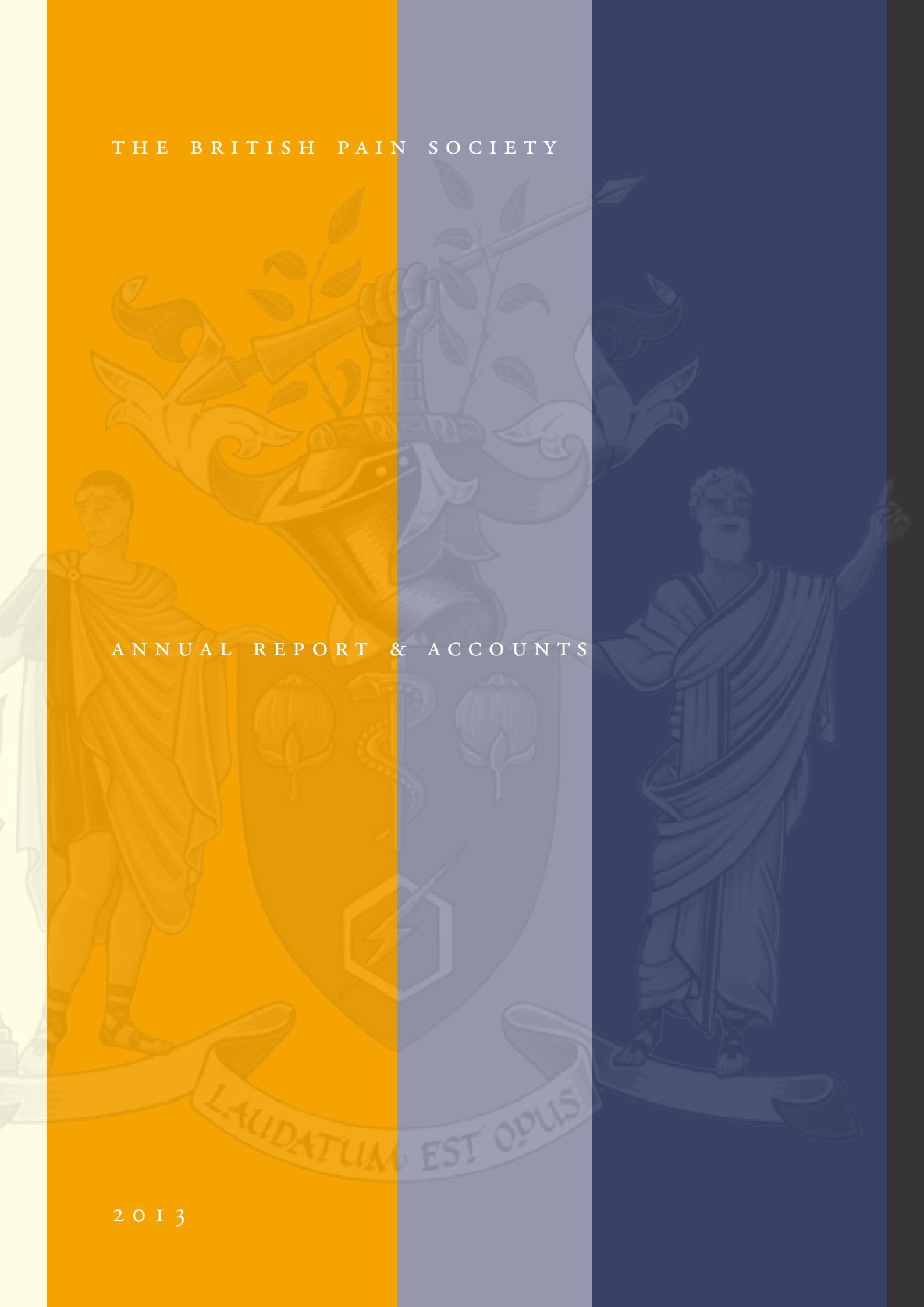


THE BRITISH PAIN SOCIETY

ANNUAL REPORT & ACCOUNTS

2013



# CONTENTS

Introduction	3
Officers, Elected Council Members, Co-opted Members of Council & staff	4
<b>OFFICERS &amp; COMMITTEE REPORTS</b>	
President's Report	7
Honorary Secretary's Report	13
Honorary Treasurer's Report	16
Communications Committee Report	20
Education Committee Report	24
Patient Liaison Committee Report	25
Science & Research Committee Report	26
Scientific Programme Committee Report	28
<b>SIG REPORTS</b>	
Acute Pain Society SIG Report	31
Clinical Information Society SIG Report	33
Information & Communication Technology SIG Report	35
Interventional Pain Medicine Society SIG Report	37
Medicolegal Society SIG Report	39
Neuropathic Pain Society SIG Report	40
Pain in Children Society SIG Report	42
Pain Education Society SIG Report	43
Pain in Older People Society SIG Report	45
Philosophy & Ethics Society SIG Report	45
Pain Management Programme SIG Report	46
Primary & Community Care Society SIG	48
Pain in Developing Countries Society SIG	50
<b>AUDITED ACCOUNTS</b>	
Legal and administrative information	54
Directors' Report	55
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 2013

**OFFICERS & ELECTED COUNCIL MEMBERS**

DR WILLIAM CAMPBELL, PRESIDENT

*Consultant in Anaesthesia & Pain Management*

PROF. RICHARD LANGFORD, IMMEDIATE PAST PRESIDENT

*Consultant in Anaesthesia & Pain*

DR JOHN GODDARD, VICE PRESIDENT

*Consultant Paediatric Anaesthesia & Pain Medicine*

DR ANDREW BARANOWSKI, HONORARY TREASURER

*Consultant in Pain Medicine*

DR MARTIN JOHNSON, HONORARY SECRETARY

*GP (Yorkshire Medical Chambers)*

MR NEIL BERRY

*Consultant Clinical Psychologist*

DR HEATHER CAMERON

*Specialist Research Physiotherapist*

MR PAUL CAMERON

*Pain Specialist Physiotherapist*

DR SAM ELDABE

*Consultant Anaesthetist*

DR OLLIE HART

*GP Principle*

DR TIM JOHNSON

*Consultant in Pain Management*

PROF. ROGER KNAGGS

*Specialist Pharmacist – Anaesthesia & Pain Management*

DR RAJESH MUNGLANI

*Consultant in Pain Management*

DR MICK SERPELL

*Consultant and Senior Lecturer, Anaesthesia*

**CO-OPTED MEMBERS**

PROF. SAM AHMEDZAI

*Representative, Association for Palliative Medicine*

ASSOCIATE PROFESSOR NICK ALLCOCK

*Chair, Communications Committee*

MR ANTONY CHUTER

*Chair, Patient Liaison Committee*

DR BEVERLY COLLETT

*Representative; Chronic Pain Policy Coalition*

MS FELICIA COX

*Editor, British Journal of Pain and Representative; Royal College of Nursing*

PROF. MARIA FITZGERALD

*Representative; Science*

DR KATE GRADY

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

DR AUSTIN LEACH

*Representative; PLC Liaison, Media & NICE Liaison*

PROF. GARY MACFARLANE

*Chair, Scientific Programme Committee*

DR ANDREW NICOLAOU

*Chair, Pain Patient Pathway Implementation and Dissemination Working Party*

DR ANN TAYLOR

*Project Facilitator -Problematic Pain*

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 25TH JULY – 31 DECEMBER)  
Events and Communications Officer*

DINA ALMULI (FROM 2ND JULY)

*Events and Marketing Officer*

KEN OBBARD

*Events and Membership Officer*

OFFICERS AND ELECTED MEMBERS OF COUNCIL



FROM LEFT TO RIGHT

*Back row:* MR PAUL CAMERON, DR OLLIE HART, DR TIM JOHNSON, PROF. ROGER KNAGGS, MR NEIL BERRY

*Front row:* DR MARTIN JOHNSON, PROF. RICHARD LANGFORD, DR WILLIAM CAMPBELL, DR JOHN GODDARD, DR ANDREW BARANOWSKI

*Absent from photograph:* DR HEATHER CAMERON, DR SAM ELDABE, DR RAJESH MUNGLANI, DR MICK SERPELL

OFFICERS, ELECTED COUNCIL MEMBERS AND CO-OPTED COUNCIL MEMBERS



FROM LEFT TO RIGHT

*Back Row:* DR KATE GRADY, DR ANN TAYLOR, PROF. SAM AHMEDZAI, MR PAUL CAMERON

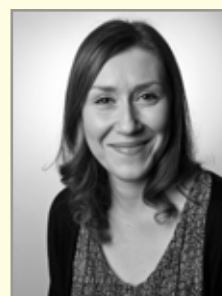
*Middle Row:* DR AUSTIN LEACH, DR OLLIE HART, DR TIM JOHNSON, PROF. ROGER KNAGGS, MR NEIL BERRY, MR ANTONY CHUTER

*Front Row:* DR MARTIN JOHNSON, PROF. RICHARD LANGFORD, DR WILLIAM CAMPBELL, DR JOHN GODDARD, DR ANDREW BARANOWSKI

*Absent from photograph:* PROF. NICK ALLCOCK, DR HEATHER CAMERON, DR BEVERLY COLLETT, MS FELICIA COX, PROF. DR SAM ELDABE, MARIA FITZGERALD, PROF. GARY MACFARLANE, DR RAJESH MUNGLANI, DR MICK SERPELL, PROF. IRENE TRACEY, DR THANTHULLU VASU.

STAFF

JENNY NICHOLAS  
RIKKE SUSGAARD-VIGON  
KEN OBBARD  
DINA ALMULI







## P R E S I D E N T ' S   R E P O R T

D R   W I L L I A M   C A M P B E L L

### NEW EXECUTIVE & COUNCIL MEMBERS

After a very productive three years, Professor Richard Langford completed his term of office as President of the British Pain Society, at the Annual General Meeting (AGM) on 18th April 2013. He took over the Presidency at a very difficult time yet was able to drive and support the National Pain Audit, Commissioning Roadshows, the Pain Patient Pathway Project and ensured that the five resulting Pathways were made available on the Map of Medicine website. Throughout all of these activities Richard was successful in deriving considerable external funding to make each of these projects viable, without eroding The Society's reserves. We all owe him a considerable debt of gratitude for his massive endeavors.

Our Honorary Secretary, Dr Martin Johnson, took up his position officially in April 2013 at the AGM, after holding an interim position for a 6 month period. He has played a very active role, not only in overseeing membership and Memoranda for The Society, but as Pain Champion of the Royal College of General Practitioners, contributing significantly on issues associated with primary care and is heavily involved with the Chronic Pain Policy Coalition (CPPC).

Dr John Goddard stepped down as a very efficient Honorary Treasurer, after his three year term of office. He dealt with some very difficult situations during this period, as well as the arduous role of overseeing The Society's finances, he was our liaison officer for the National Institute for Health and Clinical Excellence (NICE) for a few years. However, he remains on Council, as he was elected Vice President of The Society for a two year term. Over the past year John has taken over as the lead for The Society's information technology and website redevelopment. A major task. The role of Honorary Treasurer has been taken on by Dr Andrew Baranowski. This is over and above his independent role as Chair of the Adult Specialised Pain Services Clinical Reference Group.

Two Council members also completed their three year term of office –

- Ms Suzy Williams
- Dr Austin Leach

Both have made considerable contributions as professional representatives on the Patient Liaison Committee and a variety of working parties.

We welcomed two new members onto Council:

- Mr Neil Berry, Member of Patient Liaison Committee (PLC)
- Dr Tim Johnson, NICE liaison member

In addition, we welcome Dr Kate Grady, Dean of the Faculty of Pain Medicine, Royal College of Anaesthetists, to Council, as well as two new co-optees:

- Dr Austin Leach who continues as a member of the PLC, also dealing with media enquires and support for Dr Tim Johnson on the many NICE responses that are required.
- Dr Ann Taylor who is project facilitator - Problematic Pain.

#### HONOURS & AWARDS

The British Pain Society Medal of Distinction is awarded only occasionally to those who have made an outstanding contribution to The Society and the specialty of pain. At our ASM in Bournemouth in 2013, Dr Douglas Malcolm Justins was bestowed this honour. This is only the second time that this award has been made, the first being two years previously to Professor Sir Michael Bond.

Honorary membership of The Society was bestowed upon:

- Dr Cathy Stannard. Citation delivered by myself for the sterling work that she has carried out over many years on appropriate opioid use in pain management, as well as her activities as a Council member and later Honorary Secretary for The Society.
- Dr Amanda C de C Williams. Citation provided by Professor Chris J Main and delivered by Professor Chris Eccleston, in Amanda's unavoidable absence. Amanda has not only supported The Society by her position on Council in the past, but for very many years has lead workshops at the ASMs and been an advisor to The Society. She was key to the establishment of the INPUT Pain Management Unit London and in recent years has undertaken exemplary work with survivors of torture.

#### MEMBERSHIP & SIGS

As of December 2013 our membership stood at approximately 1400. Although the majority are anaesthetists, over two dozen other specialties represent the remainder of The Society's members. We currently have 13 Special Interest Groups (SIGs), the latest being the Information & Communication Technology Society SIG, Chaired by Dr Meherzin Das, which was established during this year.

Details of the SIGs will be found later within this Annual Report.



## ANNUAL SCIENTIFIC MEETING

The Annual Scientific Meeting (ASM) was held on 16th - 19th April 2013 at the Bournemouth International Centre. There were 562 participants at the meeting, which was supported by 26 companies. The plenary sessions were provided by UK speakers.

The **British Pain Society Patrick Wall Lecture**: “Avoiding pain: a defensive space surrounding the body”, was delivered by Dr Giandomenico Iannetti (London): The **British Pain Society Lecture**: “When the cure is worse than the disease: strategies for safe opioid prescribing”, was given by Dr Cathy Stannard (Bristol). There were 137 posters selected for this year's exhibition: the overall winning poster was – “Psychological stress and widespread pain: the moderating effects of childhood abuse” by *April Woodward, Paul Campbell, Francis Creed, Barbara Tomenson, John McBeth*.

A survey of the Society's members, both those who attended and those who did not, was carried out. Using the results of this survey, we held a meeting with Professor Gary Macfarlane, Chair of the Scientific Programme Committee and the SIG Chairs in June 2013. The aim was to improve and enhance future ASMs. As a result we decided to engage in some changes to the next ASM to be held in Manchester, 29th April – 1st May 2014.

## BPS STRATEGY DAY

A Strategy Day was held on the 6th December 2013, to establish the most efficient way of utilising the Society's resources and improving membership facilities and numbers. Both of these matters will continue to be high on our agenda over the coming year. I am particularly indebted to Professor Sir Michael Bond who agreed to facilitate the proceedings, which I chaired, and to Dr Andrew Baranowski, who carried out a major amount of work in preparation for the meeting. Ideally we would like the Society's key activities to be funded entirely by its membership income alone, leaving it in a healthy position in the long-term.

## NHS COMMISSIONING

With changes underway for NHS commissioning, The Society ran a number of roadshows to inform members of this as well as advise them of the new Pain Patient Pathways. These were held during the spring and summer of 2013 in London, Bristol, Birmingham, Manchester and Edinburgh. Dr Andy Nicolaou was instrumental in the dissemination and implementation of these, and we are indebted to the Society's members and Council who gave of their time to speak at these meetings.

## LOW BACK PAIN

The launch of NICE guidance CG88 on low back pain (LBP) in 2009 caused considerable disturbance between healthcare professionals and commissioners. Over the past few years these have not been seen as fit for purpose and a stakeholders meeting for a total rewrite of this guidance was held at Broadway on 3rd October 2013. The Clinical Guidance Group for this work will have a new Chair and completely new constitution. It is anticipated that the new guidance will be available in early 2016.

In the meantime, Professor Charles Greenough, National Clinic Director-Spinal Disorders, Chair Pathfinder Project-Low Back Pain and Sciatica is leading an NHS project on low back pain, with a very wide range of healthcare disciplines and patient representatives involved. This is to act as an aid to commissioners and healthcare professionals alike. The first meeting was held on 3rd September 2013 at Skipton House London, with follow-up communications within the group by email and WebEx. It is hoped that there will be a consensus of agreement amongst the group on appropriate LBP management and commissioning, with the final pathfinder product available by mid 2014.

Earlier this year, the Intervention Pain Management SIG research group made a successful bid to fund a project on the efficacy of facet joint injections for LBP. It is anticipated that it will be a few years before the outcome of this major study will be available.

A publication on the use of antibiotics in the treatment of LBP led to considerable interest by the public and medical community. This was led by the Modic Antibiotic Spine Therapy (MAST) group, who recommended prolonged antibiotic use if Modic changes (seen in 6% of LBP patients as vertebra oedema on MRI scans) were seen. Council of the BPS believed that considerably more evidence would be required to show that infection is in fact the cause of the low back pain, in certain groups of patients. Also, the number of patients within the research to date was considered too small, resulting in considerably underpowered studies for them to be meaningful. As such, Council believes that a positive result from a large multi-centred trial, with a placebo limb would be necessary before we could recommend antibiotics in selected groups of patients with low back pain.

## ANNUAL PATIENT LIAISON COMMITTEE SEMINAR

The Annual Patient Seminar, Chaired by Mr Antony Chuter, was held at Churchill House on 12th June 2013. This was well attended by a wide range of patient representatives and healthcare professionals, indicating strengths and weaknesses in our current health delivery and how we could move forward for the benefit of all. Poor and patchy undergraduate pain education was highlighted and it was agreed that this should be addressed.

## QUALITY FRAMEWORK ON PAIN

In May 2013 the Executive of the Society drew up a list of what we considered to be the key standards of pain assessment and care for all healthcare professionals. This is due to be published and provided on the Society's website during 2014.

## NEW EDITOR PAIN NEWS

After several years of excellent work Dr Thanthullu Vasu will be stepping down as Editor of *Pain News*. Like his predecessors, he has continued to improve upon this publication which aims to provide information on the ever changing scene of pain and its management. Dr Arasu Rayen was appointed as his successor on the 3rd October 2013. He will take over as Editor in April 2014, following a shadow period working along with Thanthullu. Three Associate Editors were also appointed from some of the applicants for this post, to work on other areas of communication and on *Pain News*. These include; Push emails, Social media and eNews.

During the year we had a couple of important launches:

- The fourth National Pain Audit report, led by Dr Cathy Price and hosted by the CPPC (via Lord Luce and Dr Beverly Collett) at the House of Lords on 29th October 2013. We have also heard that Dr Price had made a successful bid to Healthcare Quality Improvement Partnership (HQIP), Department of Health, to continue with this audit activity for at least several more years.
- ePain online modules, set up by the British Pain Society and the Faculty of Pain Medicine, Royal College of Anaesthetists, Chaired by Dr Julia Moore, e-Learning for Healthcare (a Department of Health Programme).

The module leaders were:

Lesley Colvin	Mark Rockett
Ian Goodall	Pat Schofield
Paul Farquhar-Smith	Rob Searle
Richard Howard	Cathy Stannard
John Hughes	Stephen Ward
Roger Knaggs	Paul Wilkinson
Jane Quinlan	

Overall, there has been a wealth of activity throughout the devolved nations, as will be seen in the 2013 issues of *Pain News*. With increasing activity, as representatives for various medical organisations and government, there is a heavy demand on all Council and the Secretariat.

The Society has established closer links with the Faculty of Pain Medicine by establishing a BPS/FPM Executive. Meetings occur just prior to a Council or Board meeting, to reduce costs and time away from NHS work. In addition, the Faculty of Pain Medicine, with the British Pain Society, Royal College of General Practice, CRG for Specialised Pain Services and Chronic Pain Policy Coalition have just established a Pain Consortium. Both the Consortium and the BPS/FPM Executive should result in more coherent work towards improvements in pain care.

To conclude, I would like to thank the Executive Officers: Dr John Goddard, Dr Andrew Baranowski, Dr Martin Johnson and Professor Richard Langford, all of Council and the Secretariat for their support over the past year.



## HONORARY SECRETARY'S REPORT

DR MARTIN JOHNSON

So 2013 has drawn to a close and thus my task is to write some thoughts on the British Pain Society, viewed through the lens of the Honorary Secretary. I officially took over the position at the Annual Scientific Meeting AGM, in Bournemouth, during April 2013. I had previously 'acted' in an interim position since October 2012. I didn't write the Honorary Secretary report last year, but I did pay tribute to my wonderful predecessor, Professor Pat Schofield. Pat continues her pioneering work with regard to pain management in the older patient, a subject that still needs more attention from the pain world; we all might be in need of it someday.

During my first 12 months as Honorary Secretary, I have been grappling with the intricacies of BPS procedures and getting to know the Memorandum and Articles of Association and the Regulations – Pat informs me that I will know them inside out after three years! I am very grateful for Pat's support as I commenced my role (as well as the support from all other officers) but I particularly wanted to thank Jenny and her team who actually keep everything in order.

### PUBLICATIONS

This year we have seen three notable publications.

At the Bournemouth ASM we saw the official launch of the '*Guidance on the Management of Pain in Older People*' in the British Geriatric Society Journal *age & ageing*. The guidelines were jointly launched in the same week at our conference and the BGS Conference in Belfast. May I commend this superb document, chaired by Pat Schofield, to our members. It's 'sister' document, looking at the assessment of pain in the elderly, has almost completed its first full review.

*Guidelines for Pain Management Programmes for Adults* was published in late November 2013, along with its sister publication *Participant Information for Pain Management Programmes*.

BPS Council have also endorsed another important document '*Pain in Secure Environments*'. You can find a copy of the guidance at the following link [www.nta.nhs.uk/news-2013-persistent-pain.aspx](http://www.nta.nhs.uk/news-2013-persistent-pain.aspx) This has been produced by a consensus group led by one of our two new Honorary Members, Dr Cathy Stannard. Congratulations to Cathy and also congratulations to our other new Honorary member Dr Amanda Williams.

## MEMBERSHIP

One of my main roles is to look after membership of the BPS. At present wide ranging multi-professional conversations are at present being co-ordinated by Council members to look at ways that we can make BPS membership attractive for the various professions within our organisation. I would encourage all members to contribute to this discussion.

At the start of 2013 our membership stood at 1443 and at the end of 2013 was exactly 1400. Over the last two years this is a decrease of just over 100. The ratios between the various professions remain very stable. When we have analysed the reasons for members leaving the Society – many are retiring and many are leaving pain as their principal specialty. There has been no specific negative feedback of the BPS – indeed we are still getting considerable numbers of trainees joining the organisation. However, anecdotally I have heard some comments about the BPS not supporting its membership. What I do know is that many people within the BPS are working flat out to develop and support the world of pain management, with many great successes (as reported in previous editions of *Pain News*). If you think there are other things we should be doing please please don't remain silent – let us know!

When potential new members apply to the BPS it would appear, from the membership form, that the only way to become a member is by applying for Ordinary or International membership. If you look further into the regulations (including the Memorandum & Article's) then you will see two further ways to become a member – Contributing & Associate membership (and not forgetting Retired members). Unfortunately the Contributing & Associate membership categories are about as clear as mud! Working with Jenny and Ken we have proposed a series of amendments which will need to go through to the next AGM. The idea being to clarify this whole area. BUT in the meantime – if you work in the field of pain but are either not a healthcare professional or you do not practice as a healthcare professional (despite an initial qualification as such) you may be entitled to join the BPS as a Contributing Member – this may appeal, for example, to many of our members of our patient groups or individual members of companies that we work with such as pharmaceutical or device companies.

## COUNCIL MEMBERS

We continue to have representatives from many professions on BPS Council – including anaesthetics, basic science, nurses, physiotherapists, psychology, pharmacy, and general practice (sorry if I have missed any). I write this article just after the latest election papers have been sent out – 3 Council positions are due for re-election. Please make use of your vote. My one big disappointment was caused by the last elections – there was a very low response (turnout) from the membership for the election of Council Members (only 22.7%). Compared to many Societies we

are relatively small so hopefully everyone will know some of the candidates. We are looking into the possibility of giving an online vote option to improve response; I intend to hold a vote regarding this at the next AGM in Manchester.

#### SPECIAL INTEREST GROUPS

At present we have 13 Special Interest Groups ; some more active than others. The 13th SIG, The Information Communication & Technology (ICT) SIG, was agreed by Council in the early part of 2013. This SIG, under the chair of Meherzin Daz, moves us firmly into the 21st Century – recognising the importance of technology in the management of pain.

Please see the individual reports from the various SIG's elsewhere within this report.

If you believe there is an aspect of pain medicine that is not covered by the present SIG structure then please consult [http://www.britishpainsociety.org/members\\_sigs.htm](http://www.britishpainsociety.org/members_sigs.htm) where information on setting up a SIG can be found.

#### COMMISSIONING

As 2013 comes to a close, the much awaited commissioning support document is almost completed – giving support to all BPS members in their dealings with commissioners when trying to develop their local services.

I would like to finish by giving a huge vote of thanks to my fellow officers and also, Jenny and her team, without whom the BPS simply would not function.



## HONORARY TREASURER'S REPORT

DR ANDREW BARANOWSKI

### SOCIETY ASSETS

Recently many of us will have received the message from Fernando Cevero, the International Association for the Study of Pain's (IASP) President, indicating that even large societies such as IASP are having to look at the challenges that the current economic crisis have produced. Last year John Godard started his Honorary Treasurer's report for the BPS by indicating "the economic situation remains very tough..." He went on to indicate, "nonetheless, the accounts for 2012 continue to demonstrate that the British Pain Society maintains a sound financial basis". This is also the current situation with the accumulated reserves currently being held at £1,133,089 of which £221,303 is in restricted funds. However, it is likely that in the current economic situation these reserves will begin to be drained over the years to come starting in 2014-15.

Income from the British Pain Society arises from membership fees (which we have increased slightly). A large part of the organisation of the ASM involves Secretariat time and therefore a percentage of their costs are charged to the ASM. The ASM budget is currently predicted to produce a deficit. Bequests and private donations occur every now and again.

For many years membership fees have not fully covered the activities of the Society. Fortunately, the Society has been able to be very productive on your behalf because of the surplus from the Annual Scientific Meeting. However, despite on going support for the ASM by the membership, trade financial support has due to the recession inevitably been reduced. It is this reduction in the surplus from the ASM that places the Society at risk unless financial savings are made or new income streams are developed. New income streams are complicated because of the rules around VAT.

Over the past few years, Council has worked towards reducing the costs of the ASM. The main savings will arise by the use of venues that are less expensive and that due to happen from 2015 onwards. However, other savings such as covering reduced expenses have already been instigated.

Restricted funds include bequests and donations, including interest, which are to be used specifically for research into the causes and treatment of pain. As a consequence these funds are not available to support other activities of the British Pain Society.



Unrestricted funds include the Bainbridge fund (£66,658). An important activity of the British Pain Society is good communication that occurs through the website and email correspondence with the membership. Despite the economic climate Council feel that it is important to continue to support that through investments in new computer hardware and software, IT and the development of a new web presence. Such an approach will also improve the public and professional face of the Society. Council have agreed that the Bainbridge fund should be designated to support that. Other unrestricted funds that are designated include SIG funds (£23,567) and the funds for study days and seminars (£44,195). The designated fund for the ASM stands at £198,725; unfortunately as the ASM surplus is eroded so is that fund.

In December 2013 elected council members spent a day to focus on the strategy of the British Pain Society. A significant part of that day was focused on potential financial savings. £22,582 has been identified as potential savings for 2014/15. The elected Council have opted to maintain the current Secretariat staffing because of the high activity that the Society is currently involved in. The majority of the savings will thus occur by delaying publication activity that has not started, by reducing the number of Council meetings by one a year, reducing the number of face-to-face meetings and by rationalising working groups. It is hoped that these changes will not produce any visible effect for the membership or the public and professional bodies that we associate with. However, we will also have to tightly control our bursary awards and there may be fewer offered.

## 2013

The Society's position shows a deficit of £49,325 at the end of the year. As indicated above this deficit is primarily due to reduced income from the ASM, which is primarily due to a reduction in trade attendance. Membership remains steady; as you are aware there has been a recent increase in membership fees with a re-banding due to occur in January 2014 so that the mild increases are seen more at the higher end than the lower end of incomes.

The Society continues to maintain its educational programme of study days. Though we will see a cut back of publications, probably from 2015. Our relationship with SAGE publishing is financially sound and the *British Journal of Pain* and *Pain News* flourishes. SIGs remain active and financially viable. 20 bursaries for the ASM were awarded this year, as were 4 Patrick Wall and 0 IASP bursaries.

I would again like to take the opportunity, on your behalf, of thanking John Goddard for his diligent approach to being Honorary Treasurer and for ensuring that the Society was financially in good shape under his tenure. I would also like to thank 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 Andrew Lang Limited of Tonbridge, are included in this annual report and are available on the Society's website.

## 2014 DRAFT BUDGETS

The deficit from the 2014 ASM is predicted to be around £110,000. Essentially, the ASM will make a profit in its own right. However, the income from the ASM not only supports the running of the ASM but the organisational costs that include subsidising certain Secretariat costs and office costs by around 60%. When those costs are taken in to account we have a deficit.

I proposed several areas that we could look at savings in and these were discussed at the strategy day. We have agreed to:

Investing the Bainbridge fund into improving IT, replacing computer hardware, software and our web presence. We feel that this investment will produce savings year on year as the current system is antiquated.

The contract for the *British Journal of Pain* and *Pain News* are to be reviewed soon. Currently we pay for more copies than members and so we may save small sums there. There is an opportunity to explore other changes that may prove beneficial to both SAGE publishing and the BPS. Currently this contract is one of our biggest costs.

Grants; we have decided to discontinue the IASP bursary grant at this time for a period. We are also reducing our Pat Wall grant.

Governance (Annual Audit, Consultancy Fees and accountancy) has already been pruned and we feel is at the best that we can make it.

Meetings, we plan to cut £9,844 expenditure on face to face meetings by reducing the number of Council meetings and by reducing the number of face to face meetings of our working parties and the Patient Liaison Committee.

The Secretariat is another area of great expenditure to the Society, but is key to its success. We are currently covering maternity leave of one of our staff, which comes to an end soon. Currently there are no plans to cut back on our Secretariat; however, a lot of time has been and will be devoted to supporting them, such as through the IT changes, which will hopefully improve efficiency.

Office costs have been minimised over the years, once more the IT investment may reduce unexpected costs.

Publications are key to the Society, but also very expensive. During 2014 we aim to complete ongoing work, but we do not plan to start any new publications.

Making these decisions is an onerous task. As the big savings are to be seen in Publications and the ASM costs, the Chairs of the ASM Scientific Committee and Communications Committee are being invited to join the financial decision making.

Even with the above savings, we need to bring in more sums from new income as we still predict a deficit will occur. We can absorb deficits for a time, but in all probability will need further savings in 2015.



## COMMUNICATIONS COMMITTEE REPORT

ASSOCIATE PROFESSOR NICK ALLCOCK, CHAIR

### Members Year End 2013

*Professor Nick Allcock - Chair*

*Dr Thanthullu Vasu - Editor of Pain News*

*Ms Felicia Cox – Editor of British Journal of Pain*

*Ms Dina Almuli- Secretariat*

*Ms Heather Cameron- Council Member*

*Dr William Campbell -President*

*Mr Antony Chuter Patient Liaison Committee Representative*

*Dr Meherzin Das- Chair of the Information Communication Technology SIG*

*Dr John Goddard- Vice President*

*Ms Celia Manson- Co-opted member*

*Ms Jenny Nicholas – Secretariat*

*Dr Arasu Rayen – Editor Pain News Elect*

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 website link requests, permission to reproduce publications and media enquiries. The aim is to facilitate communication to a wider audience through publication, media, internet and other information technology.

This year has seen further developments in 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 *Guidelines for Pain Management Programmes for adults* and the accompanying *Participant information for Pain Management Programmes*. I would like to thank the development group led by Dr. Paul Wilkinson for their work on these publications. Both *Pain News* and the *British Journal of Pain* have continued to flourish and I would like to thank Ms Felicia Cox for her continued work in developing the *British Journal of Pain*. I would particularly like to thank Dr Thanthullu Vasu as he comes to the end of his term as Editor of *Pain News* in April 2014 and we are delighted to be able to welcome a new editing team for *Pain News*.

### 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 continuing to prepare for an application to obtain accreditation from NHS Evidence. An audit of our publications has been completed and we are working with Ms Stephanie Birtles from NHS Evidence to prepare an application which we will progress once we have the required publications as evidence of our processes.

### WEBSITE DEVELOPMENT

I would like to thank Dr Rajesh Munglani for his work on the development of the Society's Website. Following the survey of members a tender of our requirements has been developed. Dr John Goddard is currently working with Dr Meherzin Das (Chair of the ICT SIG) to progress

this work. We have identified the need to review the provision of the membership database as a priority alongside renewal of software and hardware used by the Secretariat which will enable us to progress with the website developments that we have identified. Dr Meherzin Das has joined the Communications Committee so that the ICT SIG and Communications Committee can work together to develop the future communications strategy of the Society.

## PAIN NEWS

*Thanthullu Vasu: Editor, Pain News*

All four newsletters in 2013 were a great success; these issues have represented the multidisciplinary role of the Society and raised the profile significantly.

Continuous regular updates from various SIGs of the Society were published in these issues.

Articles on benefits and employment support allowance were widely received in the March 2013 issue and provoked discussions amongst the membership.

Feedback from Bournemouth ASM was highlighted in the June 2013 issue.

Regional news from Northern Ireland, Scotland and Wales was highlighted in most of the issues, in particular the September 2013 issue. This issue also had an article on Pain Patient Pathways Commissioning Roadshows.

Prof John Loeser, University of Washington, presented a vital topic in the December 2013 issue with a title "*Can we change the culture of pain management?*" This was a thought provoking article which raised lots of interactions also.

Articles from various specialties were represented to represent the multidisciplinary nature of the Society; further, many medical students and trainees were given the opportunity in this year to represent their views via the newsletter.

This year also saw the approval of the Council for three Associate Editor posts; Dr Arasu Rayen, Birmingham was selected by the Executive Committee and the Council as the incoming Editor and he will take responsibility from April 2014. He will be assisted by Margaret Dunham, Senior Lecturer in Nursing, Christina Lioffi, Senior Lecturer in Health Psychology and Ethel Hili, Clinical Physiotherapist. SAGE Publications has continued to help improve the quality of the newsletter and have made it more attractive. The newsletter has received significant appreciation and feedback from the membership in this year.

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, British Journal of Pain*

2013 saw the second full year of the collaboration of the *British Journal of Pain (BJP)* with SAGE Publishing. Four issues of the *BJP* were published (meeting our target with the latter three published in the cover month) together with the ASM abstracts as a supplement. One issue contained unsolicited original submissions. The publication of SIG abstracts continues. This past year saw the publication of three themed issues: visceral pain, nature and nurture and trauma. Prof. Roger Knaggs continues in his role as deputy Editor.

The number of unsolicited submissions continues to increase and content remains free to access globally until the end of 2014. The annual meeting of the Editorial Board and SAGE Publishing took place with excellent representation from both parties at the April ASM. SAGE presented the 2012 *BJP* report which detailed web analytics using Google Analytics which demonstrated increasing unique visitor numbers to the *BJP* website with one quarter visitors from the UK and over 20% visitors from the USA. The most downloaded articles in 2012 were papers detailing basic opioid pharmacology (3017 downloads) and opioids and endocrine dysfunction (2300 downloads) as at December 2012. The most read articles tend to be those from the most recent issue.

SAGE continue to market the *BJP* and have we have undertaken a call for papers with an emphasis on the fact that we now are accepting original research. Sales of advertising for *BJP* and *Pain News* reached the target set by SAGE approximately two months ahead of target. Eli Lilly and BVM have consistently supported the *BJP* through advertising.

2014 heralds the review of our contract with SAGE and negotiations will need to occur regarding *BJP* pagination, frequency of publishing and format.

#### PUBLICATIONS

As well as the *Guidelines for Pain Management Programmes for adults* and the accompanying *Participant information for Pain Management Programmes* a number of other publications are close to completion including: *Good Practice Guidelines for Medial Branch Block and Radiofrequency Denervation for Lumbar Facet Joint Pain*, *Understanding and Managing Pain*, *Intrathecal Drug delivery*, *A practical guide to implementing a pain curriculum in pre-registration health professional education in the UK* and *Pain assessment in older people*.

#### WEB LINKS AND REPRODUCTION REQUESTS

The Committee continues to receive 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\\_producting.htm](http://www.britishpainsociety.org/pub_producting.htm)



## EDUCATION COMMITTEE REPORT

PROFESSOR PAT SCHOFIELD (CHAIR)

MR PAUL CAMERON (VICE CHAIR)

### Members Year End 2013

*Mr Neil Berry – Council Member*

*Dr Mick Serpell – Council Member*

*Prof. Roger Knaggs – Council Member*

*Prof. Nick Allcock – Chair, Communications Committee*

*Mr Ken Obbard - Secretariat*

*Geraldine Granath – Patient Liaison Committee Representative*

The committee had 3 teleconferences and 1 face to face meeting in 2013.

Study days have been generally well attended despite reported difficulties in study leave and funding, showing the useful nature of the topics covered. This is heartening, and testament to the quality of the days and speakers, and the other educational opportunities offered by the BPS.

The largest attendance was noted at the Visceral Pain study day, although the remaining study days (Pain in Older People & The Use of Information and Communication Technologies), were also fully subscribed.

Throughout 2013 links with the Pain Education SIG have been put in place and no clashes were reported for study days. Future work will involve increased collaboration on themes for study days throughout the year.

Organisation for study days in 2014 is under way, and the proposed topics are:

- Cancer Pain
- Orofacial Pain
- Musculoskeletal Pain
- Joint Study day with the Pain Education SIG

Confirmation of days and speakers will be made available on the meetings section of the BPS website ([http://www.britishpainsociety.org/meet\\_bps\\_study\\_days.htm](http://www.britishpainsociety.org/meet_bps_study_days.htm)).





## PATIENT LIAISON COMMITTEE (PLC) REPORT

MR ANTONY CHUTER, CHAIR

### Members Year End 2013:

<i>Mr Neil Berry – Council Member</i>	<i>Ms Liz Killick – Lay member</i>
<i>Dr William Campbell – Council Member</i>	<i>Mr Colin Preece – Lay member</i>
<i>Ms Jo Cumming – Lay member</i>	<i>Ms Dina Abmul – Secretariat</i>
<i>Ms Geraldine Granath – Lay member</i>	<i>Ms Jenny Nicholas – Secretariat</i>
<i>Dr Austin Leach – Co-opted Council Member</i>	

This year the Patient Liaison Committee got a new Chair. Antony Chuter has spent the year learning about the Committee and the Society.

The group has continued its role of supporting the work of the Society by:

- Having members attend the 2013 ASM in Bournemouth
- Refreshing the publication *‘Understanding and Managing Pain’* (which is almost ready to go to print)
- Working with the RCGP on a commissioning document called *Pain Management Services: Planning for the Future, Guiding clinicians in their engagement with commissioners*
- Running a very successful seminar on *Securing the future of pain services: harnessing patient power* at Red Lion Sq which was attended by patients and professionals.
- Working on a pain diary for members of the public to use; we hope to have this on the patient section of the website soon.
- Reviewing content for information for patients on the main website.

And lastly Antony has been working on setting up a Patient/Carer Reference Group. This will give the Society a larger group of patient and carer perspectives, this will be conducted by email only but has the potential to be very useful in enhancing the patient/carers voice within the Society. This will be launched at the 2014 ASM in Manchester.



## SCIENCE & RESEARCH COMMITTEE REPORT

DR MICHAEL SERPELL, CHAIR

### Members Year End 2013

#### Trustee members

*Prof Pat Schofield (Nursing)*

*Prof Roger Knaggs (Pharmacology)*

*Dr Sam Eldabe (Pain Medicine)*

*Dr Martin Johnson (GP)*

*Dr Heather Cameron (Physiotherapy)*

#### Non-trustee members:

*Prof Jose Closs (Nursing)*

*Prof Maria Fitzgerald (Basic Scientist)*

*Prof Sam Ahmedzai (Palliative Medicine)*

*Mr Antony Chuter (Lay Rep)*

*Prof Chris Main (Psychology)*

*Dr Thanthullu Vasu (Pain Medicine)*

#### External reviewers:

*Dr Ann Taylor (Nursing)*

*Prof Paul Watson (Physiotherapy)*

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 2 years ago to comply with the recommendations of the Association of Medical Research Charities (AMRC). This was done to broaden the ‘expertise’ of the group and also to enable the exclusion of elected Council members in scoring the grant applications (on issues of conflict of interest).

There were five applications for the biennial Clulow Award in 2013. This year, the successful applicant was Dr McHugh, who was awarded nearly £ 40K for research on “Neuropathic pain” – a 2 year project combining basic (generating fibroblast cell lines from skin biopsy and RNA from blood samples of patients with and without neuropathic pain) and clinical science to identify biomarkers for predicting chronicity of neuropathic pain. This fits in nicely with the BPS research priority theme, which identified “Preventing Acute to Chronic pain” as the top ranking domain.

The 2011 applicant holder, Prof Gary Macfarlane and his team from Aberdeen University, are completing their study entitled “The Epidemiology of Chronic Pelvic Pain in Women”, and we eagerly await the results!

There was a joint BPS & Faculty of Pain Medicine meeting in Nov 2012 about establishing Clinical Research Networks (CRN) in pain. Over 50 delegates attended, and there was palpable enthusiasm about collaboration in future studies. The Research database compiled from the previous audit of BPS members will enhance communication links and enable such projects to be co-ordinated.

We identified the recent Low Back Pain & Antibiotics study (MAST trial) as a possible project that could be used as a first exercise to test how such a CRN would work. Unfortunately initial feedback from Government funding sources was that there would be little success in funding this study. Therefore, we are developing other themes for a clinically based project that fits in with the research priorities of the BPS and FPM.

As I have stated in previous reports, our main strength is that we bring together 1400 professionals from many different specialities with great expertise in pain. We are particularly strong in having access to a large number of patients and a multitude of clinical therapies, which are in dire need of a stronger evidence base. All of us have a duty to contribute to this endeavour



## SCIENTIFIC PROGRAMME COMMITTEE REPORT

PROF. GARY MACFARLANE, CHAIR

### Members Year End 2013:

*Dr Heather Cameron*

*Prof. Maria Fitzgerald*

*Prof. Candy McCabe*

*Prof. Stephen Morley*

*Dr Lesley Colvin*

*Prof. Kate Seers*

*Prof. Roger Knaggs*

*Dr David Walsh*

In 2014 we re-visit Manchester for our Annual Scientific Meeting (ASM) – a venue which is particularly convenient for access and thus we hope many of our members will be able to attend.

Last year we linked sending a conference attendance certificate to feedback. This was extremely useful as it gave us much more representative views of what members liked and what they thought could be improved. From this feedback the Scientific Committee understood how much attendees appreciate the plenary presentations and value the international nature of these, that 7 out of 10 feel the most important aspect of the conference is networking opportunities, and many asked us to consider a different format to minimise the number of days they required to be away from work. We have tried to take these on board, the most obvious of which is the new format of a 3 full-day meeting for the 2014 ASM but also the inclusion of an evening social event in the conference programme.

We are all aware of the continuing financial climate and this affects our annual conference. In addition to potential delegates finding it tougher to secure funds to attend (and many of you told us that in your feedback), selling exhibition space is more difficult and while some companies are no longer taking stands others are taking smaller stands. It is important therefore that we continue to pay close attention to costs at the ASM and thus we hope you appreciate that we cannot be quite as generous as we have been in the past.

This is my third and last year as Chair of the Scientific Programme Committee, and having served for a total of six years as a member. I have realised how much the committee depends on the hard work of the Secretariat – and without such dedicated staff the ASM would not happen. I am also grateful to colleagues who have agreed to serve on the Committee over the past three years and to give up their time in order to attend meetings, evaluate workshop proposal and abstracts, identify plenary speakers and then to take on tasks during the meeting itself. It has been a most enjoyable time. My successor is Professor Kate Seers from the University of Warwick. The committee will be

in good hands with Kate at the helm, but ensuring the continued scientific and financial success of the ASM will be of major importance to the Society. As I have done in my time as Chair, I know she will have the support of the members in facing these challenges.





## ACUTE PAIN SOCIETY SPECIAL INTEREST GROUP REPORT

DR JANE QUINLAN, CHAIR

### Members Year End 2013

*Dr Keith Stevens (Treasurer)*

*Dr Giancarlo Camilleri*

*Mrs Sophie Moran (Secretary)*

*Dr Andrea Magides*

*Dr Mark Rockett (Research and Audit Lead)*

*Dr Fiona Duncan*

*Dr Chandran Jepegnanam*

Current membership: 104

The joint APSIG and Pain in Children SIG workshop at the Bournemouth ASM in April was a great success with talks about treating pain in pre-hospital care, analgesia for children in the emergency department, and the licensing of analgesics for children. Thanks to all who attended and contributed so enthusiastically.

APSIG also has a focus in the annual National Acute Pain Symposium, which is thriving in its 23rd year. One of the developing issues discussed this year was the increasing attendance of chronic pain patients as emergency hospital admissions with an acute exacerbation of pain, requiring management strategies involving GPs and improved community support. Another issue causing concern was the risk of continued prolonged opioid use after prescription for acute postoperative pain.

Mark Rockett has taken on the role of APSIG Research and Audit Lead, with a view to developing a national network of acute pain specialists keen to be involved in multicentre studies. He will discuss this further in Manchester but, in the meantime, if you would like to be involved he can be contacted at [mark.rockett@nhs.net](mailto:mark.rockett@nhs.net).

On behalf of the British Pain Society we are working with the Royal College of General Practitioners, the Royal Pharmaceutical Society and the British Association of Day Surgery to produce a patient information leaflet on how to take analgesia safely. This will primarily address discharge medication after surgery in the first instance.

We are particularly looking forward to this year's ASM in Manchester where APSIG are collaborating with the Pain in Children, Pain Education, Pain in Older People and the Information and Communication Technology SIGs to run a series of 3 combined workshops with the overarching theme of "Hospital to home: managing pain after discharge". By having such a range of expertise and opinion we hope to generate much discussion so please come and join us.

We shall hold the APSIG AGM during the early morning meeting in Manchester, from 7.45 to 8.45 on Wednesday 30th April. 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

The Clinical Information SIG held a very successful workshop in the Annual Scientific Meeting in Bournemouth 2013.

The workshop discussed the outcomes of the National Pain Audit and data compiled by Health England in order to:

- Try to understand what the data gleaned from the Health Survey for England and the National Pain Audit was telling us
- We discussed how we can use it
- And we attempted to expand the discussion to determine what more we need to do to establish useful datasets

The Clinical Information SIG has also been involved in the National Pain Audit which has collected detailed data on pain services. The audit was funded by the Health Improvement Partnership (HQIP) in partnership with the British Pain Society and Dr Foster Research Ltd. The aim was to drive up the quality of NHS services for people in pain. A three year programme focused on outpatient services for people with persistent pain where need appeared greatest. The audit has found wide variation in services which was presented in the final report.

Our ongoing project within the SIG is to continue to contribute to the understanding of the epidemiology of pain. The Clinical Information SIG are keen to support a workstream chaired by Dr Gary Macfarlane to help develop the workstream as defined by the Pain Summit.

As pain consultants this is an important knowledge that will influence commissioners and how they commission services. The Pain Summit 2011 suggested that a workstream at the BPS should.

*“Bring together epidemiologists and public health specialists nationally with an interest in chronic pain and its impact. Define core data items and sources, including the chronic pain data produced by the Health Survey for England 2011, to enable on-going surveillance of the extent, severity and impact of chronic pain.*

*Generate an accurate burden of disease calculation, including identification of groups most affected and characterising unmet need and those most likely to benefit from interventions*

*Involve close working with Public Health England (PHE) and the Quality Observatories (including the evidence and intelligence function) to agree and review key national data sources relevant to this area. PHE and Quality Observatories could focus on the development and interpretation of such datasets to produce and promote a clear workable methodology for local public health teams to gather relevant information to systematically include the extent and impact of chronic pain on the local population routinely as part of the Joint Strategic Needs Assessment”*

The SIG finances are in credit.



## INFORMATION AND COMMUNICATION TECHNOLOGY SOCIETY SIG REPORT

MS MEHERZIN DAS (CHAIR)

### Members Year End 2013

#### Officers

*Mr Matt Lowe, Vice-chair*

*Mr Karl Luke, Secretary*

*Ms Allison Burrell, Treasurer*

*Prof Tamar Pincus, Quality  
Benchmarking Lead*

#### Liaison Officers

*Ms Liz Killick, PLC Liaison*

*Dr Martin Johnson, BPS Council Liaison*

#### Committee members

*Prof Nick Allcock, Chair, Communications Committee*

*Dr John Goddard, Vice President*

*Prof Richard Langford, Immediate Past President*

*Mr Peter Moore*

*Mr David Barrett*

*Dr Dee Burrows*

### ESTABLISHING THE SIG

The ICT SIG has had a very productive first year! We are the 13th SIG of the Society and ‘went live’ on receiving Council ratification in February 2013. We would like to acknowledge the sterling efforts of Dr Martin Johnson, Prof Richard Langford and the Secretariat in helping the SIG become operational.

After electing the Committee at our Inaugural Meeting in July 2013, the following objectives were identified for operational and strategic purposes:

- Establish a web presence for the Society
- Review web interventions and applications against established quality benchmarking criteria; endorse those which meet the standards
- Design guidelines for the responsible use of ICT in managing pain
- Facilitate training for practitioners and service users in the use of ICT
- Research the impact of ICT in clinical practice
- Bring together, health and ICT communities to consider further advances
- Encourage investment of resources from the commercial sector in order to promote further development

### FIRST STUDY DAY

Our first Study Day, held in February 2013 and supported by The Health Foundation, pre-empted the formal inauguration of the SIG. The audience enjoyed fascinating presentations from a variety of experts: Matt Lowe opened the event with an inspirational overview of new developments in ICT and healthcare and was ably followed by speakers from around the country who shared their work: Dr Ollie Hart - Sheffield Pain websites; John Worth and Kirti Leitch - Somerset Know Your Own

Health website; Pete Moore - Pain Toolkit; Meherzin Das and Barbara Oldale - Social Networking by patients in Dorset; Karl Luke - the Pain Community and mobile applications; Pat Schofield and Lucas Hawkes-Frost – an app for assessing pain in older adults; Phil O’Connell – Flo Blood Pressure monitoring, a texting innovation.

#### CONFERENCES

Members of the Committee are regularly invited to attend and address pain/ICT gatherings. We supported the North British Pain Association Scientific Meeting in November 2013 in Edinburgh and look forward to leading the multi-SIG workshop on discharge planning at the ASM, 2014, *The Internet as the Interface between Hospital and Home*.

#### ONGOING PROJECTS

We currently have several on-going projects:

- Prof Tamar Pincus is leading the development of quality benchmarking guidelines for all web-based interventions and applications
- Meherzin Das has led the drawing up of the Social Networking Policy which is awaiting Communications Committee and Council approval
- Prof Nick Allcock, Chair of the Communications Committee has kindly joined the SIG Committee in order to facilitate the development of the Society’s Communications Strategies across all media
- Matt Lowe and Meherzin Das support Dr John Goddard, who is leading the Society’s website development project.
- And finally, we are working creatively with the Secretariat to employ ICT to enhance the ASM experience – streaming sessions on the web, encouraging remote engagement, computerised registration, improving the participative experience and so on.

Finally, we would like to congratulate Pete Moore who has been awarded the accolade of Pain Champion for 2014. This award has been conferred by Pain UK, the British Pain Society and the Chronic Pain Policy Coalition in recognition of Pete’s outstanding contributions - his online work as founder of the Pain Toolkit is legendary and we are delighted that he has agreed to lead the way with social networking to enhance the Society’s global presence, celebrate the exciting achievements of our august membership and establish the Society as a world leader in the field of Pain.



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

DR MANOHAR SHARMA, CHAIR

### Members Year End 2013

<i>Dr G Baranidharan (Secretary)</i>	<i>Dr AR Cooper</i>	<i>Dr J Richardson</i>	<i>Dr P Toomey</i>
<i>Dr Neil Collighan (Treasurer)</i>	<i>Dr A Erdmann</i>	<i>Dr A Lawson</i>	<i>Dr S Ward</i>
<i>Dr R Munglani, BPS Council Liaison:</i>	<i>Dr S Gupta</i>	<i>Dr R Munglani</i>	<i>Dr C Wells</i>
<i>Dr A Bhaskar</i>	<i>Dr A Hammond</i>	<i>Dr S Thomson</i>	

Total membership: 190

### IPM SIG WORKSHOP DURING BPS ASM, BOURNEMOUTH, 2013

IPM SIG organised a workshop on technical updates on Radiofrequency and transforaminal injection techniques. This was very well attended and received very good feedback. Drs Sherdil Nath, Sanjeeva Gupta and Manohar Sharma presented at this session.

### IPM SIG ANNUAL SCIENTIFIC MEETING ON 18TH OCTOBER, 2013

IPM SIG organised a successful annual scientific meeting on 18th October, 2013, in London at Royal College of Anaesthetists. The meeting had invited posters to encourage engagement with SIG members. IPM SIG received 9 posters and these are being published as proceedings of Annual meeting of IPM SIG in *British Journal of Pain*. Editor of *BJP* (Ms Felicia Cox) has been very supportive. This meeting had sessions on post surgical chronic pain management, low back pain: updates on management, outcomes and new developments in interventional pain medicine and current concepts in managing chronic pancreatitis. The meeting had invited faculty from Europe and from other disciplines to encourage collaboration and learning from relevant disciplines. More than 90 delegates attended this meeting and general atmosphere was very positive and very good support from the industry. This meeting was planned by Dr G Baranidharan.

### INTERVENTIONAL PAIN MEDICINE RESEARCH PROJECT

HTA application on Feasibility study on Facet joint injections versus usual care and sham has been given approval. This work has been led by Prof Richard Langford and Dr Vivek Mehta. Formal contracts are being awaited from HTA to start this study in three centres i.e. Barts and London NHS trust, Basildon NHS Trust and The Walton Centre Liverpool.

#### GOOD PRACTICE IN INTERVENTIONAL PAIN MEDICINE DOCUMENTS

*Good Practice Guidelines for Medial Branch Block and Radiofrequency Denervation:* This document has been endorsed by Faculty of Pain Medicine and BPS. It is in final stages of publication. This work has been led by Drs Sanjeeva Gupta and Neil Collighan and many SIG members have contributed.

#### GOOD PRACTICE GUIDELINES FOR PERCUTANEOUS SPINAL INTERVENTION PROCEDURES (EXCLUDING EPIDURAL)

This work is in progress.

#### IPM SIG WORKSHOP BPS ASM, MANCHESTER, 2014

IPM SIG has planned a joint session with PMP SIG for BPS ASM Manchester, 2014 on “MDT for Chronic Pain Management: Rationale and Relevance”. Dr Paul Wilkinson, Dr Simon Thomson, Mr Mark Draper will be presenting and Drs Manohar Sharma and Kerry Mathews will be Co-Chairing the session.

#### IPM SIG ANNUAL SCIENTIFIC MEETING, MANCHESTER 17TH OCTOBER, 2014

IPM SIG is planning its next annual meeting on 17th October in Manchester. Dr Neil Collighan is taking the lead to organise this meeting.



## MEDICOLEGAL SOCIETY SPECIAL INTEREST GROUP REPORT

DR KEVIN MARKHAM (CHAIR)

### Members Year End 2013

*Dr Jon Valentine, Immediate Past Chairman*

*Dr Neil Collighan, Secretary*

*Dr Joshua Aduken, Chairman Elect*

*Dr Rajesh Munglani, Officer*

Total membership: 55

2012 to 2013 has been a year of consolidation for the Medicolegal SIG. Due to the challenging financial environment it had been previously decided that no stand alone meetings would be organised. Jon Valentines serious RTA also hampered efforts to introduce new initiatives. Fortunately Jon is now fully recovered and we hope to progress new teaching initiatives for members as well as online access to medico legal articles and lectures.

I lectured at the Royal College of Anaesthetists on their AGM day and a very well received workshop was presented in Bournemouth with presentations from Dr Charles Pither, Dr Leigh Neal and myself. Over 100 individuals attended.



## NEUROPATHIC PAIN SOCIETY SPECIAL INTEREST GROUP REPORT

DR MICK SERPELL, CHAIR

### Office and Committee Members:

*Jayne Gallagher, Secretary* 2012  
*Praveen Ganty, Treasurer* 2012

### Elected Committee Members:

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

### WORKSHOPS

We held a successful joint workshop (with the Primary Care SIG) at the BPS ASM in Bournemouth 2013. The topic was on “Funding Primary Care Treatments for Neuropathic Pain”. The speakers included Dr N Torrence, Prof D Taylor and Dr J Theron.

We have a solo workshop accepted for Manchester 2014. The theme is on “Neurological Assessment for Neuropathic Pain”. The speakers will be Dr Frank Bernhard on “The EFNS Neuropathic assessment Guidelines”, Dr Vivek Mehta on “QST in practice and in research – the benefits and limitations”, and Dr Andy Marshall on “The role of microneurography and corneal confocal microscopy in the diagnosis of small fibre neuropathies”. We hope as many of you as possible will attend.

### RESEARCH ACTIVITIES

A Research subgroup of 5 has been formed. We plan to develop simple audit/assessment studies as a start up of Research activity. Options suggested are so far are;

- 1) Utilisation of NICE NeuP treatments by GP prior to referral
- 2) Validation of NeuP Screening Q's with Pain Consultant impression

We gave feedback to NICE on their revision of CG96 “Neuropathic pain: the pharmacological management of neuropathic pain in adults in non-specialist settings”, and also to the Neuropathic Pain component of Map of Medicine project.



#### NEUP SIG AGM

Our AGM at Bournemouth 2013 was attended by 32 members, well up from previous years.

Unfortunately, we will not have a room at the Manchester ASM to hold a NeuP SIG AGM.

Therefore please communicate with either myself, or any of the Council above, regarding future education and research initiatives, or any other issue you wish.



## PAIN IN CHILDREN SOCIETY SPECIAL INTEREST GROUP REPORT

DR GWEN PORTER, CHAIR

Officers Year End 2013

*Dr Alison Bliss, Secretary*

The SIG jointly hosted, with the Acute Pain SIG, a workshop at the British Pain Society ASM. This was well attended and highly rated. We look forward to joining a number of the SIGs for a series of linked workshops at the ASM in 2014.

Membership numbers remain reasonably static at around 50. With Pain Management in Children and Young People increasingly being provided by specialist centres, it is likely that increasing membership numbers will be a challenge.

Plans for an education day, directed at specialist Pain Trainees from outside the London area, were deferred due to the difficulties in finding a suitable, cost effective location.

The SIG does not hold any funds.

In 2014 Dr G Porter will be due to retire from clinical work, and at the next ASM will step down from the role Chairman of the Pain in Children SIG. Nominations for the position of Chairman are sought.



## PAIN EDUCATION SOCIETY SPECIAL INTEREST GROUP REPORT

DR EMMA BRIGGS, CHAIR

### Members Year End 2013

#### SIG Officers

*Dr Emma Briggs, Chair*

*Prof. Michelle Briggs*

*Dr Sarah Henderson*

*Dr Janet McGowan*

*Dr William Nottcutt*

*Dr Alison Tivycross (Secretary)*

#### Co-opted members

*Prof. Nick Allcock*

*Miss Ethel Hill*

*Ms Despoina Karagyri*

*Dr Paul Wilkinson*

#### Patient Liaison Committee representative

*Ms Geraldine Granath*

The Pain Education SIG has continued to develop and 2013 has been an exciting year. The membership stands at over 127 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 would like to extend a warm welcome to Geraldine Granath who is our new Patient Liaison Committee representative. Our heartfelt thanks go to Maggie Whittaker and Dorothy Helme who stood down from the Committee having made an enormous contribution to its work and direction.

The SIG Committee and its members have contributed to a range of activities. For the 2013 ASM, we joined forces with the Pain in Developing Countries SIG to deliver an engaging, well-attended and well-evaluated workshop entitled *Maximising the Impact of Pain Education in Developing Countries*. In 2014, we are thrilled to working in partnership with multiple SIGs in a range of workshops for the ASM and will be delivering a study day as part of the BPS Learning in Pain series.

In June 2013 the SIG Committee updated its two-year strategy which identifies the development priorities and ensures we continue to meet the objectives of the group. The 2013 – 15 strategy focuses on:

- Launching the undergraduate interprofessional document
- Developing educational practice and resources
- Expanding the educational research activities
- Developing the patient education skills for professionals work stream
- Networking and communication

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 will offer some practical and realistic solutions for those involved in undergraduate work. The Patient Education Working Party, chaired by Ms Despina Karargyri is exploring how we can support practitioners in their patient education role particularly around summarising existing evidence.

Finally, Committee members are also active on an international level working with EFIC on a European project on undergraduate medical education (Emma Briggs) and IASP Pain Education SIG initiatives with Dr Paul Wilkinson as newsletter Editor. Two workshops (Alison Twycross and Emma Briggs) have also been accepted for IASP's 15th World Congress in Buenos Aires.

Thank you to SIG members for their continued support and contributions in 2013. Education is a core activity of everyone's practice; 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

The Pain in Older People SIG continues to progress with our planned work. We saw the publication of the National Pain Management Guidelines in March 2013 and we are working hard in trying to promote and disseminate these guidelines.

A number of publications and presentations have been made and we have had the opportunity to disseminate through the BPS and the BGS. The initial run of Age and Ageing copy has been used up and we have a new stock which demonstrates the interest out in practice.

The National Pain Assessment guidelines are in the process of being updated. We are just completing the final editorial work before sending out to external review. This guidance is interesting because it does recommend changes from the 2007 guidance, particularly in relation to behavioural assessment. We are seeking funding at the moment to get these guidelines into Age and Ageing which appears to be a good way of dissemination.

We have not facilitated any study days this year, but we do have representation in the workshops at the ASM and at IASP. We plan to offer a study day through the Education Committee in 2015.

PHILOSOPHY AND ETHICS SOCIETY SPECIAL  
INTEREST GROUP REPORT

No report was received for this SIG.



PAIN MANAGEMENT PROGRAMMES  
(PMP) SOCIETY SPECIAL INTEREST  
GROUP REPORT

DR PAUL WILKINSON, CHAIR

Members Year End 2013

<i>Main Medical</i>	<i>Dr Paul Wilkinson (Chair)</i>	<i>Main Nursing</i>	<i>Dr Dee Burrows</i>	<i>Main Occupational Therapist</i>	<i>Deanne Barrow</i>
<i>Alternate Medical</i>	<i>Dr David Laird</i>	<i>Alternate Nursing</i>	<i>Joanne Hutt</i>	<i>Alternate OT</i>	*
<i>Past Chair</i>	<i>Dr Frances Cole</i>	<i>Main Physiotherapist</i>	<i>Sarah Wilson (Treasurer)</i>	<i>Link to Council</i>	<i>Heather Cameron</i>
<i>Main Psychology</i>	<i>Dr Kerry Mathews (Secretary)</i>	<i>Alternate Physiotherapist</i>	<i>Despina Karagyri</i>	<i>Patient Liaison</i>	<i>Colin Preece</i>
<i>Alternate Psychology</i>	<i>Dr Zoey Malpus</i>				

On behalf of its membership, the Committee of the PMP SIG have been working on many crucial projects. These include the production of evidence based recommendations for clinical practice and participant information. This allows Pain Management to be supported by the best evidence. We have a directory of Pain Management Programmes to further promote evidence based practice which will be available for providers and commissioners.

46

The SIG will formulate a launch, implementation, dissemination and review policy in due course. These documents are available for download.

We have begun a major contribution to the E-Learning educational programme from the Department of Health and have worked to provide advice on funding and policy direction.

We have introduced a brief Newsletter to keep members up-to-date with developments. Now, more than ever, it is imperative that we work together to secure future care of sufferers. We have also submitted and gained acceptance for a joint workshop with the Interventional SIG for the next ASM in 2014.

Every two years the Pain Management Programme Special Interest Group (PMP SIG) of the British Pain Society (BPS) holds this two day conference on topical issues. This year is the first time this conference has been held off the mainland and there could be no better venue than the beautiful channel Island of Jersey and the Hotel De France.

The Jersey local committee overcame many logistic issues and worked tirelessly and imaginatively to manage the economic viability of the conference in what is clearly an increasingly difficult financial climate. Feedback was extremely good and there were well over 150 attendants.

They assembled a formidable list of speakers and developed themes that are crucial to the challenges of everyday practice. It is rare for such National and International speakers to be assembled in the Pain Management field with ample time for discussions and exchange of views.



## PRIMARY AND COMMUNITY CARE SOCIETY SPECIAL INTEREST GROUP

DR CHRIS BARKER, CHAIR

### Members Year End 2013:

*Dr Dee Burrows, Secretary*

*Dr Martin Johnson, Treasurer*

*Geraldine Granath, Patient Liaison Committee Representative*

*Dr Ann Taylor, Committee member*

*Dr Pat Roche, Committee member*

*Emma Davies, Committee member*

Total membership: 72

### COMMITTEE MEMBERS

In 2013 our Committee membership changed, with Pat Roche & Emma Davies replacing Val Conway, Johanna Theron & Sonja Biggs. Dee Burrows position of Secretary was substantiated, and Martin Johnson as Treasurer.

48

### ANNUAL PCC-SIG MEETING (BOURNEMOUTH ASM)

We updated our SIG members regarding the projected priorities for the next year and shared discussion around these areas. We also held further elections for our committee membership.

### PRIORITIES FOR THE SIG

Our priorities have been focused to supporting the developments in pain Commissioning and Problematic Pain. We have also hosted an education day in January 2014.

### PROBLEMATIC PAIN

One of the workstreams from the Pain Summit meeting (November 2011) was to examine the concept of problematic pain in further detail. The Faculty of Pain Medicine are leading on this workstream, and individuals who also happen to be members of the PCC SIG have been involved in this work. There was a stakeholder meeting in September 2013 involving representation from UK countries, Royal Colleges, professional bodies, and many clinicians/academics with experience in this field. The result has been the development of a strategy document, of which the implementation will be led by collaboration between the Faculty of Pain Medicine and the Royal College of General Practitioners.



## COMMISSIONING

Both Ann Taylor & Martin Johnson from the PCC-SIG committee have had significant input into the development of the recent RCGP Commissioning Support Document (Pain Management Services: Planning for the Future) in the capacity of lead author & document lead. They have also contributed extensively towards the launch & subsequent roadshows.

## EDUCATION DAY (17TH JANUARY 2014)

This was held in BPS headquarters and was attended by GPs, Nurses, AHPs and Pain Consultants, and comprised of a combination of interactive lectures & workshops.

## PUBLICATIONS

'Problematic pain – redefining how we view pain?' submitted by Chris Barker, Ann Taylor, & Martin Johnson was accepted for publication by BJP in the forthcoming February 2014 edition.

## ASM WORKSHOP

We look forward to our ASM workshop in Manchester 2014 entitled *Beyond Problematic Pain: Shared Decision Making*.



## PAIN IN DEVELOPING COUNTRIES SOCIETY SPECIAL INTEREST GROUP

DR CLARE ROQUES, CHAIR

### Members Year End 2013:

*Dr Sembil Vijayan, Secretary*

*Dr Sam Eldabe, Treasurer*

The SIG has had, I think, another successful year, with a steadily growing membership and increased collaboration with related organisations across the world.

We have now compiled a database from the information taken from the SIG and the BPS members surveys, allowing us to keep a record of members experience of working overseas, as well as a list of on-going contacts and individuals who are interested in working with us in the future.

One of our key aims is to work across disciplines to improve pain management overseas, and I have recently returned from running a set of Essential Pain Management (EPM) educational workshops in Uganda where we had instructors from both palliative care and anaesthesia. The BPS and the AAGBI foundation generously funded these workshops for which we are extremely grateful. We hope to build on this educational work through a collaboration with Doug Justins and Kate Grady, with the Faculty of Pain Medicine at the Royal College of Anaesthetists and the EPM Sub-Committee of The Australian and New Zealand College of Anaesthetists. We are continuing to liaise with the International Relations Committee of the Association of Anaesthetists of Great Britain and Ireland.

We had a successful joint workshop at the ASM in Bournemouth, with the Education SIG called 'Maximising the impact of education in developing countries'. The speakers Dr Emma Briggs and Dr Catherine D'Souza, facilitated the discussions with enthusiastic participation from the participants.

We are currently finalising plans for a joint workshop at the ASM in Manchester, with the Philosophy and Ethics SIG, where we hope to discuss and debate many of the hugely complex ethical challenges that arise when working in resource poor environments.

We are continuing to write regular articles for *Pain News* with updates of the work of the SIG and of our members in order to raise awareness of these complex international issues.





**CONTENTS**

Legal and administrative information	48
Directors' Report	49
Auditor's Report	60
Statement of Financial Activities	62
Balance Sheet	64
Notes to the Accounts	65
Statement of Director's Responsibilities	74

LEGAL AND ADMINISTRATIVE INFORMATION

REGISTERED CHARITY NO. 1103260

REGISTERED CHARITY IN SCOTLAND NO. SC039583

REGISTERED COMPANY NO. 5021381

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

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

SOLICITOR:                           HEMPSONS SOLICITORS  
  HEMPSONS HOUSE  
  40 VILLIERS STREET  
  LONDON  
  WC2N 6NJ

AUDITOR:                              ANDREW LANG LIMITED  
  2 ST. MARY'S ROAD  
  TONBRIDGE  
  KENT TN9 2LB

# THE BRITISH PAIN SOCIETY DIRECTORS' REPORT

FOR THE PERIOD 1ST JANUARY – 31ST DECEMBER 2013

The British Pain Society is the largest multidisciplinary professional organisation in the UK. It comprises: doctors, nurses, physical therapists, scientists, psychologists, occupational therapists, and other healthcare professionals actively engaged in the diagnosis and management of pain and in pain research. As of 31st December 2013 there were 1400 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 2013. 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 a half-day induction training.

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 thirteen Society Special Interest Groups; Acute Pain, Clinical Information, Information & Communication Technology, Interventional Pain Medicine, Medicolegal, Neuropathic Pain, Pain in Children, Pain Management Programmes, Pain Education, Pain in Older People, Philosophy & Ethics, Pain in Developing Countries and Primary and Community Care. The governance of these groups is established within the Articles and 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 December 2013 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 46th Annual Scientific Meeting (ASM) in Bournemouth on 16-19 April 2013, which was attended by 562 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 2013:
  - 26th Study Day 'Pain in older people' was held on 28th January.
  - 27th Study Day 'The Use of Information and Communication Technologies in Managing Pain' was held on 25th February.
  - 29th Study Day 'Visceral Pain' was held on 19th November.
- A further study day was originally planned. 'Commissioning Pain Services' was to be held on 10th June but cancelled due to low attendance numbers.
- The Patient Liaison Committee held a one day seminar on the 12th June on 'Harnessing Patient Power'.
- An additional SIG Chairs meeting was held on the 18th June 2013.
- On the 29th October, the final report of the National Pain Audit was launched at an event held at the House of Lords, hosted by the All Party Parliamentary Group for Chronic Pain.
- On the 3rd December, the e-Pain project was launched at an event held at the Royal College of Anaesthetists. The e-Pain Project was a joint project between the British Pain Society and the Faculty of Pain Medicine of the Royal College of Anaesthetists.

*SIG Meetings/Events*

- On 10-13 June, the Philosophy & Ethics Society SIG held a meeting at Launde Abbey on 'Changing the culture of pain medicine'.

- The Pain Management Programmes SIG held their biennial conference in Jersey on 25-27 September.
- The Interventional Pain Medicine Society SIG held their annual one day seminar on 18th October in London.

### *Publications*

- The Society continues to provide its quarterly Newsletter 'Pain News' free of charge to its members.
- The Society continues to provide its quarterly journal 'British Journal of Pain' free of charge to its members. 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 a joint publication with the British Geriatrics Society on 'Guidance on the Management of Pain in Older People' as a supplement to Age and Ageing.
- The Society published 'Pain Management Programmes for Adults' with accompanying patient information leaflet.

### *Bursaries & Grants*

- The Society awarded 20 members of the Society bursaries to attend its ASM in Bournemouth.
- The Society awarded 4 members of the Society the Patrick Wall Overseas Travel Bursary.

### *Involvement with other bodies*

- The National Pain Audit, a joint project with Dr Fosters Research Ltd, concluded its one year extension in 2013, with the launch of the Final Report taking place in October.
- 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 Care Excellence) guidelines.
- The Society is a generic stakeholder for Interventional Procedures and Health Technology Assessments for NICE.
- The Society is a member of the Association of Medical Research Charities (AMRC).
- A representative from the British Pain Society Council sits on the British Medical Association (BMA) Specialist Sub-Committees.
- 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.
- The Society has representation on the NHS England Clinical Reference Group for Specialised Pain Services.
- The Society has a representative on the Faculty of Pain Medicine of the Royal College of Anaesthetists 'Patient Safety Information' publication working group.

- The Society endorsed the Department of Health 'Pain in Secure environments' publication.
- The Society has a representative on the Department of Health's 'Opioid prescribing resource task list' publication working 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 £1,133,089 of which £221,303 is in restricted funds, £221,303 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 £23,567 are designated within the Society accounts to further the activities of the specific SIGs.

The Society continues to support its educational activities, including Special Interest Group Conferences and a series of Study Days. These meetings may be supported by unconditional educational grants from various companies, and for transparency the SIG activities are accounted for separately. The Study Day reserve of £27,728 is to support the extra educational activity of the Society. £198,725 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 in general funds is to be kept in reserve to cover the ongoing costs of the Society should there be a failure of income.
- The residue in the general fund of £322,398 to be used to further the aims and objects of the Society.

This year has seen the Society maintain a good financial base although 2013 has been another difficult year financially for the Society and we have seen an overall deficit of £49,325. The principal source of funding comes from the subscriptions of the members

which were increased during 2013. 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.

In December 2013 the elected Council with invited co-opted members, held a strategy day which focused on the finances of the Society and which worked towards savings of £22,582, reducing our predicted deficit from £85,241 to £59,659.

## 5. PLANS FOR FUTURE PERIODS

- The British Pain Society's 47th Annual Scientific Meeting will be held at Manchester Central, Manchester from 29 April – 1st May 2014.
- The Society will continue work on reviewing the BPS publication: *Understanding and Managing Pain*.
- The Society will continue work on producing a new BPS publication: *A core pain curriculum for preregistration healthcare education*.
- 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 2014.
- 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 Society will complete a review of the *Pain Assessment in older people* publication.
- The Philosophy & Ethics Society SIG will hold its annual meeting on 30th June – 3rd July at Rydall Hall, Cumbria.
- The Society will hold 4 study days during the course of the year; *Cancer Pain, Orofacial Pain, Musculoskeletal 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 23rd October 2014.
- The Pain Education Society SIG will hold their annual one day seminar in the autumn.
- The Interventional Pain Medicine Society SIG will hold their annual one day seminar in Manchester on 17th October 2014.
- 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 has been awarded a new audit. The exact start date is yet to be confirmed but will be in 2015. This project will look to build upon previously collected data by expanding the audit further by collecting additional data.
- Now published, the Pain Patient Pathways project will need to be reviewed in late 2015. Work on this review will commence in late 2014.
- 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.

## 6. DIRECTORS FOR THE PERIOD 1ST JANUARY – 18TH APRIL 2013

Prof. R. M. Langford	President
Dr W. Campbell	Vice President
Dr M. Johnson	Honorary Secretary (Interim)
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

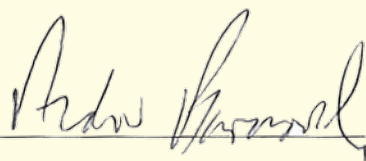


## DIRECTORS FOR THE PERIOD 18TH APRIL – 31ST DECEMBER 2013

Dr W. Campbell	President
Prof. R. M. Langford	Immediate Past President
Dr J. Goddard	Vice President
Dr M. Johnson	Honorary Secretary
Dr A. Baranowski	Honorary Treasurer
Mr N. Berry	Council Member
Dr H. Cameron	Council Member
Mr P. Cameron	Council Member
Dr S. Eldabe	Council Member
Dr O. Hart	Council Member
Dr T. Johnson	Council Member
Dr R. Knaggs	Council Member
Dr R. Munglani	Council Member
Dr M. Serpell	Council Member

## STAFF MEMBERS AS AT 31ST DECEMBER 2013

Mrs Jenny Nicholas	Secretariat Manager
Mrs Rikke Susgaard-Vigon	Events & Communications Officer (Maternity leave from July 2013 – year end)
Ms Dina Almuli	Events & Marketing Officer (Maternity cover from July 2013 – year end)
Mr Ken Obbard	Events & Membership Officer

Signed: 

Dated: 06/03/14

Dr Andrew Baranowski (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 2013 on pages 10 - 18. 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 2013 and of its incoming resources and applications of resources, including its income and expenditure in the year then ended and have properly prepared in accordance with the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005, and regulation 8 of the Charities Accounts (Scotland) Regulations 2006.

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

 FCA

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

Dated: 7<sup>th</sup> March 2014

**THE BRITISH PAIN SOCIETY**  
**STATEMENT OF FINANCIAL ACTIVITIES**

for the year ended 31st December 2013

<b>INCOMING RESOURCES</b>	<b>Notes</b>	<b>Unrestricted Funds</b>	<b>Restricted funds</b>	<b>Total Funds 2013</b>	<b>Total Funds 2012</b>
<b>INCOMING RESOURCES FROM GENERATED FUNDS</b>					
<b>Voluntary Income</b>					
Subscriptions		180,040	-	180,040	176,827
Donations, legacies & similar	11	2,200	-	2,200	57
<b>Activities for generating funds</b>					
Label sales		1,890	-	1,890	630
<b>Investment income</b>					
Interest received	11	15,092	1,600	16,692	15,931
<b>INCOMING RESOURCES FROM CHARITABLE ACTIVITIES</b>					
Meeting income	2	386,109	-	386,109	399,895
Newsletter advertising & booklets		(79)	-	(79)	4,980
General Publications		47	-	47	69
Publications	8	783	-	783	334
Research Awards and Grants		932	-	932	-
PLC Annual Voluntary Seminar		650	-	650	-
SIGS	5a	46,173	-	46,173	33,839
Study Days	6a	13,940	-	13,940	19,300
Education Days	6b		-	-	-
Map of Medicine				-	(2,500)
Pathways I&D		56,500	-	56,500	
<b>OTHER INCOMING RESOURCES</b>					
Other income				3,676	32
<b>TOTAL INCOMING RESOURCES</b>		<u>3,676</u>	<u>-</u>	<u>3,676</u>	<u>32</u>
		<u>£707,954</u>	<u>£1,600</u>	<u>£709,554</u>	<u>£649,394</u>

## THE BRITISH PAIN SOCIETY STATEMENT OF FINANCIAL ACTIVITIES

for the year ended 31st December 2013 (continued)

RESOURCES EXPENDED	Notes	Unrestricted Funds	Restricted Funds	Total Funds 2013	Total Funds 2012
<b>Costs of generating voluntary income</b>					
Functions costs-BPS promotions/ Public Affairs		354	-	354	234
				-	
<b>Charitable expenditure</b>					
Research grants	11	2,617	25,000	27,617	25,935
IASP Travel bursary award		-	-	-	2,029
Meeting expenses	2	450,632	-	450,632	451,434
Sub-Committee expenses		6,112	-	6,112	9,353
Core Com/SIGS	5a	76,248	-	76,248	35,169
SIGS- Chairs Meetings		1,049	-	1,049	1,109
Working Parties	5b	1,393	-	1,393	4,898
PLC Annual Voluntary Seminar		1,599	-	1,599	268
Study Days	6a	11,747	-	11,747	12,153
Education Days	6b	-	-	-	-
Professional Meetings	9	7,073	-	7,073	5,438
Other meeting expenses		4,435	-	4,435	1,469
Miscellaneous expenses		218	-	218	207
Newsletter & Journal		35,398	-	35,398	36,043
Website		4,474	-	4,474	2,797
Publications	8	1,367	-	1,367	1,368
Map of Medicine		7,550	-	7,550	-
Pathways I&D		10,581	-	10,581	-
Rent & Service Charges		11,422	-	11,422	12,678
Secretariat & other staff costs		61,151	-	61,151	57,809
Printing & postage		1,881	-	1,881	2,062
Telephone & fax costs		1,328	-	1,328	1,152
Computer system & software		9,307	-	9,307	9,749
Equipment hire & storage		527	-	527	622
Donations		-	-	-	400
Premises Rates & Insurance		1,574	-	1,574	1,541
Office stationery & photocopying		2,845	-	2,845	3,255
Professional fees		616	-	616	86
Subscriptions		273	-	273	168
Bank charges	11	1,950	-	1,950	648
Depreciation		1,803	-	1,803	2,130
<b>Governance Costs</b>					
Council expenses	7	4,457	-	4,457	4,660
Induction of Trustees inc. Training		202	-	202	290
Accountancy		8,506	-	8,506	7,985
Legal fees		5	-	5	408
Annual Election Expenditure		1,894	-	1,894	1,416
Annual Report		1,289	-	1,289	1,255
<b>Total resources expended</b>		<b>733,878</b>	<b>25,000</b>	<b>758,878</b>	<b>698,218</b>
<b>Net movement in funds</b>		<b>(25,925)</b>	<b>(23,400)</b>	<b>(49,325)</b>	<b>(48,824)</b>
Total funds brought forward		937,711	244,703	1,182,414	1,231,238
Transfers between funds		-	-	-	-
<b>Total funds carried forward</b>		<b>£911,786</b>	<b>£221,303</b>	<b>£1,133,089</b>	<b>£1,182,414</b>

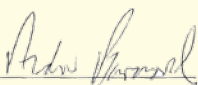
# THE BRITISH PAIN SOCIETY BALANCE SHEET

as at 31st December 2013

		<b>Notes</b>	<b>31.12.13</b>
<b>31.12.12</b>			
	<b>FIXED ASSETS</b>		
	<b>Office Equipment</b>		
7,873	Balance at 1st January		8,521
2,778	Additions		496
10,651			9,017
2,130	Less: Depreciation		1,803
8,521			7,214
	<b>CURRENT ASSETS</b>		
162,587	Debtors and Prepayments	3	163,715
18	CAF Gold Account		18
33,088	Barclays Account		42,621
98	Barclays Business Base Rate Tracker		360,602
272,945	Charities Deposit Fund		349,545
141,057	Caf Cash Account		139,805
63	Petty Cash		117
263,344	Santander Business Bond		271,130
-	Barclays Business Card		-
500,000	Barclays Treasury Deposit - Bond		-
1,373,200			1,327,553
	<b>CURRENT LIABILITIES</b>		
199,307	Creditors and Accruals	4	201,678
1,173,893			1,125,875
<b>1,182,414</b>	<b>NET ASSETS</b>		<b>1,133,089</b>
	<b>Represented by:</b>		
	<b>ACCUMULATED RESERVES</b>		
	<b>Unrestricted reserves</b>		
	<b>General</b>		
464,287			522,398
66,658	Designated: I. Bainbridge	10	66,658
263,248	Designated: ASM		198,725
53,642	Designated: SIGS		23,567
42,002	Designated: Study Days & Education Days		44,195
25,000	Designated: Reserves		25,000
22,874	Designated: Map of Medicine Pathways		15,324
-	Designated: Pathways I&D		15,919
-	Designated: PLC Seminar		-
			911,786
	<b>RESTRICTED RESERVES</b>	11	
244,703	Clulow		221,303
-	Pfizer Grant		-
<b>1,182,414</b>			221,303
			<b>1,133,089</b>

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 6th March 2014 by Dr Andrew Baranowski, Director

Signed: 

Dated: 06/03/14

## NOTES TO THE ACCOUNTS

for the year ended 31st December 2013

### 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. Level at which assets are capitalised is £500

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

<b>2013 Income and Expenditure Account</b>		£	£
<b>Income</b>			<u>386,109</u>
			386,109
<b>Expenses</b>	Room Hire	140,406	
	Venue-miscellaneous	683	
	Printing	12,889	
	Help at Venue	1,692	
	Speakers expenses (inc.travel & accom)	5,490	
	Refreshments	39,029	
	Out sourced Event Management	3,560	
	Poster Prizes	1,167	
	Poster Boards & Advertising	2,280	
	Gifts	1,155	
	Van Hire	330	
	Satellite Meetings	1,365	
	Council	8,424	
	Staff	2,698	
	PLC Committee Members	53	
	Social Programme	9,835	
	Insurance	4,580	
	Badges	832	
	Other Prizes	838	
	Flowers	498	
	Contingency- Additional Purchases	7,870	
	Miscellaneous	351	
	Bursaries	28,078	
	Stuffing Delegates Bags	725	
	ASM Registration Fee Bank Charges	<u>3,931</u>	
			278,759
	Office Cost Contribution		<u>171,873</u>
	Total cost		<u>450,632</u>
	<b>Net Surplus</b>		<b><u>(64,523)</u></b>

### APPORTIONED ASM EXPENDITURE

As agreed for 2013 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 £2,640 (2012 £2,340).



## 3 DEBTORS AND PREPAYMENTS

	<b>2013</b>	<b>2012</b>
Advance Meeting Costs	107,198	109,022
Secretariat Invoices	56,517	50,146
Accrued Interest	-	3,419
	<u>£163,715</u>	<u>£162,587</u>

## 4 CREDITORS AND ACCRUALS

	<b>2013</b>	<b>2012</b>
Creditors	45,485	42,891
Creditor AAGBI	33,297	36,426
Annual Scientific Meeting 2013	122,896	119,990
	<u>£201,678</u>	<u>£199,307</u>

## 5 A SIGS

	<b>Opening Balance 01.01.2013</b>	<b>Income</b>	<b>Expenditure</b>	<b>Closing Balance 31.12.2013</b>
Philosophy & Ethics	4,168	7,035	7,179	4,024
Acute Pain	4,669	-	-	4,669
Neuropathic Pain	650	-	-	650
Interventional Pain Management	11,656	12,805	7,877	16,584
Clinical Information	11,245	3,165	15,450	(1,040)
Pain Management Programmes	15,087	23,235	43,499	(5,177)
Pain Education	6,103	(250)	685	5,168
Older People	(958)	183	331	(1,106)
Primary Care	592	-	511	81
Developing Countries	430	-	-	430
Info & Comm Tech	-	-	716	(716)
	<u>53,642</u>	<u>46,173</u>	<u>76,248</u>	<u>23,567</u>

## 5 B WORKING PARTIES

	<b>Opening Balance 01.01.2013</b>	<b>Income</b>	<b>Expenditure</b>	<b>Closing Balance 31.12.2013</b>
Nurses Working Party	(1,421)	-	-	(1,421)
Opioid Recommendations	(62)	-	-	(62)
Desirable Criteria for PM	(1,335)	-	-	(1,335)
HRG	(825)	-	-	(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)	-	336	(1,262)
Rec Man.of Chronic Pain in Children	(5,914)	-	-	(5,914)
Drugs Beyond Licence	(756)	-	-	(756)
Opioids for non cancer pain	(64)	-	-	(64)
RCGP/BPS Guide Lines	(3,599)	-	-	(3,599)
Core Curriculum for Healthcare prof.	(1,683)	-	(73)	(1,610)
Pain in Disability	(211)	-	186	(397)
Website Review	(2,498)	-	-	(2,498)
Pain Assessment in Older People	(381)	-	587	(968)
Joint BPS/BGS	(264)	-	357	(621)
	<u>(30,551)</u>	<u>-</u>	<u>1,393</u>	<u>(31,944)</u>

## 6 A STUDY DAYS

	<b>Opening Balance 01.01.2013</b>	<b>Income</b>	<b>Expenditure</b>	<b>Closing Balance 31.12.2013</b>
Prior Study Day Surpluses	19,061	-	-	19,061
24th Study Day - 13th June 2012	2,661	-	156	2,505
25th Study Day- 10th September 2012	4,978	930	353	5,555
26th Study Day - 28th January 2013	(243)	2,470	3,327	(1,100)
27th Study Day-25th February 2013	(176)	7,050	3,839	3,035
28th Study day - 10th June 2013	(176)	(120)	75	(371)
29th Study Day - 3rd September 2013 cancelled	(176)	-	-	(176)
29th Study Day -19th November 2013	(176)	3,610	3,389	45
30th Study Day- 15th May 2014	-	-	152	(152)
31st Study Day - 17th June 2014	(176)	-	152	(328)
32nd Study Day - 23rd July 2014	-	-	152	(152)
33rd Study Day - 24th November 2014	-	-	152	(152)
Study Day - miscellaneous	(42)	-	-	(42)
	<u>£25,535</u>	<u>£13,940</u>	<u>£11,747</u>	<u>£27,728</u>

## 6B EDUCATION DAYS

	<b>Opening Balance 01.01.2013</b>	<b>Income</b>	<b>Expenditure</b>	<b>Closing Balance 31.12.2013</b>
March 2007 & March 2008	16,267	-	-	16,267
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>£42,002</u>	<u>£13,940</u>	<u>£11,747</u>	<u>£44,195</u>

## 7 COUNCIL EXPENSES

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

	<b>2013</b>	<b>2012</b>
Meeting - Catering	1,224	1,272
Meeting - Room Hire	-	62
Meeting - Travelling	2,950	3,039
Meeting - Hotels	283	287
Misc. Expenses	-	-
	<u><b>£4,457</b></u>	<u><b>£4,660</b></u>

## 8 PUBLICATIONS

	<b>Opening Balance 01.01.2013</b>	<b>Income</b>	<b>Expenditure</b>	<b>Closing Balance 31.12.2013</b>
Nursing Practice	(359)	-	-	(359)
Understanding & Managing Pain	(6,243)	185	-	(6,058)
Spinal Cord Stimulation	(2,834)	270	-	(2,564)
Opioid Recommendations	(911)	76	-	(835)
PMS Good Practice	12	-	-	12
Drugs Beyond Licence	(680)	-	-	(680)
Intrathecal Drug Delivery	(3,584)	175	-	(3,409)
Pain & Substance Misuse	(131)	-	-	(131)
Pain Management Programme	(535)	27	1,367	(1,875)
Rec. Management of Chronic Pain	1,521	-	-	1,521
Cancer Pain Management	(6,541)	-	-	(6,541)
Prov. Of Chronic Pain Serv. For Adults	25	-	-	25
Help The Aged	-	-	-	-
RCGP/BPS Pain Man. in Primary Care	25,352	50	-	25,402
Pain Management Guide Lines	(11,692)	-	-	(11,692)
BPS/PAGB Over The Counter Drugs	5	-	-	5
VAT Reimbursement on printing costs	30,327	-	-	30,327
	<u>£23,732</u>	<u>£783</u>	<u>£1,367</u>	<u>£23,148</u>

## 9 PROFESSIONAL MEETINGS

	<b>2013</b>	<b>2012</b>
BPS/Industry Drinks Reception	-	-
DoH/Professional Bodies	1,169	462
British Geriatrics Society Meetings		109
Primary Care Meeting		997
Finance Meetings	1,338	2,033
Strategic Planning Meeting	3,975	-
Pain Summit Planning Meeting	591	-
Map of Medicine Meeting	-	1,837
EGM	-	-
	<b>£7,073</b>	<b>£5,438</b>

## 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”.

	<b>2013</b>	<b>2012</b>
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:

	<b>2013</b>	<b>2012</b>
Balance at 1st January	263,248	314,787
Incoming Resources ASM	386,109	399,895
Expenditure ASM	(450,632)	(451,434)
Additional cost allocation	-	-
Balance as at 31st December	<u>£198,725</u>	<u>£263,248</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:

	<b>2013</b>	<b>2012</b>
Balance at 1st January	53,642	54,972
Incoming Resources SIGS	46,173	33,839
Expenditure SIGS	<u>(76,248)</u>	<u>(35,169)</u>
Balance as at 31st December	£23,567	£53,642

## STUDY DAYS

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

	<b>2013</b>	<b>2012</b>
Balance at 1st January	25,535	18,388
Incoming Resources Study Days	13,940	19,300
Expenditure Study Days	<u>(11,747)</u>	<u>(12,153)</u>
Balance as at 31st December	£27,728	£25,535

## EDUCATION DAYS

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

	<b>2013</b>	<b>2012</b>
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

## OTHER DESIGNATED RESERVES

	<b>2013</b>	<b>2012</b>
Balance at 1st January	47,874	25,000
Incoming Resources	-	-
Map of Medicine Pathways	-	22,874
Pathways I&D	56,500	-
Expenditure	(18,131)	-
Administrative Support Transfer	<u>(30,000)</u>	<u>-</u>
Balance as at 31st December	<u>£56,243</u>	<u>£47,874</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:

	<b>2013</b>	<b>2012</b>
Balance at 1st January	-	-
Incoming Resources	650	-
Expenditure	(1,599)	(268)
Transfer from General Funds	949	268
Balance at 31st December	<u>£-</u>	<u>-</u>
<b>Total Designated Reserves at 31st December</b>	<b><u>£389,388</u></b>	<b><u>£473,424</u></b>

#### 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”.

	<b>2013</b>	<b>2012</b>
Balance at 1st January	244,703	267,418
Incoming Resources	-	-
Expenditure	(25,000)	(25,000)
Reimbursed award	-	-
Charges	-	-
Interest	1,600	2,285
Balance as at 31st December	<u>£221,303</u>	<u>£244,703</u>

#### PFIZER CHARITABLE DONATION

	<b>2013</b>	<b>2012</b>
Balance at 1st January	-	-
Incoming Resources	-	-
Transfer for Pain Education activities costs	-	-
Expenditure	-	-
Balance at 31st December	<u>£-</u>	<u>£-</u>
<b>Total Restricted Reserves at 31st December</b>	<b><u>£221,303</u></b>	<b><u>£244,703</u></b>

## I 2 ANALYSIS OF NET ASSETS BETWEEN FUNDS

	<b>Unrestricted Reserves</b>	<b>Restricted Reserves</b>	<b>Total 31.12.2013</b>
Fixed Assets	7,214	-	7,214
Net Current Assets	904,573	221,303	1,125,876
	<b>£911,786</b>	<b>£221,303</b>	<b>£1,133,089</b>

## I 3 DIRECTORS EXPENSES

During the period a total of £10,969.69 was reimbursed to Directors for expenses incurred. (Reimbursements for 2012 £12,598.16)

## 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 (less SMP)	<b>2013</b>	<b>2012</b>
General Charitable Activities	47,131	45,994
Average number of staff in year- 3		
Apportioned ASM	68,545	69,955
Average number of staff in year- 3		
Temporary staff	-	-
Average number of staff in year- 1		
	<u>£115,676</u>	<u>£115,949</u>
Employer's contributions:	<b>2013</b>	<b>2012</b>
Employers Pension Contribution	4,270	4,563
Employers Nat. Insurance Contribution	4,568	4,742
	<u>8,838</u>	<u>9,305</u>
Total cost to charity	<b>£124,514</b>	<b>£125,254</b>

No employee earns over £60,000 (2012: nil).

## I 5 GRANTS

The annual report details the grants offered by the charity. In 2013 the allowance for the Clulow award was again £25,000 as shown in note 11 to these financial statements. £39,626 was awarded this year (in 2012 the Clulow grant was not awarded but paid out in 2013).

## 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.BRITISHPAIN SOCIETY.ORG](http://WWW.BRITISHPAIN SOCIETY.ORG) - E [INFO@BRITISHPAIN SOCIETY.ORG](mailto:INFO@BRITISHPAIN SOCIETY.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*