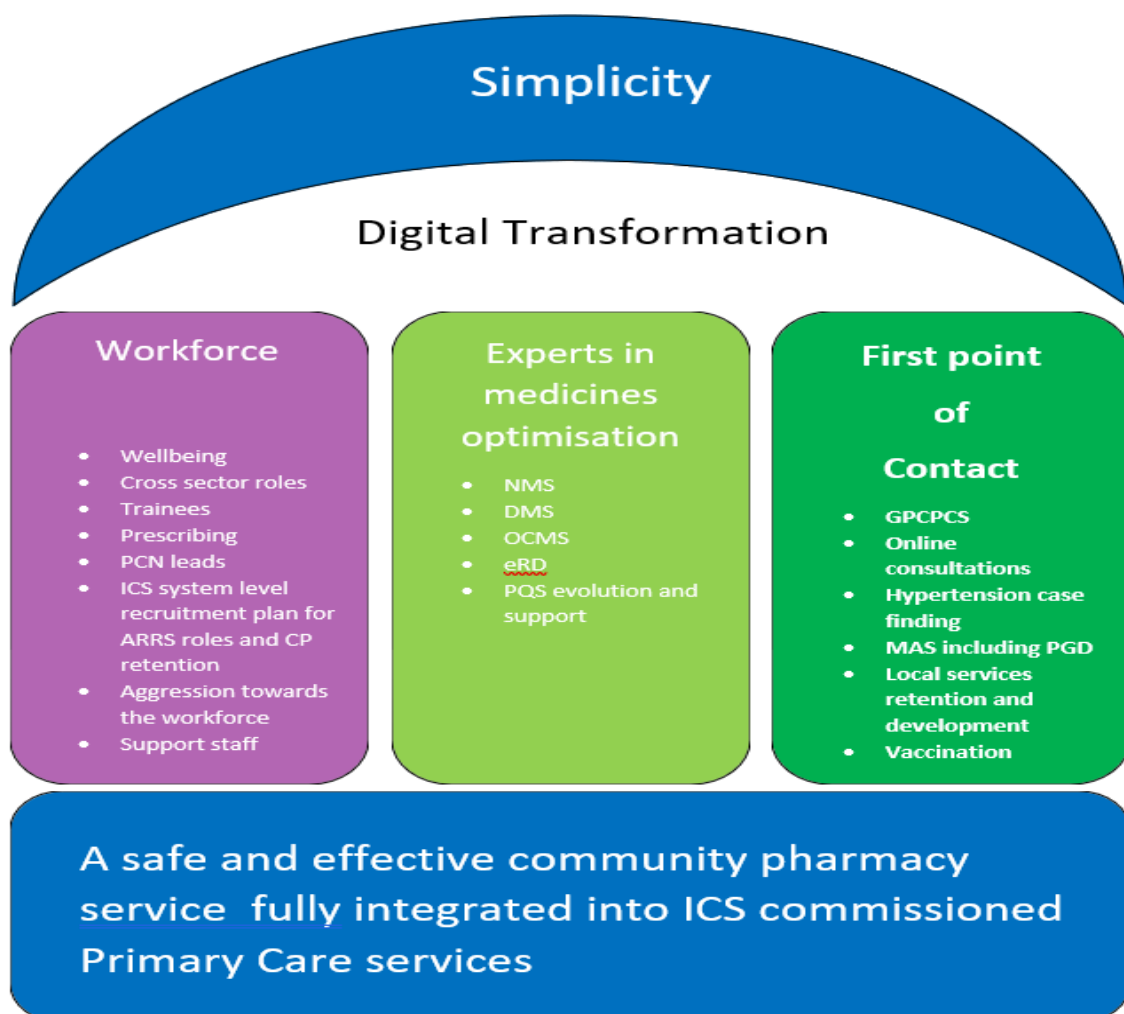


# Annual Report

## April 2021 to March 2022



## LPC Chair's Report

2021/2022 was another very challenging year for Community Pharmacy. The Covid pandemic continued to provide challenges and opportunities and our contractors responded magnificently, despite increasing frustration from the public about access to primary care services which often led to aggressive behaviour, both verbally and in some cases physically, towards our pharmacy teams. The LPC commissioned a workplace pressures survey, and we produced a very sobering report which was shared with GP's, commissioners and politicians and has proven very useful in raising the profile of the challenges community pharmacy were facing. Workforce challenges came to a head during the year, with Covid isolation and the shortage of community pharmacists locally resulting in around 1000 temporary closures amongst our 195 pharmacy contracts in the year. The LPC responded to these challenges by highlighting the issue with NHSE&I, the LMC and PCN's focusing on the knock-on effect of PCN clinical pharmacist recruitment to community pharmacy services. The LPC added a workforce strategy to our new vision and three-year plan with short, medium, and long-term solutions to help improve the situation. Our short-term plan revolves around the creation of rotational, PCN and community pharmacist, roles and we were successful in receiving a grant from the ICB to develop this opportunity.



Despite all the challenges our community pharmacy contractors responded magnificently to the displaced workload created by difficulties in accessing GP appointments and temporary pharmacy closures. Many of our contractors played a significant role in the vaccination programmes delivering many Covid jabs and 22% of all Flu jabs in the year. From a national contract perspective, the GPCPCS service developed slowly, once again the LPC was successful in bidding for £30,000 to employ a GPCPCS implementation support team to train GP staff to make this service more effective for GP's and pharmacy teams. The Hypertension Case Finding service (HTCF) began to produce some positive results in the last quarter of the year and we have worked with our PCN lead pharmacists to encourage collaboration between community pharmacies and GP practices to ensure the further success of this valuable service.

We continue to develop excellent relationships with NHSE&I, LMC and other Primary Care contractors through involvement in key ICB committees and the newly created Primary Care Collaboratives. This led to joint working with Opticians creating a referral pathway into the HTCF, again funded by the ICB. We are also exploring a collaborative approach to enhance care in care Homes with our local dentistry colleagues.

Other notable achievements in the year for the LPC include the continuation of all our local enhanced services until the end of March 2023. We have entered a dialogue with NHSE to review all local services with a view to them transferring to the new ICB controlled commissioning model for in 2023/2024. We had a very successful year with funding bids- to support PCN leads with backfill and development we received over £150,000, plus funds to develop and implement pilots like a Walk in Consultation Service, a COPD service and a "walk in my Scrubs" initiative to improve the understanding between GP practice and Pharmacy teams. For the first time in our history external funding for new initiatives and contractor support exceeded the contractor levy paid by our 195 pharmacy contractors in the year. We believe we continue to give our contractors excellent value for money and calculate that for every £1 given to us through the levy we return £5 to our contractors through local service income and support programmes.

**- Paul Robinson August 2022**

## Chief Executive Officer's Report

As we still try to work out what the 'new normal' looks like and we move away from Covid, 21/22 progressed from vaccination mobilisation urgency becoming vaccination business as usual by the end! Face 2 face events have not quite made their full return. But even with covid still impacting the year other business still went on:



- The Wright review has generated ongoing activity, becoming the RSG and a subsequent vote for changes in how you are represented. Which took a lot of comms and several online meetings.
- Online meetings have remained and become the norm, often back-to-back.
- PQS support, took many forms.
- Work around online consultations has progressed, slowly but still onward.
- Increased engagement with PCN Clinical directors, the emerging ICS, places and the LMC has become routine.
- DMS developed over the year, the old story of the NHS and IT, but ALL our trusts were live as the year ended.
- GP CPCS implementation support with NHSE, across the ICS and delivered by community pharmacists, was funded thanks to an LPC proposal to drive up practice engagement. Remote working did not help but the work was extended and is showing results.
- Securing an increase in number of contractors commissioned to provide Covid vaccinations across the year, supporting NHSE and CCGs with site visits and service delivery operations.
- Continued a financial compensation process with NHSE/commissioners to guarantee contractors average fees, despite the move away from face-to-face services.
- Firefighting around the ordering of repeat prescriptions at practices, and via Apps is sadly ongoing. As well as increasing antisocial behaviour impacts.
- Supported PCN communications through the PCN leads, their ongoing recruitment & development, leading to significant engagement with their contractors due to PQS.
- Producing Covid patient facing communications regarding the use of community pharmacy services, repeat prescription ordering and restricted hours of trading including press releases, and how/when to get back to delivering services within the Covid guidelines.

### **In other activities:**

An NHS restructure, as CCGs authority goes to PCNs and regional NHSE to the ICS, cannot be delayed by Covid and gradually gathered pace over the year, as Covid retreated, and we could start to see the shape of the local ICS. A lot of work was done to position the LPC to get your voices represented within the embryonic future NHS. Of course, pharmacy itself has taken to change, via wright/RSG and much work has occurred behind the scenes.

### **Pharmacy Funding Cuts:**

The funding cuts have continued to bite, exacerbated by Covid, even though we provided support to the covid costs claim was it enough?

**Flu Vaccination Service:**

A great year for Flu in community pharmacy, you provided over 155k NHS flu vaccinations last season and no doubt many more privately. It was noted by the NHS, nationally and especially locally and I can personally vouch that it was appreciated locally at the highest levels

**Quality Payment Scheme:**

The LPC staff worked extensively, provided training, communications, and facilitated PCN pharmacy teams meetings to support all pharmacies to achieve the maximum quality points they could during 2021-22, we keenly await any news on this year's scheme.

**Pharmacy Awards:**

The Covid-19 pandemic again hindered the LPC in celebrating community pharmacy's achievements in 2021 but we will be remedying this in 2022 with the fully subscribed celebration event set for the end of September.

**Market Entry & Exit [Formally Control of Entry]:**

The current Pharmaceutical Needs Assessments (PNAs) were extended to cover the period 2018 to Sept 2022 and are available via the following link:- <https://communitypharmacyhumber.co.uk/resources-a-z/ip/pna/> Work across the CCGs on new 2022-2025 PNAs has been ongoing from Q4 21/22.

A quiet year still with the closure, and gradual reopening, of the market entry process due to Covid. Applications held in suspension: Relocations, List return, Distance Selling, 100hr closure, changes of ownership all gradually have been processed. A few contracts have changed hands and we have a new distance selling contract in Cleethorpes.

**Summary of LPC events / workshops offered April 2021 - March 2022:**

The world stayed mainly online in 21/22, even when it did not have too. The LPC directly facilitated PCN leads meetings with their contractors for PQS, as well as PCN leads meetings as a group, we supported NHSE with its GP CPCS meetings as well as launching the hypertension case finding service in October 21. Throughout the year the LPC supported and signposted to various online meetings by: CPPE, NHSE, PCNs, PSNC and RSG amongst others that otherwise would not have had a local version delivered.

**Enhanced Pharmacy Services Income (commissioned by CCG) 2021-22 with some AVERAGE PAYMENT estimates**

	NHS Emergency supply (PURMS)	Minor Ailments Scheme	EL6B Medication records charts	Point of Dispensing Intervention Service (PODIS)	EL23	Palliative Care * new sites added/ covid formulary added*	TB DOT * New contract negotiated*	* NEW* Out of Hours Palliative care service	Blood Pressure testing (Hull & East Riding) funded by BHF & CCGs	Total Income per Area
<b>East Riding</b>	£2,711.52	£18,515.12	£29,109.60	£4,585.22	£0	£1,018.86	N/A	N/A	<b>£135</b>	<b>£56,075.32</b>
<b>Hull</b>	£7,033.12	£108,963.21	£16,491.80	£11,625.11	£6,168	£899.99	£6,071.20	N/A	<b>£1,065</b>	<b>£158,317.43</b>
<b>North East Lincolnshire</b>	N/A	£36,544.49	N/A	£1,713.61	N/A	£82.50	N/A	£19,935.58	<b>N/A</b>	<b>£58,276.18</b>
<b>North Lincolnshire</b>	N/A	£24,270.90	N/A	£8,405.02	N/A	£1,029.80	N/A	£21,252.57	<b>N/A</b>	<b>£54,958.29</b>
Additional Average payments across all services from NHSE										£38,454.22
<b>CCG commissioned Enhanced pharmacy services: TOTAL INCOME</b>									<b>£366,081.44</b>	

Local Pharmacy Services – Public Health 2021-2022										Advanced Services		Other Services
Local Pharmacy Services – Public Health 2020-2021 (* Commissioner Controlled Data)										Advanced Services		Other Services
	NHS Health checks	Sexual health / Emergency Hormonal Contraception (EHC)	Smoking Cessation NRT	Smoking cessation Varenicline via PGD	Needle exchange	Supervised Consumption Methadone	Supervised Consumption Buprenorphine	C-Card Scheme	Income 2021/22 for comparison purposes	MUR	NMS	TCAM Unfunded
East Riding	£26	£22,457.75	£94,980.41	£15,820.90	£4,873.00	£73,498.00	£53,068.00	N/A	£264,725.00	Due to Covid and the Lockdown, as well as contractual changes, the annual dataset is incomplete and noncomparative.		Available
Hull	N/A	£38,193.71	Unknown *	Unknown *	£18,662.00	Unknown *	Unknown *	N/A	£56,855.71			Available
North East Lincolnshire	N/A	£19,835.35	N/A	N/A	Unknown *	Unknown *	Unknown *	<b>£227.92</b>	£20,063.27			N/A
North Lincolnshire	N/A	N/A	N/A	N/A	Unknown *	Unknown *	Unknown *	N/A	£0			N/A
Local pharmacy services: Public health TOTAL INCOME (where known)									£341,643.98			

**2020/21 Combined Total services income PH & CCG (where known)**

**£707,725.42**

## The Teams Year –

### **Caroline Hayward: Professional Development Pharmacist**



Locally commissioned services remained my focus for the year.

Data analysis and preparation of defence papers to support our local services, followed by successful negotiation, resulted in all service contracts due to expire on 31.3.22 being successfully retained with contracts extended until 31.3.2023. Continuing all CCG, Public Health and privately funded services across our area.

New funding was secured from North Lincolnshire CCG to support the development and implementation of a new on-line consultation service through community pharmacies in North Lincolnshire, with a pilot service launching in May 2021.

I continued to work on the development of a new Medication Management Service (MMS) for the East Riding of Yorkshire. Following the creation of a service specification, resources and PharmOutcomes referral platforms, the service went live across the East Riding of Yorkshire in October 2021.

March 2021 saw the de-commissioning of the national MUR advanced service (medication use review): necessitating renegotiation of the PODIS service to ensure its continuation in a new format, as the MUR was inherent in its design. Successful negotiation resulted in commissioning of a revised PODIS service, requiring the development of a new service spec, resources and PharmOutcomes platform.

Engagement with the SENTINEL project lead enabled details of the initiative to be shared with community pharmacies and the delivery of a training event explaining the initiative and links to the NMS service.

Following a successful bid for participation in the national oral contraception management service (OCMS) pilot, both North East Lincolnshire and Hull were selected as pilot sites. Work with the national NHSE&I team and local NHSE area team to implement the service started during August 2021, with the service finally launching in October 2021. Regular meetings are ongoing to support this service.

Pharmaceutical needs assessments were reintroduced: I created PharmOutcomes templates for each CCG area to enable pharmaceutical data to be captured to support the process.

Continued interactions with pharma companies ensured sponsorship was obtained for each LPC committee meeting and support for pharmacy training events.

Other activities included preparation and delivery of training events during the year to support the New Medicines Service, introduction of GPCPCS, Discharge Medicines Service and the North East Lincolnshire CCG public health event. Participation in the BBC Radio Humberside 'Burnsey' show to promote community pharmacy and raise awareness issues and pressures within the sector.

Additional activities included: representation of community pharmacies at local practice pharmacist groups, cardiovascular disease steering groups, Hull and East Riding Prescribing Committee, Lincolnshire Area Prescribing Committee and the Medicines Management Interface Group meetings: Exploration of private vaccination services, development and submission of papers to support the introduction of a Patient Group Direction (PGD) UTI service, Preparation of articles for the Humber weekly digest focusing on individual services and potential income for contractors. As well as regular review of product files and data within PharmOutcomes platforms, preparation and sharing of service reports with commissioners.

Current workstreams include participation in a review of East Riding schools' medication policy, Review of the CGL Medication Assisted Treatment service model, Development and implementation of: Optical referral into the Hypertension Case finding service, COPD review service, across Modality PCN, and a Walk-in consultation service.

Due to the forthcoming changes to the commissioning landscape, I am currently working with the NHSE local area team to review all locally commissioned services, their specifications, PharmOutcomes platforms and funding models.

**Anthony Bryce: Health Integration and Public Health Lead  
Healthy Living Pharmacy (HLP)**

Although much HLP engagement work was affected by the Covid-19 pandemic, HLPs throughout 21/22 have continued to provide valuable information and support to patients, clients, and customers in their efforts to remain both physically and mentally healthy throughout a very difficult and unprecedented period. Pharmacies remained open throughout the pandemic and were often the source for individuals to ascertain information, resources, collection of LFTs, over 423k of them, and receive vaccinations.



HLPs also provided information around the pandemic, a pandemic delivery service (PDS) to patients that were shielding and defined as extremely vulnerable and provided both flu and covid-19 vaccination services.

**Primary Care Networks (PCNs)**

Community Pharmacy has continued to engage with PCNs (clinical directors, clinical pharmacists, PCN managers) throughout 2021/2022 even with the difficulties and barriers that arose due to the pandemic and the restrictions of lockdown. The pivotal role that community pharmacy and its integration into Primary Care Networks (PCNs) supporting neighbourhoods to be resilient is important now more than ever.

The LPC has supported PCN pharmacy leads across the Humber locality and has prepared PCN one pager's, which contain information about the PCN the pharmacy is allocated to such as: PCN name, GP's and pharmacies within the PCN, the PCN clinical director, the pharmacy PCN lead and the PCN gaggle-group email address, which is the communication method that community pharmacies use to engage with one another and share good practice. PCN pharmacy leads with the support of the LPC continue to look at ways of engaging with PCNs and the various contacts throughout the Humber locality.

**Virtual Outcomes (VO)**

The LPC continued in 21/22 to commission this excellent online training platform so that contractors could access a variety of training on a single, accessible platform. The training has proved to be very popular and there has been an increased uptake of the number of pharmacies accessing many of the online training opportunities.

By the end of Q4 in 2021/22 Community Pharmacy Humber's contractor usage, 54.2%, was above the 46% national average. On average 20-70 courses were accessed per month had been viewed / completed by contractors which, though predominantly independent, also had substantial usage by CCA and AIMP contractors. VO has continued to develop and provides additional courses such as flu vaccination service, Covid-19 vaccine, Public Health campaigns, Bites and Stings, GP CPCS, Discharge Medicines Service (DMS), Pharmacy Quality scheme (PWS) and many more all of which are being widely utilised by contractors throughout the Humber locality.



## Pharmacy Wellbeing Service (PWS)

The Pharmacy Wellbeing Service (PWS) was introduced in April 2021 after a successful bid to the regional NHSE team. The PWS supported all pharmacy staff and their family members with lifestyle improvements such as mental and physical wellbeing. It was deemed important to offer contractors a local service that was accessible and flexible that could help support them through the COVID-19 pandemic and the additional pressures that this brought to both their working and home environment. Additional workforce pressures had created a culture of stress and de-motivation and it was important to offer pharmacy staff a variety of accessible options in which to call upon if required.

1-1 virtual appointments were conducted over video call or phone call with up to 8 sessions over a 12-week period, with sessions lasting up to one hour. During the contact, other services were offered such as promotional events, online training, relevant national campaigns, and free interactive webinars focused on health and wellbeing areas that were linked to HLP initiatives. Individuals who accessed the service were also offered Boditrax assessments (once Covid restrictions were lifted), a system that assesses your body and, very quickly, delivers 14 different measurements, such as your ideal weight, your BMI, and your metabolic age, as well as your fat and muscle mass. Follow up sessions were then arranged to monitor progress by comparing data between sessions.



The service adjusted working hours to allow extra evening and weekend sessions, allowing the PWS to be more accessible ensuring that pharmacy staff had more opportunity to access the service outside their 'normal' working hours to improve their wellbeing.

An upstreaming video service was introduced as well as telephone calls for individuals to engage with support virtually allowing flexibility around access into the service. This worked well particularly during the period of lockdowns relating to the COVID-19 pandemic. A large geographical area was covered (Humber and North Yorkshire) to ensure the service supported as many people as possible. A unique aspect of the PWS is that family members of community pharmacy workers were also able to access this service free of any charge. Individuals, whether pharmacy staff or family members could access the service quickly and efficiently with no waiting lists and were able to receive assessments within days of contacting the service. The service evolved and developed throughout 21/22 introducing free interactive webinars, healthy living campaigns backed with supportive printable materials and free Boditrax assessments.

**Joanne Carter: Office Manager & Kate Stark: Administration Officer**

Following the successful office move, which has enabled a considerable cost saving, the last 12 months has seen us gradually returning to a bit more normality with Covid restrictions being lifted. Covid has evolved us, and most companies, into a more hybrid way of working with some meetings being held successfully online and face-to-face.

We continue to communicate with our contractors effectively via many communications methods, such as: direct emails where necessary to NHS shared mail addresses, a Weekly Digest (52 sent this year), and via Facebook and Twitter. The team have done their absolute best to support contractors via these methods, and over the telephone, to encourage and facilitate completion of the Pharmacy Quality Scheme and other day to day issues. We hope you found value in these communications.

PQS was again a big topic this year and the LPC liaised with most of the Humber PCN pharmacy leads to arrange virtual meetings of their PCNs, sharing regular updates and deadlines aiding the huge achievement with PQS. Work continues throughout the year to update/maintain PCN data, PCN One Pagers and Gaggle Groups. Communication via the gaggle groups continues, with increased use of the groups by pharmacies, which is excellent.

This year saw a big overhaul of the LPC & PSNC websites. The LPC worked with PSNC and 'Make' to review and streamline the new LPCs websites, with a view to aiding usability, and give the website a more refreshed look and feel. Our new website launched in November 2021 with PSNC's site launching later in 2022. We hope you like our new website.

Many events have taken place successfully online, including: GPCPCS training, Pharmacy Wellbeing Service webinars, several new free training courses released to contractors through Virtual Outcomes along with local face to face Flu/Covid vaccination training. Throughout the last year LPC meetings have taken place virtually with great success, with a move back to some face-to-face meetings later in the year.

## Members' attendance at LPC meetings 2021-2022

Members of the committee are required to attend the LPC meeting regularly and provide input to those meetings. Members are also required to attend meetings on behalf of the LPC and pharmacy contractors. Expenses incurred by LPC members representing the LPC at meetings and events, including mileage claims. These include locum cover paid to contractors.

Members		Represents	Possible	Attended	Expenses
Joanne Lane	Vice Chair	Independent	12*	10	£750
Karen Stone	Left June 2021	CCA	3*	2	£250
Annette Mauder		CCA	6	4	
Ian Woolley	Left September 2021	Independent	3	3	£640.50
Jon Whitelam		CCA	12*	11	£787.51
Lisa McGowan		CCA	12*	5	
Claire Smeaton	Left June 2021	CCA	1	1	
Mari Williams		CCA	6	4	
Rui Guo		Independent	1	0	£200
Manuel Mestre Valdes	Treasurer	CCA	10*	10	£1100
Jade Smith	Left December 2021	CCA	4	2	
Kate Knapik		Independent	6	4	£600
Neil Mowbray		AIMp	6	5	£1000
Loredana Pintilie	Joined August 2021	CCA	4	2	£631.80
Jiun Chow	Joined July 2021	Independent	5	3	£600
Jaya Authunuri	Joined January 2022	Independent	2	1	
<b>Appointed Officers</b>					
Paul McGorry		CEO	12*	12	N/A
Joanne Carter		Office Manager	12*	11	N/A
Caroline Hayward		PDP	6	5	N/A
Katie Stark		Admin Officer	6	0	N/A
Anthony Bryce		HIPHL	6	1	N/A
Paul Robinson		Employed Chair	12*	12	N/A
Karen Stone					
<b>PSNC Representative</b>					
David Broome		PSNC	6	4	N/A

\*Includes LPC Executive Committee meetings

## LPC Account 2021/22

### Details of Meetings and Travel Expenses

PSNC – Events and Seminars registration fees	£0
LPC Meeting Venue costs	£611.15

## Treasurer's Report

*Operating under Nolan principles, the LPC considers that members carrying out duties on behalf of pharmacy contractors should not be out of pocket. The LPC operates within a robust accountability and governance framework which is regularly monitored.*



The LPC is funded by a contractor levy which was once again unchanged for the sixth consecutive year. The levy stands at £23,628 per month and is collected as a percentage of net ingredient cost from contractors by the NHS BSA. The levy also contributes to the activities of the PSNC; the LPC paid £63,941 in levies to the PSNC. The Levy is not the only source of income for the LPC, and we had continued success this year in securing funding grants from NHS England and NHS improvement (NHSE&I) and the Humber and North Yorkshire Partnership ICB (HNYP). We also continued to trade successfully with commissioners through the provision of PharmOutcomes licences, and platform development services, which totalled £70,804 in 2021/2022. Our gross income for the year was £371,459. The continued increase in our non-levy income, and complexity of our accounts, resulted in two important decisions being made by the LPC committee following conversations with our accountants. Firstly, we have changed our accounting processes to a profit and loss approach and secondly, following the increasing amount of income from our operations, we have voluntarily registered for VAT from the 1<sup>st</sup> of April 2022.

Costs were well controlled over the year. The total expenditure for the year of £348,188 resulted in an operating surplus of £23,188 at the end of the year. Rental costs dropped by £8,161 compared to the previous year following our decision to downsize the office space. Payroll costs reduced by £27,853 despite extension of the GPCPCS team funded by NHSE&I and represents 52% of our income compared to 57% in 2020/2021.

It should be noted that our bank balance of £576,369 is significantly higher than our closing figure of £248,079 in 2021/2022. This is a result of the funding grants we have received during 2021/2022 to develop and implement pilot services such as: a walk-in consultation service (£100,000), Opticians referral into Hypertension Case Finding (£39,600), COPD service (£10,000) and to continue to fund our GPCPCS implementation service (£37,320) and to develop new Pharmacy wellbeing services (£60,000). The balance of the grants which remain unspent are shown within the creditors falling due within one year section of the accounts and total £335,136. When this is subtracted from our bank balance it shows a true LPC balance of £243,449 which is slightly lower than our closing balance in the previous year. The Wright review proposals have been progressed through the RSG and a successful vote outcome was achieved to implement the proposals. This will result in a significant increase in the levy Community Pharmacy Humber pays to the PSNC. We have set a budget for 2022/2023 to ensure we can manage this increase which will be implemented from 2023/2024 onwards.

Financial statements for the period are presented below for your information.

**Jonathan Whitelam: Treasurer**

**Humber Local Pharmaceutical  
Committee**

**Unaudited Financial Statements for the Year Ended 31st March 2022**

Smailes Goldie

Chartered Accountants

Regent's Court

Princess Street

Hull

East Yorkshire HU2 8BA

## Humber Local Pharmaceutical Committee

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**Humber Local Pharmaceutical Committee**

**Committee Information  
for the year ended 31st March 2022**

<b>TRADING ADDRESS:</b>	First Floor Shirethorn House Redcliff Road Hessle East Yorkshire HU13 0EY
<b>SECRETARY:</b>	P J McGorry
<b>CHAIRPERSON:</b>	P Robinson
<b>ACCOUNTANTS:</b>	Smailes Goldie Chartered Accountants Regent's Court Princess Street Hull East Yorkshire HU2 8BA

## **Humber Local Pharmaceutical Committee**

### **Independent Examiner's Report for the year ended 31st March 2022**

We report on the accounts of the LPC for the year ended 31st March 2022 which are set out on pages 4 to 9.

This report is made solely to the members of the LPC, as a body. Our examination has been undertaken so that we might state to the LPC's members those matters we are required to state to them in an examiner's 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 LPC and the LPC's members as a body for our examination work, for this report and for the statements we have made.

#### **Respective Responsibilities of the LPC and the Examiner**

As members of the LPC, you are responsible for the preparation of the accounts. It is our responsibility to issue this report on those accounts.

#### **Basis of Independent Examiner's Report**

Our examination includes a review of the accounting records kept by the LPC and a comparison of the accounts with those records. It also includes considering any unusual items or disclosures in the accounts and seeking explanations from you as trustees concerning any such matters. The procedures undertaken, as set out in our engagement letter dated 23rd April 2008, do not provide all the evidence that would be required in an audit and consequently we do not express an audit opinion on the view given by the accounts.

#### **Independent Examiner's Statement**

In connection with our examination, no matter has come to our attention:

- (1) which gives us reasonable cause to believe that in any material respect the requirements,
  - (i) to keep accounting records; and
  - (ii) to prepare accounts which accord with the accounting records

have not been met; or

- (2) to which, in our opinion, should be drawn in order to enable a proper understanding of the accounts to be reached.

**Smailes Goldie**  
Chartered Accountants  
Regent's Court  
Princess Street  
Hull  
East Yorkshire  
HU2 8BA

**UNDATED**



**Humber Local Pharmaceutical Committee**

**Client Approval Certificate  
for the year ended 31st March 2022**

In accordance with the terms of our engagement of Smailes Goldie, I approve the financial statements for the year ended 31 March 2022 which comprise the Income and Expenditure Account, Balance Sheet and related notes. I acknowledge my responsibility for the financial statements and for providing Smailes Goldie with all information and explanations necessary for their compilation.

P McGorry  
Secretary  
**UNDATED**

## Humber Local Pharmaceutical Committee

### Income and Expenditure Account for the year ended 31st March 2022

	Notes	2022 £	2021 £
<b>INCOME</b>		371,459	386,070
Cost of sales		<u>312,205</u>	<u>355,964</u>
<b>GROSS SURPLUS</b>		59,254	30,106
Administrative expenses		<u>37,394</u>	<u>33,200</u>
		21,860	(3,094)
Other operating income		<u>1,313</u>	<u>10,264</u>
<b>OPERATING SURPLUS</b>		23,173	7,170
Interest receivable and similar income		<u>15</u>	<u>85</u>
<b>SURPLUS BEFORE TAXATION</b>		23,188	7,255
Tax on surplus		<u>19</u>	<u>104</u>
<b>SURPLUS FOR THE FINANCIAL YEAR</b>		<u><u>23,169</u></u>	<u><u>7,151</u></u>

The notes form part of these financial statements

## Humber Local Pharmaceutical Committee

### Balance Sheet 31st March 2022

	Notes	2022 £	£	2021 £	£
<b>FIXED ASSETS</b>					
Tangible assets	3		2,216		-
<b>CURRENT ASSETS</b>					
Debtors	4	87,740		15,086	
Cash at bank and in hand		<u>488,629</u>		<u>232,993</u>	
		576,369		248,079	
<b>CREDITORS</b>					
Amounts falling due within one year	5	<u>335,136</u>		<u>27,799</u>	
<b>NET CURRENT ASSETS</b>			<u>241,233</u>		<u>220,280</u>
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>			<u>243,449</u>		<u>220,280</u>
<b>GENERAL FUND</b>					
General fund			<u>243,449</u>		<u>220,280</u>
			<u>243,449</u>		<u>220,280</u>

The notes form part of these financial statements

## Humber Local Pharmaceutical Committee

### Notes to the Financial Statements for the year ended 31st March 2022

#### 1. ACCOUNTING POLICIES

##### **Basis of preparing the financial statements**

These financial statements have been prepared in accordance with Financial Reporting Standard 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland" including the provisions of Section 1A "Small Entities" and the Companies Act 2006. The financial statements have been prepared under the historical cost convention.

##### **Turnover**

Turnover is measured at the fair value of the consideration received or receivable, excluding discounts, rebates, value added tax and other sales taxes.

##### **Tangible fixed assets**

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

Plant and machinery – straight line over 4 years.

##### **Taxation**

Taxation for the year comprises current and deferred tax. Tax is recognised in the Income and Expenditure Account, except to the extent that it relates to items recognised in other comprehensive income or directly in equity.

Current or deferred taxation assets and liabilities are not discounted.

Current tax is recognised at the amount of tax payable using the tax rates and laws that have been enacted or substantively enacted by the balance sheet date.

##### **Deferred tax**

Deferred tax is recognised in respect of all timing differences that have originated but not reversed at the balance sheet date.

Timing differences arise from the inclusion of income and expenses in tax assessments in periods different from those in which they are recognised in financial statements. Deferred tax is measured using tax rates and laws that have been enacted or substantively enacted by the year end and that are expected to apply to the reversal of the timing difference.

Unrelieved tax losses and other deferred tax assets are recognised only to the extent that it is probable that they will be recovered against the reversal of deferred tax liabilities or other future taxable surplus.

##### **Pension costs and other post-retirement benefits**

The committee operates a defined contribution pension scheme. Contributions payable to the committee's pension scheme are charged to the Income and Expenditure Account in the period to which they relate.

#### 2. EMPLOYEES

The average number of employees during the year was 7 (2021 - 7).

Humber Local Pharmaceutical Committee

Notes to the Financial Statements - continued  
for the year ended 31st March 2022

3. TANGIBLE FIXED ASSETS

	Plant and machinery etc £
<b>COST</b>	
Additions	<u>2,364</u>
At 31st March 2022	<u>2,364</u>
<b>DEPRECIATION</b>	
Charge for year	<u>148</u>
At 31st March 2022	<u>148</u>
<b>NET BOOK VALUE</b>	
At 31st March 2022	<u><u>2,216</u></u>

4. DEBTORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	2022 £	2021 £
Trade debtors	<u>87,740</u>	<u>15,086</u>

5. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	2022 £	2021 £
Trade creditors	4,256	20,249
Taxation and social security	4,773	3,655
Deferred income	322,091	-
Other creditors	<u>4,016</u>	<u>3,895</u>
	<u>335,136</u>	<u>27,799</u>

6. LEASING AGREEMENTS

Minimum lease payments under non-cancellable operating leases fall due as follows:

	2022 £	2021 £
Between one and five years	<u>14,000</u>	<u>-</u>

7. OTHER FINANCIAL COMMITMENTS

Within other creditors is an amount of £2,420 relating to pension contributions yet to be paid at the year end (2021 £1,843).

## Humber Local Pharmaceutical Committee

### Income and Expenditure Account for the year ended 31st March 2022

	2022		2021	
	£	£	£	£
<b>Income</b>				
Statutory levies received	283,536		283,536	
PharmOutcomes services	44,874		42,561	
Other services support	25,930		53,830	
Funding	-		6,143	
LPC Workforce Project Support funding	1,000		-	
CPCS support role funding	11,869		-	
Events & Training	<u>4,250</u>		<u>-</u>	
		371,459		386,070
<b>Cost of sales</b>				
Levies paid to P.S.N.C	63,941		63,221	
Travelling and meeting expenses – employees	2,887		2,301	
Travelling and meeting expenses – members	7,531		6,094	
PharmOutcomes expenditure	24,570		25,272	
Events services support	378		14,140	
Events training	16,074		15,000	
PCN expenses	1,741		7,000	
Wages and salaries	172,348		195,186	
Employer National Insurance contributions	11,114		14,683	
Employer pension contributions	<u>11,621</u>		<u>13,067</u>	
		<u>312,205</u>		<u>355,964</u>
<b>GROSS SURPLUS</b>		59,254		30,106
<b>Other income</b>				
Sundry receipts	1,313		264	
Covid-19 support	-		10,000	
Deposit account interest	<u>15</u>		<u>85</u>	
		<u>1,328</u>		<u>10,349</u>
		60,582		40,455
<b>Expenditure</b>				
Rent and service charges	6,000		14,161	
Insurance	1,367		1,353	
Telephone	2,747		941	
Printing, stationery and postage	864		626	
Advertising	43		216	
Office equipment	54		85	
Computer and website costs	12,507		7,039	
Sundry expenses	<u>6,463</u>		<u>5,312</u>	
Carried forward	30,045	60,582	29,733	40,455

This page does not form part of the statutory financial statements

**Humber Local Pharmaceutical Committee**

**Income and Expenditure Account  
for the year ended 31st March 2022**

	2022		2021	
	£	£	£	£
Brought forward	30,045	60,582	29,733	40,455
Accountancy and payroll management costs	5,236		3,235	
Legal fees	1,845		-	
Gifts	<u>120</u>		<u>225</u>	
		<u>37,246</u>		<u>33,193</u>
		23,336		7,262
<b>Finance costs</b>				
Bank charges		<u>-</u>		<u>7</u>
		23,336		7,255
<b>Depreciation</b>				
Computer equipment		<u>148</u>		<u>-</u>
<b>NET SURPLUS</b>		<u><u>23,188</u></u>		<u><u>7,255</u></u>

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