



Devon Local Pharmaceutical Committee

Annual Report 2022

Incorporating Annual Accounts

April 2021 - March 2022



LPC Vision

“To move from community pharmacy in Devon to a community wellbeing centre”

LPC Mission

“To inspire community pharmacy to become the easily accessible place in the community that people seek out for their wellbeing needs”

LPC Objectives

- To align our provision to provide patient centred care with a whole population health focus
- To upskill and reformat the multi-disciplinary pharmacy team to ensure it plays a full role in the new health system
- Seamless integrated services – with wider health system with pharmacy at its heart
- To be seen as a “Valued” health care provider by the public, commissioners and partners.

Chair's Report

Another year as Chair of Devon LPC and again I cannot believe how the year has flown by. Although we are now living a 'New Normal' since the pandemic, which means that Covid is now something we have learnt to live with in our practice, but the challenges that we face in our everyday work as Community Pharmacy remain as large. It is now harder than ever just to keep serving our customers, but here at the LPC we still hear daily about how Community Pharmacy has stepped up and delivered to serve the local community. Thank you to all of you for what you do.

The future for us is still very challenging but with that there is still great opportunity. At present we are aware of the continued workforce challenges that this year seem to have spread from our Pharmacist and Technician workforce to also include more of our support staff. The rise in inflation and the cost-of-living change has also had a massive impact on not only our patients and customers but also our staff. It has also made it even more challenging for us to operate our businesses within the current flat funding model.

We at the LPC are really excited about restarting our Face-to-Face training sessions in the Autumn, I think it is going to be a great opportunity for us to share how we as Community Pharmacy can continue to make a difference to our patients and maximise some of the funding streams and services. It is also going to be great for some of us to meet again after what feels like forever, as community Pharmacy can be a very lonely profession and this networking opportunity will be great for all of us.

As I am sure you are all aware the NHS is continuing its transformation from the Devon Clinical Commissioning Group to the Integrated Care Board, we have spent a lot of time this year building relationships and engaging with our stakeholders around this and promoting what Community Pharmacy is and how it can and will continue to support the wider healthcare agenda across Devon. We will continue to do this and share information with you and your PCN leads through the coming years.

Also, this year we had the final piece of the LPC/PSNC independent review into pharmacy representation, that was voted on and accepted. We are now working with the PSNC and our fellow LPCs in the southwest to see how we implement these changes and as we work through this, we will update you.

As always none of the great work that the LPC does would not be possible without the team behind the committee. So again, I would like to recognise Sue, Kathryn, Anna, Tom, Kelly and David for your work throughout the year.

And finally thank you to you and your teams, I hope that the next year is brighter and easier for all of us, but I do know that with the right belief and focus from us all, Community Pharmacy has a strong future in Devon. Thank you

Andrew Howitt
Chair Devon LPC

Overview from the Chief Officer 2021-22

This year saw the end of an era as the lease for our lovely offices based at Deer Park in Exeter came to an end, and the LMC with whom we have shared offices since 2001 decided not to renew and moved out to alternative accommodation. This meant that we along with the Local Optical Committee who were also co-tenants had to move out as well, and in March the LPC re-located to what appeared to be the last remaining small office in or around Exeter. We are now based at Partridge House on the A38, just down the road from Deer Park, amongst the bicycles and coffee served at the Wobbly Wheel Café. If you're passing at any time, please call in to say hi! The move was very well managed by Kathryn with barely a hiccup and we settled in very quickly. I have to say that an absolute bonus for us this year has been the air conditioning!

At the same time as moving another significant piece of work at the beginning of 2022 was a website upgrade that was facilitated through PSNC. This also required tenacity from Kathryn with an attention to detail which led to an (almost) seamless transition and we hope that our contractors and their pharmacy teams are able to navigate their way round more effectively to find the information they require. We continue to produce a six-weekly newsletter (The Golden Pages) and a monthly deadline tracker summarising what is happening and highlighting "deadlines" for action (hence the name!) for which we receive very positive feedback.

As our members will be aware a Review Steering Group (RSG) was established following the David Wright independent review on Pharmacy Representation. The RSG has worked with the PSNC, the LPCs and contractors over a period of time to develop a series of recommendations following the review, and while we would have normally held LPC elections at the end of 2021 – beginning of 2022, these were delayed by a year to allow time to for the RSG to complete its' work and for the sector to vote on the recommendations on contractor representation and support.

Now that the voting process has been completed and the RSG disbanded, we are now in the midst of working out what this actually means for LPCs and the PSNC in terms of future structures and responsibilities which will be our primary focus over the next few months ready for a new start in 2022-23. As Andrew Howitt mentioned in his report, we will of course be keeping you all informed as we move through the process of change.

Our Secretariat team continues to work tirelessly to support our pharmacy teams in Devon; with the ongoing implementation of the GP Community Pharmacist Consultation Service; the Discharge Medicines Service; the introduction of the Hypertension Case Finding Service; and the new smoking cessation service launched later in the year. The committee returned to holding a small number of face-to-face meetings in September, but have continued holding virtual meetings in the evenings; this hybrid way of working now seems to be working successfully although sometimes as I am sure everyone appreciates you can get Zoom weary! We are really looking forward to being able to get out and about and see you all again as we start up a series of Masterclasses around the County which will be the first time we have held face to face training with our pharmacy teams since 2019.

Sadly we did have to wave goodbye to a number of LPC members during the year as they moved on to other roles. Thank you to Pedro Carvalho, Rafal Korona, Rob Skornia for your input and hard-work over the past few years; you are missed. However, we have also welcomed new CCA member Kelly Dawkins to the committee.

The LPC and the Secretariat Team are very proud of the way in which community pharmacy has conducted itself during the continuing pandemic and know that you continue to work relentlessly during the last year to support your local communities in very difficult circumstances so a massive thank you to all of you.

I would also like to take this opportunity to thank Kathryn, Anna, Tom and David for all of their hard work this year and for the ongoing support and contribution made by our committee members.

Sue Taylor, Chief Officer

Service Development & Implementation Lead Report

Well, it's been quite a year since the last time I wrote an annual update - after having to have a few months off recovering from surgery at the start of the year, the last 4 months (I can't believe it's only been 4 months!) that I've been back have kept me on my toes. My focus has very much shifted away from small locally implemented pilots to the bigger national services coming out from NHSE although I am still working with commissioners on the local services, for example, Pharmacy First.

GP CPCS roll out has been a sometimes-frustrating process. The ongoing Implementation of the service in Devon continues to be complicated as we work with the local NHSE Implementation Manager and the local system to overcome some of the barriers and find solutions to the local challenges; often caused by misunderstandings and preconception. Our aim overall is to improve the level of referral rates coming out of GP practice into pharmacy, as well as increasing the number of practices who are actively referring. I ran a series of virtual training events during the autumn of 2021 as there was a big push by NHSE to encourage as many practices as possible to go live, and these were very well attended by your teams.

All of the acute Trusts in Devon went live with the Discharge Medicines Service during the summer of 2021 and I am able to work with the Trusts and the pharmacies to support the ongoing development of the service. The referral rates are set to increase now as we move through the year as the Trusts are looking to start sending more patients from eligible cohorts rather than focusing on the blister pack patients which is a very positive step forward for patients and pharmacy.

The Hypertension service has gone live and at the time of writing there were 175 Devon pharmacies signed up to provide the service which is a fantastic number. As a team we have started working with a Plymouth based PCN to see how they can most effectively signpost their eligible patient population into community pharmacy to have their clinical checks carried out, along with ABPM if indicated. This could potentially be rolled out wider if it works! It is a great service and one which benefits both pharmacy and the GP practices, as well as of course the patients.

The Advanced Smoking Service (nationally commissioned) went live in March 2022, and the Devon Trusts are looking to go live in October 2022. I sit on a Devon wide strategy group and local task and finish groups agreeing how this service can be operationalised. Pharmacy sign-up across Devon (at the time of writing this) remains patchy, but I hope more contractors will register over the coming months as the service goes live. Once this is up and running it will sit alongside any locally commissioned stop smoking services and will allow referrals to pharmacy from hospital for patients who started smoking cessation during their stay; it will hopefully support a lot more to quit smoking.

Another area of work for me is a Hepatitis C service being commissioned separately to the national service with the South-West Operational Delivery Hepatitis Ce network; it is a testing service where the results are given by the specialist service rather than in pharmacy. There will be a small number of contractors signed up to begin with, so despite what I said earlier, this is probably a bit of a pilot. I am also excited about working with NHSE to test out a new NMS pathway for antidepressants; this is a national pilot funded through the Pharmacy Integration Fund and is very targeted in terms of numbers of contractors involved but is very exciting. On top of that – how does flu come around so quickly? It seems to have caught me by surprise this year, my diary is being filled with more and more flu system meetings so that's another service I'll be focussing on a lot more in the coming months.

It's been another challenging year for you on the ground, and you have done an incredible job. I know it can feel relentless with new things to do coming up all the time, but you continue to deliver healthcare services to the patients in your community in extremely challenging environments so a big thank you for all of your hard work. Please continue to use your LPC for support!

Anna

Anna White, Service Development and Implementation Lead

Community Pharmacy in Devon: A strong tonic, but still at the back of the system cupboard

Over the last year we have seen a slew of new advanced services commissioned for community pharmacy nationally, including the hypertension case finding service and the roll out of a fully-fledged GP to community referral framework in GP CPCS. It feels as if the wider system has woken up to the true potential and value of the pharmacies lying at the heart of our communities, both rural and inner city, however are these just placating words from the Department of Health and Social Care, or is there something more substantial to come? Regardless, the team at the LPC have worked tirelessly with a plethora of stakeholders at both a system and a PCN level to garner grassroots interest in GP CPCS and support the development of local cross-sector relationships as a bedrock to this. There have been some exciting developments of collaborative working between PCNs and community pharmacy in delivering a much more joined up and smooth service in pockets of good practice in Devon, and I can only hope that this will act as a beacon for more GP practices to work closely with their community pharmacy partners.

Over the course of the pandemic, community pharmacies across the county formed a bulwark of core, essential services that kept the doors open and the lights on, day in and day out for patients to continue to access their vital medicines and pharmaceutical services as near as to normal as could be allowed. However, there has been a mismatch between rhetoric and funding, with significant investment into new primary care networks, whilst community pharmacies have their flat-line budgets divided within itself to pay for new services out of the pocket of the current pharmacy budget. Whilst the potential of pharmacy is highlighted now more than ever, this now needs to be actualised through sensible, considered commissioning, which pays providers equitably in the provision of health services to our population.

We stand upon the precipice of a new dawn with the formation of Integrated Care Boards and the overt recognition of community pharmacy as one of the four 'pillars' or primary care in the Fuller Stocktake report. This represents an opportunity for us to work collaboratively for win/win solutions between providers and the wider health system in keeping people healthy and providing services they need with appropriate remuneration. The questions we have often found ourselves asking has echoed through a drought of financial support alongside the ongoing hard work and commitment from contractors holding up our network of pharmacy services in Devon: It is not possible to eat me without insisting I sing praises of my devourer? My question to our new system leaders would be, how do we tread the dawn together to maximise pharmacy services geared towards delivering the NHS long term plan and therefore funding community pharmacy in Devon to be sustainable? I can only hope there are answers and collective work towards this goal, especially in the light of the recent pharmacy workforce pressures across the county, which can be overcome by joined up working and honest system-level conversations about funding and sustainability.

Regardless of the current landscape and what the future may have in store, one thing for certain is that the LPC will be hitting the road once again with our upcoming Devon Masterclasses across North, South, East and West to get us together in person once again and share best practice on how to shoulder the collective workload we face as a system of community pharmacies. Whilst the wheels slowly turn for system level changes, taking heart in being together as community pharmacy teams and seeing each other once again is something we have all been looking forward to... that and good hot meal made by someone else at the end of the day!

Tom Kallis
Project Pharmacist

Summary of LPC events 2021 - 22 held virtually

Table 1: Workshops

| | |
|--|-------------------|
| Annual Contractors meeting | 11 October 2021 |
| GP CPCS training | 23 June 2021 |
| Flu Vaccination training and Basic Life Support | 25 July 2021 |
| Flu Vaccination training and Basic Life Support | 8 August 2021 |
| Flu Vaccination training and Basic Life Support | 12 September 2021 |
| GP CPCS training | 9 November 2021 |
| GP CPCS training | 18 November 2021 |
| GP CPCS training | 24 November 2021 |
| GP CPCS training | 30 November 2021 |
| Pharmacy First Update | 8 March 2022 |
| Barnstaple Alliance Primary Care Network meeting | 31 March 2022 |

Control of Entry

The consideration of applications is very onerous on the LPC and takes a lot of time and commitment to ensure that every application receives a fair consideration by the committee and that these considerations are provided to the NHS England in a timely fashion.

Table 2: Pharmacy contractual applications considered by the committee during 2021-22

| Type of application | Total Number of applications | Total number granted | Appeals | Oral Hearing | Opened by 31/03/21 |
|--|------------------------------|----------------------|----------|--------------|--------------------|
| Distance Selling | 1 | 1 | | | 1 |
| No significant relocation | 2 | 1 | | | 1 |
| Application offering unforeseen benefits | 3 | | 1 | | 1 refused |
| Application offering to meet identified current need | | | | | |
| Application offering to meet an identified future need | | | | | |
| Consolidations | | | 1 | 1 | Refused |
| Change of ownership | 13 | | | | |
| Closure (including consolidations) | | | | | |
| Totals | 19 | 3 | 2 | 1 | |

Members Attendance at LPC meetings

Members of the committee (listed in Table 4) are required to attend the LPC meetings regularly as well as provide input and attend meetings on behalf of the LPC and local contractor and other roles.

Table 4. Members of Committee during 2021 - 22

| Committee Member | Area Represented | Elected or appointed |
|---|-------------------------|-----------------------------|
| David Bearman | Plymouth | CCA Appointment |
| Pedro Carvalho (Resigned wef 1/1/2022) | Newton Abbot | CCA Appointment |
| Mike Charlton | | CCA Appointment |
| Rachel Fergie | Teignbridge/Torbay | AIMp Appointment |
| Ali Hayes | East Devon | Elected Independent |
| Andrew Howitt | Exeter/Mid Devon | CCA Appointment |
| Ron Kirk | Plymouth | Elected Independent |
| Rafal Korona (Resigned wef 1/4/22) | Plymouth | CCA Appointment |
| Sian Retallick | Plymouth/Torbay | Elected Independent |
| Matt Robinson | Plymouth | CCA Appointment |
| Rob Skornia (Resigned wed 1/2/22) | Torquay | CCA Appointment |
| Allan Welsh | Mid Devon | CCA Appointment |

Table 5. Devon LPC Meeting Attendance 2021 - 22

| Committee Member | Elected or appointed | Attendance/ Possible |
|---------------------------------------|-----------------------------|---------------------------------|
| David Bearman | CCA Appointment | 7/8 |
| Pedro Carvalho | AIMp Appointment | 6/8 |
| Mike Charlton | CCA Appointment | 8/8 |
| Rachel Fergie | AIMp Appointment | 8/8 |
| Ali Hayes | Elected Independent | 6/8 |
| Andrew Howitt | CCA Appointment | 8/8 |
| Ron Kirk | Elected Independent | 4/8 |
| Rafal Korona | CCA Appointment | 4/8 |
| Sian Retallick (Also PSNC Rep for SW) | Elected Independent | 5/8 |
| Matt Robinson | CCA Appointment | 7/8 |
| Rob Skornia | CCA Appointment | 5/6 |

The Pharmacy Quality Scheme – How well you did!



Outcomes of the Pharmacy Quality Scheme 2021/22 for contractors in Devon LPC

This Briefing provides information on the headline outcomes of the Pharmacy Quality Scheme (PQS) 2021/22 for community pharmacy contractors in Devon LPC, which has been derived from analysis of the NHS Business Services Authority declaration data. *

Further information on the PQS 2021/22 can be found at psnc.org.uk/pqs.


How many contractors participated in the 2021/22 PQS?

215 contractors declared they met one or more of the Domains, which means they would also have declared they met the Gateway criteria. This means that **215 contractors**:

- **Provided the New Medicine Service (NMS) at least 20 times** between 1st April 2021 and 5th April 2022. 
- Ensured pharmacy professionals had completed **training on reducing look-alike, sound alike (LASA) errors and risk management**.
-  Completed a **new patient safety report** for their pharmacy covering analysis of patient safety incidents and incident patterns, evidence of sharing their learning locally and nationally, and actions taken in response to national patient safety alerts; and
- Completed or updated their previous **risk reviews** on minimising the risk of transmission of COVID-19, missing red flag symptoms during over-the-counter consultations and the risk of missing sepsis identification.


Medicines safety and optimisation Domain

214 contractors met the requirement of this Domain, which means they:

- Implemented into their day-to-day practice, the findings and recommendations from the 2017 Specialist Pharmacy Service clinical audit on anticoagulants: and
- Completed the updated **anticoagulant audit** requirement, notifying patients' GPs where concerns were identified, sharing their anonymised data with NHS England and incorporating any learning from the audit into their future practice. 

Respiratory Domain

210 contractors met the requirement of this Domain, which means they:

- Referred all children aged 5 to 15 years who were dispensed an inhaled press and breathe pMDI for asthma for a **spacer device** if appropriate, in line with NICE TA38.
- Referred all patients 5 years and above for a **Personalised Asthma Action Plan** if they did not have one.
- Identified patients with asthma or COPD who between 1st April 2020 and 31st August 2021 did not have their inhaler technique checked due to the COVID-19 pandemic and **offered them an inhaler technique check** as part of catch-up NMS arrangements.
- Ensured pharmacists had completed **learning on inhaler technique**; and
- Ensured all patient-facing staff had completed training on **environmentally safe disposal of inhalers at the pharmacy** and spoke to patients or representatives dispensed an inhaler about the environmental benefits of this. 

Digital Domain

215 contractors met the requirement of this Domain, which means they:

- Ensured pharmacy professionals completed **learning on remote consultation skills**; and
- Updated their standard operating procedures in relation to the provision of remote consultations.

Primary Care Networks Domain

199 contractors met the requirement of this Domain, which means:

- They worked with the Pharmacy PCN Lead, other pharmacies and general practices in the PCN to **increase the uptake of flu vaccinations to patients** aged 65 years and over for the 2021/22 flu season: and
- They **administered 30 or more flu vaccinations** to eligible patients between 1st September 2021 and 31st January 2022, under the Community Pharmacy Seasonal Influenza Vaccination Advanced Service.



Prevention Domain

214 contractors met the requirement of this Domain, which means they:

- Ensured pharmacy staff had completed **learning on infection prevention and control and antimicrobial stewardship (AMS)**.
- Created or updated their existing **AMS action plan**.
- Ensured pharmacy staff had signed-up to become **Antibiotic Guardians** and had an awareness of their local antibiotic formulary.
- Spoke to patients using the TARGET antibiotic checklist to provide **tailored advice to patients and promote antibiotic awareness and stewardship**; and
- Spoke to prescribers where concerns were identified and shared anonymised data with ESPAUR.



Addressing unwarranted variation in care Domain

215 contractors met the requirement of this Domain, which means they:

- Ensured pharmacy professionals completed **learning on health inequalities**; and
- Completed an **action plan to promote COVID-19 vaccinations**, particularly in Black, Asian and minority ethnic and low uptake communities to tackle lower levels of vaccination uptake and to support these patients.



Healthy living support Domain

203 contractors met the Intervention requirement of this Domain, which means they:

- Ensured pharmacy staff had completed **learning on weight management**.
- Created or updated their existing **weight management action plan** of how they would assist a person who would like support with their weight.
- **Discussed weight management with a minimum of 25 patients**, this means that at least **5075 conversations** were held around weight management: and
- Ensured they had a member of staff who could **offer to measure a patient's Body Mass Index and measure waist circumference** and explain the purpose of this to patients.



203 contractors also met the Referral requirement of this Domain, which means they:

- Referred at least one patient to either a Local Authority funded tier 2 weight management service or the NHS Digital Weight Management Programme.

*This data is based on what community pharmacy contractors declared they had met when they made their PQS declaration or what they intended to meet by 31st March 2022 if they had not met the requirement when they made their declaration.



LOCAL PHARMACEUTICAL COMMITTEE

**FINANCIAL STATEMENTS FOR THE
YEAR ENDED 31 MARCH 2022**

Easterbrook Eaton Limited
Chartered Accountants
Old Fore Street
Sidmouth
Devon
EX10 8LS

**INDEPENDENT EXAMINER'S REPORT ON THE ACCOUNTS
TO THE MEMBERS OF
DEVON LOCAL PHARMACEUTICAL COMMITTEE
YEAR ENDED 31 MARCH 2022**

Respective responsibilities of Committee Officers and Examiner.

The Committee's Officers are responsible for the preparation of account records and financial statements as set out in the Constitution. The Committee's Officers consider that an audit is not required for this year and that an independent examination is needed.

It is our responsibility to:

- Examine the accounting records;
- Prepare Financial Statements for the Committee; and
- State whether particular matters have come to our attention.

Basis of Independent Examiner's Statement.

Our examination includes a review of the accounting records kept by the Committee and a comparison of the accounts prepared with those records. It also includes consideration of any unusual items or disclosures in the accounts, and seeking explanations from the members concerning any such matters.

The procedures undertaken do not provide all the evidence that would be required in an audit, and consequently we do not express an audit opinion on the accounts.

Independent Examiner's Statement

In connection with our examination for the year to 31 March 2022, no matters have come to our attention:

(1) which gives us reasonable cause to believe that in any material respect the requirements:

- to keep accountings records; and
- to prepare accounts which agree with the accounting records

have not been met; or

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

Easterbrook Eaton Limited
Chartered Accountants
Old Fore Street
Sidmouth
Devon
EX10 8LS

29th July 2022

COMMITTEE OFFICERS' RESPONSIBILITIES TO THE FINANCIAL STATEMENTS
DEVON LOCAL PHARMACEUTICAL COMMITTEE
YEAR ENDED 31 MARCH 2022


Committee Officers' Responsibilities in Relation to the Financial Statements

The committee officers are responsible for preparing the financial statements in accordance with the constitution governing document showing a statement of account of the organisation and of the incoming resources and application of resources of the organisation for that period. In preparing these financial statements, the committee officers are required to:

- Select suitable accounting policies and then apply them consistently;
- Make judgements and estimates that are reasonable and prudent;
- State whether applicable accounting standards have been followed, subject to any departures disclosed and explained in the financial statements; and;
- Prepare the financial statement on the going concern basis unless it is inappropriate to presume that the charity will continue in business.

The committee officers are responsible for keeping accounting records which disclose with reasonable accuracy at any time the financial position of the organisation. The committee officers are responsible for safeguarding the assets of the organisation and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Signed on behalf of the Committee officers:



Sue Taylor
Date 4th September 2022

THE DEVON LOCAL PHARMACEUTICAL COMMITTEE

Notes to the Financial Accounts for the year ending 31 March 2022

1 Accounting Policies

i/ General Comment

The “Income and Expenditure” concept has been adopted by the Committee since 2002/03, which the Committee Officers consider present a true position of the LPC’s funding performance for the year to be shown. Figures are shown on a cash basis.

ii/ Income

The LPC’s income has been categorised into its relevant factors. Bank Interest is shown Gross, and corporation tax is payable on this investment income.

iii/ Expenditure

All LPC expenditure has been categorised into such elements as will enable the members to better understand the types of expenses offset against income.

2 Committee Status

The Committee conducts its affairs in accordance with the accepted principals of good governance, in particular preparing and publishing an annual budget, and complying with the principles set out in “Guidance on LPC Governance” published by PSNC.

Treasurer's Report – Ron Kirk

Members of the committee are required to attend LPC meetings regularly as well as attend meetings on behalf of the LPC and contractors. Operating under Nolan Principles, the LPC consider 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 that is regularly monitored.

Our accountants noted that it was pleasing to see that the accounts reflect well on what must have been a very difficult time for the Committee last year for obvious Covid related reasons.

The Devon LPC is funded entirely by contractor levy. In respect of income, the contractor levy for Devon has again remained unchanged at 15p per £100 (0.15%) of net ingredient cost and this sum is collected monthly from all contractors and remitted to the LPC by the Prescription Pricing Authority (PPA)

Income

- The PPA income received by the LPC for 2021-22 showed an increase on the previous year.
- Some additional monies are received unconditionally from the pharmaceutical industry when working in partnership with the LPC to, in particular, support training and educational events for pharmacists and pharmacy staff, LPC meetings and our Annual General meeting (AGM). In total, for the year ended March 2022 the LPC received £550 in respect of educational grants.
- The LOC moved out of the office around May 2020, so no income has been received during the year to March 2022
- No Income was received for specific projects is shown as a separate line from general sponsorship.

Expenditure

- LPC Members Expenditure – A decision was made to hold the majority of LPC meetings via TEAMS rather than face to face.
- The increase in computer hardware etc., was due to the new LPC website which needed to be built. The decision was made to pay the web developers MAKE to undertake this work.
- The increase in rent was due to a deposit being paid and the first month's rent for the LPC new offices. The LPC moved the Secretariat office from Deer Park to Partridge House in Kennford as the lease was due to expire in July. The move took place at the beginning of March. Following COVID small office accommodation was in high demand, and we were fortunate to secure the new accommodation. Expenditure incurred in the move amounted to £2480.70. This included new telephones and installation, removal contractors, IT setting up in the new office, and a one month's rent deposit which is refundable when the LPC leaves Partridge House. The rent paid for the office at Partridge House includes broadband, cleaning, lighting and heating.

For the year ending 2021-22, the LPC had a deficit of income over expenditure for the year of £13,243.11. The bank balance at the year-end was £151,506.51. PSNC recommend that each LPC hold a reserve equivalent to six months turnover, so our balance is in line with that recommendation.

My thanks go to the Officers and committee members for their ongoing support and governance of the finances of the LPC. I am always happy to answer any financial queries from contractors at any time and a full set of accounts can be viewed on request.

Ron Kirk, LPC Treasurer

DEVON LOCAL PHARMACEUTICAL COMMITTEE

MAIN INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31 MARCH 2022

| <u>Income</u> | Year Ended 31 March 2021 | Year Ended 31 March 2022 |
|---|--------------------------|---------------------------|
| PPA Levies | 268,890.60 | 284,245.15 |
| Bank Interest | 154.60 | 59.22 |
| Sponsorship | 550.00 | 550.00 |
| Grants & Specific project support income | 30,821.00 | 0.00 |
| Local Optical Committee | 2,679.32 | 0.00 |
| Total Income | <u>303,095.52</u> | <u>284,854.37</u> |
| | | |
| <u>Expenditure</u> | | |
| LPC Members Expenditure | | |
| Locum & Travel Expenses | 1,007.00 | 5,668.32 |
| LPC Meeting Expenses | 141.12 | 1,901.39 |
| Contractor Support - Events | 0.00 | 0.00 |
| | <u>1,148.12</u> | <u>7,569.71</u> |
| | | |
| PSNC | | |
| Levy | 74,466.97 | 75,315.40 |
| PSNC workshops | <u>74,466.97</u> | 0.00 |
| Secretariat Expenses | | |
| Staff Costs | | |
| Staff Salaries and Professional Support inc: Tax, NI & Pensions | 175,629.69 | 175,089.65 |
| | <u>175,629.69</u> | <u>175,189.65</u> |
| | | |
| Office Expenses | | |
| Rent | 16,692.00 | 18,422.47 |
| Computer Hardware & Software, support, broadband & mobiles | 8,117.69 | 12,422.47 |
| Printing | 1,926.16 | 1,623.92 |
| Postage | 2,139.11 | 1,864.18 |
| Stationery | 244.76 | 417.33 |
| LPC Office Equipment & maintenance | 399.32 | 484.01 |
| | <u>29,519.04</u> | <u>35,027.91</u> |
| | | |
| Other Expenditure | | |
| Accountancy | 1,465.00 | 1,585.00 |
| Bank Charges | 280.20 | 295.20 |
| Subscriptions | 35.00 | 35.00 |
| Insurance | 759.02 | 770.52 |
| Corporation Tax on Gross Interest | 0 | 219.12 |
| Secretariat Business Costs | 1,647.30 | 2,089.97 |
| Staff Training | 0 | 0.00 |
| | <u>4,186.52</u> | <u>4,994.81</u> |
| Total Expenditure | <u>284,950.34</u> | <u>298,097.48</u> |
| | | |
| Net Surplus of Income over Expenditure for the year | <u>18,145.18</u> | <u>(13,243.11)</u> |

DEVON LOCAL PHARMACEUTICAL COMMITTEE

MAIN BALANCE SHEET AS AT 31 MARCH 2022

| | <u>31.03.21</u> | <u>31.03.22</u> |
|---|---------------------------|---------------------------|
| Assets | | |
| Lloyds's Bank Account | | |
| LPC Current 4102069 | 68,169.25 | 55,159.22 |
| Lloyds Deposit Account | 96,288.07 | 96,347.29 |
| Debtors | <u>292.30</u> | <u>0.00</u> |
| Total Current Assets | <u>164,749.62</u> | <u>151,506.51</u> |
| NET CURRENT ASSETS | £164,749.62 | £151,506.51 |
| Represented By | | |
| Devon LPC Accumulated Funds | | |
| Bought Forward | 146,604.44 | 164,749.62 |
| (Deficit)Surplus for the Year | 18,145.18 | (13,243.11) |
| Total Devon LPC Funds | <u>164,749.62</u> | <u>151,506.51</u> |
| Total Accumulated Fund carried forward | <u>£164,749.62</u> | <u>£151,506.51</u> |