THE BRITISH PAIN SOCIETY

EXPERTISE WHERE IT MATTERS

ANNUAL REPORT & ACCOUNTS 2017

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INTRODUCTION

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

Membership comprises medical pain specialists, nurses, occupational therapists, pharmacists, physiotherapists, psychologists, scientists 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 1,149 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 (SIGs), publications and guidelines and via its Annual Scientific Meeting.

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 COUNCIL MEMBERS AND STAFF

Year end 2017

Officers

Dr Andrew Baranowski, *President Consultant in Pain Medicine*

Dr Heather Cameron, *Honorary Treasurer Physiotherapy Professional Lead*

Dr Martin Johnson, *Vice President Senior Medical Director*

Prof. Roger Knaggs, *Honorary Secretary, Associate Professor in Clinical Pharmacy Practice*

Dr Paul Wilkinson, *Vice President, Consultant Anaesthetist*

Elected Members of Council

Prof. Sam Ahmedzai
Emeritus Professor and Consultant in Palliative Medicine

Dr Arun Bhaskar
Consultant in Anaesthesia and Pain Medicine

Mr Paul Cameron
Pain Specialist Physiotherapist

Dr Ayman Eissa
Consultant Anaesthetist

Dr Tim Johnson
Consultant in Pain Management

Dr Austin Leach
Consultant in Pain Medicine

Dr Sarah Love-Jones
Consultant in Pain Medicine & Anaesthesia

Dr Zoey Malpus
Consultant Clinical Psychologist in Pain Management

Dr Ann Taylor
Reader in Pain Education and Research

Dr David Glyn Williams
Consultant Anaesthetist

Officers and Elected Members of Council

From left to right

Back row: Dr Zoey Malpus, Dr Arun Bhaskar, Ms Jenny Nicholas, Dr Ayman Eissa, Professor Sam Ahmedzai, Dr Glyn Williams

Front row: Dr Tim Johnson, Ms Heather Cameron, Dr Andrew Baranowski, Professor Roger Knaggs

Staff

Dina Almuli,
Secretariat Manager

Ms Casey Freeman,
Secretariat Manager

Jenny Nicholas,
Chief Executive Officer

Ken Obbard, *Events and Membership Officer*

Co-opted Members of Council

Mr Neil Betteridge, *Representative of the Chronic Pain Policy Coalition (CPPC)*

Dr Elaine Boland, *Representative of the Association of Palliative Medicine*

Mr Antony Chuter, Chair, *Patient Liaison Committee*

Ms Felicia Cox, Co-Editor, *British Journal of Pain*

Prof. Sam Eldabe, Chair, *Science & Research Committee*

Dr Barry Miller, Representative; *Faculty of Pain Medicine of the Royal College of Anaesthetists*

Dr Arasu Rayen, *Editor, Pain News*

Prof. Andrew Rice, *Representative; International Association for the Study of Pain (IASP)*

Prof. David Walsh, *Chair, Scientific Programme Committee*

Dr Amanda C de C William, *Representative; Science*

Staff

Ms Dina Almuli, *Secretariat Manager*
Ms Casey Freeman, *Secretariat Manager*
Ms Jenny Nicholas, *Chief Executive Officer*
Mr Ken Obbard, *Events and Membership Officer*

Officers, Elected Council Members and Co-opted Council Members

From left to right
Back row: Ms Felicia Cox, Professor David Walsh, Dr Amanda C de C Williams, Dr Glyn Williams

Middle row: Dr Zoey Malpus, Dr Arun Bhaskar, Ms Jenny Nicholas, Dr Ayman Eissa, Professor Sam Ahmedzai, Mr Kevin Bowers

Front row: Dr Tim Johnson, Dr Heather Cameron, Dr Andrew Baranowski, Professor Roger Knaggs

Absent: Dr Martin Johnson, Dr Paul Wilkinson, Dr Paul Cameron, Dr Sarah Love-Jones, Mr Neil Betteridge, Dr Elaine Boland, Mr Antony Chuter, Professor Sam Eldabe, Dr Barry Miller, Dr Arasu Rayen, Professor Andrew Rice

THE BRITISH PAIN SOCIETY

EXPERTISE WHERE IT MATTERS

OFFICERS AND COMMITTEES' REPORTS

Dr Andrew Baranowski

PRESIDENT'S REPORT

> Our mission statement is:
> to enable best pain management for all
>
> And our vision:
> stop suffering from pain

There have been many activities over the past year aimed at working towards these, key and central to our activities is the Annual Scientific Meeting.

The Annual Scientific Meeting 2017

The 2017 Annual Scientific Meeting (ASM) was held in Birmingham. This was the 50th Anniversary of our ASM meetings. We were pleased that the standard of presentations matched the importance of the event and as in the past, in the feedback from those that attended, the quality of the speakers was praised and as always the skill and effort of the Scientific Programme Committee and the Secretariat was acknowledged. Our plenary speakers and topics were:

- Professor Frank Porreca; Pat Wall Lecture: Reward and motivation in pain and pain relief.
- Prof. Jane Ballantyne; Lessons learned from US opioid prescribing
- Prof. Lance McCracken; Beyond belief: Functional and contextual psychological approaches to chronic pain
- Dr. Nicole Tang; Pain and sleep: the devil is in the "reciprocal" relationship
- Prof. Sam Eldabe; Progress and Controversies in Neuromodulation
- Sir Muir Gray; Population paincare
- Prof. Stephan Schug; The continuum of acute to chronic pain after surgery.
- Prof. Liesbet Goubert; BPS Lecture: A resilience approach to chronic pain – challenges for pain research and practice.

Key to the Society's work are the people that work with the Society and it is a pleasure to acknowledge old friends and new.

The British Pain Society's 50th Anniversary ASM saw the formal release of our re-branding exercise. This resulted in a much more modern and lively feel to the meeting. Other changes for the ASM were (many taken up as suggestions from our members): themed parallel sessions, a conference app to plan the day and for feedback, Q&A sessions within plenary sessions, and oral presentations of the top 5 non-trainee posters during a plenary session. Bursaries were available for those on a salary lower than £36,000 per annum, providing certain criteria are met.

Annual General Meeting 2017

Only two nominations were received for the three vacancies for elected Council members this year, so there was no need to hold an election. Both nominations were supported by two members of the Society. It is a pleasure to announce that Dr Arun Bhaskar has been re-elected for a second term of three years and Dr Ayman Eissa has been elected to Council for a three-year term.

The British Pain Society has a commitment to supporting the multidisciplinary team and as a consequence our Executive officers represent a range of interests including general practice, pain management programs, pharmacy, physiotherapy and specialised services.
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Honours and Awards

Three BPS members were awarded Honorary membership in 2017:

- Professor Maria Fitzgerald, following a citation read by Dr Amanda C de C Williams
- Mrs Heather Wallace, following a citation read by Dr Paul Cameron
- Professor Paul Watson, following a citation read by Dr William Campbell

It is always an honour to be able to acknowledge the significant contributions made by individuals in the field of pain medicine. This year the recipients represented basic scientists, physiotherapy but also the significant contribution of patients.

Committees

I wish to express my thanks to:

- Mr Antony Chuter,
  Chair of the Patient Liaison Committee
- Dr Arun Bhaskar,
  Chair of the Communications Committee
- Prof David Walsh of the
  Scientific Programme Committee
- Professor Sam Eldabe,
  Chair of the Science and Research Committee
- Dr Paul Wilkinson,
  Chair of the Charitable Aims Committee
- Dr William Campbell
  Chair of the Awards Committee

- Ms Felicia Cox and Prof Roger Knaggs, Co-Editors of the British Journal of Pain
- Dr Arasu Rayen, Editor of Pain News

as well as their respective committee members and teams. Their work is greatly appreciated by all of us within the BPS.

Council Members' Terms Ending

The Society is indebted to Paul Cameron, Martin Johnson, Paul Wilkinson, Sam Ahmedzai and Sarah Love-Jones for their service.

BPS efficiency savings and income generation

Key values of the Society are:

Invest for the future:

So we have sustainable financial growth to invest in our mission. Financial savings are key, but more importantly we are having to look at new approaches to efficiency and income generation. The support of our members through their membership subscriptions is not enough for the Society to undertake all its activities that are key to its other values.

Support effective partnerships:

So health and social care professional's work together to provide comprehensive support.

Make pain visible:

So pain and its consequences are on the national health agenda.

Inform professional excellence:

So professional standards are elevated through research, audit and education.

Enable best patient care:

So people in pain live their lives to the fullest.

Efficiency savings are being generated through a business plan approach to try and ensure that our Committees and our Special Interest Groups (SIGs) are focused, cost-effective and produce agreed outcomes. We have tried to ensure that SIGs appreciate the importance of working with the core Society on business plans and finances as we meet some very difficult financial circumstances. Our business arm is well established and meets regulations around trading. We are reaching out to new Trustees and Ambassadors.

New income is being generated through re-structuring registration fees for our meetings, ensuring that members have preferential benefits as well as looking at new approaches to working with industry, especially around the ASM. I am grateful to the Secretariat for moving that forward.

It is hoped that our National Pain Awareness Campaign will eventually bring in money as a secondary benefit.

Secretariat

The Secretariat undertake an amazing amount of work and provide a huge amount of support for the Society. We would like to thank Jenny Nicholas, as Chief Executive Officer, Casey Freeman and Dina Amuli as Secretariat Manager and Ken Obbard who supports membership and many of the Committees.

Collaboration, Media and Social Media

We have tried to move away from being reactive, becoming more proactive. To facilitate this, we have developed our media and social media teams, have developed a working relationship with NICE, the Faculty of Pain Medicine, The Chronic Pain Policy Coalition and other professional agencies. With the Faculty and CPPC we are attended a Parliamentary Reception at Westminster to celebrate our birthdays as agencies and to raise concerns about resources and clinic closures.

The Pain Consortium

There is an ongoing collaboration within the Pain Consortium. This is an alliance whose membership includes the President of The British Pain Society, the Dean of The Faculty of Pain Medicine, Royal College of Anaesthetists, the Pain Lead for the Royal College of General Practice and the Chairs of The Chronic Pain Policy Coalition (CPPC). The meetings of the Consortium aim to ensure collaboration between these agencies, reducing overlapping work and ensuring we work on shared goals and outcomes. The BPS continues to represent the MDT and through its Patient Liaison Committee and Patient Reference Group, patients.

European Pain Federation EFIC

The BPS is the UK chapter of the International Association for the Study of Pain and the European Pain Federation EFIC. The BPS President or representative sits on the EFIC Council. BPS membership gives automatic membership of EFIC and provides certain advantages. For instance, Members of the British Pain Society are entitled to receive a complimentary electronic copy of EFIC's European Journal of Pain. Several of our members have attended EFIC pain Schools during 2017.

The Patient Liaison Committee

It is with great sadness that we see Antony Chuter step down as Chair of the Patient Liaison Committee. His commitment and support of the Society has been exemplary. Following a formal selection process we have appointed two persons to fill the gap that he leaves. Margaret Whitehead and Kevin Bowers have been brought in as Co-Chairs, each bringing different skills to the table and the Society should benefit significantly from their support.

The Annual Patient Seminar webinar and vlogging.

The patient seminar took place as a webinar in early 2017, this resulted in many more individuals having access that

included the a mix of healthcare professionals, patients and patient organisations. There are plans to consider using the model of Vloging for short information sessions to be available from the end of 2018, early 2019.

The National Awareness Campaign (NAC)

This has been led by Dr Paul Wilkinson as Vice President for the National Awareness Campaign. During 2017 Paul and his team consolidated the previous work including the prospectus. This document clearly outlines the difference that the BPS has made and can make based on our values. It's a key document so we can move forward on raising awareness and potentially income generation.

The NAC Posters were launched at the beginning of 2017, again after a tremendous amount of work.
The posters have included:

- Imagine "every day feeling pain".
- Pain in Older People.
- Cancer Pain.

National Art Competition:

Despite significant support for the National Art Competition, delays have happened. Hopefully we will be able to move this forward in 2018 where we aim to see a National Art Competition linked with National Art Galleries and social media agencies to promote the work the BPS does and to provide a new income stream. Several other fundraising campaigns are being discussed and planned by Council.

To conclude

Much of this year has been spent bedding down the changes of the previous years around rebranding, raising awareness of living with pain and looking at income generation.

> 2017 was a year to reflect on how far the Society has moved in the past 50 years and to consider where it can go in the next 50 years.

The Society has a key role to play in the promotion of the multidisciplinary approach to pain management and the importance of the partnership between those living with pain and the professionals that provide support and care.

Finally, I wish to acknowledge the outstanding contributions made by all of the BPS Council; in particular, we all need to thank the Secretariat, led by our Chief Executive Officer – Ms Jenny Nicholas, our Honorary Secretary-Professor Roger Knaggs, Honorary Treasurer – Heather Cameron, Vice President (Membership) Dr Martin Johnson, Vice President (NAC) Paul Wilkinson and of course our Immediate Past President – Dr William Campbell without whose support we would have struggled significantly over the past year.

Prof. Roger Knaggs

HONOURARY SECRETARY'S REPORT

> The British Pain Society is the oldest and largest multidisciplinary professional organisation in the field of pain within the UK. This is my second annual report as Honorary Secretary and it is hard to believe that I have completed more than half of my term as Honorary Secretary.

Membership

The membership of the Society was 1,105 at the end of December 2017. This comprises of 521 anaesthetists, 151 nurses, 118 psychologists and 92 physiotherapists with other disciplines and professional groups accounting for 223 members. Without wishing to appear to sound like a broken record, there continues to be a gradual reduction in membership numbers. Having listened to comments from members and changed to collecting direct debit subscriptions twice each year, it does mean that there are greater and more frequent fluctuations in membership numbers. Previous professional advice had highlighted that retention of members was not a major issue but we need to consider how to increase recruitment of new members. There is a stream of work head by one of our Vice Presidents, Dr Martin Johnson, to review membership recruitment and consider alternative models for membership structure.

The British Pain Society remains active in promoting the needs of patients and views of healthcare professionals to many of the key organisations and stakeholders including; the Department of Health, Royal Colleges, the National Institute for Clinical Excellence (NICE), the Medicines and Healthcare Products Regulatory Agency (MHRA), the Faculty of Pain Medicine, the Chronic Pain Policy Coalition and the Association of Medical Research Charities. After discussions with NICE over some time, the development of a guideline on the assessment and management of persistent pain using their rigorous methodologies has been announced. In time, this will then lead to the

development of a Quality Standard, a big step forward in improving the care of all people living with persistent pain.

Council

The Council continues to reflects the multidisciplinary nature of the Society and pain management. There are eight elected members and five executive officers. In addition, there are a further ten members who have been co-opted including Chairs of key BPS committees and representatives from professional organisations that the Society regularly interacts with including the Faculty of Pain Medicine, Chronic Pain Policy Coalition, Association of Palliative Medicine and Replace with Royal College of Nursing (RCN).

In 2017, there were three vacancies for elected Council Members, however there were only two nominations received and hence there was no need for an election. Both nominations were supported by two members of the Society. Dr Ayman Eissa was elected to Council for an initial three-year term and Dr Arun Bhaskar was re-elected for an initial second term of three years.
Many thanks to both Arun and Ayman and we look forward to working with you over the coming years.
The election process for 2018 will be begin very soon and do consider if you may be willing to stand for election.
As well as four elected Council members, there will be elections for the next President Elect. Elections for Honorary Secretary Elect and Honorary Treasurer Elect will also take place by Council members.

There are five full Council meetings during the year to consider a huge range of topics that affect the Society on a daily basis including media, clinical issues, educational issues, policy matters and many more. The structure of Council meetings has been revised to allow greater time for discussion of topical policy and strategy issues. Outside of these meetings there is additional discussion addressing daily matters and other issues that arise unexpectedly and often require decisions or an opinion within a short timescale. All of this work is supported by our very experienced Secretariat who are able to deal with many issues themselves when appropriate and direct further enquiries to an appropriate Council or Executive member.

The BPS also has a number of committees, which have been established to work in particular areas such as Education, Science & Research and the Scientific Programme Committee for the Annual Scientific Meeting. Activity plans for each of these committees will be reviewed and updated following a strategy session at a Council meeting in November 2017.

Special Interest Groups

The Special Interest Groups (SIGs) are a key part of the Society as they allow members who have a specific interest to discuss and debate their interest in more depth. The Society encourages the work of the SIGs as it demonstrates the multidisciplinary nature of the Society and it is important that they see themselves as being part of the

Society. There continue to be 14 SIGs within the Society covering a wide variety of topics from interventional pain medicine, acute pain, headache, ICT and pain education.

Summaries of SIG activities in 2017 can be found later in this Annual Report.

Study Days

The Education Committee oversees a programme of study days. In 2017 one study day was held on Cancer Pain. Despite late concerns regarding attendance, the event was well received by the delegates that attended and it was a great success. In addition, several of the SIGs organised education events and meetings throughout the year.

Publications

There have been two publications in development over 2017. In collaboration with the Faculty of Pain Medicine a position statement on use of particulate steroids for spinal procedures has been agreed. Several members, together with the British Geriatrics Society, have been working to update the recommendations on pain assessment in older people. An additional module on musculoskeletal pain has been commissioned for e-Pain, a joint project between the Faculty of Pain Medicine and the British Pain Society. Under the oversight of Doug Natusch and Dr Rhian Lewis, Clinical Leads for e-Pain, there are plans for updating and reviewing material on a regular basis.

Finally, all Council members the Society are indebted to the ongoing work of the all members of the Secretariat led by Jenny, Dina, Casey and Ken ensuring the everyday business of the Society is not forgotten.

Dr Heather Cameron

HONORARY TREASURER'S REPORT

> As in previous reports, the society continues to face challenging times from a financial perspective.

Society Assets

As in 2016, we once again are reporting a deficit in 2017 although we continue to have healthy reserves. The Society also continues to further explore future opportunities, and we hope to continue to see changes we have made in recent years fully come to fruition. Accumulated reserves held by the Society are £1,060,607of which £217,783 is in restricted funds.

The Society continues to apply a formal reserves policy to determine the way in which accumulated funds are utilised. Reserves are designated as restricted or unrestricted.

Restricted funds are bequests and donations, including interest, which are to be used specifically for research into the causes and treatment of pain.

Unrestricted reserves are further divided into designated reserves and general funds. Designated reserves (£202,144) include the Irene Bainbridge fund (£22,208) SIG funds (£70,578) and the funds for Study Days and Seminars (£45,631). We no longer have any reserves in a designated ASM fund therefore any future ASM shortfall will require to be covered from our general reserves.

2017

The Society's year end position shows a deficit of £71,319.21. Whilst still a deficit, this position is a considerable improvement from the predicted deficit of £94,999 and reflects the enormous amount of effort that continues to be taken to cut our costs. Initiatives and much effort are also in place to increase income but, as yet, these have not realised significant funds. A small increase in membership fees was applied across the board.

The Society continues to maintain an educational programme of study days and to host the Annual Scientific Meeting; the latter financially essential to the continuing activities of the Society.

18 bursaries for the ASM were awarded this year and one Patrick Wall bursary was paid. There was one Clulow Award in 2017 of. This is a bi-ennial award, and the next round will be 2019.

Special Interest Groups (SIGs)

SIGs remain active and financially viable. In 2016 council reviewed registration fees payable for SIG meetings, to ensure a differential between member's and non member's fees. This has continued throughout 2017 and saw the Pain Management SIG in particular run a very successful event in September 2017.

Council continue to believe that it is essential we are able to demonstrate member benefits and therefore will continue with this stratified fees approach.

BPS Pain Business Ltd

In 2014, BPS Pain Business Ltd was incorporated as a trading subsidiary of the Charity. This was to help mitigate any potential VAT liability due to recent changes to practice. The trading arm also offers us opportunities for further income generation.

2017 is the third full accounting year for BPS Pain Business Ltd and you will note that the accompanying accounts are the consolidated accounts of the two entities.

Under the provision of an operating license, BPS Pain Business Ltd has contributed £36,600 to the office costs of the Society, and has been able to make an additional year-end corporate donation of £3,470 to the charity. The trading arm retains only a small operating fund of about £1,000.

2018 Budgets

Significant challenges remain to bring the Society back into financial balance. Whilst in 2017 we were once again able to reduce costs to reduce the predicted deficit we must generate new income sources in 2018 if we wish to grow as an organisation. Whilst significant effort has been undertaken in the Pain:Less Campaign project we have yet to see financial return from this however remain optimistic that this work will see some returns in 2018. We also aim to have an increased education programme and plan some regional meetings to improve member accessibility.

We continue to review our membership well into 2017. The Society is finalising a proposal to simplify our membership subscription fee structure.

As always, continuing and developing the aims and objectives of the Society depends fundamentally on the goodwill and enthusiasm of Council, SIGs and you, the Members.

Thanks

On your behalf I would like to take the opportunity to thank the Secretariat and our bookkeepers, Independent Examiners Ltd, particularly Ms Viv Trump, for their excellent operational management of the Society's finances. The Society's accounts, audited by Andrew Lang Limited, are included in this annual report and are available on the Society's website.

Dr Arun Bhaskar, *Chair*

COMMUNICATIONS COMMITTEE REPORT

Members Year End 2017

Professor Sam Ahmedzai, *Web Master and Emeritus Professor*

Dr Andrew Baranowski, *Anaesthesia & Pain Management (Executive Officer Link)*

Dr Arun Bhaskar, *Chair / Anaesthesia*

Mr Anthony Chuter , *Lay Rep*

Ms Felicia Cox, *Nursing (Editor, The British Journal of Pain)*

Ms Meherzin Das, *ICT SIG*

Ms Casey Freeman, *BPS Secretariat*

Dr Stephen Humble, *Anaesthesia*

Dr Sarah Love-Jones, *Anaesthesia*

Mr Pete Moore, *Lay Rep*

Dr Arasu-Rayen, *Anaesthesia & Pain Management (Editor, Pain News)*

Dr Damien Smith, *Pain Management*

Membership of the committee:

2017 saw some changes to the make-up of the Communications Committee. We said goodbye to Mr Antony Chuter and Dr Paul Wilkinson, thanking them for their service, and welcomed with Professor Sam Ahmedzai, Dr Stephen Humble and Mr Pete Moore who have been actively promoting the BPS on various social media platforms.

Enhanced media strategy

The Communications Committee has been focused on raising the profile of the organisation by working more actively with national media, increasing our regional and national networks and harnessing the knowledge of our membership to aid responses. By becoming a more prominent and visible "expert voice of pain and MDT pain management" we can help achieve the Society's vision and goals. Thank you Professor Sam, Professor Roger, Dr Stephen, Dr Alan Fayez and Ms Casey Freeman for driving this work.

Digital Presence

A core component of our media strategy is to increase our online presence. Twitter and Facebook are now well established, with a Twitter group formed to spread our messages further and a members-only Facebook chat group created. We have ensured sound governance across these platforms by developing the BPS Social Media Guidelines. Alongside all of this, we now also have a page on Wikipedia.

In 2018 we plan to further leverage off these initiatives to increase member engagement by hosting more tweet chats, using the social wall at the ASM, #BPSASM2018 and working alongside Special Interest Groups (SIGs) to support their social media strategies.

National Awareness Campaign

The National Awareness Campaign, Pain:Less, is designed to raise awareness for people in pain as well as the British Pain Society. In 2017 we launched three posters which were:

- Imagine the Worst Pain Ever
- Pain in Older People
- Cancer Pain.

The Cancer Pain poster was launched alongside a Cancer Study Day and was particularly well received.

Pain News

Pain News had been successful in attracting more contributors and had some really interesting articles over the past year. Dr Arasu Rayen started a second term of three years as the Editor of Pain News. The Editorial team was extended to include Mrs Margaret Dunham, Dr Christina Liossi and Dr Sandeep Kapur as associate Editors.

British Journal of Pain

Professor Roger Knaggs now co-edits the indexed quarterly British Journal of Pain with Ms Felicia Cox. The Editorial Board has been promoting the journal using social media and ensuring the publication of consistently high quality content. The journal will continue to commission one themed issue per annum and ensure that published content reflects the needs of the readership. In 2017 the Editor's focus has been on raising the profile of OnLine first content, supporting novice authors and reducing delays in the review and feedback processes.

Publications update

The Guideline Development Groups for Cancer Pain, Neuromodulation, Replace with Pain Management Programme and Education SIG have been set up for 2018. Publications for 2017 included a position statement on epidural steroids co-written with the Faculty of Pain Medicine (FPM).

Prof. Sam Ahmedzai, *Chair*

EDUCATION COMMITTEE REPORT

Membership 2017:

Prof. Sam Ahmedzai, *Palliative Medicine, Chair*

Dr Athanasia, *Chatziperi Anaesthesia*

Dr Emma Briggs, *Nursing/ Education*

Dr Ashish Gulve, *Anaesthesia*

Mrs Sue Jenkins, *Nursing*

Prof. Roger Knaggs, *Pharmacology, Ex Officio*

Mr Pete Moore, *Lay Rep*

Mr Ken Obbard, *Secretariat*

I would like to give credit to Dr Paul Cameron, who has previously chaired this Committee so well, but had to step down in late 2017 owing to his overwhelming national and international commitments. We are all grateful to Paul for keeping the Education Committee afloat even while he was advising the Scottish Government, amongst other activities!

I agreed to be interim Vice-Chair at the 2017 ASM Council Meeting. Paul stepped down in November and by default, I took up the Chair. Paul and I have had conference calls and several emails about his approach for the Education Committee and how it could be developed. I'd also like to acknowledge the help and advice I've received in this post from Mr Ken Obbard at the BPS Secretariat.

The Education Committee has some urgent pressures, and I would also like to flag up some longer term strategic issues.

1. Study Days

The 2017 Medicolegal Study Day sadly did not happen. Early reassurances of it going ahead from the lead were followed up by complete silence, i.e. no replies to either Ken or to Paul, so the meeting was cancelled.

The Cancer Pain Study Day was held on the 27th November. After initially disappointing registrations, the Social Media team and Ken advertised hard and in the end we had a reasonable attendance. There were four key speakers (Dr Arun Bhaskar Dr Tony Dickenson, Dr Paul Farqhar-Smith and new faculty member, Dr Andrew Dickman, consultant pharmacist in palliative care, Liverpool). The sessions were interactive and the day was well evaluated. A special feature was that BPS also launched the Cancer Pain Poster on this day, so there was good social media feedback in the days afterwards too.

The 7th Feb 2018 Trainee Study Day has been postponed.

The 14th March Psychology Study Day has been moved to a pre-ASM meeting.

An upcoming Study Day on 26th February Military Veterans & Torture Study Day is seeing registrations are slowly coming in.

We have recently been approached by Macmillan Cancer Support and Royal College of General Practitioners to run bespoke study days for them. We are liaising with them and hope to establish two new joint Study Days in 2018, and, we hope, a regular plan for annual joint days.

2. Committee structure and membership

There has not been a conference call of the whole Education Committee since I joined in May 2017. I'm sorry to add that I do not know most of the existing committee members. I understand from Paul that he had tried to revive the Committee to encourage 'new blood' and enthusiasm. I feel that I owe it to the Committee to have an urgent face-to-face meeting with them all by the early Spring. We can then see if we are ready for any turnover or indeed additional new members. I am concerned that the Education Committee membership should be seen to reflect the make-up of our membership.

My plan is to follow up the annual face-to-face meeting with a two-monthly set programme of conference calls. Members who cannot make at least four out of six calls in a year would be asked to step down.

3. Term of my office

Since I stepped in officially as Vice-Chair at the 2017 ASM Council Meeting, but have since taken up the Chair, this needs to be ratified by Council at the February meeting. I have discussed with Jenny that I am happy to stay on in the post for a further year, up till the 2019 ASM. This will give me time to action my strategic plans for the Education Committee (with Council consent of course) and to find and induct a new, longer-term Chair.

Longer term plans:

Following my discussion with the Secretariat, I would like to present my plans –

A. Short-term changes

i. We have sent out a survey to all members asking for their suggestions for future study days in 2018 and 2019. We offered specific days available to us at Churchill House, but also opened the possibility of other venues around the country. We will follow this up with other surveys targeted at specific disciplines, and consumers.

ii. Through the website, emails and social media, we will ask the membership and wider 'followers' of BPS for their views of future educational activities. Specifically, we will seek the level of interest in:

a. Regional events – in the North (e.g. Manchester) and South (e.g. Bath)

b. Joint meetings with other related organisations, e.g. Royal Colleges, Faculty of Pain Medicine, Association of Palliative Medicine, Royal Pharmacology Society, British Psychological Society, etc.

B. Longer-term strategic plan

I am keen to gauge the interest of Council and the wider membership of moving to a more online platform for educational (and possibly SIG) events:

a. Pilot-testing of e-learning via Pain Community website. Dr Zoey Malpus has done a lot of background work here and we need to agree with Executive a budget and plan for implementation with a pilot set of modules by summer 2018.

b. Online educational events – using Facebook, LinkedIn, webinars and other bespoke platforms.

Mr Antony Chuter, *Chair*

PATIENT LIAISON COMMITTEE REPORT

Members Year End 2017

Mr Andrew Baranowski, *Ex Officio*
Incoming co-Chair Kevin Bowers, *Lay member*
Ms Rebecca Brierley, *Lay member*
Outgoing Chair Mr Antony Chuter, *Lay member*
John Holyome, *Lay member*
Dr Tim Johnson, *Anaesthesia*
Dr Austin Leach, *Anaesthesia*
Ms Anusha Nirmalananthan, *Lay member*
Mr Ken Obbard, *Secretariat*
Ms Linda Reid, *Lay member*
Bryan Roachford , *Lay member*
William Streek, *Lay member*
Dr Fran Toye, *Researcher*
Incoming co-Chair Margaret Whitehead, *Lay member*

Twenty seventeen has been another busy year for the Patient Liaison Committee (PLC). We had some changes in our membership, so we will be running a recruitment process in 2018 to replace the lay members we lost. We said goodbye to Dr William Campbell as our ex officio member from Council, as he had finished his term as immediate past President. We welcomed Dr Andrew Baranowski, President of the British Pain Society, along with Dr Tim Johnson to the committee last year.

This year the biggest change occurred when, after five years as chair of the PLC, I stepped down and am followed by two new Co-Chairs, Margaret Whitehead and Kevin Bowers. I will remain on the PLC as Immediate Past Chair until his final meeting in November 2018.

The Annual Scientific Meeting

Three lay members and the Chair of the PLC attended the 2017 Annual Scientific Meeting (ASM) in Birmingham. It was a fantastic and interesting few days. We continued to promote *'Understanding and Managing Long Term Pain'* to the attendees. We also continued to develop ideas around new topics which could become publications in the *'Understanding and Managing'* series of publications.

Patient Reference Group

The Patient Reference Group continues to grow and we now have 420 members. Anyone who lives with pain or cares for someone living with pain can join the group. We send out newsletters occasionally as well as surveys when the Society wants to know how patients and carers feel about something. If you wish to share a link to the Patient Reference Group - here it is: http://eepurl.com/Zalkv.

We have had an average open rate of 46.1% which is far higher than the industry average of around 20%. We also had an above average click rate of 25.19%. Not every email we sent had a survey and some had links back to the BPS.

The 'Professor Sir Michael Bond Lecture'

The 2018 'Professor Sir Michael Bond Lecture' will be given by Pete Moore.

It is clear that by going digital with the Annual Patient Seminar, the PLC has been able to reach many more people. In past years we have been lucky to have 30 people attend whereas the two videos on YouTube from last year have now been viewed a total of 167 and 319 times. We hope that this number will grow and by having a big name like Mr Pete More presenting the Sir Michael Bond Lecture, we hope that many more people will get help and support from the videos.

Vlogging!

The PLC has great plans to create a number of Vlogs - or video blogs. This will be in the format of a Lay member of PLC interviewing different members of the society. Talking about their role in the MDT team and how they help patients by working with others.

PLC Representation

The PLC are represented at the following organisations/ BPS Committees:

Chronic Pain Policy Coalition (CPPC), Network for Patients (Patient Association), Airing Pain Advisory Board, Pain UK, BPS Communications Committee, BPS Education Committee, BPS Science and Research Committee, BPS Charitable Aims Committee, BPS Scientific Programme Committee and the Opioids in Primary Care publication working party.

In addition to above, the lay members of the Patient Liaison Committee also attend and take part in the following Society Special Interest Groups:
Acute Pain, Clinical Information, Interventional Pain Medicine, Information, Communications and Technology (ICT), Neuropathic Pain, Pain Education, Pain in Children, Pain in Developing Countries, Pain in Older People, Pain Management Programmes, Philosophy and Ethics and Primary & Community Care.

Understanding and Managing Long-term Pain

After being launched at the Annual Scientific Meeting in Glasgow in 2016 there was a good amount of interest from trusts and other organisations to be able to purchase copies in bulk for their patients. Last year we reported that we had sold an additional 980 copies - bringing in a further £995 in income for the Society. We continued to sell copies in 2017, bringing in a small amount of income for the Society.

To make it financially viable for the Society and to reach as many people who live with pain as possible, it is available for pain clinics to purchase in bulk at very close to the cost price for printing.

There is also a PDF for professionals to download from the BPS (there is a very small charge for the download). For the overseas market, we are happy to negotiate a printing licence and will also be happy to work to make changes

so that the publication can be 'country' specific. There are costs involved in the editing but we are keen to keep these to a minimum, the important thing is that the publication reaches as many people who live with pain as possible.

Understanding and Managing Pain after Surgery

Last year, the PLC worked together with the Acute Pain Special Interest Group and other specialists, to produce a new publication aimed at patients who are at home recovering from surgery.

This was launched at the 50th Anniversary ASM held in Birmingham. Copies are now available for trusts and other providers to purchase from the Society.

Information on these publications can be found on the BPS website: https://www.britishpainsociety.org/british-pain-society-publications/

Prof. Sam Eldabe, *Chair*

SCIENCE AND RESEARCH COMMITTEE REPORT

Members Year End 2017

Prof. Sam Ahmedzai, *Palliative Medicine / Trustee*
Professor Julie Bruce, *Research*
Dr Heather Cameron, *Trustee (Ex Officio)*
Mr Antony Chuter, *Lay / Non-Trustee*
Prof. Sam Eldabe, *Chair / Non-Trustee*
Dr Martin Johnson, *Primary Care / Trustee*
Prof. Roger Knaggs, *Pharmacology / Trustee*
Professor Lance McCracken, *Academic*
Mr Ken Obbard, *BPS Secretariat*
Dr Ann Taylor, *Nursing / Trustee*
Dr Amanda Williams, *Psychology*

In 2017 the Committee welcomed Dr Amanda Williams, Professor Julie Bruce and Professor Lance McCracken to our membership.

Clulow Award

The process for judging the Clulow Awards 2017 is now complete. This is the first year the committee has used external reviewers to inform the judging process. We are pleased to report that the process of nominating and allocating reviewers from the BPS membership has been largely successful and helpful to the committee in making their final decision. This year has seen the largest number of applications submitted yet with a total of 14 good quality applications from various disciplines. Clulow funding was allocated this year to Dr Harriet Kemp of Chelsea & Westminster Hospital Imperial College for a project titled: Neuropathic pain in retroviral infection: a human cross-sectional study. Details of the submissions as well as the reviews and scores allocated to each application and reviews are available on a dropbox folder accessible through the secretariat.

Pain Research Day

The committee have agreed the need to hold a pain research day on the 8th of March 2018. The aim of the day will be to highlight the richness and diversity of pain research and showcase the array of disciplines that contribute to pain research across the UK. We also aim to use the day to interact with national stakeholders such as users, funders of pain research and discussions with Arthritis Research UK (ARUK) and National Institute of Health Research (NIHR) are already ongoing.

We plan to open the day with an address from a person in pain highlighting the importance of pain research followed by addresses from funder representatives and then introduce a quick fire round of researcher presenting projects of national impact in short presentations followed by questions.

Prof. David Walsh, *chair*

SCIENTIFIC PROGRAMME COMMITTEE REPORT

Members Year End 2017

Dr Andrew Baranowski, *Ex Officio*
Mrs Casey Freeman, *BPS Secretariat*
Dr Gill Chumbley, *Nursing*
Mr Antony Chuter, *Lay member*
Dr Lesley Colvin, *Anaesthesia*
Dr Sandrine Geranton, *Basic Science*
Dr Ed Keogh, *Psychology*
Professor Roger Knaggs, *Pharmacology*
Dr Vivek Mehta, *Pain Medicine*
Ms Gail Sowden, *Physiotherapy*
Professor David Walsh, *Chair/ Rheumatology*

Professor David Walsh took over as Chair of the Scientific Programme Committee (SPC) following from the work of Professor Kate Seers, who stepped down at the close of the Annual Scientific Meeting (ASM) in May 2017. Feedback for the 2017 ASM was generally positive and helpful comments were raised at the wrap up meeting of Council on its closing day. The new app appears to have worked well with only a few expected teething problems. The 2018 ASM is to be held in Brighton. Professor Kate Seers is to be congratulated as outgoing chair of the SPC for her sterling contributions to the Society.

The SPC Terms of Reference and necessary changes in membership were agreed. Dr Amanda C de C Williams agreed at the end of July 2017 to join the SPC. A two-day format for the 2018 ASM was agreed. Plenary speakers and workshop proposals were considered at the SPC meeting on 5th July 2017 and subsequent invites made by the Secretariat. Plenary speakers will cover diverse areas including epidemiology, genetics, gender, torture, beliefs and sociology. Parallel sessions will address inter alia education, addiction, children, healthcare delivery, trauma, medicolegal aspects, neuropathic pain, headaches, ageing, cancer and end of life, and with practical workshops on research for trainees, and self-hypnosis. One plenary session will comprise presentations of the top five submitted abstracts.

At the SPC's January 2018 meeting, abstract submissions to the ASM were reviewed and selected for oral and poster presentations at the 2018 ASM. The SPC will consider the Council's suggestion that a call for `late-breaking' abstracts be made. It is hoped that this trial of late breaking abstracts will encourage the presentation of cutting edge research. The SPC will agree at its January meeting the allocation of roles within the 2018 ASM, including management of questions through the conference app, judging and awarding of prizes for the best poster presentation. Abstracts were shortlisted for the poster prize at the January SPC meeting.

The 2019 ASM will be discussed further at the SPC's January 2018 meeting. Members of the Secretariat will visit Belfast and all are enthusiastic about the potential to hold the 2019 ASM in Northern Ireland. At the SPC meeting in July, the potential for a joint meeting with the Association of

Paliative Medicine (APM) was discussed with representatives from the APM. The SPC was supportive, seeing strength in bringing the BPS's multidisciplinary ethos to the APM meeting, and raising opportunities for comparisons and contrasts at the changing boundaries between palliative and chronic pain management. It was decided to not pursue a joint meeting in 2018, and the SPC offered to help develop suggestions for proposal for 2019.

THE BRITISH PAIN SOCIETY

EXPERTISE WHERE IT MATTERS

SPECIAL INTEREST GROUP REPORTS

Dr Ruth Day, *Chair*

ACUTE PAIN SOCIETY SPECIAL INTEREST GROUP REPORT

Members Year End 2017

Dr Nilesh Chauhan
Dr Ruth Day, *Chair*
Dr Suchitra Kanagasundaram, *Secretary*
Dr Sailesh Mishra, *Officer*
Mr Colin Preece, *Patient Liaison Committee representative*
Dr Jane Quinlan, *IASP representative*
Dr Mark Rockett, *Officer*
Dr Devjit Srivastava, *Treasurer*
Dr Paul Wilkinson, *Council Liaison Officer*

Total membership: 170

As I write this report in early January, looking back over 2017 and the activities of the Acute Pain Special Interest Group (APSIG), I am amazed at the enormous energy and commitment shown by the committee members. It's only when you start to list the things undertaken, accomplished or ongoing that it becomes clear how much time is given voluntarily to the British Pain Society and the APSIG. This year Mrs Sophie Moran stepped down from the committee and we were delighted to welcome Mrs Harriet Barker and Ms Pamela Taylor. For the support I am given as chair I'd like to thank the committee members through this report.

The membership of APSIG has grown by over 15% this year – an indication of the continuing interest in acute and inpatient pain management. This interest was made clear from the attendance at the Persistent Post-Surgical Pain: Challenges and Approaches day prior to the 2017 ASM which APSIG ran with BPS support. It celebrated the IASP global year against pain after surgery. Thank you to Mrs Felicia Cox and Dr Jane Quinlan who, with the APSIG committee, ensured the success of this day. Professor Stephan Schug introduced the day and many attendees were delighted to meet him. (He continued to work hard for Acute Pain during the following ASM).

During the ASM, APSIG were involved in two parallel sessions, one on post-operative pain management in different patient groups and the other, with the Pain Management Programme Special Interest Group (PMPSIG), on managing frequent attendees. Our AGM had a lively discussion on the use of lidocaine infusions in the post-operative period.

Other work the SIG has been involved in includes:

- The POPS study – Devjit Srivastava is leading for us on this project and wrote about it in Pain News 15 (3): 128-9. It is a collaborative undertaking, looking at a national consensus on acute pain outcomes and organisational factors to enable improvement of acute pain services in the UK.
- The impact of chronic pain in the inpatient setting is another area APSIG is actively exploring. Dr Suchitra Kanagasandram and Dr Mark Rockett are key players in this multicentre audit (CHIPS). Centres were recruited during the National Acute Pain Symposium in September

and via the Acute Pain Hub UK as well as the APSIG group. The pilot study was completed in early December and the full study will take place in early 2018.

- The Acute Pain Hub UK continues to be hosted via the Knowledge Hub and is a means of sharing ideas. It is an area we continue to develop.
- APSIG has provided expert opinion for the BPS to NICE.
- The *Pain after Surgery* booklet has been completed but there is some delay over the publication. It is hoped this will be readily available in early 2018.
- APSIG has continued to build on its valuable relationships with NAPS, STAPG and the FPM.

2017 has been a busy year for the APSIG committee – and 2018 looks no less so!

CLINICAL INFORMATION SOCIETY SPECIAL INTEREST GROUP REPORT

CHAIR TO BE APPOINTED

During 2017 the Clinical Information SIG remained dormant.

Dr Vivek Mehta, *Chair*

HEADACHE SOCIETY SPECIAL INTEREST GROUP REPORT

Members Year End 2017

Dr Anish Bahra, *Honorary Secretary*
Dr Arun Bhaskar, *Ex Officio*
Ms Karin Cannons, *Member*
Dr Sarah Love-Jones, *Honorary*
Dr Vivek Mehta, *Founder Chair*
Treasurer
Dr Ajoy Pandit, *Member*
Prof Joanna Zakrzewska, *Member*

Total membership: 85

The Headache Special Interest Group (SIG) has been very active since its formation in 2015. The first three years have seen visible enthusiasm amongst the group to promote education, training, research and development in the field of headache. Although one of the youngest SIG, it has been very active both in terms of providing education and being a financial model of success in its own right. Following the success of the previous Headache SIG day, the second Headache SIG day was organized in November 2016.

It replicated the success of the previous SIG day with large and enthusiastic attendance and good sponsorship from the industry. The "Botox" hands on workshop proved to be a great success and generated considerable enthusiasm, as was the trainee's section. The report was published in Pain News. The SIG is keen to provide an educational platform to disseminate the current knowledge about understanding of the disease and to play a major role in improving headache management as part of multidisciplinary approach.

The SIG currently has balance £20,555 and is keen to nurture education by subsidising workshops and further education programs. The SIG is also planning training fellowships to attend meetings and educational grants. The SIG would be nurturing collaboration with the UK national society for headache, BASH, for academic activities.

The next headache SIG education day has been scheduled for 28th November 2018. We hope to provide an innovative program with industry funding and workshops to provide an educational platform for our members.

INFORMATION AND COMMUNICATION TECHNOLOGY SOCIETY SPECIAL INTEREST GROUP REPORT

The Information and Communication Technology Special Interest Group (ICTSIG) has been dormant in 2017.

Dr Neil Collighan, *Chair*

INTERVENTIONAL PAIN MEDICINE (IPM) SOCIETY SPECIAL INTEREST GROUP REPORT

Committee Members:

Dr Neil Collighan, *Chair*
Dr Ashish Gulve, *Secretary*
Dr Sameer Gupta, *Treasurer*

Summary of 2017

At the British Pain Society Annual Scientific Meeting (BPS ASM) in Birmingham we were able to hold two very enjoyable and informative workshops. The first was on the physics and evidence base of radiofrequency denervation particularly in facet and sacroiliac joint treatments. This allowed a full and frank discussion on the recent NICE guidelines on LBP and sciatica.

The second workshop was a joint one with the Headache Special Interest Group (SIG). This had three presentations on the use of Botox, neuromodulation and treatments for facial pain. Both workshops were very well attended.

The Interventional Pain Medicine (IPM) SIG business meeting allowed the first discussions on the soon to be published position statement on the use of steroids in axial procedures. Although poorly attended, as it now always the case with the sidelining of these business meetings at the ASM, those few present had a lively discussion and good feedback, particularly with regards the referencing of the text.

It was also agreed to support a meeting led by Professor Sam Eldabe on a future research project on facet interventions. This meeting occurred later in 2017 with good input from multiple sources and a pathway forward is currently being designed ably led by Sam Eldabe.

Unfortunately, due to poor uptake of attendees, we had to postpone our annual September meeting. The faculty would have outnumbered attendees and this is not a good situation so a very hard and costly decision had to be made.
It is hoped to discuss the way forward with regards to this at the next IPM SIG business meeting at the BPS ASM 2018. We are hoping to organise a pre-ASM meeting where a number of presentations which would have been heard in September can be delivered.

MEDICOLEGAL SOCIETY SPECIAL INTEREST GROUP REPORT

Members Year End 2017

Dr Tim Johnson, *Ex Officio*
Dr Rajesh Munglani, *Chair*
Dr Jonathan Valentine, *Vice Chair*

Total membership: 99

I have taken over the Medicolegal Chairmanship in the last few months, the previous chairman having resigned abruptly. No external meetings were organised in the last year. I see little point in this in any case as there are a lot of external meetings that cater for medicolegal aspects of pain, including Peterhouse Conference.

In my view, the way forward for the Medicolegal Special Interest Group (SIG) currently has to be to expand the issue of medicolegal pain within the British Pain Society (BPS) setting and increase the dialogue between pain consultants and psychologists, psychiatrists and lawyers and this can certainly be done within the BPS Annual General Meeting setting.

At present we have a 'side' meeting coming up within the BPS where there will be issues around expert evidence, the assessment of malingering and the updating of the very important issues of consent. I am sure that these themes will need to be addressed in further BPS meetings and my view would be to, rather than organising independent meetings in the intervals between the Annual Scientific Meeting (ASM), encourage more participation by psychiatrists, psychologists, pain consultants and indeed lawyers within an ASM setting.

I will write around to the Medicolegal SIG membership with this proposal. On this occasion, because so little happened in the last year, I have not asked for a Medicolegal business meeting on this occasion, but I will write around to the membership to see what their views are.

Dr Bernhard Frank, *Chair*

NEUROPATHIC PAIN SOCIETY SPECIAL INTEREST GROUP REPORT

Members Year End 2017

Dr Arun Bhaskar, *Ex Officio*
Dr Bernhard Frank, *Chair*
Dr Jayne Gallagher, *Secretary*
Dr Subhash Kandikattu, *Officer*
Dr Abdul Nazal, *Officer*
Dr Shravan Tirunagari, *Webpages Administration*
Dr Katie Warnaby, *Officer*

Total membership: 252

A joint meeting with the Neuromodulation Society of the UK and Ireland (NSUKI) took place of two days in the beginning of November in Manchester. The SIG chaired the Friday morning session with presentation by Prof. Antony Dickenson and Dr Andrew Marshall and the Chair of the SIG presented an update about the management of central pain.

No AGM took place in 2016.

Outstanding tasks

A report about the NSUKI meeting will be submitted for the Pain News March 2017 edition.

An email to all Council members and SIG members will be sent to encourage better participation and probably new Committee members.

The website will be populated but a webmaster needs to be found.

Planned activities

Joint educational day with Interventional Pain Medicine SIG is planned for 2017.

A workshop proposal about opioids in neuropathic pain has been submitted and was accepted for the 50th Anniversary ASM in Birmingham in May 2017. A joint workshop proposal with the Pain in Children SIG has been submitted about transitional pain services and has also been accepted.

Dr Emma Briggs, *Chair*

PAIN EDUCATION SOCIETY SPECIAL INTEREST GROUP REPORT

Members Year End 2017

Dr Emma Briggs, *Chair*
Prof. Michelle Briggs, *Officer*
Dr Paul Cameron, *Ex Officio*
Miss Ethel Hill, *Co-opted Member*
Mrs Sue Jenkins, *Treasurer*
Ms Despoina Karargyri, *Co-opted Member*
Dr Sailesh Mishra, *Officer*
Dr Amelia Swift, *Officer*
Prof. Alison Twycross, *Secretary*
Dr Paul Wilkinson, *Co-opted Member*

Total Membership: 269

Summary of 2017

The Pain Education Special Interest Group (SIG) is a group of around 300 lay people, clinicians and academics who are all passionate about pain education. In 2017, the interprofessional SIG committee saw some changes in membership. We will always be enormously grateful to Dr Sarah Henderson, Dr Pat Roche, Mrs Sharon Wood and Ms Geraldine Granath (our patient representative) for their passion for education, insight and contributions. Following elections, the committee extended a warm welcome to Dr Sunil Arora, Mrs Jo Etherton and Mrs Kate Thompson. Prof Edmund Keogh recently joined us as a co-opted member.

The SIG continues to meet (online) five times a year in addition to the annual meeting for members at the ASM. At the 2017 ASM in Birmingham, we also had the pleasure of working closely with two other SIGs to run two successful workshops:

- *Pain Management Education Locally and Globally With a Focus On Sustainability* (with Developing Countries SIG)
- *Patient and Professional Education to Improve Pain after Surgery* (with Acute Pain SIG)

Every two years, the committee meet at the BPS to devise a two year strategy, key priorities that are aligned with the SIG aims and are achievable in the time and resources available. The 2017-19 priorities are:

- Launch the undergraduate document and plan an evaluation of its impact.
- Support and promote the IASP Global Year of Excellence in Pain Education.
- Educational practice: plan ASM workshops and a SIG study day.
- Educational research and innovation: activities that stimulate, engage in or disseminate research and innovation.
- Develop resources for healthcare professionals to enhance patient education skills.
- Communication: Continue our communication with members and use social media to promote pain education.

- Networking: within the BPS, with partner organisations and internationally with IASP SIGs.

The SIG Committee are particularly excited about the opportunities that will arise in 2018. By the time you read this, IASP will have launched the Global Year for Excellence in Pain Education, a fantastic initiative that is being led by Dr Paul Wilkinson and will see a wide range of outputs and opportunities. With a global campaign, we must capitalise on this and use it to influence change in the UK.

We invite you to join us on this campaign which will also see us running a workshop at the ASM in Brighton, entitled Excellence in Pain Education: Evidence and Solutions for Clinical and University Education and a study day in October. Education is a core activity of everyone' practice; let's ensure that we make it effective and impactful to improve the care of people experiencing pain.

Dr Alison Bliss, *Chair*

PAIN IN CHILDREN SOCIETY SPECIAL INTEREST GROUP REPORT

Members Year End 2017

Dr Alison Bliss, *Chair*
Dr Paul Cameron, *Ex Officio*
Dr Paul Rolfe, *Officer*
Dr Alison Twycross, *Officer*
Dr Richard Walters, *Officer*

Total membership: 84

This has been a relatively quiet year for our small Special Interest Group (SIG).

We asked the SIG members, alongside the wider membership, to comment on the proposals by NHS England in their Consultation on "Items which should not routinely be prescribed in primary care: A consultation on guidance for CCGs." On behalf of the SIG and the wider BPS, I then attended the Palliative Care and Pain Consultation Meeting in October to voice our concerns over some of the proposed changes, which may have a significant impact on the pharmacological options available for young people with painful conditions.

The SIG continues to support the HCSA in their on-going projects to highlight the support schools should be giving to CYP with chronic health conditions. These projects are on-going.

Outstanding tasks:

To use 2017's session at the ASM as the basis for a follow-on article on Transition in Pain News, following the first article reporting on the Transition awareness survey which was published last year.

Completing write up of qualitative aspects of 2015 survey on chronic pain provision in children.

Planned activities:

Further brief article for the IASP Pain in Children newsletter / Pediatric Pain Letter (open access peer-reviewed commentary published by IASP.

Encourage ongoing support by the SIG members for the Society's current Pain:Less campaign.

Dr Victoria Tidman, *Chair*

PAIN IN DEVELOPING COUNTRIES SOCIETY SPECIAL INTEREST GROUP REPORT

Membership Year End 2017

Prof. Sam Eldabe, *Treasurer*
Dr Tim Johnson, *Ex Officio*
Dr Victoria Tidman, *Chair*
Dr Senthil Vijayan, *Secretary*

Total membership: 100

Recent Activity

The Special Interest Group (SIG) submitted a Parallel session proposal for 50th Anniversary ASM in 2017 and it was accepted. It will be delivered jointly with the Pain Education SIG with the title "Educational programmes here and overseas- with a focus on evaluation and sustainability". We have invited Professor Colin Coles to speak and he has accepted. We also have a Zambian anaesthetist presenting.

The SIG is developing a SIG webpage, which will include the addition of links to workshops, EPM resources and minutes of previous meetings.

Dr Vicky Tidman is liaising with Liz Shewry at the Association of Anaethetists of Great Britain and Ireland to link databases, ensuring that the British Pain Society (BPS) is credited and members have access.

Outstanding tasks

- EPM article for Pain News (Mike O'Connor/Spr to complete by March 2017)
- SIG database online
- Compile a database of teaching material

Planned activities

- Parallel session in May at the ASM.
- DCSIG database – Purpose to link organisations in low resource areas with people interested in gaining experience there. Date for database to go online May 2017.
- Compile a database of teaching material on top of that provided by the EPM course (core material) that BPS members can access when teaching abroad.
- Dr Vicky Tidman is working on Chronic pain workbook with UCLH team.
- Dr Vicky Tidman will load onto SIG webpage for access by members only; target date is September 2017.

PAIN IN OLDER PEOPLE SOCIETY SPECIAL INTEREST GROUP REPORT

Members

Ms Felicia Cox, *Nursing*
Dr Margaret Dunham, *Chair*
Dr Samina Ishaq, *Anaesthetics*
Dr Zoey Malpus, *Ex Officio*
Dr Amanda Williams, *Psychology*

Two newsletters have been sent out to the Special Interest Group (SIG) including a recently developed guideline document, developed by a team at the Whittington Hospital. The London Major Trauma system: management of elderly major trauma patients (Feb 2017).

Also the SIG has been invited to participate and respond to the following:

- A consultation on Pain Assessment in Older People, involving the BSG
- Pain in nursing homes project, involving the Patient Association, the Pain Faculty of the College of Anaesthetists, Pain UK, the British Geriatrics Society and the Chronic Pain Policy Coalition.

Outstanding tasks:

To update the SIG membership on:

- current and planned research about pain in older people
- funding opportunities for research.

Planned activities:

Circulate summary of recently published papers related to pain in older people.
Organise a seminar/study day for 2018 (tbc).

Ms Felicia Cox is coordinating the launch of the 'pain assessment in older people guidelines'.

Ms Gail Sowden, *Chair*

PAIN MANAGEMENT PROGRAMMES SOCIETY SPECIAL INTEREST GROUP REPORT

Committee Members:

Deanne Barrow, *Co-opted Alternate Occupational Therapy representative*

Dr Iain Jones, *Treasurer, Medical representative*

Sarah Kelly, *Occupational Therapy representative, Clinical Champions Lead*

Dr Zoey Malpus, *past chair and BPS Council liaison officer*

Colin Preece, *PLC representative*

Jill Probert, *Nursing representative*

Barbara Sharp, *Secretary, Physiotherapy representative*

Dr Melanie Smith, *Alternate Psychology representative*

Chair: Gail Sowden, *Physiotherapy alternat*

Dr Hannah Twiddy, *Psychology representative*

Jacquelyn Watson, *Co-opted Nursing representative*

Dr Lars Williams, *Alternate Medical representative*

Summary of 2017

Membership and accounts: The Pain Management Programme Special Interest Group (PMP SIG) comprises a full committee with two members (main and alternate) drawn from each discipline; medical, nursing, occupational therapy, physiotherapy and Psychology. The PMP SIG has strong links with British Pain Society Council through Dr Zoey Malpus, Past PMP SIG Chair and current Council Liaison Officer. Membership of the SIG stands at 294 members and at the end of 2017 the SIG has £28,146 in the account.

The National Scottish Pain Management Programme hosted the 16th PMP SIG Conference at the Glasgow Caledonian University (GCU), Hamish Wood Centre on Thursday 14th & Friday 15th September 2017. This conference had a varied programme around the theme of patient and clinician fears. The conference was well attended, had a lively social programme, was rated favourably by conference delegates and made a small overall profit. The next PMP SIG Conference will be held in Bristol in 2019.

SIG Committee Meetings: The SIG Committee have held a number of teleconference. The Chair of the Committee has attended BPS SIG chairs meetings in London and at the BPS ASM Conference. A SIG members' meeting was held at the BPS ASM and the SIG AGM was held at the Pain Management Programmes Conference. Both were well attended and there was some lively discussion at the ASM.

Communication with the membership: The SIG sent members an e-survey in order to obtain information about mindfulness in pain services and about outcome measures. This information was presented in a workshop at the PMP SIG Conference. The SIG have established a network of clinical champions across Britain to support the SIG in their work and facilitate communication and engagement from the membership.

Contribution to Conference and Courses: The SIG delivered two joint SIG workshops at the BPS ASM this year (2017): "Are ongoing medicolegal cases a significant barrier to PMPs" jointly delivered with the Medicolegal SIG and "Managing Frequent A&E attenders" jointly delivered with the Acute Pain SIG.

Projects: As a result of a membership survey in 2016, two possible projects were considered:

- 1) the development of a minimum data set and database
- 2) the development of a system for peer review of pain services. Both potential projects are currently on hold pending other related developments.

Members of the SIG Committee have or are contributing to e-Pain (online pain education, free to NHS staff).
An update of the Pain Management Programme Services Directory is nearing completion. Members of the BPS were asked to complete an online form. The directory will be hosted on the BPS website and will be available to BPS members. A second, reduced version (containing only the service name and contact details) will be available to the public.

The SIG will shortly be commencing an update of the evidence-based Pain Management Programme Guidelines.

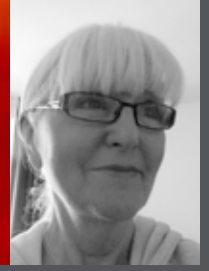
Research related activity

A psychologist trainees e-survey regarding the use of Acceptance and Commitment Therapy in pain programmes has been emailed to the membership.
The SIG is also supporting a masters student to test the psychometric properties of the MSK-HQ in a chronic pain population.

Contributions to national and international pain related leadership: Two members of the SIG committee developed an infographic 'Matching patient complexity to level of pain rehabilitation required' to visually illustrate the difference between Uni-disciplinary and Combined Physical and Psychological Programmes, Multi-disciplinary-Combined Physical and Psychological Programmes and Pain Management Programmes. This was based on the "National Pathway of Care for Low Back and Radicular Pain" (2017) and the NICE "Low back pain and sciatica in over 16s: assessment and management" guidelines (NG59). It was presented at a Spinal Network Meeting in Birmingham.

A member of the SIG is leading two projects relating to the IASP Global Year of Excellence in Pain Education in 2018.

A member of the SIG presented the results of a survey relating to the decommissioning and commissioning of pain services to the Houses of Parliament in September 2017.



Dr Maureen Tilford, *Secretary*

PHILOSOPHY AND ETHICS SOCIETY SPECIAL INTEREST GROUP REPORT

Members Year End 2017

Mr Anthony Chuter, *Patient Liaison Committee representative*
Dr Paul Dieppe, *Officer*
Mr Matthew Jay, *Website Manager*
Dr Tim Johnson, *Council liaison officer*
Dr Willie Notcutt, *Officer*
Dr Mike Platt, *Chair*
Dr Bernd Strathausen, *Officer*
Dr Jeremy Swayne, *Officer*
Dr Maureen Tilford, *Secretary*
Dr Peter Wemyss-Gorman, *Transcript Editor*

Total membership: 101

Our last activity was our Annual meeting in Rydal Hall in June 2017. There was very good feedback after that meeting and we hope to recruit plenty of people for our next annual gathering in July 2018 at Launde Abbey in Leicestershire. We decided that 'Burnout' would be a relevant topic given the situation in the health service and also amongst our patients. We are also addressing the subject of *'Skillful use of Language'*.

Excerpt from our flyer: The meeting will take place in rural Leicestershire at Launde Abbey, an Elizabethan manor house set in 450 acres of parkland.

The two themes for 2018 will be may well overlap to some extent. We are of course all aware that many professionals are reaching a point in their careers when they are totally unable to continue due to 'overload'. It has become a serious issue within the NHS as well as elsewhere with both colleagues and patients. We are passionate that this should be addressed.

Also, using language in a skilfull way can be a vital part of looking after both ourselves and our patients. Being a decent human being and communicating in a caring way can enhance the healing process. It would seem to be self evident but somehow not regarded as high priority. We don't even speak to ourselves very skilfully at times and sometimes hear the voice of that harsh internal critic which can be corrosive to our own wellbeing.

Our programme for this meeting is well underway. Our speakers include Dr Michael Bavidge , the writer and philosopher, Dr Ian Williams, GP and graphic artist, Dr Clare Gerada, former chair of Royal College of General Practitioners and now medical director of the Practioners Health Programme, Dr Michael Farquhar, consultant in sleep medicine, Mrs Betsan Corkhill, wellbeing coach and founder of Stitchlinks, Dr Mike Platt, Pain specialist and bioethicist, Dr Sara Booth, researcher and lecturer at Cambridge and Kings and Dr Jeremy Swayne, retired GP and priest.

We aim to make the meeting both informative and restorative with time off for walking in the gardens and countryside around the Abbey (so hopefully avoiding burnout in our members!).

Outstanding tasks:

Recruiting delegates for the annual meeting and inviting more new members. There is a fair amount of outside interest.

Dr Dee Burrows, *Acting Chair*

PRIMARY AND COMMUNITY CARE SOCIETY SPECIAL INTEREST GROUP REPORT

Committee Members:

Dr Dee Burrows, *Chair*

Dr Martin Johnson, *Vice Chair and Ex Officio*

Ms Pat Roche, *Academic*

Professor Ann Taylor, *Pain Research*.

Total membership: 106

Unfortunately, our Newsletter Editor, Dr Emma Davies has had to step down. As a consequence, we have been unable to publish our previously well-received Newsletters since the 2017 Annual Scientific Meeting.

The Special Interest Group (SIG) collaborated with the Acute Pain SIG to submit a Parallel Session proposal for the 2018 Annual Scientific Meeting. We were delighted to have the proposal accepted, as follows:

A1: Facing the challenges of pain and addiction - practical approaches, Dr Ruth Day, Chair

- Pain & Addiction - can it be managed in the GP surgery? Dr Hugh Campbell
- Personal experience of an opioid-reduction pain programme. Dr Dee Burrows interviews Mrs Trewern
- Managing the person with addiction in the acute pain setting. Ms Felicia Cox

The SIG was tasked with leading on the BPS response on "Items which should not be routinely prescribed in primary care: A Consultation on guidance for CCGs". Due to telecoms problems experienced by the Chair, the draft response was not received. The Chair was unaware until sometime after the deadline passed and apologises again to Council.

THE BRITISH PAIN SOCIETY

EXPERTISE WHERE IT MATTERS

AUDITED ACCOUNTS

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Legal and Administrative Information
Directors Report
Auditor's Report
Statement of Financial Activities
Balance Sheet
Notes to the Accounts
Appendix to Financial Statements

LEGAL AND ADMINISTRATIVE INFORMATION

Registered Office
Third Floor
Churchill House
35 Red Lion Square
London WC1R 4SG

Bankers
CAF Bank
25 Kings Hill Avenue
Kings Hill
West Malling
Kent ME19 4JQ

Solicitor
Hempsons Solicitors
Hempsons House
40 Villiers Street
London WC2N 6NJ

Auditor
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 2017

The British Pain Society is the largest multidisciplinary professional organisation in the field of Pain in the UK. It comprises: doctors, nurses, physiotherapists, 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 2017 there were 1108 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 independently examined Financial Statements for year 1st January – 31st December 2017. The Report is prepared in accordance with the recommendations of " Charities SORP (FRSSE)".

1. STRUCTURE, GOVERNANCE AND MANAGEMENT

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/Trustees are required to undertake formal induction training. This is scheduled to take place prior to the first Council Meeting following their appointment.

The Council of the Society meets at least four times a year. All the decisions related to the management of the Society are made by the Council at these meetings. The President sets the Agenda for the Council meeting, and

takes overall responsibility for the day-to-day running of the Society along with the Executive Officers. There is support for the Council from the following Committees and subcommittees: Scientific Programme Committee, Communications Committee, Patient Liaison Committee, Science and Research Committee, Education Committee, Charitable Aims and Awards sub-committees.

The Council 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 Council or the Officers, who are the President, the President-elect (if applicable), the Vice President(s) (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 fourteen Society Special Interest Groups; Acute Pain, Clinical Information, Headache, 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 Regulations of the Society.
The Council has identified areas of risk within the Society and actions that have been taken by Council to minimise or eliminate these, although there is currently no formal written business continuity plan in place, work on this is underway and will be completed in 2018. 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 formalised 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. The Honorary Treasurer reports on financial matters to each Council 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. In 2018 the Society will be looking towards further

prudent investment by spreading risk of funds across additional institutions.

- 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 contributes a minimum of 5%.

- Information Technology and Data Protection: The Society has a website with a built in database in operation. Data protection and antiviral systems are in place; the data is backed up daily. To ensure compliance with data protection legislation, the Directors have appointed 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. This is being reviewed in light of the incoming GDPR legislation.

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.

- Declining membership numbers: In 2016, the Society appointed two Vice-Presidents; one with a remit to work on a National Awareness Campaign to generate income to the Society, and one with the remit to improve membership recruitment and retention. Plans are in place to continue this work into 2018.

In September 2014, the Charity established a trading subsidiary 'BPS Pain Business Ltd'. BPS Pain Business Ltd was incorporated under the Companies Act 2006 as a private company that the company is limited by shares, and the situation of its registered office is in England and Wales. The sole subscribing shareholder of BPS Pain Business Limited is the charitable company The British Pain Society (company number 5021381). No other shares have been issued.

Involvement with other bodies

- The Society has continued to be involved in the work of the Chronic Pain Policy Coalition, which is a an umbrella organisation uniting patients, professionals and parliamentarians which will develop and help to implement a strategy for improving the prevention and treatment of chronic pain in the UK.
- The Society is a generic stakeholder for NICE (National Institute for Health and 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).
- The Society is a generic stakeholder with NHS England Clinical Reference Groups (CRGs)
- The Society has representation on the NHS England Clinical Reference Group for Specialised Pain Services.
- A Society member chairs 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.
- The Association of Palliative Medicine, Faculty of Pain Medicine of the Royal College of Anaesthetists, the Chronic Pain Policy Coalition, the Royal College of Nursing and the International Association for the Study of Pain (IASP) each have one representative who sits on the British Pain Society Council as a co-opted member.
- The following organisations are also represented at the British Pain Society Council via elected Council members who are elected as individuals, but who have links with the relevant organisations; The British Psychological Society and the Physiotherapy Pain Association.
- The Society has established a positive relationship with the Department of Health.
- The Society is a member of the Specialised Healthcare Alliance (SHCA), via its Council CRG liaison officer.
- The Society is a member of the Health Conditions in Schools Alliance, via a representative of the Pain in Children Special Interest Group.
- The Society is a member of the Pain Consortium, a group consisting of senior representatives from The British Pain Society, the Faculty of Pain Medicine, the Clinical Reference Group for Specialised Pain Services, the Chronic Pain Policy Coalition and the Clinical Lead for Pain of the Royal College of General Practitioners.

2. OBJECTIVES AND ACTIVITIES

The objects as set out in the Memorandum and Articles for which the Society is established ("the Objects") are the advancement of health by raising the standard of the management of pain by promotion of education, research and training.

The main activities undertaken in relation to the objects are 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
- 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.

All of the above activities are for the public benefit. The Trustees have considered the Charity Commission's guidance on public benefit.

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 Patient Liaison Committee held its annual meeting as a Webinar on the 18th January 2017.

- The Society held its 50th Annual Scientific Meeting (ASM) in Birmingham on 3 - 5 May 2017 which was attended by 624 participants.
- The Education Committee continued with its series of one day study days. One study day was held in 2016:
- 37th Study Day 'Cancer Pain' was held on 27th November 2017.

Special Interest Group Meetings/Events

- The Acute Pain SIG, held a pre-ASM meeting on 'Persistent Post-Surgical Pain: Challenges and Approaches on the 2nd May 2017.
- On 26th – 29th June 2017, the Philosophy & Ethics SIG held a meeting on 'Living well right to the end'
- The Pain Management Programmes SIG, held their bi-ennial Conference in Glasgow on 14-15 September 2017 on 'Gonnae do dae that! – exploring patient and clinician fears'.

Publications/Resources

- 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. In December 2017, the journal was moved behind a paywall for non-members.
- The Society published a new publication on 'Understanding and Managing Pain after Surgery – Information for patients and their carers'.
- All the Society's publications and patient information leaflets are available to download free of charge from the website, with the exception of Understanding and Managing Long Term Pain which is chargeable at £1.00.
- In late 2017 the Society introduced an online discussion forum for members.

Bursaries & Grants

- The Society awarded 19 members of the Society bursaries to attend its ASM in Birmingham.
- The Society awarded the 2017 Clulow Award to Dr Harriet Kemp for research into 'Neuropathic pain in retroviral infection: a human cross-sectional study'.

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 Long Term Pain: Information for Patients and a list of self-help groups and other useful addresses to people affected by pain who contact the Society.
- In addition, the majority of the Society's professional publications, have a sister patient version.
- The Society has also contributed to joint patient information leaflets with other organisations.
- The Society launched a National Awareness Campaign for Pain, to raise the profile of pain and to generate income to the Society, which continues into 2018.

4.FINANCIAL REVIEW

As shown in the financial statements there are accumulated reserves of £984,650 of which £202,783 is in restricted funds, £181,563 being the sum of the Clulow legacy and interest.

The net SIG funds of £88,184 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 or sponsorship (transacted through the trading company) from various companies, and for transparency the SIG activities are accounted for separately. The Study Day reserve of £45,012 is to support the extra educational activity of the Society. The previous accumulated ASM surpluses, which could only be used for educational purposes and to support future Annual Scientific Meetings, have now been depleted.

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:

- £300,000 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 free reserves in the general fund of £271,052 to be used to further the aims and objects of the Society.

This year has seen the Society maintain healthy reserves although sustainable finances remain an ongoing priority for the Society, and in 2017 we have seen a deficit. The principal source of funding comes from the subscriptions of the members which were increased during 2017. We have received donations, which are specified in the accounts of the Society. This income has supported the activity of the Society recorded above.

5. PLANS FOR FUTURE PERIODS

- The Society will continue to raise the profile of pain and generate income to the Society through a National Awareness Campaign for Pain.
- The Society will introduce an online research hub for pain.
- The British Pain Society's 51st Annual Scientific Meeting will be held at the Hilton Metropole, Brighton from 30 April – 2 May 2018.
- The Society will review several of its existing publications; Understanding and Managing Long Term Pain – information for patients, Cancer Pain and Spinal Cord Stimulation.
- The Patient Liaison Committee will hold a webinar in 2018.

- The Society will hold at least two study days during the course of the year; Trainees, Pain in Military Veterans and Pain in Torture Survivors, and further study days, topics to be confirmed.
- The Philosophy & Ethics Society SIG will hold their annual Conference from 2-5 July 2018. The two themes will be 'Burnout' and 'Skilful use of language'.

6. DIRECTORS FOR THE PERIOD 1ST JANUARY – 4TH MAY 2017

Dr A. P. Baranowski	President
Dr W. I. Campbell	Immediate Past President
Dr M. Johnson	Vice President
Dr P. Wilkinson	Vice President
Prof. R Knaggs	Honorary Secretary
Dr H. Cameron	Honorary Treasurer
Emeritus Prof. S. Ahmedzai	Council Member
Dr A. Bhaskar	Council Member
Dr P. Cameron	Council Member
Dr T. Johnson	Council Member
Dr A. Leach	Council Member
Dr S. Love-Jones	Council Member
Dr Z. Malpus	Council Member
Dr A. Taylor	Council Member
Dr D. G. Williams	Council Member

DIRECTORS FOR THE PERIOD 5TH MAY – 31ST DECEMBER 2017

Dr A. P. Baranowski	President
Dr M. Johnson	Vice President
Dr P. Wilkinson	Vice President
Prof. R Knaggs	Honorary Secretary
Dr H. Cameron	Honorary Treasurer
Emeritus Prof. S. Ahmedzai	Council Member
Dr A. Bhaskar	Council Member
Dr P. Cameron	Council Member
Dr A. Eissa	Council Member
Dr T. Johnson	Council Member
Dr S. Love-Jones	Council Member
Dr Z. Malpus	Council Member
Dr D. G. Williams	Council Member

STAFF MEMBERS AS AT 31ST DECEMBER 2017

Ms Jenny Nicholas	Chief Executive Officer
Ms Dina Almuli (Maternity leave – 17 July – 31 December 2017)	Secretariat Manager
Ms Casey Freeman (Maternity cover – 26 June – 31 December 2017)	Secretariat Manager
Mr Ken Obbard	Events & Membership Officer

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.

Dated: 6 March 2018

Dr Heather Cameron (Honorary Treasurer)
The British Pain Society

AUDITOR'S REPORT

REPORT OF THE INDEPENDENT AUDITORS TO THE TRUSTEES OF THE BRITISH PAIN SOCIETY

Opinion

We have audited the group financial statements of The British Pain Society (the 'charitable company') for the year ended 31 December 2017 on pages 61 to 82. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

This report is made solely to the Society's members, as a body, in accordance with Section 144 of the Charities Act 2011 and regulations made under Section 154 of that Act. Our audit work has been undertaken so that we might state to them 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, for this report, or for the opinions we have formed.

In our opinion the financial statements:

- give a true and fair view of the state of the groups and of the charitable company's affairs as at 31 December 2017 and of its incoming resources and application of resources, including their results, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditors responsibilities for the audit of the financial statements section of our report. We are independent of the group and the charitable company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these

requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the trustees use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the trustees have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the charitable company's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are unauthorised for issue.

Other information

The trustees are responsible for the other information. The other information comprises the information included in the annual report, other than the financial statements and our Report of the Independent Auditors thereon.

Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters where the Charities Act 2011 requires us to report to you if, in our opinion:

- the information given in the Report of the Trustees is inconsistent in any material respect with the financial statements; or
- the group and the charitable company have not kept adequate accounting records; or
- the financial statements are not in agreement with the accounting records and returns; or
- we have not received all the information and explanations we require for our audit.

Responsibilities of trustees

As explained more fully in the Statement of Trustees Responsibilities set out on pages 58, the trustees (who are also the directors of the charitable company for

the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charitable company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the charitable company or to cease operations, or have no realistic alternative but to do so.

Our responsibilities for the audit of the financial statements
Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue a Report of the Independent Auditors that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at www.frc.org.uk/auditorsresponsibilities. This description forms part of our Report of the Independent Auditors.

Andrew Lang Limited
Eligible to act as an auditor in terms of Section 1212 of the Companies Act 2006
2 St Marys Road
Tonbridge
Kent TN9 2LB

Date: 15 March 2018

CONSOLIDATED STATEMENT OF FINANCIAL ACTIVITIES

including consolidated income and expenditure account for the year ended 31st December 2017

The statement of financial activities includes all gains and losses recognised in the year. All income and expenditure derives from continuing activities.

	Notes	Unrestricted funds £	Restricted funds £	**Total 2017 £**	Total 2016 £
Income					
Donations and legacies	4	175,873	-	175,873	176,480
Income from charitable activities	5	276,279	-	276,279	240,137
Income from other trading activities					
Commercial trading operations	6	88,591	-	88,591	151,260
Investment income	7	5,072	-	5,072	4,244
Total income		545,815	-	545,815	572,121
Expenditure					
Costs of Raising Funds					
Commercial trading operations		48,488	-	48,488	53,749
Expenditure on charitable activities	8	555,572	15,000	570,572	566,309
Total Expenditure		604,060	15,000	619,060	620,058
Net income/expenditure		(58,245)	(15,000)	(73,245)	(47,937)
Transfers between funds		-	-	-	-
Net movement in funds		(58,245)	(15,000)	(73,245)	(47,937)
Reconciliation of funds:					
Total Funds Brought Forward		840,112	217,783	1,057,895	1,105,832
Total Funds Carried Forward		781,867	202,783	984,650	1,057,895

The trustees have prepared group accounts in accordance with section 398 of the Companies Act 2006 and section 44 of the Charities and Trustee Investment (Scotland) Act 2005. These accounts are prepared in accordance with the special provisions of Part 15 of the Companies Act relating to small companies.

The notes on pages 65 to 82 form part of these financial statements.

Company Registration Number: 5021381

CONSOLIDATED BALANCE SHEET

as at 31 December 2017

	Note	Group 2017 £	Group 2016 £	Charity 2017 £	Charity 2016 £
Fixed Assets					
Tangible assets	16	6,059	2,400	6,059	2,400
Total fixed assets					
Current Assets					
Debtors	17	39,960	200,858	44,051	145,073
Cash at bank and in hand		1,048,913	1,077,352	1,036,381	1,026,904
Total Current Assets		1,088,873	1,278,210	1,080,432	1,171,977
Liabilities					
Creditors: falling due within 1 year	18	110,282	222,715	103,210	117,818
Net Current assets		978,591	1,054,159	977,222	1,054,159
Total assets less current liabilities		984,650	1,057,895	983,281	1,056,559
Creditors: amounts falling due after more than 1 year		-	-	-	-
Net assets		984,650	1,057,895	983,281	1,056,559
Funds of the Charity	20				
Unrestricted income funds		781,867	840,112	780,498	838,776
Restricted Funds		202,783	217,783	202,783	217,783
Total Charity Funds		984,650	1,057,895	983,281	1,056,559

Approved by the Directors on 6 March 2018
Signed on their behalf by Director

Dr H. Cameron

STATEMENT OF CASHFLOWS AND CONSOLIDATED STATEMENT OF CASHFLOWS

for the year ending 31st December 2017

		Group 2017 £	Group 2016 £	Charity 2017 £	Charity 2016 £
Cash used in operating activities	(a)	(28,338)	(21,596)	9,578	(59,924)
Cash used from investing activities					
Interest income		5,072	4,244	5,072	4,244
Purchase of tangible fixed assets		(5,173)	-	(5,173)	-
Cash provided by (used in) investing activities		(101)	4,244	(101)	4,244
Cash flows from financing activities					
Repayment of borrowing		-	-	-	-
Cash used in financing activities		-	-	-	-
Increase/(decrease) in cash and cash equivalents in the year		(28,439)	(17,352)	9,477	(55,680)
Cash and cash equivalents at the start of the year		1,077,352	1,094,704	1,026,904	1,082,584
TOTAL cash and cash equivalents at the end of the year	(b)	1,048,913	1,077,352	1,036,381	1,026,904

STATEMENT OF CASHFLOWS AND CONSOLIDATED STATEMENT OF CASHFLOWS

continued, for the year ending 31st December 2017

(a) Reconciliation of net movement in funds to net cash flow from operating activities

	Group 2017 £	Group 2016 £	Charity 2017 £	Charity 2016 £
Net movement in funds	(73,245)	(47,937)	(73,278)	(48,668)
Add back depreciation charge	1,514	599	1,514	599
Deduct interest income shown in investing activities	(5,072)	(4,244)	(5,072)	(4,244)
Decrease/(increase) in stock	-	-	-	
Decrease/(increase) in debtors	160,898	(79,380)	101,022	(52,204)
Increase/(decrease) in creditors	(112,433)	109,366	(14,608)	44,593
Net cash used in operating activities	(28,338)	(21,596)	9,578	(59,924)

(b) Analysis of cash and cash equivalents

	Group 2017 £	Group 2016 £	Charity 2017 £	Charity 2016 £
Cash at bank and in hand	844,388	777,352	831,856	726,904
Fixed Term Bond	204,525	300,000	204,525	300,000
Total cash and cash equivalents	1,048,913	1,077,352	1,036,381	1,026,904

NOTES TO THE FINANCIAL STATEMENTS

1. Accounting policies

The principal accounting policies adopted, judgements and key sources of estimation uncertainty in the preparation of the financial statements are as follows:

a) Basis of preparation

The financial statements have been prepared in accordance with Accounting and Reporting by Charities - Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS102) (effective 1 January 2015) - (Charities SORP (FRS102)), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS102) and the Companies Act 2006.

The British Pain Society meets the definition of a public benefit entity under FRS 102. Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant policy note.

Preparation of accounts on a going concern basis

Preparation of the accounts is on a going concern basis. The Trustees are of the view that the level of reserves will support the charity going forward.

c) Income

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

d) Interest receivable

Interest on funds held on deposit is included when receivable and the amount can be measured reliably by the charity; this is normally upon notification of the interest paid or payable by the Bank.

e) Fund accounting

Unrestricted funds are available to spend on activities that further any purposes of the charity. Designated funds are unrestricted funds of the charity which the trustees have decided at their discretion to set aside to use for a specific purpose. Restricted funds are donations which the donor has specified are to be solely used for particular areas of the Society's work or for specific projects being undertaken

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

f) Expenditure

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.

g) Allocation of support costs

Support costs include central functions and have been allocated to the activity cost category of the annual scientific meeting on a basis consistent with the use of resources. The basis is set out in note 3.

h) Tangible fixed assets

Tangible fixed assets are stated at cost less depreciation. Assets costing less than £500 are written off in the year of purchase. Depreciation is provided at the following annual rates in order to write off each asset over its estimated useful life as follows:

Office Equipment - 20% on a reducing balance basis.

i) Pensions

The charity operates a defined contribution pension scheme. Contributions are charged to the Statement of Financial Activities as they become payable in accordance with the rules of the scheme. The charity is under no further obligation to make any extra payments irrespective of how that pension fund performs.

j) Operating leases

Rental charges payable under operating leases are charged on a straight line basis over the terms of the lease.

k) Taxation

The charity is exempt from tax on its charitable activities.

l) Group financial statements

The financial statements consolidate the results of the charity and its wholly owned subsidiary BPS Pain Business Ltd.

A separate Income and Expenditure Account for the charity has not been presented because the charity has taken advantage of the exemption afforded by section 408 of the Companies Act 2006.

The charity is a company limited by guarantee and has no share capital. In the event of the charity being wound up, the liability in respect of the guarantee is limited to £1 per member of the charity.

m) Donated services and facilities

Donated professional services and donated facilities are recognised as income when the charity has control over the item, any conditions associated with the donated item have been met, the receipt of economic benefit from the use by the charity of the item is probable and that economic benefit can be measured reliably. In accordance with the Charities SORP (FRS 102), the general volunteer time is not recognised and refer to the trustees' annual report for more information about their contribution. On receipt, donated professional services and donated facilities are recognised on the basis of the value of the gift to the charity which is the amount the charity would have been willing to pay to obtain services or facilities of equivalent economic benefit on the open market; a corresponding amount is then recognised in expenditure in the period of receipt.

2. Legal status of the charity

The charity is a company limited by guarantee and has no share capital. In the event of the charity being wound up, the liability in respect of the guarantee is limited to £1 per member of the charity.

3. Financial performance of the charity

The statement of financial activities includes income from the charity's wholly owned subsidiary which operates the trade exhibition at the annual scientific meeting, and other trading activities, under licence from the charity.

The summary performance of the charity is:

	Unrestricted Funds £	Restricted Funds £	**Total 2017 £**	Total 2016 £
Incoming resources - charity only	457,224	-	457,224	430,641
Income from subsidiary company paid under licence	36,600	-	36,600	50,000
Corporate donation	3,470	-	3,470	37,000
	497,294	-	497,294	517,641
Expenditure on charitable activities - charity only	555,572	15,000	570,572	566,309
Net incoming resources	(58,278)	(15,000)	(73,278)	(48,668)
Total funds brought forward	838,776	217,783	1,056,559	1,105,227
Total funds carried forward	780,498	202,783	983,281	1,056,559
Represented by:				
Unrestricted income funds	780,498	-	780,498	838,776
Restricted Funds	-	202,783	202,783	217,783
	780,498	202,783	983,281	1,056,559

Basis on which support costs have been allocated to the activity annual scientific meeting (ASM):

As agreed for 2017, some staff and office costs are apportioned 60% to the annual scientific meeting and 40% to general fund costs. These are shown above as the office cost contribution.100% of the annual audit cost is attributed this year to this meeting being £3,420 (2016 : £3,300).

The charity only performance of the annual scientific meeting is:

	Unrestricted Funds £	Restricted Funds £	**Total 2017 £**	Total 2016 £
Income	210,678	-	210,678	215,886
ASM office costs paid under licence	36,600	-	36,600	50,000
	247,278	-	247,278	265,886
Expenses				
Room hire	87,600	-	87,600	51,419
Venue-miscellaneous	1,327	-	1,327	5,653
Printing	6,896	-	6,896	3,775
Help at venue	918	-	918	1,585
Speakers expenses (inc.travel & accom)	8,650	-	8,650	5,169
Refreshments	44,140	-	44,140	43,053
Out sourced event management	-	-	-	450
Poster prizes	97	-	97	944
Poster boards & advertising	3,367	-	3,367	2,982
Gifts	1,084	-	1,084	2,452

	Unrestricted Funds £	Restricted Funds £	**Total 2017 £**	Total 2016 £
Van hire	376	-	376	86
Coaching	275	-	275	298
Council	6,204	-	6,204	6,978
Staff	3,200	-	3,200	3,233
PLC committee members	764	-	764	702
Social programme	10,838	-	10,838	7,940
Insurance	1,697	-	1,697	3,493
Badges	696	-	696	864
Contingency- additional purchases	545	-	545	-
Miscellaneous	180	-	180	402
Bursaries	2,715	-	2,715	37,929
AVA's/data projection	6,523	-	6,523	22,178
Stuffing delegates bags	683	-	683	-
ASM registration fee bank charges	642	-	642	363
	189,417	-	189,417	201,948
Office cost contribution	166,941	-	166,941	168,682
Total cost	356,358	-	356,358	370,630
Net movement in funds	(109,080)	-	(109,080)	(104,744)

The income from donations and legacies was £1,720 (2016 : £3,354) of which £1,720 was unrestricted (2016 : £2,354) and £nil restricted (2016 : £1000). Corporate Donation total £3,470, less SIG fund transfer £2,325 and Study Days £1,145. (2016: Total £46,780 , SIG fund transfer £9,780, Study Day £1,756)

4. Income from donations and legacies

	Group 2017 £	Group 2016 £	**Charity 2017 £**	Charity 2016 £
Donations	1,720	3,354	1,720	3,354
Legacies	-	-	-	-
Gift aid received	-	764	-	764
Subscriptions	172,973	171,297	172,973	171,297
Corporate donation (note 13)	-	-	3,470	37,000
Credit Card Charges	1,180	1,065	1,180	1,065
Total	**175,873**	**176,480**	**179,343**	**213,480**

5. Income from charitable activities

	Group 2017 £	Group 2016 £	Charity 2017 £	Charity 2016 £
Meeting income	210,678	215,886	210,678	215,886
General publications	-	5	-	5
Publications	16	80	16	80
PLC annual voluntary seminar	-	99	-	99
SIGS	50,268	23,165	50,268	32,945
Study days	-	100	-	100
Other income	15,295	802	15,295	802
Pain Awareness Campaign	22	-	22	-
Total	276,279	240,137	276,279	249,917

6. Income from other trading activities

	Group 2017 £	Group 2016 £	Charity 2017 £	Charity 2016 £
Trading	88,591	151,260	36,600	50,000
Total	88,591	151,260	36,600	50,000

7. Investment income

The investment income arises from money held in interest bearing deposit accounts.

	Group 2017 £	Group 2016 £	Charity 2017 £	Charity 2016 £
Interest received	5,072	4,244	5,072	4,244
Total	5,072	4,244	5,072	4,244

8. Expenditure on charitable activities

	Group 2017 £	Group 2016 £	Charity 2017 £	Charity 2016 £
Research grants	15,000	1,897	15,000	1,897
Meeting expenses	356,358	370,630	356,358	370,630
Sub-Committee expenses	6,454	5,376	6,454	5,376
Core Com/SIGS	34,987	18,584	34,987	18,584
SIGS- Chairs meetings	1,746	-	1,746	-
Working parties	391	3,017	391	3,017
PLC annual voluntary seminar	388	201	388	201
Study days	619	540	619	540
Professional meetings	-	2,002	-	2,002
Other meeting expenses	1,361	1,298	1,361	1,298
Miscellaneous expenses	36	405	36	405
Newsletter & Journal	36,584	35,790	36,584	35,790
Website	792	934	792	934
Publications	2,689	160	2,689	160
Rent & service charges	15,119	13,240	15,119	13,240
Secretariat & other staff costs	62,593	62,520	62,593	62,520
Printing & postage	979	408	979	408
Telephone & fax costs	2,294	2,152	2,294	2,152
Computer system & software	5,342	5,036	5,342	5,036
IT Review	-	-	-	-
Equipment hire & storage	477	439	477	439
Premises rates & insurance	1,648	1,586	1,648	1,586
Office stationery & photocopying	2,261	2,160	2,261	2,160
Professional fees	1,142	1,432	1,142	1,432
Subscriptions	640	549	640	549
Bank charges	2,089	1,871	2,089	1,871
Depreciation & asset adjustment	1,514	599	1,514	599
Council expenses	3,214	2,854	3,214	2,854
Induction of trustees & trustee training	256	302	256	302
Accountancy	10,613	11,448	10,613	11,448
Legal fees	5	163	5	163
Annual report	2,238	2,470	2,238	2,470
Pain Awareness Campaign	514	16,246	514	16,246
Parliamentary Reception	229	-	229	-
Total	570,572	566,309	570,572	566,309

9. Summary analysis of expenditure on charitable activities

This table shows the cost of the main charitable activities including support costs and grant funding to third parties.

Activity or programme	Note	Activities undertaken directly £	Grant funding of activities £	Support costs costs £	Total £
ASM		136,702	2,715	166,941	356,358
Charitable grants	14	-	15,000	-	15,000
Newsletter and publications		39,273	-	-	39,273
Secretariat costs		154,233	-	-	154,233
Governance costs		5,708	-	-	5,708
		385,916	17,715	166,941	570,572

10. Net income/(expenditure) for the year

This is stated after charging:

	Group 2017 £	Group 2016 £	**Charity 2017 £**	Charity 2016 £
Depreciation	599	599	1,514	599
Auditor's remuneration:				
Audit Fees	5,050	5,050	3,420	3,300
	5,649	5,649	4,934	3,899

11. Analysis of staff costs, trustee remuneration and expenses and the cost of key management personnel - charity (also comprising that of the group)

	100% 2017 £	100% 2016 £
Salaries and wages	112,979	120,960
Social security costs	9,074	8,608
Pension costs	14,813	18,010
Temporary staff costs	11,088	-
Council expenses	147,953	147,578
Meeting - Catering	2,700	2,203
Meeting - Room Hire / Telecons	378	168
Meeting - Travelling	4,715	4,140
Meeting - Hotels	205	625
	7,998	7,136

100% of staff costs shown above, but expense split 40% charged to general fund and 60% to ASM meeting costs.

No employee had employment benefits in excess of £60,000 (2016 : nil). Pensions are wholly charged to unrestricted funds.

The trustees were not paid or received any other benefits from employment with the charity in the year but were reimbursed expenses during the year of £6,274 which is part of the analysis below for 2017 £7,998 (2016: £7,135).

No charity trustee received payment for professional or other services supplied to the charity (2016 : nil)

All of the staff costs relate to key management personnel of the charity and the group, comprising the Chief Executive Officer, Secretariat Manager and Events and Membership Officer.

12. Staff numbers - charity (also comprising that of the group)

The average monthly head count of full-time equivalent employees (including casual and part-time staff) during the year were as follows:

	2017	2016
Charitable activities	3.5	3.5
	3.5	3.5

13. Related party transactions

In 2017 the following transactions took place between the charity and its wholly owned trading subsidiary:
BPS Pain Business Ltd, company number 9220078
England and Wales.

- The provision of an operating licence, renewable annually by the charity to BPS Pain Business Ltd to further trading activity connected to the charity £36,600 (2016: £50,000).
- The transfer under gift aid of the trading profits of BPS Pain Business Ltd to the charity totalled £3,470 split

£0 received to the general fund, £1,145 of it being 38th Study Day and £2,025 transferred to the Pain Management SIG designated fund and £300 to the Acute Pain SIG Designated fund (2016: £46,780).

There were no outstanding balances with related parties as at 31 December 2017 (2016 : nil).

14. Grants - charity (also comprising that of the group)

The attached annual report details the grants offered by the charity. The Clulow Award is awarded bi-ennially (up to a maximum of £50,000), and is paid in four instalments at agreed milestones. 2017 is a Clulow Award year. The first three instalments will be paid at 30% of the total grant value and the fourth at 10%, each against an invoice from the receiving institution. The first instalment will be transferred following receipt of the signed grant award letter. The second and thirds instalments will be paid on receipt and approval by The British Pain Society of two progress reports to be submitted at 12 and 18 months from the date of receipt of grant award letter. A final instalment of 10% will be paid upon receipt of the study final report. The 2017 there was no P.Wall grant awarded (2016 : £1,897). Bursaries for the charity 2017 annual scientific meeting totalled £2,715(2016 : £37,929).

2017 Reconciliation:

2017 IASP	-
2017 bursaries	2,715
Total grants and bursaries awarded:	2,715

15. Corporation tax

The charity is exempt from tax on income and gains falling within section 505 of the taxes Act 1988 or section 252 of the Taxation of Chargeable Gains Act 1992 to the extent that these are applied to its charitable objects.

16. Tangible fixed assets -charity (also comprising that of the group)

	Office Equipment £	Fixtures & Fittings £	**Total £**
Cost:			
Adjusted at 1st January 2017	6,552	12,326	18,878
Additions	5,173	-	5,173
Disposals	-	-	-
As at 31 December 2017	11,725	12,326	24,051
Depreciation:			
As at 1 January 2017	5,302	11,176	16,478
Charge for the year	1,284	230	1,514
Disposals	-	-	-
As at December 2017	6,586	11,406	17,992
Net book value:			
As at 1 January 2017	1,250	1,150	2,400
As at 31 December 2017	5,139	920	6,059

17. Debtors & prepayments

	Group 2017 £	Group 2016 £	**Charity 2017 £**	Charity 2016 £
Meeting pre-payments	7,572	85,378	3,665	67,978
Charity Invoices	32,388	115,480	36,916	30,315
Corporate donation	-	-	3,470	46,780
	39,960	200,858	44,051	145,073

18. Creditors: amounts falling due within 1 year

	Group 2017 £	Group 2016 £	Charity 2017 £	Charity 2016 £
Trade creditors	35,267	122,809	30,246	48,279
Advance meeting costs	2,435	30,185	2,435	-
Subscriptions Advanced Payments	68,754	69,539	68,754	69,539
Accruals	1,850	-	-	-
Taxation and VAT	1,976	182	1,775	-
	110,282	222,715	103,210	117,818

19. Analysis of charitable funds

Analysis of movements in unrestricted funds:

General fund

The free reserves of the charity after allowing for all designated funds.

	2017 £	2016 £
Balance at 1st January	639,595	596,794
Income	245,944	272,091
Expenditure	(214,326)	(231,061)
Transfers between funds - PLC	-	(102)
Transfers between funds - SIGs	2,230	1,873
Transfers between funds - ASM	(96,332)	
Movement in funds	(62,484)	42,801
Total general reserves at 31st December	577,111	639,595

Within the general fund of the charity are £51,562 of reserves received as a corporate donation from the wholly owned trading company (2016 : £50,417).

Analysis of movements in designated funds:

Irene Bainbridge Legacy

The following designated fund is the sum from a legacy received in 2005, from Irene Bainbridge. It was agreed in 2013 to re-designate from: "Basic research into the causes and cures for pain", to the Society's IT Project Review. The funds received in 2015 were "set aside" for a new fund. The residual balance of the IT Project is now to be spent as part of the new fund designation.

	2017 £	2016 £
Balance at 1st January	22,208	22,208
Income "Set Aside " fund	-	-
Expenditure	-	-
Movement in funds	-	-
Balance as at 31st December	22,208	22,208

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:

	2017 £	2016 £
Balance at 1st January	12,748	117,492
Income	247,278	265,886
Expenditure	(356,358)	(370,630)
Transfer between funds	96,332	-
Movement in funds	(12,748)	(104,744)
Balance as at 31st December	-	12,748

SIGS

The Designated SIGS funds also accumulate surpluses which are to be spent to further the work of the individual SIGS as listed on page 84.

These funds are represented by:

	2017 £	2016 £
Balance at 1st January	70,578	57,132
Income	52,593	32,945
Expenditure	(32,757)	(17,626)
Transfer to general funds (internal allocation of expenses)	(2,230)	(1,873)
Movement in funds	17,606	13,446
Balance as at 31st December	88,184	70,578

Within the SIGS funds of the charity are £21,100 of reserves received as a corporate donation from the wholly owned trading company (2016 : £18,775).

Study Days and Education Days

The designated study days and education days funds also accumulate surpluses which are to be spent on furthering those educational activities.

	2017 £	2016 £
Balance at 1st January	45,631	46,071
Income	-	100
Expenditure	(619)	(540)
Movement in funds	(619)	(440)
Balance as at 31st December	45,012	45,631

Map of Medicine Pathways

	2017 £	2016 £
Balance at 1st January	7,774	7,774
Income	-	-
Expenditure	-	-
Movement in funds	-	-
Balance as at 31st December	7,774	7,774

Pathways I&D

	2017 £	2016 £
Balance at 1st January	16,578	16,578
Income	-	-
Expenditure	-	-
Movement in funds	-	-
Balance as at 31st December	16,578	16,578

Other designated reserves

	2017 £	2016 £
Balance at 1st January	25,000	25,000
Income	-	-
Expenditure	-	-
Movement in funds	-	-
Balance as at 31st December	25,000	25,000

PLC seminar sponsorship

The PLC seminar received no sponsorship and therefore the brought forward loss was written off against the general fund:

	2017 £	2016 £
Balance at 1st January	-	-
Income	-	99
Expenditure	-	(201)
Transfer from General Funds	-	102
Movement in funds	-	-
Balance as at 31st December	-	-
Total designated reserves at 31st December	204,756	200,517

Analysis of movements in restricted funds:

Legacy

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

	2017 £	2016 £
Balance at 1st January	196,563	196,563
Income	-	-
Expenditure	(15,000)	-
Interest	-	-
Movement in funds	(15,000)	-
Balance at 31st December	181,563	196,563

Grants

		2017 £	2016 £
GP/Primary Care Publications			
Balance at 1st January		20,220	20,220
Income	(GP Pain Patient Pathway Booklet)	-	-
Expenditure	(GP Pain Patient Pathway Booklet)	-	-
Reserves Transfer	(GP/Primary Care Publication)		-
Movement in funds		-	-
Balance at 31st December		20,220	20,220
PLC Seminar			
Balance at 1st January		1,000	-
Income		-	1,000
Expenditure		-	-
Movement in funds		-	-
Balance at 31st December		1,000	1,000
Total restricted reserves at 31st December		202,783	217,783

20. Analysis of group net assets between funds

	General Fund £	Designated Reserves £	Restricted Reserves £	**31.12.2017 Total £**	31.12.2016 Total £
Fixed assets:	6,059	-	-	6,059	2,400
Net current assets:	-	-	-		
General	571,052	-	-	571,052	637,195
Designated: I Bainbridge		22,208	-	22,208	22,208
Designated: ASM	-	-	-	-	12,748
Designated: SIGS	-	88,184	-	88,184	70,578
Designated: Study Days & Education Days	-	45,012	-	45,012	45,631
Designated: Reserves	-	25,000	-	25,000	25,000
Designated: Map of Medicine Pathways	-	7,774	-	7,774	7,774
Designated: Pathways I & D	-	16,578	-	16,578	16,578
Designated: PLC Seminar	-	-	-	-	-
Restricted : Clulow	-	-	181,563	181,563	196,563
Restricted : Grants	-	-	20,220	20,220	20,220
Restricted : PLC Seminar			1,000	1,000	1,000
	577,111	204,756	202,783	984,650	1,057,895

21. Summary trading account

The summary financial position of the subsidiary alone is:

	2017 £	2016 £
Turnover	88,591	151,260
Cost of sales and administration costs	(48,480)	(103,569)
Corporation tax	(8)	(182)
Profit	40,103	47,509
Amount gift aided to the charity	(40,070)	(46,780)
Retained in subsidiary	33	729

APPENDIX TO THE FINANCIAL STATEMENTS

a) Detailed analysis of tracked charitable funds - charity only:

	01.01.2017 £	Income £	Expenditure £	Transfers £	31.12.2017 £
SIGS					
Philosophy & Ethics	1,836	7,224	8,903	-	157
Acute Pain	4,624	8,030	5,185	(1,580)	5,889
Neuropathic Pain	650	-	-	-	650
Interventional Pain Management	17,759	25	6,478	-	11,306
Clinical Information	12,856	-	-	-	12,856
Pain Management Programmes	2,570	34,178	10,277	1,675	28,146
Pain Education	4,595	-	925	-	3,670
Older People	(1,106)	-	-	-	(1,106)
Primary Care	3,109	-	-	-	3,109
Developing Countries	430	-	98	-	332
Info & Comm Tech	2,620	-	-	-	2,620
Headache	20,635	811	891	-	20,555
	70,578	50,268	32,757	95	88,184
Study Days					
Prior Study Day Surpluses	25,685	-	-	-	25,685
30th Study Day- 15th May 2014	1,128	-	-	-	1,128
31st Study Day - 17th June 2014	2,462	-	-	-	2,462
32nd Study Day - 23rd July 2014	(256)	-	-	-	(256)
33rd Study Day - 24th November 2014	(1,443)	-	-	-	(1,443)
34th Study Day - 13th February 2015	(647)	-	-	-	(647)
35th Study Day - 17th October 2015	3,719	-	-	-	3,719
36th Study Day- 23rd November 2015	(1,442)	-	-	-	(1,442)
38th Study Day- 27th November 2017	-		619		(619)
Study Day - miscellaneous	(42)	-	-	-	(42)
	29,164	-	619	-	28,545

	01.01.2017 £	Income £	Expenditure £	Transfers £	31.12.2017 £
Education Days					
Prior Education Day Surpluses	16,267	-	-	-	16,267
Primary Care Ed. Day Sponsorship	200	-	-	-	200
	16,467	-	-	-	16,467
TOTAL Study days & Education Days	45,631	-	619	-	45,012
Working Parties					
Prior Working Parties Deficits	(4,418)	-	-	-	(4,418)
Opioid Recommendations	(62)	-	-	-	(62)
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)
Cancer Pain Committee	(1,262)	-	-	-	(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)
GP/Primary Care Publications	(3,599)	-	-	-	(3,599)
Core Curriculum for Healthcare prof.	(1,610)	-	-	-	(1,610)
Pain in Disability	(397)	-	-	-	(397)
Website Review	(2,815)	-	-	-	(2,815)
Pain Assessment in Older People	(1,268)	-	-	-	(1,268)
Joint BPS/BGS	(689)	-	332	-	(1,021)
Membership Recruitment & Retention	(84)	-	59	-	(143)
	(32,713)	-	391	-	(33,104)

	01.01.2017 £	Income £	Expenditure £	Transfers £	31.12.2017 £
Publications					
Nursing Practice	(359)	-	-	-	(359)
Understanding & Managing Pain	(7,898)	16	-	-	(7,882)
Spinal Cord Stimulation	(2,582)	-	-	-	(2,582)
Opioid Recommendations	(514)	-	-	-	(514)
PMS Good Practice	12	-	-	-	12
Drugs Beyond Licence	(680)	-	-	-	(680)
Intrathecal Drug Delivery	(4,184)	-	-	-	(4,184)
Pain & Substance Misuse	(131)	-	-	-	(131)
Pain Management Programme	(1,868)	-	-	-	(1,868)
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
GP/Primary Care	25,428	-	-	-	25,428
Pain Management Guide Lines	(11,692)	-	-	-	(11,692)
BPS/PAGB Over The Counter Drugs	5	-	-	-	5
Guidelines for PSIP	(600)	-	-	-	(600)
Medial Branch	(607)	-	-	-	(607)
VAT Reimbursement on printing costs	30,327	-	2,689	-	27,638
	19,662	16	2,689	-	16,989

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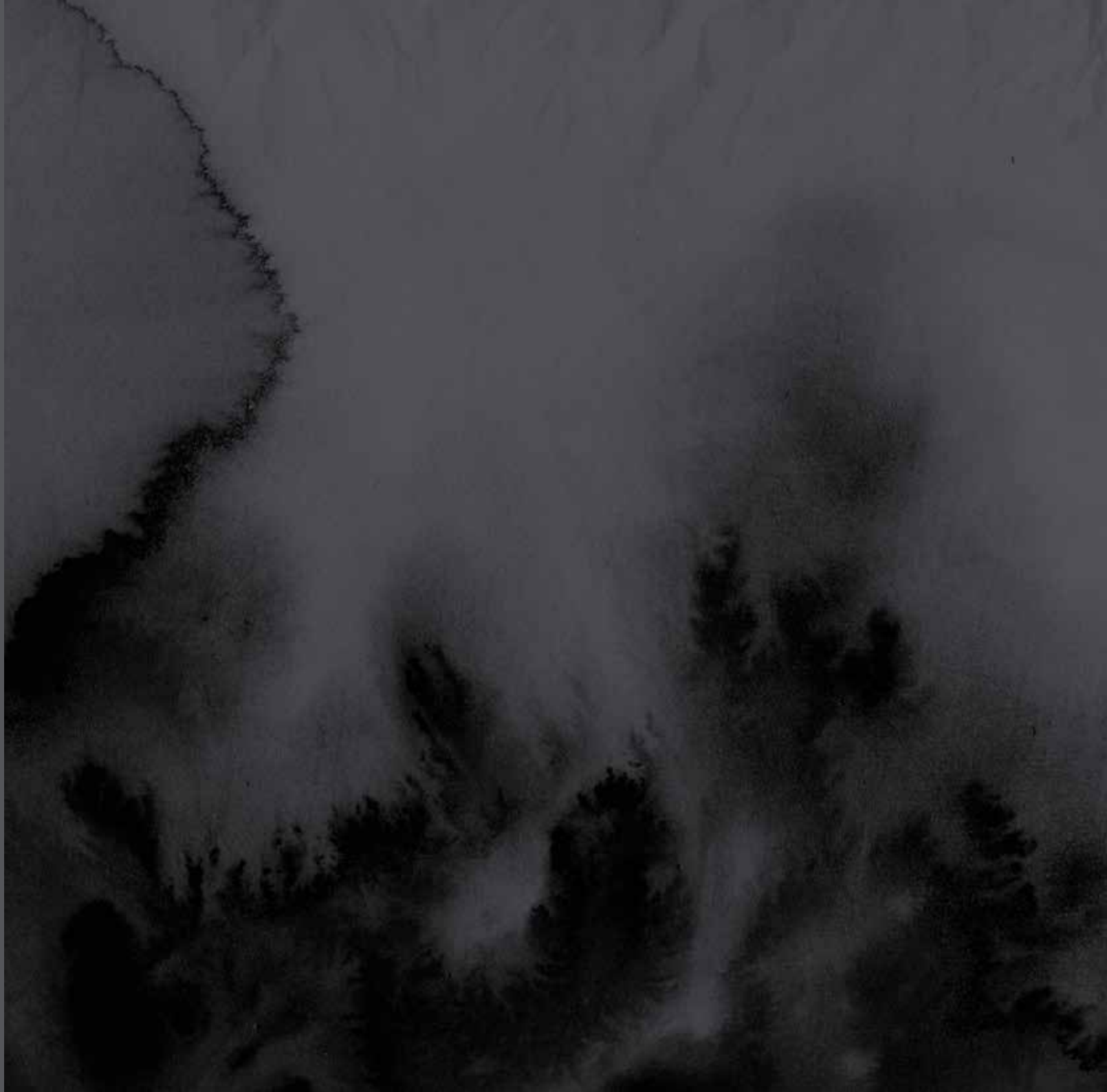
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