

# Annual Report April 2022 to March 2023



## **Digital Transformation**

#### Workforce

- Wellbeing
- Cross sector roles
- Trainees
- Prescribing
- PCN leads
- ICS system level recruitment plan for ARRS roles and CP retention
- Aggression towards the workforce
   Support staff

## Experts in medicines optimisation

- NMS
- DMS
- OCMS
- eRD
- PQS evolution an support

## First point

### of

#### Contact

- GPCPCS
- Online
- consultations

  Hypertension case
- finding
- MAS including PGD
- Local services
- retention and development
- Vaccination

A safe and effective community pharmacy service fully integrated into ICS commissioned Primary Care services



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#### Chairs Annual report for 22/23



2022/2033 has been once again extremely challenging to our pharmacy contractors. Rising costs in energy, locum rates, staff costs, increasing workload from new advanced services and the growth in prescription items has increased pressure on our pharmacy teams further to unprecedented levels. Despite their best efforts PSNC has been unable to convince the government of the inadequacy of the global sum and no increase in funding was secured this year 22/23. It has also been a year of transition with the creation of the Humber and North Yorkshire Integrated care board (HNYICB) and preparation for the change in the commissioning of the pharmacy contract, and our enhanced local services, from NHS England and the CCG's respectively to the ICB and Places from the 1<sup>st</sup> of July. This has resulted in a lot of work undertaken on your behalf by the LPC team and uncertainty about what this means for local and national services. We were successful in securing an extension of all our local services until the end of September 2023, to allow for a clinical review of pharmacy services across the ICB footprint which at the time of writing this report has yet to be completed.

On top of the external transition 2022/2023 was the year where PSNC moved forward with many of the Wright review recommendations through the Transformation of Pharmacy Representation (TAPR) programme. Community Pharmacy Humber considered the options open to it and proposed that we retained our current footprint and entered a formal collaborative arrangement with Community Pharmacy North Yorkshire, as together we cover the entirety of the pharmacy contractors within the HNYICB footprint. This proposal was accepted by our contractors and builds on the work we have been doing with CPNY over the last couple of years. This approach has been very successful, and bids produced by the CPH team on behalf of both LPC's have been responsible for the award of funding grants totalling over £500,000 over the last 18 months to implement services across the ICB such as our highly successful Walk in Consultation Service, PCN lead pharmacist support, Pharmacy wellbeing services and GPCPCS training for GP practices.

The Walk in Consultation was a particular success and has allowed our contractors to earn over £83,000 for common ailments consultations that they were in essence already carrying out for free. The service has received national recognition with articles published by PSNC, the Pharmaceutical Journal and Pharmacy Magazine.

This is the last annual report I will write as chair of CPH as I retire at the end of June after over 20 years in the role. I have enjoyed my role immensely and have worked with many hard-working individuals, both employees and committee members, who have been committed to representing the best interests of all of our contractors. I would like to take this opportunity to thank everyone that has supported me as the Chair of the committee over the years. I hand the committee over to safe hands in Joanne Lane as Chair and Paul McGorry as CEO. It has been a privilege to serve the contractors within Community Pharmacy Humber. I wish you all the best for the future.

**Best Regards** 

Paul Robinson - June 2023

## **Chief Executive Officer's Report**

2022/23 can best be described by one word, Change. Change as we properly exited Covid provisions into the much vaunted 'new normal' and the occasional in person meeting sneaking into the Teams norm, Change within pharmacy as PSNC morphed into CPE, Change as NHS England merged with the ICS, a process still ongoing even now, and ultimately Change to the outlook for community pharmacy as increased costs, but static funding, bit down hard. But even with all of this Change business still went on:



- The Wright review begat RSG which became TAPR and after many meetings, proposals, presentations and votes it was decided that our LPC would remain geographically but reduce in committee size to accommodate the RSG vote. Though also work more closely with NYorks LPC within the ICS.
- Our PQS support took many forms.
- Increased engagement with PCN Clinical directors and the 'Places', forming to replace CCGs, as well as the emerging ICS and within its varied organisational structure. Also much closer working with the LMC has become routine, and truly collaborative, to mutual benefit.
- DMS delivery has progressed nicely over the year from only 49 interventions in Q1 to 314 in Q4 with the trusts now looking at how they can refer more.
- SCS, the smoking cessation service has been this year's slow burn in development. Nationally specced but locally implemented this has taken a lot of time to implant within the various existing cessation services and has inched closer over the year, the finishing line is in sight.
- Our GP CPCS implementation support, funded by NHSE to our service proposal, ended in August 2022, and we should thank Karen, Grace, and Charlotte for all they did across the ICS with practices to increase engagement. NHSE took over the role and is still working to drive up practice engagement.
- Firefighting on various issues including the old favourite ordering of repeat prescriptions, increasing antisocial behaviour impacts, surgery/practice pharmacist queries and asks, 111, SSPs for antibiotics in the new year and many more...
- We continued to Support the PCN leads, their work and ongoing recruitment & development through meetings both in person and virtual.
- We decided to leave the office and work from home until a smaller location that better suited the 'new normal' becomes available, ideally within NHS premises.

<u>In other activities</u>: A lot of work was done to position the LPC to get your voices represented within the developing future NHS.

**Pharmacy Funding:** The funding stasis combined with the increased costs, especially with what was going on in the world, continued to bite and over the year only escalated. When combined with locum availability, and price hikes, this resulted in a summer of unplanned closures and their knock-on effects which were felt everywhere. In November I was Lobbying our MPs at Westminster with PSNC to get more funding.

**Flu Vaccination Service:** A great year for Flu in community pharmacy, marred by a slightly flawed introduction of the new PharmOutcomes platform that initially corrupted the numbers but eventually came good. Your increased delivery was appreciated locally at the highest levels.

**Pharmacy Celebration:** With Covid postponing the usual pharmacy awards events for a few years we felt a general celebration of everyone in community pharmacy was the best approach, so we held an event in September that was oversubscribed and where everyone had a good time. Well deserved.

<u>Market Entry & Exit [Formally Control of Entry]</u>: All 4 of the Pharmaceutical Needs Assessments (PNAs) came into effect in October 2022 following a long gestation and the usual last-minute flurry of activity, all fully supported by the LPC.

The market entry/exit year started quietly with only a few changes of ownership and a small relocation but picked up as the year end approached with signs of what was to come emerging.

Services: Throughout the year we have been in active dialogue with NHSE and the incoming ICB/Place primary care representatives to review all current local enhanced services and attempt to update their pricing and alignment with NHS priorities, as well as ensuring they continue under new 'ownership'. This has been lengthy and involved, in great part due to the transition into Places and establishing sign off responsibilities within the new structure and justifying the services to new people unfamiliar with them. The delays, while processes finalise, have meant we have been able to get agreement to extend the services time after time and we hope that ultimately means extension to the end of 23/24.

However, even with the uncertainty, it has been a good year for services. Comparing 21/22 with 22/23, and only those services that can be compared, we see a 10.8% growth in the services value year on year with that comparative services total reaching £766,743.3 up from £691,904.52 previously. Totalling up ALL 22/23 services, which includes 3 new services, that total is **£864,655.50.** And the real number will be even higher if we knew how much was raised from the outsourced services within the patch that do not share data. Even in difficult times you have still been engaged and utilising the services we have secured.

On the new services front, working with the new ICS, we built and implemented a Covid medication supply and delivery service that went live in March 2023 and may have been the first in the country. We also became successfully involved with the OCMS oral contraception pilot in Hull and North East Lincs which is a precursor to the PCS new to the contract.

A large part of the services success last year was the walk-in consultation service (WiCS) that we proposed to NHSE and then built, heavily inspired by Cornwall's service. As well as passing on significant income to Humber contractors, and those in North Yorkshire, it was copied in other ICS's. In addition to the income the final data from our WiCS service shows the benefits it has provided to the NHS system and to patients such as:

- You provided 6436 WiCS interventions from 56 active contracts.
- 89.8% of patients were treated by advice alone or advice and/or OTC or minor ailments.
- 72% say they would have gone to the Gp, that's a significant number of saved appointments.

**Workforce:** Workforce issues have been identified as a key issue for us in the Humber, as well as nationally. The LPC has tasked itself to get involved more deeply within the NHS structures to fight our case for support in this matter. We are now involved in various workforce initiatives and boards within the ICS, as these workstreams mature we hope that they will help to ease some of the problems we have with getting, and keeping, workforce of all kinds within community pharmacy. You will hear much more about this work, and its opportunities, in 23/24 and beyond as we continue to prepare for the changes arriving in 25/26. Those changes will bring more independent prescribing pharmacists to the community and sooner than that with a pilot project utilising current Ips, which we were heavily involved in in Q4, which should bear fruit shortly.

<u>Summary of LPC events / workshops offered April 2022 - March 2023</u>: The LPC directly facilitated PCN leads meetings with their contractors as well as PCN leads meetings as a group, we supported NHSE with its GP CPCS meetings as well as launching some DMS support/training in Hull. Throughout the year the LPC supported and signposted to various meetings by: CPPE, NHSE, PCNs, PSNC and RSG/TAPR amongst others. As well as our very well attended event on revalidation and enabling peer discussions held in September.

The New Committee: Finally the old LPC committees' term, that had been extended due to Covid and the Wright/RSG/TAPR changes, finally came to its end and a new 'election' was held for the new 2023-2027 term of office but with a committee size of only 11. Various changes have meant that only 3 existing members have continued into the new committee. I would like to convey my thanks to those who fulfilled their term during very trying times and have not continued. You know who you are.

And that final Change, Paul Robinsons retirement. Truly the end of an era and loss of a personal mentor. But change is normal, whether it was the Old normal or this New one, and next year's introduction will be written by a new hand....

	NHS Emergency supply (PURMS)	Minor Ailments Scheme	EL6B Medication records charts	Point of Dispensing Intervention Service (PODIS)	EL23 / Medication support service	Palliative Care stock holding	TB DOT	Out of Hours Palliative care service	Blood Pressure testing Funded by BHF & CCGs	*NEW* Walk in consultation service	*NEW* Covid Medication Supply Service	*NEW* Extended hours service	Total income per area
East Riding	£4,367.29	£29,925.16	£17,365.40	£3,972.31	£105.00	£1,684.59	N/A	N/A	£610.00	£12,600.00	£1,295.20	N/A	£71,924.95
Hull	£8547.57	£216,427.36	£21,169.20	£7,348.63	£4,994.50	£2992.01	£4,521.28	N/A	£845.00	£36,370.00	£3,641.10	N/A	£306,856.65
North East Lincolnshire	N/A	£35,581.18	N/A	£2,117.73	N/A	£82.50	N/A	£22,246.91	N/A	£14,630.00	£1,252.20	N/A	£75,910.52
North Lincolnshire	N/A	£28,229.85	N/A	£5,797.39	N/A	£1,334.66	N/A	£22,030.04	N/A	£7,518.00	£1,405.70	£19,200.00	£85,515.64

Local Pharmacy Services – Public Health 2022-2023 (* Commissioner Controlled Data)									-	•		
NHS Health	Sexual health / Emergency	Smoking Cessation	Smoking cessation	Needle exchange	Supervised Consumption	Supervised Consumption	C-Card Scheme	Total Income	otal Income Flu & Vaccs	NMS OCN pilo	OCMS	
checks	Hormonal Contraception (EHC)	NRT	Varenicline via PGD		Methadone	Buprenorphine					pilot	
£78	£18,919.26	£83,909.43	£0	£5073.00	£73,094.00	£66,648.00	N/A	£247,721.69	CPCS averaged			
N/A	£30,168.86	Unknown *	Unknown *	£25,055.52	Unknown	Unknown *	N/A	£55,224.38	per quarter through the year.	Available to all. Grew from	Available In Hull & NELincs. 12 tier 1	Available In all CCC /Trusts. Grew
N/A	£21,365.17	N/A	N/A	Unknown *	Unknown *	Unknown *	£136.50	£21,501.67	Flu had a bumper year at over 96k+	10,396 in Q1 to 14,129 in Q4	sites by end March 2023	from 49 DMS in Q to 314 ir Q4.
N/A	N/A	N/A	N/A	Unknown *	Unknown *	Unknown *	N/A	£0	delivered with many Covid Vaccs also.			-
	NHS Health checks £78 N/A	NHS Health checksSexual health / Emergency Hormonal Contraception (EHC)£78£18,919.26N/A£30,168.86N/A£21,365.17	NHS Health checksSexual health / Emergency Hormonal Contraception (EHC)Smoking Cessation NRT£78£18,919.26£83,909.43N/A£30,168.86Unknown *N/A£21,365.17N/A	NHS Health checksSexual health / Emergency Hormonal Contraception (EHC)Smoking Cessation NRTSmoking cessation Varenicline via PGD£78£18,919.26£83,909.43£0N/A£30,168.86Unknown *Unknown *N/A£21,365.17N/AN/A	NHS Health checksSexual health / Emergency Hormonal Contraception (EHC)Smoking Cessation NRTSmoking cessation Varenicline via PGDNeedle exchange£78£18,919.26£83,909.43£0£5073.00N/A£30,168.86Unknown *Unknown *£25,055.52N/A£21,365.17N/AN/AUnknown *	NHS Health ChecksSexual health / Emergency Hormonal Contraception (EHC)Smoking Cessation NRTSmoking cessation Varenicline via PGDNeedle exchangeSupervised Consumption Methadone£78£18,919.26£83,909.43£0£5073.00£73,094.00N/A£30,168.86Unknown *Unknown *£25,055.52UnknownN/A£21,365.17N/AN/AUnknown *Unknown *	NHS Health checksSexual health / Emergency Hormonal Contraception (EHC)Smoking Cessation NRTSmoking cessation Varenicline via PGDNeedle exchangeSupervised Consumption MethadoneSupervised Consumption Buprenorphine£778£18,919.26£83,909.43£0£5073.00£73,094.00£66,648.00N/A£30,168.86Unknown *Unknown *£25,055.52UnknownUnknown *N/A£21,365.17N/AN/AUnknown *Unknown *Unknown *	NHS Health checksSexual health / Emergency Hormonal Contraception (EHC)Smoking Cessation NRTSmoking cessation Varenicline via PGDNeedle exchangeSupervised Consumption MethadoneSupervised Consumption BuprenorphineC-Card Scheme£78£18,919.26£83,909.43£0£5073.00£73,094.00£66,648.00N/AN/A£30,168.86Unknown *Unknown *£25,055.52UnknownUnknown *N/AN/A£21,365.17N/AN/AUnknown *Unknown *Unknown *E136.50	NHS Health checksSexual health / Emergency Hormonal Contraception (EHC)Smoking Cessation NRTSmoking cessation Varenicline via PGDNeedle exchangeSupervised Consumption MethadoneSupervised Consumption BuprenorphineC-Card SchemeTotal Income£78£18,919.26£83,909.43£0£5073.00£73,094.00£66,648.00N/A£247,721.69N/A£30,168.86Unknown*Unknown*£25,055.52UnknownUnknown*N/A£55,224.38N/A£21,365.17N/AN/AUnknown*Unknown*Unknown*E136.50£21,501.67	Local Pharmacy Services – Public Health 2022-2023 (* Commissioner Controlled Data)       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       Total Income       Flu & Vaccs         £78       £18,919.26       £83,909.43       £0       £5073.00       £73,094.00       £66,648.00       N/A       £247,721.69       CPCs averaged 300+ per durater         N/A       £30,168.86       Unknown *       Unknown *       £25,055.52       Unknown       Unknown *       N/A       £55,224.38       CPCs averaged 300+ per durater         N/A       £21,365.17       N/A       N/A       Unknown *       Unknown *       Unknown *       E136.50       £21,501.67       Flu Ad bumper year at over 96k+ down for year at over 96k+ down for year at over 96k+         N/A       N/A       N/A       N/A       Unknown *       Unknown *       N/A       £0	Local Pharmacy Services – Public Health 2022-2023 (* Commissioner Controlled Data)       services/ essent         NHS       Sexual health       Smoking Cessation NRT       Smoking Cessation Varenicline via PGD       Needle exchange       Supervised Consumption Methadone       Supervised Consumption Burenorphine       C-Card Scheme       Total Income       CPCS       NMS         £778       £18,919.26       £83,909.43       £0       £5073.00       £73,094.00       £66,648.00       N/A       £247,721.69       CPCS averaged 3000+ per danter through the year.       Available of all through the year.	NHS Health / Emergency checks       Smoking / Emergency Hormonal Contraception (EHC)       Smoking Cessation NRT       Smoking cessation varenicline via PGD       Needle exchange       Supervised Consumption Methadone       C-Card Scheme       Total Income       CPCS       NMS       OCMS pilot         £78       £18,919.26       £83,909.43       £0       £5073.00       £73,094.00       £66,648.00       N/A       £247,721.69       CPCS averaged to all Grew through through through through through N/A       Quality (Available (Signed Consumption)       Available (Signed Consumption)         N/A       N/A

2022/23 Combined Total services income PH & CCG (where known) £864,655.50 For comparison purposes: 2021/22 Combined Total services income PH & CCG (where known) = £707,725.42

#### The Teams Year –

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

Retention of locally commissioned services and implementation of new services was my key focus for the year.

With the NHS transition to integrated care boards (ICB's) and dissolution of CCG's, the fight to retain local enhanced services previously commissioned by CCG's has continued throughout the year. I reviewed every service specification and fee structure to produce and submit projections for service continuation and fee uplifts, while also analysing data and



producing reports to demonstrate the need for continuation. Negotiations continue with the ICB, with an interim agreement to retain all current services to the end of the current financial year.

Funding was secured from NHSE to support the development and implementation of several new services:

- 1. Referral service across Humber & North Yorkshire from optical practices into community pharmacies for access to the national NHS Hypertension Case Finding service. I worked with NHSE to develop the service specification, PharmOutcomes platforms and training. The service launched July 2022.
- 2. Walk in Consultation service across Humber and North Yorkshire LPC areas. I developed the service specification and PharmOutcomes platforms, with the service launching in September 2022.
- 3. Pilot COPD review service. I designed the service specification, built the PharmOutcomes platforms and trained the GP practice staff and pharmacy teams; the service launched across Modality PCN January 2023. Additional funds have now been secured to enable expansion of the service.

I also worked with NHSE to devise and launch a Pharmacy Covid Medication Supply service across Humber and North Yorkshire, creating the PharmOutcomes referral platforms, and providing training. The service launched on 1 March 2023.

External commissioner contracts and service specifications for public health led services were also reviewed and re-negotiated during the year to ensure continuation of service contracts and fee uplift where possible. This included a review of: CGL Medication Assisted Treatment service model; North Lincolnshire drug misuse service; North East Lincolnshire drug misuse service; Hull needle exchange service.

Regular meetings continued throughout the year to support the Oral Contraception Medication Supply (OCMS) pilot service across Hull and North-East Lincolnshire.

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 a face-to-face training event to support the Discharge Medicines Service in November 2022.

Additional activities included a regular review of product files and data within PharmOutcomes platforms, preparation and sharing of service reports with commissioners; Exploration of a North Lincolnshire NRT service; Representation of community pharmacy on the Humber Area Prescribing committee, Oral Contraception Management Service steering group, Optical hypertension steering group, Hull Drugs and Alcohol strategic partnership, Hull and East Riding Sexual Health network group, Strategic elective board, Hull practice pharmacist group, East Riding of Yorkshire practice pharmacist group and attendance at the 2022 LPC conference.

Current workstreams include: Development and implementation of a referral service from GP Practices into pharmacies for access to the HCF service; Development of a medication shortages communication service; Launch of a revised Optical referral into the Hypertension Case finding service; Review and revision of the COPD review service and expansion to new PCN areas; Preparation of Patient group directions to support local sexual health services; Review of the North East Lincolnshire ACT sexual health service offer.

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

All pharmacies are now registered as a 'Healthy Living Pharmacy' (HLP) and although much engagement work was affected during the pandemic, community pharmacies are now once again promoting and creating awareness of fundamental public health campaigns throughout the locality.

Community pharmacies continue to provide valuable information and support to patients, clients, and customers in their efforts to remain both physically and mentally healthy and regularly take part in both local and national public health campaigns in collaboration with local services.



HLP wellbeing zones, and the information contained within them, are also

used to maintain, and support, workforce wellbeing for community pharmacy staff. The HLP Facebook page continues to go from strength to strength with over 260 members. This communication medium is a valuable tool for staff to share good practice as well as being a vital resource for information and support around healthy living within the Humber locality.

HLP's were, and continue to be, a welcome and accessible location for clients to receive both flu and covid vaccinations as well as blood pressure readings via the Hypertension Case Finding Service. A record number of flu vaccinations within the Humber locality were administered within a community pharmacy in 2022/2023.

#### Primary Care Networks (PCNs)

Community Pharmacy has continued to engage with PCNs (clinical directors, clinical pharmacists, PCN managers) throughout 2022/2023 even with the difficulties and barriers that have arisen as a result of the pandemic. The number of PCNs has expanded during 2022/2023 increasing the number to twenty-two across the Humber locality and this is likely to expand further during 2023/2024.

The LPC has continually supported PCN pharmacy leads across the Humber locality and has prepared PCN one pager's for each PCN area, 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. Due to the continued workforce pressures that community pharmacies face, coupled with the removal of the PCN domain from the Pharmacy Quality Scheme (PQS), it has been a challenging year for PCN pharmacy leads. As such the LPC commissioned resilience training for PCN pharmacy leads in order to support their wellbeing. As a result of the excellent feedback these sessions have been commissioned for all community pharmacy staff members to attend in the future.

PCN pharmacy leads with the support of the LPC continue to look at ways of engaging with PCN's and the various contacts throughout the Humber locality.

### Virtual Outcomes (VO)

The LPC continued in 22/23 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 amongst contractors 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 2022/23 Community Pharmacy Humber's contractor usage, 56%, was well above the 46% national average. On average 10-60 courses were accessed per month and been viewed / completed by contractors which, though predominantly independent, also had substantial usage by CCA and AIMP contractors. Virtual Outcomes has continued to develop and provides additional courses such as Flu Vaccination Service, Public Health campaigns, Bites and Stings, GP CPCS, HLP Leadership, Weight Management, Better Health Quit Smoking, Smoking Cessation Service (SCS), Hypertension Case Finding Service and courses on the Pharmacy contract all of which are being widely utilised by contractors throughout the Humber locality.

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

Following the Covid-19 pandemic the team have established a hybrid way of working with meetings being held successfully online and face-to-face. Our committee meeting has however returned to face-to-face with many finding benefit to this.

We continue to communicate with our contractors effectively via many communications methods. We have sent 54 Weekly Digests this year and have a greater presence on social media. 2023 saw the return of the Quarterly Newsletter recapping on the most important news within the past quarter, and with a focus on services developments and Health and Wellbeing. We hope you found value in these communications.

In June 2022 there were several changes around GPs and PCNs. These updates were communicated to pharmacies and their associated PCN leads via the website, gaggle groups, and one pagers that we hope you find useful. PCN's continue to be ever changing with regularly required updates.

Following the overhaul of all LPC & CPE (formerly PSNC) websites, we hope you liked the changes and find that you can navigate around the site well and with ease. Any problems, let us know.

LPC events continue to take place successfully online, and face-to-face including: PCN updates, Webinars around Local Pilot Services such as WICS, Optoms/Hypertension, Local Practical Vaccination Training, and DMS to name a few. Also, Virtual Outcomes brought you lots of FREE online training which the LPC secured for a further year for pharmacies, these included: PQS, Flu, SCS and many more...

#### Finally, we really hope you enjoyed our Pharmacy Celebration Evening.

Humber LPC would like to thank all those who came to the celebration evening on 30th September 2022 at The Country Park on Hessle Foreshore, we hope you all enjoyed it as much as we did.

Thank you again for all your hard work over the past couple of years, it has been much appreciated and we hope you all had a chance to blow off some steam!

The photos have captured the night brilliantly and <u>can be accessed here</u>.

#### Members' attendance at LPC meetings 2022-2023

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	17*	16	£2710
Annette Mauder		CCA	9	5	
Jon Whitelam	Treasurer	CCA	17*	16	£2050
Lisa McGowan	(left July 2022)	CCA	3*	3	
Mari Williams	(left July 2022)	CCA	2	2	
Manuel Mestre Valdes		CCA	9	8	£2635
Values					
Kate Knapik		Independent	9	7	£1455.30
Neil Mowbray		AIMp	15*	10	£2040
Loredana Pintilie		CCA	9	8	£1790.80
Jiun Chow		Independent	9	7	£1720
Jaya Authunuri		Independent	9	1	
Appointed Officers					
Paul McGorry		CEO	17*	17	N/A
Joanne Carter		Office Manager	17*	17	N/A
Caroline Hayward		PDP	9	0	N/A
Katie Stark		Admin Officer	9	1	N/A
Anthony Bryce		HIPHL	9	0	N/A
Paul Robinson		Employed Chair	17*	17	N/A
PSNC Representative					
David Broome		PSNC	9	7	N/A

\*Includes LPC Executive Committee meetings

#### LPC Account 2022/23

#### **Details of Meetings and Travel Expenses**

PSNC – Events and Seminars registration fees	£0
LPC Meeting Venue costs	£2716.84

## **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 seventh 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 (CPE); the LPC paid £62,258 in levies to the PSNC (CPE). The Levy is not the only source of income for the LPC, many of the funding grants from NHS England and NHS improvement (NHSE&I), and the Humber and North Yorkshire Partnership ICB (HNYP) established in 2021/2022, continued into this financial year. We also continued to trade successfully with commissioners through the provision of PharmOutcomes licences, and platform development services, which totalled £67,401. Our gross income for the year was £592,975.

Costs were well controlled over the year. The total expenditure for the year of £552,342 resulted in an operating surplus of £5,753 at the end of the year. Rental costs and service charges remained the same as the previous year. This will reduce dramatically for the year 23/34 following the decision to surrender the office lease and move to working from home while a new smaller office is sought to implement a hybrid model of working. Payroll costs increased by £24,045, however £28,886 was funded by NHSE&I through the CPCS team, so in real terms our core payroll decreased by £272. This year payroll represents 37% of our income compared to 52% in 2021/2022.

Our bank balance of £555,499 is fractionally lower than our closing figure of £576,369 in 2021/2022. This is the result of the continuation of funding grants to further develop and implement pilot services. Six pilots have the following unspent funds at year end: PCN Lead Interface Role (£50,027), COPD Case Finding (£88,105), Hypertension ABPM kits (£2,142), Optical integration of hypertension (£20,750), LPC Workforce Project Support Funding (£13,835), Walk in CPCS Project (£80,239).

The balance of the grants which remain unspent are shown within the creditors falling due within one year section of the accounts and total £307,982 When this is subtracted from our bank balance it shows a true LPC balance of £249,142 which is slightly higher than our closing balance in the previous year. Levies to CPE for 23/24 have been increased to £69,815 for 2023/2024 with a levy for 24/25 & 25/26 of £82,888pa. We have moved to a 3-year budgeting principle to account for this and are confident this is sustainable.

Financial statements for the period 2022/23 are presented for your information on following pages.

#### Jonathan Whitelam: Treasurer

Unaudited Financial Statements for the Year Ended 31st March 2023

Smailes Goldie

**Chartered Accountants** 

Regent's Court

Princess Street

Hull

East Yorkshire HU2 8BA

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Committee Information for the year ended 31st March 2023

TRADING ADDRESS:	PO Box 656 Hull East Yorkshire HU9 9RL
SECRETARY:	P J McGorry
CHAIRPERSON:	J Lane (appointed 1 July 2023) (P Robinson retired 30 June 2023)
ACCOUNTANTS:	Smailes Goldie Chartered Accountants Regent's Court Princess Street Hull East Yorkshire
	HU2 8BA

#### Chartered Accountants' Report on the Unaudited Financial Statements of Humber Local Pharmaceutical Committee

In accordance with our terms of engagement, we have prepared for your approval the financial statements of Humber Local Pharmaceutical Committee for the year ended 31st March 2023 which comprise the Income and Expenditure Account, Balance Sheet and the related notes from the committee's accounting records and from information and explanations you have given us.

As a practising member firm of the Institute of Chartered Accountants in England and Wales (ICAEW), we are subject to its ethical and other professional requirements which are detailed within the ICAEW's regulations and guidance at http://www.icaew.com/en/membership/regulations-standards-and-guidance.

This report is made solely to you in accordance with our terms of engagement. Our work has been undertaken solely to prepare for your approval the financial statements of Humber Local Pharmaceutical Committee and state those matters that we have agreed to state to you in this report in accordance with ICAEW Technical Release 07/16AAF. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than Humber Local Pharmaceutical Committee for our work or for this report.

You have approved the financial statements for the year ended 31 March 2023 and have acknowledged responsibility for them, for the appropriateness of the financial reporting framework adopted and for providing all information and explanations necessary for their compilation.

We have not been instructed to carry out an audit or a review of the financial statements of Humber Local Pharmaceutical Committee. For this reason, we have not verified the accuracy or completeness of the accounting records or information and explanations you have given to us and we do not, therefore, express any opinion on the financial statements.

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

Date: .....

#### Client Approval Certificate for the year ended 31st March 2023

In accordance with the terms of our engagement of Smailes Goldie, I approve the financial statements for the year ended 31 March 2023 which comprise the Income and Expenditure Account, the Balance Sheet and the 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

The notes form part of these financial statements

### Income and Expenditure Account for the year ended 31st March 2023

	2023 £	2022 £
INCOME	592,975	371,459
Cost of sales	<u>552,342</u>	312,205
GROSS SURPLUS	40,633	59,254
Administrative expenses	<u>36,941</u>	37,394
	3,692	21,860
Other operating income	<u> </u>	<u>1,313</u>
OPERATING SURPLUS	5,435	23,173
Interest receivable and similar income	<u>318</u>	15
SURPLUS BEFORE TAXATION	5,753	23,188
Tax on surplus	<u>60</u>	19
SURPLUS FOR THE FINANCIAL YEAR	<u> </u>	23,169

The notes form part of these financial statements

#### Balance Sheet 31st March 2023

		2023		2022	2
	Notes	£	£	£	£
FIXED ASSETS Tangible assets	3		1,625		2,216
<b>CURRENT ASSETS</b> Debtors Cash at bank and in hand	4	2,202 553,297		87,740 <u>488,629</u>	
CREDITORS	5	555,499 207,082		576,369	
Amounts falling due within one year	5	<u>307,982</u>		<u>335,136</u>	
NET CURRENT ASSETS			247,517		<u>241,233</u>
TOTAL ASSETS LESS CURRENT LIABILITIES			<u>249,142</u>		243,449
GENERAL FUND General fund			<u>249,142</u>		243,449
			<u>249,142</u>	٢	<u>243,449</u>

The notes form part of these financial statements

## Notes to the Financial Statements for the year ended 31st March 2023

#### 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.

#### Rendering of services

When the outcome of a transaction can be estimated reliably, turnover is recognised by reference to the stage of completion at the balance sheet date. Stage of completion is measured by reference to costs incurred at the balance sheet date.

Where the outcome cannot be measured reliably, turnover is recognised only to the extent of the expenses recognised that are recoverable.

#### 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 etc - 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 8 (2022 - 7).

## Notes to the Financial Statements - continued for the year ended 31st March 2023

#### 3. TANGIBLE FIXED ASSETS

4.

TANGIBLE FIXED ASSETS		Plant and machinery etc £
COST		-
At 1st April 2022 and 31st March 2023		2,364
DEPRECIATION		
At 1st April 2022		148
Charge for year		<u>591</u>
At 31st March 2023		<u>_739</u>
NET BOOK VALUE		
At 31st March 2023		<u>1,625</u>
At 31st March 2022		2,216
DEBTORS: AMOUNTS FALLING I	DUE WITHIN ONE YEAR	
DEBIONS. AMOUNTS FALLING	2023	2022

Trade debtors Other debtors	£ 509 1,693	£ 87,740
	2,202	87,740

## 5. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

CREDITORS, AMOUNTS FALLING DUE WITTIN ONE TEAR		
	2023	2022
	£	£
Trade creditors	43,586	4,256
Taxation and social security	6,375	4,773
Deferred income	251,502	322,091
Other creditors	6,519	4,016
	307,982	335,136

Deferred income at 31 March 2023 comprises unspent monies on the following projects:

	£
CPCS Support Role Funding	(3,596)
CP PCN Lead Interface Role	50,027
COPD Case Finding	88,105
Hypertension ABPM kits	2,142
Optical integration of hypertension	20,750
LPC Workforce Project Support Funding	13,835
Walk In CPCS Project	80,239
Total	<u>251,502</u>

## Notes to the Financial Statements - continued for the year ended 31st March 2023

#### 6. LEASING AGREEMENTS

7.

Minimum lease payments under non-cancellab	ble operating leases fall due as follows:	
	2023	2022
Less than one year	£ 717	£ -
Between one and five years	-	14,000
OTHER FINANCIAL COMMITMENTS		

Within other creditors is an amount of  $\pounds 2,089$  relating to pension contributions yet to be paid at the yearend (2022:  $\pounds 2,420$ ).

# Income and Expenditure Account for the year ended 31st March 2023

···· ··· <b>,</b> ···· ··· ··· ··· ··· ··· ··· ··· ···				
	2023		2022	,
	£ 2023	£	£ 2022	£
	L	L	L	£
Income				
Statutory levies received	283,536		283,536	
PharmOutcomes services	51,100		44,874	
Other services support	16,301		25,930	
Events & Training	1,083		4,250	
Sponsorship	4,200		_	
Funded services income	236,755		12,869	
		592,975	12,000	371,459
		592,975		571,459
Cost of sales				
Levies paid to P.S.N.C	62,258		63,941	
PharmOutcomes expenditure	24,052		24,570	
Events services support	1,316		378	
Events training	69,801		16,074	
PCN expenses	5,554		1,741	
Travel and meeting expenses	-,		-,	
- employees	3,905		2,887	
Service support - equipment	21,139		2,007	
	21,139		-	
Travel and meeting expenses	45.000		7 504	
- members	15,292		7,531	
Service fee	125,328		-	
Wages and salaries	196,393		172,348	
Employer National Insurance				
Contributions	13,175		11,114	
Employer pension contributions	14,129		11,621	
		552,342		312,205
		002,042		012,200
		40.000		50.054
GROSS SURPLUS		40,633		59,254
Other income				
Sundry receipts	1,743		1,313	
Deposit account interest	318		15	
		2,061		1,328
		,		
Carried forward		42,694		60,582
Carried forward		42,004		00,002

This page does not form part of the statutory financial statements.

# Income and Expenditure Account for the year ended 31st March 2023

····				
	2023		2022	
	£ 2023	£	£ 2022	£
	~	~	~	2
Brought forward	42,694		60,582	
Diodgin formata	12,001		00,002	
Expenditure				
Rent and service charges	6,000		6,000	
Insurance	2,508		1,367	
Light and heat	2,556		1,672	
Telephone	1,604		2,747	
Printing, stationery and	.,		_,	
postage	610		864	
Advertising	305		43	
Office equipment	37		54	Ť
Computer and website costs	5,193		12,507	
Sundry expenses	6,013		4,791	
Accountancy and payroll management	, i			
costs	2,769		5,236	
Legal fees	-		1,845	
Celebration event	8,577		-	
Gifts	115		120	
		36,287		37,246
				· · · · ·
		6,407		23,336
Finance costs				
Bank charges		63		-
		6,344		23,336
Depreciation				
Computer equipment		591		148
NET SURPLUS		5,753		23,188

This page does not form part of the statutory financial statements.