

Annual Report 2023/2024



Officers

Chair: Mr James Moir

Vice Chair: Mr Martin Straton

Treasurer: Mrs Una Harding

Chief Officer: Dr. Lisa Manning



About Us

'The Committee' shall be the Sefton Local Pharmaceutical Committee (as required by the NHS Act 2006) and known as 'Community Pharmacy Sefton'.

The Aim of the Committee is to represent all Sefton Contractors with the various stakeholders, developing multi-organisational working and promoting the community pharmacy profession. It is accountable to those contractors for the work that it does on their behalf and for the effective and economical use of LPC funds.

Welcome

Sitting by a loved one's hospital bedside, reflecting on a challenging year, I've found striking similarities in the world of community pharmacy. Witnessing the invaluable contributions of healthcare professionals in all settings, I'm acutely aware of the increasing pressures faced by community pharmacies. The closure of several well-known businesses underscores these challenges, exacerbated by tight budgets and limited government funding.

Despite these difficulties, there is reason for optimism. New services like Pharmacy First are creating opportunities. Thanks to the dedication of Dr. L. Manning, Sara, Jess, and the LPC committee, we've empowered pharmacists with the skills needed to succeed.

The successful launch of Pharmacy First marks a pivotal moment. Pharmacy is evolving into a technology-supported healthcare provider, signalling the end of the traditional dispensing-only model. With future pharmacists becoming prescribers, the profession's outlook is bright.

Community Pharmacy Sefton has been a steadfast advocate for pharmacy at every level, and I'm immensely proud of our accomplishments.

On a personal note, as I mentioned before the summer break, I will be stepping down as chair to prioritise work-life balance. I'm committed to supporting the next leadership team as they continue to represent Sefton contractors.

I firmly believe that with continued collaboration, innovation, and support, community pharmacy can overcome challenges and thrive. I look forward to witnessing the sector's continued growth and success in the years to come.

Thank you.

James Moir

Chair Community Pharmacy Sefton 2024

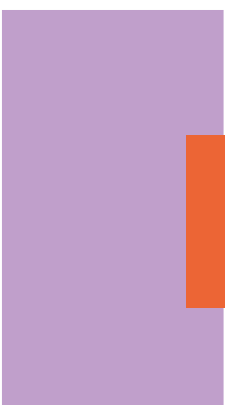
Who we are

Our committee members

- James Moir Chair/Member AimP
- Jemma Grossman Member/AimP
- Sarah Halpin Member/Independent
- Martin Stratton Member/Independent (Vice Chair)
- Salma Iqbal Member/CCA
- Lucy Corner Member/CCA
- Joanne Murphy Member/CCA
- Una Harding Treasurer/ Member/Independent
- James Glover Member/Aimp

Our office team

- Dr Lisa Manning CEO
- Sara Davies Pharmacy Services Manager
- Jess Bibby Business Support Officer



Governance

Meetings

The LPC meets monthly except for August and December, with alternate evening and daytime meetings. The majority of meetings have taken place virtually via Zoom for 23/24. Various commissioners, e.g., ICB, PH, CPE, and MMT, are invited to attend certain meetings along with other stakeholders and relevant people when applicable. All contractors are welcome to attend any of the meetings as observers, but they must inform the committee in advance. We hold an annual general meeting in September each year.

Please remember:

- To regularly visit your CPS website at www.psnc.org.uk, go to the LPC portal. (for Sefton LPC): <https://sefton.communitypharmacy.org.uk/>
- To inform us of any new email contacts that may benefit from receiving CPS updates.
- To contact myself, the chair, or any member of the committee to confidentially discuss any issue. We are here to represent you with our services and advice. Please contact lisa@sefton-lpc.org.uk or 07912043872.

Constitution and Compliance

As in the previous year, there were no constitutional irregularities or problems, and the committee discharged all its duties on time and to specification. All CPS members are required to sign declarations adhering to a code of corporate governance, confidentiality, and conflict of interests.

The committee consists of 9 members and is in proportion to the different proportions of contractors, i.e., CCA, Independent, and AimP.

We are also GDPR-compliant and have helped contractors via support materials to also meet their GDPR responsibilities.

All members are reminded that, no matter their source of nomination or election, CPS members have to act and speak in the interests of all the contractors, not just those of their nominating body. In the event of a member having a conflict of material or financial interest with regard to agenda items or minutes, they are required to make a formal declaration to that effect and either leave the room or meeting or take no part in the ensuing debates. All such declarations are formally minuted and recorded.



Community Pharmacy Sefton **FINANCIAL STATEMENTS**

FOR THE YEAR ENDED 31 MARCH 2024

For full details please see the published report from Haines Watts on our website.



Community Pharmacy Sefton LPC

Income and Expenditure Account

Year ended 31 March 2024

	Notes	2024		2023	
		£	£	£	£
Income					
Contractor Levies		57,731		133,182	
Other Income		<u>3,133</u>	<u>60,865</u>	<u>6,132</u>	<u>139,314</u>
Expenditure					
Administration					
Staff employment costs		69,547		69,514	
Meeting costs		8,906		3,793	
Levies		24,808		22,171	
Post and stationery		454		487	
Computer costs		574		3,080	
Insurance		626		731	
Telephone		723		1,981	
Travelling		289		584	
Bank charges		241		90	
Accountancy		1,846		3,862	
Legal fees		1,458		1,680	
HMRC interest and charges		1,650			
Total Costs			<u>111,122</u>		<u>107,973</u>
Surplus/ (loss) before tax		(50,257)		31,341	
Corporation tax		<u>488</u>		<u>1,240</u>	
Surplus/ (loss) after tax		(50,745)		30,101	

Community Pharmacy Sefton LPC

Balance Sheet


as at 31 March 2024

	Notes	2024		2023	
		£	£	£	£
Debtors	4	3,754		16,486	
Cash at bank and in hand		<u>105,106</u>		<u>166,811</u>	
		108,860		183,297	
Current liabilities					
Creditors: Amounts falling due within one year	5	5,198		28,890	
Net current assets		103,662		154,407	
Total assets less current liabilities		103,662		154,407	
Net assets		103,662		154,407	


Represented by:
General fund

Balance at 1 April 2023	154,407	124,306
Surplus for the year	<u>(50,745)</u>	<u>30,101</u>
Balance at 31 March 2024	103,662	154,407

These financial statements were approved by the Community Pharmacy Sefton LPC on 13th Aug 2024 and signed on its behalf by:

James Moir 
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Chair of the Committee

Una Harding 
.....

LPC Treasurer

Chief Officer Report

The year 2023–24 has been a difficult and exciting year for pharmacy. The demands on pharmacy are ever-increasing, with many pharmacies becoming unviable, which is reflected in the closure of further pharmacies within Sefton. Pharmacies report being busier than ever, with increasing challenges from stock shortages, procuring stock, etc.

The most recent pressure survey's key findings were:

- 1 Medicine supply issues are now routinely affecting patients.
- 2 Medicines supply issues are the worst ever seen.
- 3 Medicine supply issues are taking their toll on pharmacy teams.
- 4 Medicine supply issues also increase the burden on general practice.
- 5 Medicine supply issues are adding to the intolerable financial pressures on community pharmacy businesses.

These findings reflect what community pharmacies in Sefton are experiencing.

In January 2024, community pharmacies were commissioned to deliver the Pharmacy First service. The Pharmacy First service is a crucial first step in recognising and properly funding the enormous amount of healthcare advice that community pharmacies provide to the public every day and in establishing and funding community pharmacy as the first port of call for healthcare advice. The service importantly involves a walk-in element for the new 7 clinical pathways, which means pharmacists are not wholly reliant on referrals.

We hope this service continues to grow and expand to utilise the skills of the whole pharmacy team and allow contractors to determine their capacity and delivery.

Other services that pharmacies can offer to patients that also utilise their skills are the pharmacy contraceptive service and the hypertension case-finding service. Both services can demonstrate the skills and capabilities of community pharmacy. These services help educate the public that they can access these services directly and show the important role community pharmacies have in serving our populations.

However, to provide such services and more (as pharmacies are capable of so much more), they do need adequate funding, IT infrastructure, changes to legislation, etc.

Pharmacies are doing an excellent job of providing these services and other advanced and enhanced services on top of their normal dispensing businesses, but the pressure is immense.

The upshot is that we at Community Pharmacy Sefton LPC absolutely understand what Sefton community pharmacies are going through and will continue to support you no matter what. Even with all the challenges and uncertainty of future funding, our pharmacy teams still manage to deliver services and keep their communities safe and well. One example is the COVID vaccination sites that have been continuing, and our area has led the way nationally via community pharmacy vaccination sites.

CPE commissioned the Nuffield Trust and The King's Fund to develop a vision for community pharmacy, which was released in the year. The research report centred around four dimensions:

- Preventing ill health and supporting wellbeing
- Providing clinical care for patients
- Living well with medicines
- An integrated primary care offer for neighbourhoods

Expressed in this way, the vision is helpful for pharmacies, commissioners, and negotiations to start to plan for the future together. We now await the commissioners' actions to first relieve the pressures we are under and then to empower pharmacies to reach their potential to offer the full range of clinical services within our expanding skillset as a sector.

We have again spent time with our MPs, educating and influencing them, and we have hosted several visits to pharmacies in our area within the MP constituencies. Many of our MPs have attended the APPG events in support of community pharmacy. We also asked local councillors to attend since councils will be key members of the ICS as it develops, so it is important they are well aware of our situation. Thank you to all contractors who have kindly written to their MP, hosted a visit, or both; they are valuable and add to the political will immeasurably. We have contacted our MPs several times throughout the year, petitioning them to support community pharmacy and encouraging them to engage with key topics, e.g., the Westminster Hall debate on the future of community pharmacies.

The committee itself has seen a restructuring; James Moir (IPA) remains chair, and Martin Stratton (Ind) stands as vice chair. Una Harding (Ind) has taken on the task of treasurer. We have welcomed a new admin support officer, Jess Bibby, who is providing excellent support to contractors. The committee still consists of nine members.

I also wish to acknowledge the hard work of my LPC support officers, Sara Davies and Jess Bibby, helping all contractors execute their contractual obligations and supporting the delivery of services so that pharmacies can maximise their income.

We continue to meet remotely with invited external guests, which has significantly broadened our outreach and helped reduce financial costs.

Our excellent Community Pharmacy England (CPE) NW regional representative, Fin McCaul, has been able to attend most meetings and has made a valuable contribution to our meetings.

Community Pharmacy Sefton (CPS) is in a very strong position in regards to working with other local LPCs, as we have a long-standing history of collaborative work across Cheshire and Merseyside. We meet weekly along with the Cheshire and Merseyside ICB representatives, but also fortnightly at CPE operational cascade meetings, and once a month we attend a regional LPC joint working group that focusses on regional projects and working collaboratively.

Community Pharmacy Sefton continues to link and share the progress of the TAPR with contractors and will ensure that all decisions proposed will need the approval of the contractors.

The LPC has also agreed to adopt the recommended CPE governance framework and code of conduct; details are published on our website.

CPE has developed a vision for pharmacy, which the LPC has also been supporting and sharing with the ICB, MPs, etc.

The vision:

- Set out ambitions for community pharmacy to demonstrate to the government and commissioners our vital and potentially growing role in primary care and how it will deliver value for money and better patient outcomes.
- Enable the sector to unite behind shared goals and ambitions and start to consider how it will need to change to deliver its full potential, and
- Develop, as far as possible, with the government and the NHS, a shared agenda and the case for a sustainably funded sector.

Community Pharmacy Contractual Framework (CPCF) Developments

The big news this year was that in May, the government and NHS made a potential £645 million investment in community pharmacies over the following two years to support a pharmacy common conditions service (called Pharmacy First), along with the expansion of the Pharmacy Contraception and Hypertension Case-Finding services. This significant investment was most welcomed, albeit after the department ignored pleas from the sector to not roll further development items into year 5 of the CPCF and imposed expansions and further PQS work in April.

Frustratingly, it took the government until mid-November to agree on how to actually deploy any of the investment, and the January start date announced left contractors and their teams having to get ready for implementation throughout the Christmas period, typically one of the busiest times of the year. We lost key momentum by having to prepare and deliver it at the end of the winter season when it was sorely needed by patients throughout that winter period.

Formal tripartite negotiations on the arrangements for the Community Pharmacy Contractual Framework (CPCF) in 2024/25—the first year following the five-year CPCF deal—began in February 2024.

The negotiations are taking place between Community Pharmacy England and the Department of Health and Social Care (DHSC), supported by NHS England (NHSE).

They began ahead of the start of the financial year, in line with the ambitions of all three negotiating partners, but later than planned due to the volume of urgent work needed to launch the Pharmacy First service.

The discussions are still underway and will include funding and other arrangements for pharmacies in 2024/25. They are unlikely to start until after September 2024.

Previous funding was nowhere near sufficient, as we have seen the pharmacy market decrease as contractors were faced with incredibly difficult choices. Some could not sustain their pharmacies in the current climate with the insufficient funding available.

The negotiations around the £645 million investment pledged to community pharmacies as part of the [Delivery plan for recovering access to primary care](#) have been going on since the announcement of the plan in May.

In the immediate term, it is critical that we get the £645 million Primary Care Recovery Plan investment flowing into pharmacies quickly.

But the proposals also need to be workable to ensure that new services are workable and that all of this investment gets to where it needs to go. Progress has been slower than we had hoped because of the complex matrix of government stakeholders invested in this particular policy, going right up to the Prime Minister's office. We will share news as soon as we possibly can.

As declared in the update on the delivery plan for recovering access to primary care and actions 24/25, expansion of pharmacy services, particularly Pharmacy First, Pharmacy contraceptive service, and the Hypertension case-finding service, greater flexibility using pharmacy technicians to provide PGDs, legislation on supervision, and amending legislation to increase dispensing efficiency. Reclassification of more medicines, etc.

At the time of writing, CPE is still in negotiations as the outcome of the announced UK General Election on 4th July 2024, saw a new Parliament, which will take time to get up to speed, and there is a summer recess.

NHS Landscape

NHS Cheshire and Merseyside ICB are still our main commissioners, but we continue to meet regularly with local delegated commissioners, e.g., Sefton Place, local authorities, and other bodies of influence, e.g., PCNs, LMC, etc.

Statutory ICSs, made up of an ICS NHS body and an ICS Health and Care Partnership (together referred to as the ICS), came to be statute on 1st July 2022. This dual structure recognises that there are two forms of integration underpinned by legislation: the integration within the NHS to remove some of the cumbersome barriers to collaboration and to make working together across the NHS an organising principle; and the integration between the NHS and others, principally local authorities, to deliver improved outcomes for health and wellbeing for local people. The Integrated Care Board (ICB) now exists, with the dissolution of the CCGs as predecessor organisations to the ICB. CPS continues to ensure we push for a community pharmacy voice in the emerging new landscape with the formation of ICS's and have nominated regional CEOs as representatives to sit on various emerging boards and provider forums.

As a lot of our colleagues from the local NHS E&I regional team transferred into the ICB, our relationship management was strong and consistent. We saw Pam Soo, our key contact in her previous role at NHS E&I, appointed to the Clinical Lead for Community Pharmacy Integration post for the ICB. We recognise this appointment as hugely positive for driving community pharmacy commissioning and practice forward.

We want and should be embedded and joined up with the NHS and the developing ICS/PLACE systems/areas, but we desperately need more funding and workforce issues to be resolved.

We continued to engage with and maintain a good relationship with the Merseyside LPN; this provides us with a useful and valuable network with Merseyside. We expect early next year for both LPNs in Cheshire and Merseyside to be merged, and we will continue to engage with and have a good relationship with the successor body.

Contractor Support

Contractor support is a crucial part of the work we do as a team. It can be delicate work as it often straddles tense relationships locally with lots of contractors and stakeholders under immense pressure, whether that be workload demand, workforce availability, or funding. We have seen a significant contractor change with several things, including the exit of the market for the 2nd biggest contractor, Lloyds Pharmacy, and new contractors coming in. It takes a lot of immense skill, persistence, and empathy to support the difficulties facing our contractors the way we do, and I would like to thank the team publicly for their excellent and professional demeanour throughout, always putting our contractors' needs at the forefront of everything they do. We had many new contractors through the year as pharmacies changed hands, and our pharmacy services manager reached out to all of them to welcome them and inform them of our support.

The Community Pharmacy Assurance Framework (CPAF) monitoring cycle continued, and our mechanisms for helping make contractors aware (and chasing those who had not submitted towards the end of the window) worked well with high levels of completed returns, minimising unnecessary full compliance visits.

Our team has also helped support with relationship issues with practices, service accreditations, palliative care submissions, GP CPCS referrals, waste medicine collections, nomination issues, outstanding hypertension case finding referrals, SCS service implementations and deliveries, NHSBSA issues, PharmOutcomes support and training, needle exchange issues, and advice around managing workload and processes amidst nearby closures.

We also continue to ensure we support contractors in complying with contractual obligations, such as a mandatory workforce survey, the completion of the data and security toolkit, etc.

Achievements

We have successfully retained all locally commissioned services, apart from the locally commissioned UTI PGD that was superseded by the pharmacy first clinical pathway.

For all services, we continue to build relationships and have asked for a financial review in light of the increasing costs for contractors to deliver the services.

This has resulted in a significant increase in payments to locally commissioned smoking cessation services.

We are still awaiting replies regarding Sefton Place commissioned services (at the time of writing).

We also had a local influenza vaccination service commissioned for council staff and an MMR vaccination service commissioned.

The COVID-19 vaccination service was delivered by many contractors, and the community pharmacy service was a key pillar, vaccinating the most patients towards the end of the year, demonstrating how valuable a service this is to patients and the system. There is great hope for the next year that pharmacy will continue to vaccinate more patients than other settings in both the spring and winter campaigns.

A major success during the year was the delivery of the national flu vaccination service in community pharmacies. We delivered the highest ever recorded number of vaccinations across Sefton.

We have ensured OST services have continued and are still in negotiations regarding the contract and payments with the commissioner, Change Grow Live (CGL), and we continue to focus on further extensions to the service. We have also supported training for contractors regarding this service.

Re locally commissioned sexual health services, e.g., EHC, we have secured commissioning for the year and had an increase in contractors commissioned. We continue to explore expanding the service, e.g., chlamydia testing, etc.

DMS referrals are increasing, and CPS has been supporting contractors in ensuring provision of the service via drop-in training sessions for pharmacy staff and ongoing support as a 'critical friend' to ensure compliance with the service specification.

We successfully completed a locally commissioned MMT pilot service, the Medicines Adherence Assessment Service. Although this was a very small pilot out of one GP practice and has now been decommissioned, we gained some valuable findings that have been feedback to the MMT and ICB for further discussion.

To help gather evidence to support our negotiations, we have utilised valuable information via the pharmacy pressures survey carried out towards the end of the year, and we promoted this to contractors to engage further with the important data it collects to inform negotiations. Last year's Pharmacy Pressures Survey was widely supported, and we hope to have an even better response this year.

Cheshire & Merseyside Health & Care Partnership (HCP) is the sister board to the ICB, bringing together a wider set of partners, including the NHS, local authorities, and the voluntary sector.

The partnership assesses the health, public health, and social care needs of Cheshire and Merseyside and produces a strategy to address them. We have attended this forum to ensure that pharmacy and other primary care disciplines are featured on key strategic documents. This has resulted in community pharmacy being mentioned in the Health Inequalities and Population Health update, the local implementation of the primary care recovery plan, and the overarching HCP strategy document.

We have continued to connect with Health Education England (now the Workforce Training and Education arm of NHS England), which has produced a report into the community pharmacy workforce needs. All of the ICBs in the Northwest were briefed on this report, and its recommendations will inform their workforce plans as they develop. We met with the regional team along with all the LPCs in the North West to discuss our concerns around the implementation of IPs in early-year pharmacists and fed into the governance around this. We remain concerned about the availability and access of Designated Prescribing Practitioners (DPPs) as we approach the new foundation year.

CPS has continued to work with and highlight issues to local MPs, and we will continue to press them to raise these issues with the government. A Sefton MP twice raised a debate in parliament regarding these issues with media coverage. The LPC continues to send communications to our MPs to gain support and help highlight how indispensable our pharmacies are and that adequate funding is essential. We also asked local councillors to attend since councils will be key members of the ICS as it develops, so it is important that they are well aware of our situation. We encouraged contractors to engage with their MPs to also highlight the issues faced by community pharmacies.

Community Pharmacy Sefton continued to develop relationships with local commissioners and maintains a particularly good working relationship with other LPCs, meeting weekly to work collaboratively on projects e.g., GP CPCS, hypertension case finding service. We have worked together to deliver training webinars to help contractors deliver new national services, e.g., hypertension case-finding services and smoking cessation services.

With the PQS funding structure, we have continued to support contractors to maximise their income and helped support those to meet the criteria to claim payments.

We continue to have regular contact with Dr. Ian Cubbin, PSNC regional representative (outgoing) for Merseyside and other local LPCs via the Association of Mersey Pharmaceutical Committee (MALPS). We also work jointly across the region on various projects and public health campaigns and meet regularly once a month to establish a work plan, share resources, and joint working as part of the regional joint working group. This collaborative work with other LPCs has been invaluable, as we have shared learning and had services commissioned across the whole region, improving access for patients. Although we represent the local area and will continue to do so, it has been invaluable working jointly with other LPCs.

We have also continued to engage with the Local Medical Committee (LMC) on various issues and meet monthly with the medicines management team for both the Sefton Place, the PCN committees, and the Pharmacy Local Professional Network (PLPN).

CPS continues to link with our local PCNs and is in regular contact with PCN managers and clinical directors to explore collaborative working. We have also supported all our PCN leads by facilitating training, meetings, and communication channels.

CPS has worked with ICB/NHSEI and the local authority on the Pharmacy Needs Assessment (PNA), a legislative document that is required to be completed every three years to ensure adequate pharmaceutical provision. Towards the end of the year, LPCs, local authorities, and the ICB pharmacy team came together once more to start the process for the next batch of PNAs, which are due for publication in September 2025. The timeline for this does dictate that various surveys, information gathering, and analysis need to take place in good time for the Health and Wellbeing Boards to thoroughly advise on need. We have worked with the ICB team and 10 Local Authority teams to minimise the burden on contractors in their surveys and to do things once wherever possible across the geography rather than nine different versions of the process.

CPS has continued links with Healthwatch, CVS, and other local carer groups to promote pharmacy services.

CPS has also provided various training events for all contractors to help support new services and provide clinical training, e.g., DMS, Pharmacy First, Dermatology, Dry Eye Training, Osteoporosis, etc.

CPS has also ensured that free eLearning training via VirtualOutcomes has been funded via ICB/NHSE&I for all pharmacy team members throughout Sefton and the region.

CPS has facilitated communication via WhatsApp groups that has seen contractors working together to procure stock and ask questions. We have extended this to working with the MMT Hubs to help locate stock and, therefore, signpost patients.

CPS continues to review all contract applications concerning pharmacy services and respond on your behalf. We also respond to all ICBs, place consultations, CPE surveys, and the like.

CPS has represented and supported various contractors regarding performance issues at various contractual meetings and continues to do so. CPS has also been successful in providing access to vaccination training and has negotiated a discount for contractors.

CPS has engaged with Sefton public health and the Sefton Place director on various proposals, such as a commissioned falls prevention service, dementia screening service, weight management service, vitamin D supply service, and healthchecks service, and continues to discuss various projects. We are exploring a Sefton Council staff influenza vaccination service again for 24/25.

CPS is working regionally with C&M ICB to commission expanding the Pharmacy First service from UECs and referrals into the HCFS from local optom providers.

Finance

Throughout the year, the new treasurer, Una Harding, and admin officer, Jess Bibby, have been reviewing expenditures and budgets on a regular basis. This work has ensured that the committee finances have finished the year in a position that will allow the committee to continue to robustly support contractors.

Our accounts are all detailed on the Community Pharmacy Sefton website: <https://sefton.communitypharmacy.org.uk/about-us-2/finance/finances/>

A full assurance report was commissioned to ensure we have robust processes in place.

Acknowledgements

I would like to take this opportunity to thank all CPS members for their commitment to our local contractors and for the support they have given both myself and the Chair during the year.

Finally, but not least, I would personally like to mention the Sefton Community Pharmacy's resilience and hard work in still providing excellent service to our communities in extremely challenging times.

Dr Lisa Manning
CEO Community pharmacy Sefton





Get in touch

Visit: [Community Pharmacy Sefton – Welcome to the Community Pharmacy Sefton website.](#)
[Click here to find information on Officers, Members, Governance and how to conduct us.](#)

Email: admin@sefton-lpc.org.uk