Community Pharmacy
HUMBER

Humber Local Pharmaceutical Committee

Annual Report
April 2025 to March 2026

Paul J. McGorry BSc (Hons), MRPharmS, FRSPH, MAPCPharm
Chief Executive Officer
Community Pharmacy Humber (Humber LPC)
Suite 18a, Dunston House, Livingstone Road, Hessle, HU13 0EG
T: 01482 335824
p.mcgorry@nhs.net **www.communitypharmacyhumber.co.uk**

Chairs Annual report for 25/26

Taking on the role of Chair of Community Pharmacy Humber has been an incredible honour. I would like to thank Joanne Lane for her leadership as previous Chair.

I step into this position not as someone looking in from the outside, but as someone who understands the pressures contractors face every day. Whether as a Contractor, Pharmacist, Director, Superintendent, or often all of the above, I have a real appreciation of being at the coal face of Community Pharmacy.

Looking back over 2025/26, I feel proud of how Pharmacy teams across our region have met challenge and opportunity head-on, with grit, adaptability, clinical judgement, and commitment to the communities they serve. But chronic pressures will not be solved by warm words alone. They require proper recognition, practical support, and fair investment, and CPH will continue to lobby hard for that.

Two years on from the rapid introduction of Pharmacy First, it has become part and parcel of day-to-day Community Pharmacy. What arrived at pace, and with obvious challenges, has been turned into a key part of local care. The same is true of Hypertension case-finding and Contraception, now firmly part of the fabric of Community Pharmacy.

Our region has also shown real leadership through the Independent Prescribing Pathfinder work. Humber has helped shape what future prescribing services could look like, with ambitious pathways across Hypertension, Cardiovascular risk, Respiratory care, Extended Minor Illness, Unavailable Medicines, and Weight management. We also stood out nationally as the only area delivering Weight management from Community Pharmacy on the back of Pathfinder, a clear example of what contractors can deliver with the right support and infrastructure.

This matters because the dawn of prescribing in Community Pharmacy is a once-in-a-generation opportunity. From August 2026, Newly Qualified Pharmacists will join the register as Independent Prescribers, changing the landscape. Opportunities of this scale do not come along often, and we must grip this one with both hands.

The initial national offer in the 2026/27 contract falls short, particularly in addressing the funding gap recognised through the Government's own economic review. It also does not yet match the ambition our contractors demonstrated through Pathfinder. But it is a beginning. It moves us towards a more clinically focused future and marks the start of a seismic change in Community Pharmacy.

The NHS 10-Year Health Plan points in the same direction, with Community Pharmacy mentioned directly in relation to long-term condition management, Neighbourhood-based care, and better connections into the patient record. As Neighbourhood teams and future models of local healthcare develop, CPH is working to ensure Community Pharmacy is at the table, not as an afterthought, but as a core part of the conversation.

At LPC level, our role remains clear: to make sure contractors' voices are heard, understood, and acted upon. Over the past year, our committee and team have engaged constructively but firmly with commissioners across the ICB, local authorities and our Places.

Nearly all services across our patch have now been through renegotiation or review, with significant uplifts secured because CPH kept pressing the case. These uplifts are the result of service reviews, data analysis, cost modelling, committee challenge, and persistent negotiation.

Constructive engagement does not mean quiet agreement. It means being at the table, making the case clearly, and ensuring the value, pressures and potential of Community Pharmacy are properly recognised.

I want to thank the LPC team and Committee for their work behind the scenes, often unseen and often under pressure, but focused on supporting contractors and strengthening Community Pharmacy across Humber. As Chair, my commitment is to continue that work with energy, honesty, and ambition.

Best wishes,

Taffazzal Haque **Chair of Community Pharmacy Humber LPC**

Chief Executive Officer's Report

Yet another year of survival of the fittest in 25/26 amid so much change, however we also had one constant as we again had to wait for the CPCF deal, a wait that lasted until the very end of May 26!

This year's deal showed a positive direction of travel but the road to financial stability has yet to be found in earnest by those in charge of the satnav. Despite the limited funding, NHS bulk changes, and setbacks, Pharmacy still went on in 2025/26:

- We have continued our engagement with PCN Clinical directors, the 'Places' and the ICB as well as engaging with the growing Neighbourhood infrastructure across the patch. We continue to give Community Pharmacies a voice, your voice, but we need to know what your issues are so feel free to share them with us. Our closer working with the LMC continues to be beneficial especially as with the newly emerging, reorganised and less staffed, ICB there will be more to do.
- Many current services have had their fees enhanced with ongoing talks to always improve services. This includes Rota fees with lengthy discussions, hopefully, nearing a resolution soon while a constant fight to avoid services decommissioning continues.
- Our seasonal Walk in Consultation Service (WiCS) was once again recommissioned, as WiCS4, funding was limited so its 6045 interactions aren't directly comparable to its predecessor but did bring over £134k to Humber contractors between WiCS fees, Minor Ailments triage fees and 181 Pharmacy First referrals from its activity, however brief it turned out to be. Talks have begun for WiCS5, but the environment is far more challenging this year.
- We continued to see the struggles contractors had with staying open/viable. We lost two contracts including our last remaining full 100hr Pharmacy, but with some openings we stayed stable with 181 contracts at years end. In addition, we have had some high-profile company closures and reopenings with a lot of behind-the-scenes support. Also, as contractors struggle to make finances work, we have seen an additional loss of 42 opening hours per week from those tightening up their opening offers.
- We also supported the Independent Prescribing Pathfinders across the ICB, with most of the sites in Humber. When this pilot ended in February 2026 there had been 6586 consultations between July 24-Feb 26 and useful learning gained that did inform the new CPCF.
- Firefighting on various issues continues as always: this year by far the biggest cause for concern has been EPS nominations. With new national standards, not merely guidance, on the topic those engaging in this will be seen, and action will be taken, so please do not engage with this tactic as its counterproductive for everyone.
- We have continued to Support the PCN leads as their role starts to overlap with the various approaches to Neighbourhood teams. We are currently at 50% Lead capacity which we hope to remedy shortly.

In other activities: A lot of work was done to position the LPC to keep your voices represented within the developing future NHS: -

Flu Vaccination Service: Another good year for Flu in Community Pharmacy, with little hard data to share but what we saw was positive, alongside Pharmacy having a significant impact on the Covid vaccination effort. This year Children's Flu Vaccinations were added to the Community Pharmacy offer and all signs are it was taken up with zeal and success. Pharmacy is increasingly being seen as the home of vaccinations thanks to your work.

Market Entry & Exit [Formally Control of Entry]: Closures have slowed but we did still lose a few, with one totally new grant and a new DSP opening, and several other DSPs potentially out there due to the closure of the DSP route in June 2025 leading to a flurry of applications nationwide. There were still many relocations and changes of ownership despite the trading environment.

Services: A busy year for renegotiating new funding, some new services, and more fighting to avoid decommissioning. This has all been lengthy and involved, but eventually many services have been renewed and received fee increases, something Caroline will expand upon.

However, it has been a '*holding on'* year for services performance.

Comparing 24/25 with 25/26, and only those services that can be compared, as we still don't have access to all of your activity due to outsourcing which could be hiding some growth, we see a drop of 2.59% in the total services value year on year, with that services total reaching **£1,210,653.68** from £1,242,863.46 previously. The drop came from the non-ICB public health services which were, and remain, under considerable pressure.

To put the value of LPC secured services into context, in purely local terms, for every £1 paid just to the LPC in contractor levy a Minimum of £6.05 comes back as services opportunity. This does not include the outsourced services we do not see data for, or a share of the national CPCF funding and advanced services that were negotiated by CPE but built locally by the LPC. That £6.05 would be much higher given the circumstances.

Contracted Services: We are seeing great growth and engagement with contracted services as Pharmacy First (PF) continues to develop and become part of BAU:

- New Medicines Service (NMS) has seen massive growth of 128% to over 200k NMS delivered.
- Hypertension Case Finding (HTCF) saw a modest increase of 4.23% despite the fee dropping from £15 to £10.
- ABPM ratio has improved from 9.16% to 13.75% for the year.
- Pharmacy Contraception Service (PCS) has seen Initiation rise by over 87% and 135% for Ongoing.
- Emergency Contraception (EC) was added this year to PCS and has taken off strongly as the legacy EHC services ended.
- Pharmacy First (PF) has seen excellent growth, shown elsewhere, but happily we have also seen those not meeting the banded thresholds drop from 59% to 22% with 99 contractors fully meeting them, up from 70.

And all of this with an LPC item growth rate of 11.16%!

Summary of LPC events / workshops offered April 2025 - March 2026:

The LPC directly facilitated PCN leads & PELs meetings, to support their contractors, throughout the year. The LPC supported and signposted to various meetings by: CPPE, NHSE, PCNs, CPE. In addition, we ran several of our own events to support contractors as described elsewhere.

More is planned in 26/27, and if you want to see anything specific let us or your PCN lead know.

What's ahead:

As this coda to the year is written in July 2026, we have another new government whose approach to Health and to Pharmacy is not yet clear, though one of our local MPs has been made a Health Minister which should make life interesting. The NHS 10-year plan is still working out what it wants to be, as are the Neighbourhoods as they develop while wondering how they fit in with PCNs, and with us. All at a time when the ICB has seen massive upheaval due to the drawn-out process of losing a large chunk of its workforce and its institutional memory. This ICB loss will have an impact that we just cannot calculate yet.

Even though this year's CPCF wasn't as well funded as we had hoped, or its aspirations merited, there is still room for some positivity for the direction of travel as Foundation Pharmacists are qualifying not just as Pharmacists but IPs and new IP services are coming in a few months, funding is another matter but the commitment to a more clinically focused, and hopefully adequately funded, future for Community Pharmacy is clear to see.

Until next time, keep your heads up and do not suffer in silence.

Paul McGorry CEO of Community Pharmacy Humber

Local Pharmacy Services Income (commissioned by ICB) 2025-26										
	Optical referral for HCF	**Minor Ailments Scheme**	**Medication records charts**	**EL23 / Medication support service**	**Palliative Care stock holding**	**Out of Hours Palliative care service**	**Walk in consultation service**	**Covid Medication Supply Service**	**Extended hours service**	**Total income per area**
East Riding	£800.00	£107,438.09	£30,103.40	£0.00	£3,014.32	N/A	£35,986.40	£42.00	N/A	**£177,384.21**
Hull	£800.00	£284,995.90	£33,487.80	£4,895.00	£2,344.33	N/A	£51,755.50	£56.00	N/A	**£378,334.53**
North East Lincolnshire	£926.75	£42,152.26	N/A	N/A	£2,731.85	£31,991.97	£34,841.50	£99.00	N/A	**£112,743.33**
North Lincolnshire	£800.00	£100,639.83	N/A	N/A	£1,954.54	£17,382.53	£10,146.90	£42.00	£33,920.00	**£164,885.80**
Total income for services commissioned by HNY ICB 2025-26 **Total Income HNY ICB 2024-25 for comparison = £802,852.94**										**£833,347.87**

Local Pharmacy Services income – Public Health 2025-2026

	Local Pharmacy Services – Public Health 2025-26 (* Commissioner Controlled Data)								Advanced Services/ other pilot services/ essential services			
	NHS Health checks	**Sexual health / Emergency Hormonal Contraception**	**Smoking Cessation NRT**	**Needle exchange**	**Supervised Consumption Methadone**	**Supervised Consumption Buprenorphine**	**C-Card Scheme/ condoms with EHC**	**Total Income**	**PF** **Flu & Vaccs**	**NMS in HNY**	**HTCF**	**PCS**
East Riding	£261	£19,202.52	£121,890.97	£5365.50	£ £71,891.60	£79,779.11	£388.50	£ £298,779.20	PF grew: Urgent Meds up 21.5%, Minor Ailments up 4.8% and Clinical Pathways up 50% despite ongoing issues with IT/GP referrals. Flu & Covid had good years still with limited data, plus Childhood Vaccs.	Grew from 87,709 in 2024/25 to 112,613 in 2025/26 Note that Depression was added in year.	In 2024/25 you did 46,094 checks and 48,045 in 2025/26 despite the fee dropping by £5 The ABPM ratio also improved from 9.16% in 2024/25 to 13.75% in 2025/26.	Init grew from 953 to 1789 and Ongo from 5759 to 13581 with 2603 ECS in Q4
Hull	N/A	£30,606.25	Unknown *	£33,934.08	Unknown*	Unknown *	N/A	£64,540.33				
North East Lincolnshire	N/A	£13,440.28	N/A	Unknown *	Unknown *	Unknown *	£546.00	£13,986.28				
North Lincolnshire	N/A	Unknown*	N/A	Unknown *	Unknown *	Unknown *	N/A	unknown				
Public health commissioned services TOTAL INCOME (where known) 2025-26 **PH income 2024-25 for comparison (where known) = £440,010.52**								**£377,305.81**				

2025/26 Combined Total services income PH & ICB (where known) = £1,210,653.68

For comparison purposes: 2024-25 Combined Total services income PH & ICB (comparable where known) = £1,242,863.46

The Teams Year –

Caroline Hayward BSc (Hons) FRCPharm: Director of Services.

During 2025/26, a significant proportion of my work focused on the development, implementation, and sustainability of commissioned Pharmacy services across Hull, North East Lincolnshire (NEL), North Lincolnshire (NL), and East Riding of Yorkshire (ER). Plus, development and redesign of various PharmOutcomes service platforms.

A major area of focus was Sexual health service provision. Following required changes to local Ulipristal Patient Group Directions (PGDs), all Sexual health PGDs were reviewed and updated for local implementation across Hull, NEL, and ER. This included updates to PharmOutcomes platforms, service resources, and safeguarding information.

The introduction of Emergency Contraception (EC) to the National NHS Pharmacy Contraceptive Service on the 29th of October 2025 led to local commissioners decommissioning their existing EHC services. Through negotiations with commissioners, wraparound sexual health support was successfully retained in several areas, with PharmOutcomes platforms and resources redeveloped to support these. In NEL, funding was secured for the continuation of the C-Card scheme and redevelopment of the local ACT service, ensuring ongoing provision of pregnancy testing, chlamydia testing kits, and condoms alongside the national service. ER also agreed to introduce a standalone condom service to complement national EC provision. Work continues with Hull commissioners to develop a future C-Card model.

Drug misuse services accounted for a substantial proportion of my workload throughout the year. The Hull Needle Exchange Service was renegotiated with Hull City Council, including a review of service specifications and waste disposal arrangements. Cost modelling showed retaining the existing council waste contract represented the most cost-effective option, and a fee uplift was successfully implemented.

Development and negotiation of a Naloxone take-home pilot also took place, resulting in the launch of a pilot service within a Hull Pharmacy, with potential for future expansion.

Considerable work was also undertaken to redesign the Hull supervised consumption contract with Change Grow Live (CGL). Through cost modelling a new payment model was developed that better reflected Pharmacy workload while simplifying and automating reporting requirements. The model is currently being implemented across the area.

In NEL, a change in commissioner to Turning Point in February 2026 required extensive review of new service specifications and fee negotiations, including the introduction of a take-home Naloxone service. Following the recommissioning of services in NL, further negotiations with ‘WithYou’ secured fee uplifts aligned with those agreed in NEL.

Smoking cessation was another major workstream during the year. Extensive development work was undertaken to design and implement Varenicline PGD service models, including writing and authorising PGDs, developing service specifications, supporting resources, creating training materials, and producing educational videos for Pharmacy teams and stop smoking advisors. The service launched successfully in Hull through CGL. Similar work across NEL and NL culminated in the launch of Varenicline PGD services in February 2026. ER also reached the final implementation stage, with all service documentation and PGDs completed and approved.

In June 2025, I designed and launched a Medication Shortage Notification system within PharmOutcomes.

The platform enables Pharmacies to identify prescription-related medication shortages and request suitable alternatives directly from GP practices. The service was piloted within Beverley Primary Care Network, with evaluation work ongoing to assess benefits and future scalability.

The domiciliary MAR chart service was subject to a potential redesign following concerns regarding future funding to support its continuity. Working alongside the ICB, an impact assessment was undertaken and a convincing case presented for retaining the existing domiciliary model. The service was subsequently maintained, although MAR charts were redesigned. A new distribution model was introduced to improve efficiency.

Work was also undertaken to explore private Flu vaccination programmes for ER and NEL council employees. Although neither authority proceeded with implementation due to cost considerations, the service model was successfully developed and remains available for future opportunities.

The Optical Referral into Hypertension Case Finding Service was reviewed during the year, including the introduction of a follow-up process by Optical providers. Due to limited activity and impact, the service was formally concluded on 31st of March 2026 following a full impact assessment.

Funding secured through winter pressures enabled the development and launch of a Walk-in Consultation Service in December 2025 to mid-February 2026. This service proved highly successful, supporting large numbers of patients and reducing pressure elsewhere in the healthcare system.

Throughout the year, I developed and delivered a range of contractor training and engagement activities. This included educational events focused on the Drug Tariff and Pharmacy service income, delivered in partnership with David Broom, Regional Community Pharmacy England Representative.
A further event covering Women's health, Menopause, and Migraine management was also delivered and was very well received by contractors.

In addition, time was spent developing a contractor calendar distributed at Christmas, incorporating contractual guidance, service reminders, and practical Pharmacy tips and resources.

Alongside commissioned service development, I continued to support a broad range of operational and strategic activities, including:

- Development of PharmOutcomes service platforms, guides, and support materials.
- Creating resources for Local Medical Committees to improve GP awareness of Pharmacy services.
- Management of the Humber LPC PharmOutcomes account.
- Regular review and analysis of Optical Hypertension Clinical Service data.
- Ongoing maintenance and updates of the Minor Ailment Service formulary within PharmOutcomes.
- Attendance at Area Prescribing Committee (APC) Medicines Formulary group meetings.
- Participation in quarterly Local Authority Public Health contract review meetings.
- Attendance at Clinical Director meetings in NL.
- Engagement with Humber and North Yorkshire Pharmacy forums and wider stakeholder groups.

As part of succession planning, ahead of my anticipated retirement in 2026, I also dedicated time to workforce development activities. This included designing recruitment processes, induction programmes, job descriptions, and supporting documentation for the recruitment of a Professional Development Pharmacist and a Pharmacy Services Support Officer to ensure continuity of service delivery and organisational resilience.

Overall, 2025/26 was a highly productive year, characterised by significant service redesign, successful negotiations with commissioners, introduction of new clinical services, contractor support initiatives, and strategic developments that have strengthened the role of Community Pharmacy across the region.

Health Integration & Public Health Lead

Anthony Bryce left the organisation in August 2025 for a Senior Wellbeing Manager role at Nestle.

His work was picked up by the rest of the team in the interim and with the subsequent recruitment of our Pharmacy Services and Support Officer, Danielle Simms, we have a new and capable set of hands shepherding this agenda forwards. Expect to see her words here next time…in the mean time here are some highlights from the arena of public health, integration & engagement:

Primary Care Networks (PCNs) & Neighbourhoods

Primary Care Networks (PCNs) are a key part of the NHS 10-year Health Plan for England, with General Practices being a part of a network, typically covering 30,000-50,000 patients. The networks provide the structure, and funding, for services to be developed locally in response to the needs of the patients they serve. It is fundamentally important, therefore, that Community Pharmacy teams are fully involved in the work of their PCN, as PCNs will be critically important to the development of primary care services within our local area, especially as many are expected to transition into Neighbourhood teams.

Community Pharmacy, via the implantation of PCN Pharmacy leads, ideally in each PCN area, has continued to engage with PCNs (Clinical Directors, Clinical Pharmacists, PCN managers, practice managers) throughout 2025/2026 as well as other local stakeholders such as the local authority and voluntary sector.

The LPC continues to support our PCN Pharmacy leads across the Humber locality and has prepared several useful resources which contain information about the PCN as well as providing a dedicated PCN gaggle-group (email address), which is the preferred communication method Community Pharmacies use to engage with one another and share good practice. Continued workforce pressures have meant that it has been another challenging year for PCN Pharmacy leads especially as we only have 50% coverage of our 24 PCNs currently. Recruitment is being investigated.

Virtual Outcomes (VO) – Online Training Platform

Humber LPC recommissioned the online training platform, Virtual Outcomes in 2025 / 2026. Virtual Outcomes allows contractors throughout the Humber locality to access training sessions & resources on a single, accessible online platform https://virtualoutcomes.co.uk/ providing equitable access for all Community Pharmacies across the Humber geography to upskill employees. The platform is user friendly, and most training sessions can be completed in twenty minutes.

The training has proved to be popular amongst contractors and feedback from Pharmacy staff has been excellent.

By the end of Q4 in 2025/26 Community Pharmacy Humber's contractor usage, **61%,** was well above the **44%** national average and an increase on our previous year's 59%.

Virtual Outcomes has continued to develop and provides additional courses such as the NHS Pharmacy Contraception service, PF, Flu Vaccination service, Dispensing Errors, Public Health campaigns, Oral Contraception, DMS, Smoking Cessation service (SCS), HTCF and courses on the New Pharmacy contract and HLP, all of which are being widely utilised by contractors throughout the Humber locality.

Joanne Carter: Office Manager & Kate Stark: Administration Officer

As you know, we aim to support our contractors by bringing you important news, training, and updates in the formats you told us you like and this past year has been no different. We hope you continue to find value in our Weekly Information Digests, Quarterly Newsletters and Social Media Posts as we aim to keep direct emails to a minimum to help reduce emails into your shared mailbox.

Our website also contains a wealth of information to support you in your day-to-day roles. There have been lots of changes around our local services this past year, such as Supervised Consumption, EHC, Varenicline, WiCS, Optical Referral into HCFS, along with lots of other things, and we work hard to ensure our website has the most up to date information to support your Pharmacy team. You can find information on the Pharmacy Contract, Latest News, Training/Events, Local/National Services, an A-Z Library of resources, Podcasts, and much more... Why not take a look now!

www.communitypharmacyhumber.co.uk

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You can view or sign up to receive our Weekly Digest via our website. You can also keep up to date by following us on Facebook and X.

The admin team have helped to organise several training sessions to help develop your Pharmacy Team this past year. The training included:

- Maximising Pharmacy income and making the most out of the new Pharmacy contract.
- Getting the Most out of the Drug Tariff.
- Depression and the new NMS service – in collaboration with CPPE.
- Women's Health.

We hope all that attended found these events useful and we aim to continue to support you by offering more training events in the future. Our contract with Virtual Outcomes also brought our Pharmacies lots of FREE training sessions around the Pharmacy Contract, Pharmacy Contraception and Oral Emergency Contraception, Skin Rashes in children, and much more… Access VO training and other training via our website.

The team also helped contractors to support several Health Campaigns by creating communications Toolkits. Toolkits were shared on the following subjects: Ask Your Pharmacist & Self Care Week, Heart Month, Know Your Numbers Week, Cervical Screening Awareness Week, No Smoking Day, and many more. We hope you all found them useful in supporting those campaigns.

And finally, we hope you enjoyed our 2026 calendar - created with you in mind to give you a heads up on important dates, hints, and tips for the year ahead.

Contact us at: humber.lpc@nhs.net.

Members' attendance at LPC meetings 2025-2026

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**
Annette Mauder	Vice Chair	CCA	13*	9*	£0
Jon Whitelam	Treasurer	CCA	13*	13*	£4100
Tom Hajdas		CCA	7	5	£1733
Jiun Chow		Independent	7	3	£1600
Abayomi Olusanya		Independent	13*	8*	£2679.57
Nick Hamilton		CCA	7	7	£2521.50
Taffazzal Haque	Chair	Independent	13	13	£4710.35
Andre Amaral		Independent	7	5	£2080
Andrei Dudas-Alexe		Independent	7	5	£0
Lisa McGowan		Independent	7	5	£780
Manuel Mestre-Valdes		Independent	7	7	£2400
Appointed Officers					
Paul McGorry		CEO	13*	13	N/A
Joanne Carter		Office Manager	13*	13	N/A
Caroline Hayward		PDP	7	2	N/A
Danielle Simms		PSSO	1	1	
Katie Stark		Admin Officer	7	1	N/A
CPE Representative					
David Broome		CPE	7	6	N/A

*Includes LPC Executive Committee meetings

LPC Account 2025/26

Details of Meetings and Travel Expenses

Events – Venue & catering	£2553.54
LPC committee meeting expenses – venue & catering	£3565.08

Treasurer's Report

Operating under Nolan principles, the LPC considers that members performing 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 ninth 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 Community Pharmacy England (CPE); the LPC paid £83,413 in levies to CPE across 2025/26 on your behalf, an increase of £2580 over the previous fiscal year. As with previous years the Levy was not the only source of income for the LPC, a small amount of funding grants from NHS England, NHSE&I and the Humber and North Yorkshire ICB (HNY) continued into this financial year. We also continued to trade successfully with commissioners through the provision of PharmOutcomes (PO) licences, and platform development services, which totalled £65,381 and covered our purchase of PO licences for you, our contractors. Our gross income for the year was £383,135.

Costs were well controlled over the year. The total expenditure for the year of £351,265 resulted in a gross surplus of £31,870 at the end of the year. This year's total expenditure was £8,873 less than the previous financial year and was largely driven by good overall cost control and the move to a more cost-efficient office set up. Payroll was also well controlled and ended the year within the agreed budget. This year's payroll represented 53 % of our income compared to 55% in 2023 / 2024.

Our bank balance of £546,011 is higher than our closing figure of £544,133 in 2024/2025. This is the result of securing of a small number of new grants during this financial year, and a higher than anticipated trading income.

The balance of the grants which remain unspent are shown, within the "creditors falling due within one year" section of the accounts and total £207,116. When this is subtracted from our bank balance it shows a true LPC balance of £338,895, which is fractionally higher than our closing balance in the previous year.

The levy to CPE for 26/27 will increase to £87,585 pa, an increase of £4,172 over the previous year. Earlier this year the LPC voted to increase the contractor levy for 26/27 from £23,628 pcm to £24,710 pcm. In real terms this equates to an approximate increase of £6.20 pcm from each contractor. This is the first time the LPC has felt the need to increase the levy in many years and is largely inflationary linked. I can confirm that the appropriate financial governance and process was applied to this increase.

This marks the second year with our accountants Robson Jackson, and we continue to enjoy a strong working relationship benefiting our contractors.

Financial statements for the period follow for your information.

Jonathan Whitelam: Treasurer

UNAUDITED FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2026

FOR

HUMBER LOCAL PHARMACEUTICAL COMMITTEE

HUMBER LOCAL PHARMACEUTICAL COMMITTEE

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FOR THE YEAR ENDED 31 MARCH 2026

HUMBER LOCAL PHARMACEUTICAL COMMITTEE

COMPANY INFORMATION
FOR THE YEAR ENDED 31 MARCH 2026

TRADING ADDRESS:	Suite 18a Dunston House Livingstone Road Hessle East Yorkshire HU13 0EG
SECRETARY:	P J McGorry
CHAIRPERSON:	T Haque
ACCOUNTANTS:	Jackson Robson Licence Limited 33-35 Exchange Street Driffield East Yorkshire YO25 6LL

HUMBER LOCAL PHARMACEUTICAL COMMITTEE

CLIENT APPROVAL CERTIFICATE
FOR THE YEAR ENDED 31 MARCH 2026

In accordance with the terms of our engagement of Jackson Robson Licence Limited, I approve the financial statements for the year ended 31 March 2025 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 Jackson Robson Licence Limited with all information and explanations necessary for their compilation.

ON BEHALF OF THE COMMITTEE:

P J McGorry
Secretary

Date: …….

HUMBER LOCAL PHARMACEUTICAL COMMITTEE

INCOME STATEMENT
FOR THE YEAR ENDED 31 MARCH 2026

	Notes	2026 £	2025 £
INCOME		383,135	378,914
Cost of sales		351,265	360,138
GROSS SURPLUS		31,870	18,776
Administrative expenses		29,671	30,092
OPERATING (DEFICIT)/SURPLUS		2,199	(11,316)
Interest receivable and similar income		7,231	5,013
SURPLUS/(DEFICIT) FOR THE FINANCIAL YEAR		9,430	(6,303)

The notes form part of these financial statements

HUMBER LOCAL PHARMACEUTICAL COMMITTEE

BALANCE SHEET
31 MARCH 2026

	Notes	2026 £	£	2025 £	£
FIXED ASSETS					
Tangible assets	3		1,577		1,240
CURRENT ASSETS					
Debtors	4	28,562		29,250	
Cash at bank and in hand		517,449		514,883	
		546,011		544,133	
CREDITORS					
Amounts falling due within one year	5	207,116		214,331	
NET CURRENT ASSETS			338,895		329,802
TOTAL ASSETS LESS CURRENT LIABILITIES			340,472		331,042
GENERAL FUND					
General fund			340,472		331,042
			340,472		331,042

The notes form part of these financial statements

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2026

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 Statement, 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 profits.

Pension costs and other post-retirement benefits
The company operates a defined contribution pension scheme. Contributions payable to the company's pension scheme are charged to profit or loss in the period to which they relate.

2. EMPLOYEES AND MEMBERS

The average number of employees during the year was 6 (2024 - 6).

continued...

3. **TANGIBLE FIXED ASSETS**

	Plant and machinery etc £
COST	
At 1 April 2025	3,733
Additions	1,572
At 31 March 2026	5,305
DEPRECIATION	
At 1 April 2025	2,493
Charge for year	1,235
At 31 March 2026	3,728
NET BOOK VALUE	
At 31 March 2026	1,577
At 31 March 2025	1,240

4. **DEBTORS: AMOUNTS FALLING DUE WITHIN ONE YEAR**

	2026 £	2025 £
Trade debtors	24,216	29,250
Other debtors	4,346	-
	28,562	29,250

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

	2026 £	2025 £
Trade creditors	2,406	1,953
Taxation and social security	5,155	6,372
Deferred income	192,697	199,612
Other creditors	6,858	6,394
	207,116	214,331

Deferred income at 31 March 2026 comprises unspent monies on the following projects:

CP PCN Lead Interface Role	25,948
COPD Case Finding	75,906
Optical Integration of Hypertension	25,488
LPC Workforce Project Support Funding	9,342
HCF Refer to GP	9,269
PCN Place Leads/PELs	23,115
Monthly contractor levy	23,628
	192,697

continued...

6. OTHER FINANCIAL COMMITMENTS

Within other creditors is an amount of £3,493 relating to pension contributions yet to be paid at the year end (2025 - £2,553).

continued...

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 31 March 2026 which comprise the Income Statement, 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 the director of Humber Local Pharmaceutical Committee 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 2026 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 statutory financial statements.

Jackson Robson Licence Limited
33-35 Exchange Street
Driffield
East Yorkshire
YO25 6LL

Date: ……..

HUMBER LOCAL PHARMACEUTICAL COMMITTEE

DETAILED INCOME AND EXPENDITURE ACCOUNT
FOR THE YEAR ENDED 31 MARCH 2026

	2026		2025	
	£	£	£	£
Income				
Statutory levies received	283,536		283,536	
PharmOutcomes services	46,406		74,055	
Other services support	18,975		12,923	
Funding	54,171		5,850	
Sponsorship	3,675		2,550	
		383,135		378,914
Cost of sales				
Levies paid to CPE (Community Pharmacy England)	83,413		80,833	
PharmOutcomes expenditure	23,476		35,243	
Events services support	2,554		1,624	
PCN expenses	3,240		4,080	
Travel and meeting expenses - employees	2,012		4,047	
Travel and meeting expenses - members	25,770		18,613	
Service fee	4,918		5,296	
Wages and salaries	176,418		182,664	
Employer National Insurance	12,481		13,387	
Employer pension contributions	16,983		14,351	
		351,265		360,138
GROSS SURPLUS		31,870		18,776
Expenditure				
Rent and service charges	5,858		4,260	
Insurance	3,083		3,288	
Post and stationery	866		528	
Advertising	1,408		557	
Office equipment	36		86	
Computer and website costs	12,297		12,705	
Sundry expenses	3,197		5,621	
Accountancy and payroll	1,542		1,882	
Gifts	47		201	
		28,334		29,128
Carried forward		3,536		(10,352)

HUMBER LOCAL PHARMACEUTICAL COMMITTEE

DETAILED INCOME AND EXPENDITURE ACCOUNT
FOR THE YEAR ENDED 31 MARCH 2026

	2026		2025	
	£	£	£	£
Brought forward		3,536		(10,352)
Finance costs				
Bank charges		102		87
		3,434		(10,439)
Depreciation				
Computer equipment		1,235		877
		2,199		(11,316)
Finance income				
Deposit account interest		7,231		5,013
NET SURPLUS/(DEFICIT)		9,430		(6,303)