. Langford	President
Dr W. Campbell	Vice President
Prof. P. Schofield	Honorary Secretary
Dr J. Goddard	Honorary Treasurer
Dr A. Baranowski	Council Member
Dr S. Eldabe	Council Member
Dr R. Knaggs	Council Member
Dr A. Leach	Council Member
Dr E. Lin	Council Member
Dr R. Munglani	Council Member
Dr M. Serpell	Council Member
Dr T. Vasu	Council Member
Ms S. Williams	Council Member

DIRECTORS FOR THE PERIOD 26TH APRIL – 31ST DECEMBER 2012

Prof. R. M. Langford	President
Dr W. Campbell	President Elect
Prof. P. Schofield	Honorary Secretary
Dr M. Johnson	Honorary Secretary Elect
Dr J. Goddard	Honorary Treasurer
Dr A. Baranowski	Honorary Treasurer Elect
Dr H. Cameron	Council Member
Mr P. Cameron	Council Member
Dr S. Eldabe	Council Member
Dr O. Hart	Council Member
Dr R. Knaggs	Council Member
Dr A. Leach	Council Member
Dr R. Munglani	Council Member
Dr M. Serpell	Council Member
Ms S. Williams	Council Member

STAFF MEMBERS AS AT 31ST DECEMBER 2012

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

J. M. Goddard

7/3/13

Dr John Goddard (Honorary Treasurer)
The British Pain Society

REPORT OF 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 2012 on pages 11 - 19. These Financial Statements have been prepared under accounting policies set out therein and the requirements of the Financial Reporting Standard for Smaller Entities (effective April 2008)

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 2012 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.



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

THE BRITISH PAIN SOCIETY
STATEMENT OF FINANCIAL ACTIVITIES

for the year ended 31st December 2012

INCOMING RESOURCES	Notes	Unrestricted Funds	Restricted funds	Total Funds 2012	Total Funds 2011
INCOMING RESOURCES FROM GENERATED FUNDS					
Voluntary Income					
Subscriptions		176,827	-	176,827	183,958
Donations, legacies & similar	11	57	-	57	185,774
Activities for generating funds					
Label sales		630	-	630	1,333
Investment income					
Interest received	11	13,646	2,285	15,931	11,303
INCOMING RESOURCES FROM CHARITABLE ACTIVITIES					
Meeting income	2	399,895	-	399,895	603,700
Newsletter advertising & booklets		4,980	-	4,980	22,867
General Publications		69	-	69	444
Publications	8	334	-	334	716
Research Awards and Grants		-	-	-	20,000
PLC Annual Voluntary Seminar		-	-	-	95
SIGS	5a	33,839	-	33,839	94,233
Study Days	6a	19,300	-	19,300	4,070
Education Days	6b	-	-	-	-
Map of Medicine		(2,500)	-	(2,500)	42,500
OTHER INCOMING RESOURCES					
Other income		32	-	32	1,639
TOTAL INCOMING RESOURCES		£647,109	£2,285	£649,394	£1,172,632

THE BRITISH PAIN SOCIETY
STATEMENT OF FINANCIAL ACTIVITIES

for the year ended 31st December 2012 (continued)

RESOURCES EXPENDED	Notes	Unrestricted Funds	Restricted Funds	Total Funds 2012	Total Funds 2011
Costs of generating voluntary income					
Functions costs-BPS promotions/ Public Affairs		234 -		234 -	-
Charitable expenditure					
Research grants	11	935	25,000	25,935	24,994
IASP Travel bursary award		2,029	-	2,029	-
Meeting expenses	2	451,434	-	451,434	546,087
Sub-Committee expenses		9,353	-	9,353	6,298
Core Com/SIGS	5a	35,169	-	35,169	90,639
SIGS- Chairs Meetings		1,109	-	1,109	-
Working Parties	5b	4,898	-	4,898	7,455
PLC Annual Voluntary Seminar		268	-	268	1,680
Study Days	6a	12,153	-	12,153	8,836
Education Days	6b	-	-	-	-
Professional Meetings	9	5,438	-	5,438	40,002
Other meeting expenses		1,469	-	1,469	1,794
Miscellaneous expenses		207	-	207	1,003
Newsletter & Journal		36,043	-	36,043	45,868
Website		2,797	-	2,797	2,926
Publications	8	1,368	-	1,368	15
Rent & Service Charges		12,678	-	12,678	11,371
Secretariat & other staff costs		57,809	-	57,809	54,472
Printing & postage		2,062	-	2,062	1,805
Telephone & fax costs		1,152	-	1,152	1,527
Computer system & software		9,749	-	9,749	7,919
Equipment hire & storage		622	-	622	738
Donations		400	-	400	40
Premises Rates & Insurance		1,541	-	1,541	1,537
Office stationery & photocopying		3,255	-	3,255	3,261
Professional fees		86	-	86	582
Subscriptions		168	-	168	365
Bank charges	11	648	-	648	604
Depreciation		2,130	-	2,130	1,968
Governance Costs					
Council expenses	7	4,660	-	4,660	4,969
Induction of Trustees inc. Training		290	-	290	191
Accountancy		7,985	-	7,985	8,075
Legal fees		408	-	408	522
Annual Election Expenditure		1,416	-	1,416	2,310
Annual Report		1,255	-	1,255	1,141
Total resources expended		673,218	25,000	698,218	880,994
Net movement in funds		(26,109)	(22,715)	(48,824)	291,638
Total funds brought forward		963,820	267,418	1,231,238	939,600
Transfers between funds		-	-	-	-
TOTAL FUNDS CARRIED FORWARD		£937,711	£244,703	£1,182,414	£1,231,238

THE BRITISH PAIN SOCIETY BALANCE SHEET

as at 31st December 2012

31.12.11		Notes	31.12.12	
FIXED ASSETS				
Office Equipment				
9,841	Balance at 1st January		7,873	
-	Additions		2,778	
9,841			10,651	
1,968	Less: Depreciation		2,130	
7,873				8,521
CURRENT ASSETS				
243,254	Debtors and Prepayments	3	162,587	
18	CAF Gold Account		18	
38,399	Barclays Account		33,088	
78	Barclays Business Base Rate Tracker		98	
792,208	Charities Deposit Fund		272,945	
164,851	Caf Cash Account		141,057	
65	Petty Cash		63	
256,262	Santander Business Bond		263,344	
-	Barclays Business Card		-	
-	Barclays Treasury Deposit - Bond		500,000	
1,495,135			1,373,200	
CURRENT LIABILITIES				
271,770	Creditors and Accruals	4	199,307	
1,223,365				1,173,893
1,231,238	NET ASSETS			1,182,414
Represented by:				
ACCUMULATED RESERVES				
UNRESTRICTED RESERVES				
467,548	General		464,287	
66,658	Designated: I. Bainbridge	10	66,658	
314,787	Designated: ASM		263,248	
54,972	Designated: SIGS		53,642	
34,855	Designated: Study Days & Education Days		42,002	
25,000	Designated: Reserves		25,000	
-	Designated: Map of Medicine Pathways		22,874	
-	Designated: PLC Seminar		-	937,711
RESTRICTED RESERVES				
267,418	Clulow	11	244,703	
-	Pfizer Grant		-	244,703
1,231,238				1,182,414

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 7th March 2013 by: Dr John Goddard, Director

J.M. Goddard

NOTES TO THE ACCOUNTS

for the year ended 31st December 2012

I ACCOUNTING POLICIES

A) ACCOUNTING CONVENTION

The financial statements have been prepared under the historical cost convention, and in accordance with the Financial Reporting Standard for Smaller Entities (effective April 2008), the Charities Act 1993 and the requirements of the Statement of Recommendation Practice, Accounting and Reporting by Charities.

B) INCOMING RESOURCES

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

C) RESOURCES EXPENDED

Expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all cost related to the category. Where costs cannot be directly attributed to particular headings they have been allocated to activities on a basis consistent with the use of resources. Grants offered subject to conditions which have not been met at the year end date are noted as a commitment but not accrued as expenditure.

D) TANGIBLE FIXED ASSETS

Depreciation is provided at the following annual rates in order to write off each asset over its estimated useful life.

Office Equipment - 20% on a reducing balance basis.

E) TAXATION

The charity is exempt from tax on its charitable activities.

F) FUND ACCOUNTING

Unrestricted funds can be used in accordance with the charitable objectives at the discretion of the trustees.

Restricted funds can only be used for particular restricted purposes within the objects of the charity. Restrictions arise when specified by the donor or when funds are raised for particular restricted purposes.

Further explanation of the nature and purpose of each fund is included in the notes to the financial statements.

2 ANNUAL SCIENTIFIC MEETING

2012 Income and Expenditure Account		£	£
Income			<u>399,895</u>
			399,895
Expenses			
	Room Hire	152,225	
	Venue-miscellaneous	2,068	
	Printing	14,755	
	Help at Venue	5,306	
	Speakers expenses (inc.travel & accom)	17,512	
	Refreshments	30,974	
	Coaching	240	
	Poster Prizes	1,007	
	Poster Boards & Advertising	4,142	
	Gifts	1,111	
	Van Hire	793	
	Presidents Dinner	1,607	
	Council	9,192	
	Staff	2,867	
	PLC Committee Members	782	
	Social Programme	15,762	
	Insurance	4,421	
	Badges	571	
	Art Exhibition	1,874	
	Flowers	492	
	Contingency- Additional Purchases	1,344	
	Miscellaneous	320	
	Bursaries	9,405	
	Stuffing Delegates Bags	700	
	ASM Registration Fee Bank Charges	<u>3,478</u>	
			282,948
	Office Cost Contribution		<u>168,486</u>
	Total cost		<u>451,434</u>
	Net Surplus		<u>(51,539)</u>

APPORTIONED ASM EXPENDITURE

As agreed for 2012 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 £2,340 (2011 £2,220).

3 DEBTORS AND PREPAYMENTS

	2012	2011
Advance Meeting Costs	109,022	107,357
Secretariat Invoices	50,146	135,897
Accrued Interest	3,419	-
	<u>£162,587</u>	<u>£243,254</u>

4 CREDITORS AND ACCRUALS

	2012	2011
Creditors	42,891	184,594
Creditor AAGBI	36,426	30,614
Annual Scientific Meeting 2012	119,990	56,562
	<u>£199,307</u>	<u>£271,770</u>

5 A SIGS

	Opening Balance 01.01.2012	Income	Expenditure	Closing Balance 31.12.2012
Philosophy & Ethics	2,271	9,441	7,544	4,168
Acute Pain	4,723	-	54	4,669
Neuropathic Pain	650	-	-	650
Interventional Pain Management	7,641	11,865	7,850	11,656
Clinical Information	16,451	5,937	11,143	11,245
Pain Management Programmes	18,650	2,060	5,623	15,087
Pain Education	6,123	2,550	2,570	6,103
Older People	(925)	170	203	(958)
Primary Care	(1,042)	1,816	182	592
Developing Countries	430	-	-	430
	<u>54,972</u>	<u>33,839</u>	<u>35,169</u>	<u>53,642</u>

5 B WORKING PARTIES

	Opening Balance 01.01.2012	Income	Expenditure	Closing Balance 31.12.2012
Nurses Working Party	(1,421)	-	-	(1,421)
Opioid Recommendations	(62)	-	-	(62)
Desirable Criteria for PM	(1,335)	-	-	(1,335)
HRG	(743)	-	82	(825)
Intrathecal Drug Delivery System	(2,869)	-	-	(2,869)
Pain & Substance Misuse	(3,248)	-	-	(3,248)
Understanding & Managing Pain	(1,151)	-	-	(1,151)
Pain Management Programme	(1,682)	-	-	(1,682)
Nurse Recommendations	(1,662)	-	-	(1,662)
Cancer Pain Committee	(926)	-	-	(926)
Rec Man.of Chronic Pain in Children	(5,914)	-	-	(5,914)
Drugs Beyond Licence	(756)	-	-	(756)
Opioids for non cancer pain	(64)	-	-	(64)
RCGP/BPS Guide Lines	(3,165)	-	434	(3,599)
Core Curriculum for Healthcare prof.	(655)	-	1,028	(1,683)
Pain in Disability	-	-	211	(211)
Website Review	-	-	2,498	(2,498)
Pain Assessment in Older People	-	-	381	(381)
Joint BPS/BGS	-	-	264	(264)
	<u>(25,653)</u>	<u>-</u>	<u>4,898</u>	<u>(30,551)</u>

74

6 A STUDY DAYS

	Opening Balance 01.01.2012	Income	Expenditure	Closing Balance 31.12.2012
Prior Study Day Surpluses	22,283	-	-	22,283
22nd Study Day - 26th October 2011	(2,463)	120	(150)	(2,193)
23rd Study Day - 24th January 2012	(883)	3,500	3,646	(1,029)
24th Study Day - 13th June 2012	(169)	6,410	3,580	2,661
25th Study Day- 10th September 2012	(169)	9,270	4,123	4,978
26th Study Day - 23rd November 2012	(169)	-	74	(243)
27th Study Day- 5th February 2013	-	-	176	(176)
28th Study day - 10th June 2013	-	-	176	(176)
29th Study Day - 3rd September 2013	-	-	176	(176)
30th Study Day 19th November 2013	-	-	176	(176)
31st Study Day TBC	-	-	176	(176)
Study Day - miscellaneous	(42)	-	-	(42)
	<u>£18,388</u>	<u>£19,300</u>	<u>£12,153</u>	<u>£25,535</u>

6B EDUCATION DAYS

	Opening Balance 01.01.2012	Income	Expenditure	Closing Balance 31.12.2012
1st March 2007	21,147	-	-	21,147
1st March 2008	(4,880)	-	-	(4,880)
Primary Care Ed. Day Sponsorship	200	-	-	200
	<u>£16,467</u>	<u>£-</u>	<u>£-</u>	<u>£16,467</u>
TOTAL Study days & Education Days	<u>£34,855</u>	<u>£19,300</u>	<u>£12,153</u>	<u>£42,002</u>

7 COUNCIL EXPENSES

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

	2012	2011
Meeting - Catering	1,272	1,121
Meeting - Room Hire	62	193
Meeting - Travelling	3,039	3,261
Meeting - Hotels	287	394
Misc. Expenses	-	-
	<u>£4,660</u>	<u>£4,969</u>

8 PUBLICATIONS

	Opening Balance 01.01.2012	Income	Expenditure	Closing Balance 31.12.2012
Nursing Practice	(359)	-	-	(359)
Understanding & Managing Pain	(5,482)	74	835	(6,243)
Spinal Cord Stimulation	(2,916)	97	15	(2,834)
Opioid Recommendations	(950)	39	-	(911)
PMS Good Practice	12	-	-	12
Drugs Beyond Licence	(165)	3	518	(680)
Intrathecal Drug Delivery	(3,587)	3	-	(3,584)
Pain & Substance Misuse	(163)	32	-	(131)
Pain Management Programme	(565)	30	-	(535)
Rec. Management of Chronic Pain	1,521	-	-	1,521
Cancer Pain Management	(6,547)	6	-	(6,541)
Prov. Of Chronic Pain Serv. For Adults	25	-	-	25
Help The Aged	-	-	-	-
RCGP/BPS Pain Man. in Primary Care	25,352	-	-	25,352
Pain Management Guide Lines	(11,737)	45	-	(11,692)
BPS/PAGB Over The Counter Drugs	-	5	-	5
VAT Reimbursement on printing costs	30,327	-	-	30,327
	<u>£24,766</u>	<u>£334</u>	<u>£1,368</u>	<u>£23,732</u>

9 PROFESSIONAL MEETINGS

	2012	2011
BPS/Industry Drinks Reception	-	-
DoH/Professional Bodies	462	551
British Geriatrics Society Meetings	109	
Primary Care Meeting	997	1,669
Finance Meetings	2,033	1,072
Strategic Planning Meeting	-	481
Pain Summit Planning Meeting	-	194
Map of Medicine Meeting	1,837	35,289
EGM	-	746
	£5,438	£40,002

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”.

	2012	2011
Balance at 1st January	66,658	66,658
Incoming Resources	-	-
Expenditure	-	-
Balance as at 31st December	<u>£66,658</u>	<u>£66,658</u>

ASM

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

	2012	2011
Balance at 1st January	314,787	257,174
Incoming Resources ASM	399,895	603,700
Expenditure ASM	(451,434)	(546,087)
Additional cost allocation	-	-
Balance as at 31st December	<u>£263,248</u>	<u>£314,787</u>

SIGS

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

These funds are represented by:

	2012	2011
Balance at 1st January	54,972	51,378
Incoming Resources SIGS	33,839	94,233
Expenditure SIGS	<u>(35,169)</u>	<u>(90,639)</u>
Balance as at 31st December	£53,642	£54,972

STUDY DAYS

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

	2012	2011
Balance at 1st January	18,388	23,154
Incoming Resources Study Days	19,300	4,070
Expenditure Study Days	<u>(12,153)</u>	<u>(8,836)</u>
Balance as at 31st December	£25,535	£18,388

EDUCATION DAYS

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

	2012	2011
Balance at 1st January	16,467	16,467
Incoming Resources Education Days	-	-
Expenditure Education Days	<u>-</u>	<u>-</u>
Balance as at 31st December	£16,467	£16,467

DESIGNATED RESERVES

	2012	2011
Balance at 1st January	25,000	25,000
Incoming Resources	-	-
Map of Medicine Pathways	22,874	-
Expenditure	<u>-</u>	<u>-</u>
Balance as at 31st December	<u>£47,874</u>	<u>£25,000</u>

PLC SEMINAR SPONSORSHIP

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

	2012	2011
Balance at 1st January	-	-
Incoming Resources	-	-
Expenditure	(268)	(1,680)
Transfer from General Funds	268	1,680
Balance at 31st December	<u>-</u>	<u>-</u>
Total Designated Reserves at 31st December	<u>£473,424</u>	<u>£496,272</u>

II RESTRICTED FUNDS

LEGACY

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

	2012	2011
Balance at 1st January	267,418	103,170
Incoming Resources	-	185,304
Expenditure	(25,000)	(25,000)
Reimbursed award	-	3,175
Charges	-	(10)
Interest	2,285	779
Balance as at 31st December	<u>£244,703</u>	<u>£267,418</u>

PFIZER CHARITABLE DONATION

	2012	2011
Balance at 1st January	-	-
Incoming Resources	-	-
Transfer for Pain Education activities costs	-	-
Expenditure	-	-
Balance at 31st December	<u>£-</u>	<u>£-</u>
Total Restricted Reserves at 31st December	<u>£244,703</u>	<u>£267,418</u>

I 2 ANALYSIS OF NET ASSETS BETWEEN FUNDS

	Unrestricted Reserves	Restricted Reserves	Total 31.12.2012
Fixed Assets	8,521	-	8,521
Net Current Assets	929,190	244,703	1,173,893
	£937,711	£244,703	£1,182,414

I 3 DIRECTORS EXPENSES

During the period a total of £12,598.16 was reimbursed to Directors for expenses incurred. (Reimbursements for 2011 £10,690.18)

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 (2012 less SMP)	2012	2011
General Charitable Activities	45,994	43,558
Average number of staff in year- 3		
Apportioned ASM	69,955	65,618
Average number of staff in year- 3		
Temporary staff	-	-
Average number of staff in year- 1		
	<u>£115,949</u>	<u>£109,176</u>
Employer's contributions:	2012	2011
Employers Pension Contribution	4,563	4,369
Employers Nat. Insurance Contribution	4,742	4,735
	<u>9,305</u>	<u>9,104</u>
Total cost to charity	£125,254	£118,280

No employee earns over £60,000 (2011: nil).

I 5 GRANTS

The annual report details the grants offered by the charity. In 2012 the allowance for the Clulow award was again £25,000 as shown in note 11 to these financial statements.

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.



THE BRITISH PAIN SOCIETY

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

T 020 7269 7840 - F 020 7831 0859

W WWW.BRITISHPAINSOCIETY.ORG - E INFO@BRITISHPAINSOCIETY.ORG

*A company registered in England and Wales and limited by guarantee.
Registered No. 5021381. Registered Charity No. 1103260.
A charity registered in Scotland No. SC039583*