

Annual Report 2024/2025



Officers

Chair: Mr. James Glover

Vice Chair: Mr Martin Straton

Treasurer: Mrs Una Harding

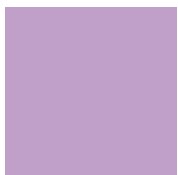
Chief Officer: Dr. Lisa Manning



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



It's a privilege to write this as my first report as Chair of Community Pharmacy Sefton. I stepped into the role at a time when our sector continues to face significant pressures—from ongoing medicine shortages to ever-increasing demand from patients. These challenges are echoed clearly in the CEO's report, and I know many of you will relate to the daily struggles that have, sadly, become the new normal in our pharmacies.

Despite this, I feel genuinely optimistic about the future of community pharmacy. We are witnessing a clear and welcome shift in our roles—one that recognises pharmacists as clinicians, not just dispensers. We are no longer prescription factories. The move towards more clinical, patient-facing services is something to embrace, and I believe it will strengthen our role in primary care more than ever before.

This year, we also welcome our first cohort of trainee pharmacists from university into the community pharmacy sector. It's an exciting time for us to help shape their development, particularly as we consider how to train and support them as future prescribers. It will be interesting to see how this evolves and how we, as a network, can help create an environment where these new professionals can thrive.

I'd also like to highlight the new medicines management locality WhatsApp groups, which I believe are a fantastic step forward. Good relationships with our neighbouring pharmacies are vital—not just for delivering better patient care, but also for our own support and resilience. Community pharmacy can be isolating at times, and having a local group to turn to with questions or concerns can make a real difference.

Finally, I want to remind all of you that the Community Pharmacy Sefton team is here for support. Whether you're facing a tough day, a difficult patient query, or just need a sounding board, please don't hesitate to reach out. Stronger connections between us can help make these difficult times more manageable—I hope and ensure we can all look forward to a brighter future together.

James Glover

Chair, Community Pharmacy Sefton





Who we are

Our committee members

- James Glover Chair/Member IPA
- Jemma Lees Member/IPA
- 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 Moir Member/IPA

Our office team

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

Governance

Meeting attendance

The table below lists all committee members who served in 2024/25. 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 24/25. 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.

Name	Role/Status	Possible meeting attendance	Actual meeting attendance
James Glover	Chairman/ IPA	10	8
Martin Stratton	Vice Chairman – Independent	10	6
Una Harding	Treasurer – Independent	10	8
Lucy Corner	CCA (Rowlands)	10	8
James Moir	IPA	10	7
Joanne Murphy	CCA (Rowlands)	10	8
Sarah Halpin	Independent	10	7
Salma Iqbal	CCA (Boots)	10	9
Jemma Lees	IPA	10	8



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 IPA.



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.





Community Pharmacy Sefton

Financial Statements



Community Pharmacy Sefton LPC

Accounts

for the Year Ended 31 March 2025

	Notes	2025		2024	
Income		£	£	£	£
Contractor Levies		76,841		57,731	
Other Income		<u>26,978</u>	<u>103,819</u>	<u>3,133</u>	<u>60,865</u>
Expenditure					
Administration					
Staff employment costs		72,369		69,547	
Meeting costs		5,583		8,906	
Levies		32,903		24,808	
Post and stationery		842		454	
Computer costs		833		574	
Insurance		634		626	
Telephone		859		723	
Travelling		2,147		289	
Bank charges		5		241	
Accountancy		3,089		1,846	
Legal fees		1,800		1,458	
HMRC interest and charges		0		1,650	
Total Costs			<u>121,064</u>		<u>111,122</u>
Surplus/ (loss) before tax		(17,245)		(50,257)	
Corporation tax		<u>1,587</u>		<u>298</u>	
Surplus/ (loss) after tax		(18,832)		(50,555)	

Balance Sheet

as at 31 March 2025

	Notes	2025		2024	
		£	£	£	£
Debtors	4	5,929		3,754	
Cash at bank and in hand		<u>85,075</u>		<u>105,106</u>	
		91,004		108,860	
Current liabilities					
Creditors: Amounts falling due within one year	5	5,984		5,008	
Net current assets			85,020		103,852
Total assets less current liabilities			85,020		103,852
Net assets			85,020		103,852
Represented by:					
General fund					
Balance at 1 April 2025			103,852		154,407
Surplus for the year			<u>(18,832)</u>		<u>(50,555)</u>
Balance at 31 March 2025			85,020		103,852

These financial statements were approved by the Community Pharmacy Sefton LPC on 18th August 2025 and signed on its behalf by:

James Glover

Chair of the Committee



Una Harding

LPC Treasurer



Chief Officer Report

Year 2024-25 has continued to be a challenging but opportunistic 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 and procuring stock etc.

As the new Community Pharmacy Contractual Framework (CPCF) arrangements for 2024/25 and 2025/26 were announced detailing the largest uplift in funding across the whole of the NHS.

Ministers have said the uplift signals the Government's commitment to stabilising the sector, and the Government has given a firm commitment to **work towards a sustainable funding and operational model for community pharmacies**, recognising the key role they will play in future healthcare.

The settlement takes **baseline annual CPCF funding for 2025/26 to £3.073 billion** and secures a further **£215 million to fund the continuation of Pharmacy First** and other Primary Care Recovery Plan services.

The settlement also secured a write-off of historic margin overspend, **with £193 million being written off**, and a commitment to reviewing margin distribution.

Together, this provided a greater than 30% uplift to funding for the community pharmacy sector over the coming financial year, as compared to 2023/24. From 1st April, the Single Activity Fee (SAF) will increase by 19p to £1.46 per item and the margin allowance for community pharmacy will rise to £900 million per year. Fees for the Pharmacy First and Contraception Services are being increased, and a new intermediary band for the Pharmacy First monthly payment has been agreed. Looking ahead, antidepressants will be added to the **New Medicine Service (NMS)** and **Emergency Hormonal Contraception (EHC)** will be added to the Contraception Service from October.

A smaller than usual **Pharmacy Quality Scheme (PQS)** will include training to support the expansion of these services, with a 75% aspiration payment available to claim in May.

The settlement also addresses a number of regulatory matters which Community Pharmacy England argued for, including on **Distance Selling Pharmacies (DSPs), opening hours and NMS subcontracting.**

This is only a first step towards sustainability, and that more funding is needed. Crucially, the Government has acknowledged the funding gap and committed to working towards a sustainable model for community pharmacy. Work will continue to ensure that this commitment is met.

This is the first significant investment in community pharmacy's core funding for over 10 years, but it is only a first step towards sustainability. The Community Pharmacy England (CPE) Committee therefore reluctantly accepted the final offer – with the very serious caveats that this funding is not enough to meet the full cost of delivery of NHS services as indicated by the independent **Economic Analysis**, and that more needs

to be done to put the community pharmacy sector on a sustainable footing.
<https://cpe.org.uk/wp-content/uploads/2025/03/IER-summary-briefing-Westminster-.pdf>

Community Pharmacy England will be working over the coming months to ensure that the Government delivers on its commitment to develop a sustainable funding and operational model for community pharmacy, to underpin a clearly defined role for the sector and harness its potential to further support the NHS in the future. They will also be briefing Parliamentarians and wider policy stakeholders on the implications of the settlement and what is needed to move community pharmacy to a fully sustainable position – and getting their support to do so.

The most recent pressures survey also enhances the evidence we have been hearing from contractors <https://cpe.org.uk/wp-content/uploads/2025/06/Pressures-Survey-2025-Medicines-Supply-Report.pdf>

The most recent pressures survey's key findings were:

Medicine supply issues continue to compromise patient care and increase pressure on pharmacy teams.

Pharmacies are spending more time than ever sourcing medicines in the face of daily supply chain challenges.

Worsening availability: In 2022, 67% of pharmacy team staff said they experienced daily supply issues. In 2025, this has risen to 87%, with pharmacy teams now reporting they face supply problems at least daily, often multiple times a day. Additionally, in 2025, 81% of staff report that out-of-stock items from wholesalers occur daily, highlighting the persistent and worsening reality of medicine shortages in pharmacies.

Patient safety remains at risk: In 2022, just over half (51%) of pharmacy teams said patients were negatively affected by supply chain issues on a daily basis. In 2025, this concern has grown significantly, with 73% reporting risks to patient health caused by delays in accessing medicines.

Patient aggression continues: Reports of aggression from patients due to medicine shortages remain high, rising slightly from 75% in 2022 to 79% in 2025. This reflects ongoing strain on patient experience and the public-facing teams dealing with the consequences.

Increasing time spent sourcing alternatives: In 2022, pharmacy teams spent an average of 5.3 hours per week managing supply issues.

In 2025, this has intensified, with 39% of teams spending 1–2 hours every day and over a quarter (26%) spending more than two hours daily.

Mounting pressures on pharmacies: Supply chain problems continue to have a major impact on pharmacies. In 2022, 83% of pharmacy owners reported a significant increase in supply chain and medicine delivery issues. By 2025, this remains in a similar position, with 81% of pharmacy owners reporting the same. In 2025, 94% of pharmacy owners said the inability to source and supply medicines to patients is the main reason behind the pressures on their business and the negative impact on patient services.

These findings reflect what community pharmacies in Sefton are experiencing.

Upshot is, 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.

At the time of writing the NHS 10-year plan has also been announced.

The Government published their long awaited 10 Year Health Plan for England <https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future> on 3rd July 2025. This followed eight months of work to develop the plan, including extensive engagement with the public, staff and healthcare providers, including Community Pharmacy England and other representatives of community pharmacy.

The Government will reinvent the NHS through three radical shifts - hospital to community, analogue to digital and sickness to prevention.

The plan makes several references to community pharmacy:

- It notes that as well as improving patient choice and convenience, there is now strong evidence that a bigger role for pharmacy can deliver efficiencies and support financial sustainability. Over the next 5 years, community pharmacy will transition from being focused largely on dispensing medicines to becoming integral to the Neighbourhood Health Service, offering more clinical services.
- As community pharmacists increasingly become able to independently prescribe, their role will be increased in the management of long-term conditions, complex medication regimens, and treatment of obesity, high blood pressure and high cholesterol.
- Community pharmacy will also have a bigger role in prevention by expanding their role in vaccine delivery and in screening for risk of cardiovascular disease and diabetes.
- Pharmacists will play a critical role in the Government's ambition to improve access to fast and convenient healthcare for women.

In addition to emergency contraception being added to the Pharmacy Contraception Service in 2025, the plan says from 2026, women and young people who missed out on the human papillomavirus (HPV) vaccination at school will be able to have the vaccine administered at a pharmacy.

- The plan notes that many people now get many of life's essentials delivered straight to their home and goes on to say medicines should not be an exception. Over the first half of the plan, the Government will modernise its approach to dispensing of medicines and make better use of the technology available, including dispensing robots and hub and spoke models where they can fill prescriptions far more quickly and accurately than humans. The Government will engage with the sector and the public on proposals to modernise the approach to dispensing, so that it is fit for the 21st century.

- Over time, community pharmacy will be securely joined up to the Single Patient Record, to help pharmacy teams provide a seamless service and to give GPs sight of patient management.

- The plans also states that the system for getting new medications to patients is needlessly complicated. The process by which each local area decides which drugs are available is bureaucratic and creates a postcode lottery. These local formularies do not make sense in a universal service that should provide a core standard of high-quality care to everyone. The NHS will therefore move to a Single National Formulary (SNF) for medicines within the next 2 years. The Government will create a new formulary oversight board, responsible for sequencing products included in the formulary based on clinical and cost effectiveness, supported by the National Institute for Health and Care Excellence (NICE). Local prescribers (such as doctors and pharmacists) will be encouraged to use products ranked highly in the SNF but will retain clinical autonomy as long as they prescribe in line with NICE guidance. The intention of this policy is to ensure that the Government can drive rapid and equitable adoption of the most clinically and cost-effective innovations. They will work with industry throughout the implementation of these policies to make sure they realise these objectives together.

We are looking to link it with the CPE commissioned vision for community pharmacy <https://cpe.org.uk/our-work/about-us/our-vision-and-strategy/> and work collaboratively with other local LPCs to submit a paper to the Cheshire & Merseyside Integrated care board (C&M ICB) detailing the strong evidence that a bigger role for pharmacy can deliver efficiencies if the funding is right.

At the time of writing the commissioned **Evaluation of clinical services under the Community Pharmacy Contractual Framework 2019-2024** A [qualitative evaluation of clinical services under the Community Pharmacy Contractual Framework](#) (CPCF) has been published.

It outlines key recommendations to guide the future commissioning of clinical services in community pharmacy and offers valuable guidance in scoping opportunities for the sector within the 10 Year Health Plan.

Key Findings

- Community pharmacy staff are generally very motivated to perform CPCF clinical services to help people within the communities they serve and to make

the most of their qualifications.

- Community pharmacies are under extreme financial pressures, influenced by historic levels of inflation. Many pharmacy staff felt remuneration for these clinical services was insufficient and impacted their ability to deliver them.
- Issues with physical and digital infrastructure persist. Many other HCPs do not use the same clinical IT systems used in community pharmacies, and community pharmacists lack access to full medical records.
- Integration with other healthcare providers remains an ongoing challenge, influenced by complicated referral pathways, competing incentive structures and limited awareness about the services pharmacies offer.
- Service users are motivated by the convenience and timeliness of clinical services offered at community pharmacies compared to other healthcare settings. Existing relationships and high levels of trust with pharmacy staff are also key drivers for service users to engage with these services. However, limited public awareness remains a challenge.
- Most community pharmacies offer a convenient and accessible form of care for a lot of people, which can be particularly important to people who may not seek care otherwise. Often pharmacies are well integrated into their local communities, with staff speaking the languages of local residents, which helps to build levels of trust that are not observed with some other HCPs.

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 All-Party Parliamentary Groups (APPG) events in support of community pharmacy. 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.

The committee itself has seen a restructuring, James Moir (IPA) stepped down as chair and James Glover (IPA) became the new chair. Martin Stratton (Ind) remains as Vice chair. Una Harding (Ind) continues to be the treasurer. We welcomed a new Engagement officer Edward Murphy who is providing excellent support to contractors. The committee continues to comprise of 9 members.

I wish to acknowledge my thanks to James Moir for his role of chair and we are happy that he remains on with the committee as a valued member.

I also wish to acknowledge the hard work of my LPC support officers Sara Davies, Edward Murphy 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 for most of our meetings with external guests invited, which has significantly broadened our outreach and helped reduce financial costs.

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

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

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

NHS Landscape

NHS Cheshire and Merseyside ICB are still our main commissioner, but we continue to meet regularly with local delegated commissioners e.g. Sefton Place, local authorities and other bodies of influence e.g. Primary Care Networks (PCNs), Local Medical Committee (LMC) etc. CPS continues to ensure we push for a community pharmacy voice on the Cheshire & Merseyside ICB through committees and attendance at various pathway meetings e.g. COPD, CVD.

We continue to engage monthly with the C&M ICB Clinical Lead for Community Pharmacy Integration and with the Northwest ICB transformation lead which we have good working relationships with.

Pharmacy Local professional networks (LPNs) for Cheshire and Merseyside have merged, and we will continue to engage with and have a good relationship with the successor body. At the time of writing via the 10-year health plan the new landscape has been detailed with focus very much on integrated neighbourhood teams, representing around 30K populations and we have reached out to ensure we are included in the emerging operational groups within Sefton.

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, and funding.

We have seen a significant contractor change with closures of more Sefton pharmacies taking us to 66 (at the time of writing). 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 demeanor throughout, always putting our contractors' needs at the forefront of everything they do. We have had new contractors throughout the year as pharmacies have changed hands and our team reached out to all of them to welcome and inform them of our support. Along with practical advice to ensure a smooth transition of ownership.

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 100% completion returns, minimising unnecessary full compliance visits.

This year has also seen the need for a new Pharmaceutical Needs Assessment (PNA) for 2025-2028 to be published. Section 128A of the National Health Service Act 2006 (NHS Act 2006) requires each health and wellbeing board (HWB) to,

- assess the need for pharmaceutical services in its area, and to
- publish a statement of its assessment.

The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out,

- the minimum information to be included in a pharmaceutical needs assessment, and
- outline the process to be followed in its development.

The law requires a full reassessment every 3 years and a new PNA is required for 2025-2028.

It takes 12 months to establish and write the draft assessment which the LPC has been contributing to. At the time of writing Sefton Health and Wellbeing Board is consulting on its draft pharmaceutical needs assessment 2025 to 2028, which is due to be published on 1 October 2025. Our team have also helped support with relationship issues with practices, service accreditations, palliative care submissions, Pharmacy First referrals, Hypertension Case-Finding service delivery, Pharmacy Contraceptive Service delivery, waste medicine collections, Smartcard issues, nomination issues, Smoking Cessation Service referrals, NHSBSA issues, PharmOutcomes support and training, supervised consumption/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 the mandatory workforce survey, completion of the data and security toolkit etc.

Achievements

We have successfully retained all locally commissioned services and negotiated an uplift **on all services** apart from the provision of EHC which has remained static.

For all services we continue to build relationships and have asked for an annual financial review to be built into contracts in light of the increasing costs for contractors to deliver the services.

All nationally commissioned services have seen an increase in registrations and delivery across 2024-2025. To help support contractors we delivered a Pharmacy contraceptive service training workshop in collaboration with CPPE. We helped those contractors entitled to the bundling arrangements for national services (Pharmacy First, Hypertension case finding service, Pharmacy contraceptive service) to become registered.

We also monitor the caps for delivery of these services monthly, along with providing regular training for practice staff on referrals, sharing of data on rejections, provision of practice posters to promote referrals, chasing of unactioned referrals and sharing of lost income data.

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 Influenza Vaccination service in Community Pharmacies. We delivered the highest ever recorded number of vaccinations across Sefton.

We have ensured Opioid Substitution Therapy (OST) services have continued and are still in negotiations regarding the contract and payments with the commissioner Change Grow Live (CGL), 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, with the announced changes to EHC transferring to the pharmacy contraceptive service in Oct 2025, we have ensured that the monies secured will be repurposed for the remainder of 25-26 into STI kit provision via a pilot.

Discharge Medicines Service (DMS) referrals are increasing, and CPS have been supporting contractors in ensuring provision of the service via drop-in training sessions for pharmacy staff and ongoing support as 'critical friend' ensure compliance with the service specification.

24/25 has seen the commencement of the independent Prescriber Pathfinder Service within Sefton. We have been supporting those contractors involved, and to date, excellent data is being collected.

To help gather evidence to support our negotiations, we have utilised valuable information via the pharmacy pressures survey, 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 C&M 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 feature on key documents.

We have continued to connect with the Workforce Training & Education NW directorate, sharing training and opportunities with contractors.

CPS has continued to work with and highlight issues to local MPs, and we will continue to press them to raise these issues to Government. 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 encouraged contractors to engage with their MPs to also highlight the issues faced by community pharmacies.

Community Pharmacy Sefton continues 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. Pharmacy First, Hypertension case finding service. We have worked together to deliver training webinars to help contractors deliver new national services.

With the Pharmacy Quality Scheme (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 have been supporting those contractors who are new to Sefton who have not previously completed PQS.

We continued to have regular contact with Dr Ian Cubbin CPE NPA regional representative (outgoing) for Merseyside and other local LPCs via the Association of Mersey Pharmaceutical Committee (MALPS). At the time of writing, it was determined that MALPs will cease to meet due to the retirement of Dr Ian Cubbin and the excellent engagement from our (ongoing) local CPE regional representative Fin McCaul who provides regular updates and attends the majority of LPC committee meetings.

We continue to work jointly across the region on various projects, public health campaigns and meet regularly once a month to establish a workplan, share resources and joint working as part of the regional joint working group. This collaborative working 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 Sefton Place, the PCN committees and the Pharmacy Local Professional Network (PLPN).

CPS continues to link with our local Primary Care Networks (PCNs) and is in regular contact with PCN managers and clinical directors to explore collaborative working. We also meet with Sefton Place operational group on a monthly basis. CPS continues to support the recruitment and management of the national PCN engagement role which is still in its infancy.

CPS has continued links with Healthwatch, Sefton Council Voluntary Service (CVS) and other local carer groups to promote pharmacy services.

CPS has also shared 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 C&M ICB 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 help to signpost patients.

CPS continues to review all contract applications concerning pharmacy services and

responds on your behalf. We also respond to all ICB, 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 with the director of Sefton Place on various proposals such as a commissioned Falls prevention service, Dementia screening service, weight management service, Vit D supply service, and Healthchecks service and continues to discuss various projects.

We are exploring a Sefton council staff influenza vaccination service again for 25/26.

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

The LPC also conducted a robust CPE LPC self-assessment evaluation on its workings, the details of which are published on our website and overall, we were RAG rated green. From this we determined further actions that could be implemented to ensure we are RAG rated green for all variables and we will ensure all standards are maintained.

Finance

Throughout the year the new Treasurer Una Harding and admin officer Jess Bibby have been reviewing expenditure 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 has been commissioned for 2024/25 to ensure we have robust processes in place.

We continued to maintain a robust accounts process and a healthy financial position to ensure contractors benefited by receiving a 6-month levy payment holiday.

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 nine members and is in proportion to the different proportion of contractors i.e. CCA/Independent/IPA.

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, and not just that 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/meeting or take no part in the ensuing debates. All such declarations are formally minuted and recorded.

Summary of our continued work on behalf of contractors

- Represented contractors at monthly meetings with Sefton Place, LMC, MMT, C&M ICS, Sefton Council, and both Sefton PCNs.
- Provided and promoted pharmacy services and data with stakeholders.
- Overseen all new contracts and secured a payment uplift to Sefton Place contracts, Sefton smoking cessation services, OST and NSP services.
- Maintained a robust accounts process and a healthy financial position to ensure contractors benefited by receiving a 6-month levy payment holiday.
- Discharged all LPC constitution obligations.
- Engaged with local MPs asking for support on community pharmacy matters, shared parliamentary meetings and organised visits to local contractors.
- Delivered training to many GP practices on Pharmacy First (PF) and the referral process – with many more expressing interests in future dates.
- Devised useful resources for practice staff to strengthen their knowledge on how to, and when to refer patients to community pharmacy.
- Created resources for contractors and patients to promote services and guide staff in delivering new services (such as the sites newly registered to the PCS service ahead of the national bundling of services).
- Delivered extensive training as part of a Digital Champions Event to 100+ practices across Merseyside, which including a scoping exercise to identify practices main barriers to referring.
- Using feedback to myth-bust and create resources to reassure practice staff that community pharmacies are delivering services adequately as well as assisting reception staff in promoting and communicating the Pharmacy First Service with patients.
- Worked with contractors to help register and provide national (over 96% of contractors registered) and local services such as EHC and local smoking services.
- Worked with local commissioners such as ABL Health to ensure adequate training is offered to pharmacy staff wishing to deliver the services they offer.
- Worked with contractors to understand service rejections and low/non-providing of services to help contractors maximise their income from local and national services.
- Delivered various contractor training sessions both locally and regionally e.g. PCS training.
- Supported contractors at CPAF monitoring visits.
- Represented contractors at all PNA meetings.
- Provided contractor response for all market entry and contract change applications.

- Supported contractors involved in the independent prescriber pathfinder service, Covid and MMR vaccination programs.
- Provided numerous resources (please see our website <https://sefton.communitypharmacy.org.uk/>) to help contractors fulfil their contractual obligations and help deliver services.
- Resolved all Smartcard issues and provided support to contractors.
- Sent weekly communications to keep all contractors updated with national and local news and set up WhatsApp groups to help engage contractors to share information e.g. stock issues.
- Attended and contributed to various CPE/ ICB/LPC working groups e.g. IT, services.

As CEO I would like to take this opportunity of thanking 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 Pharmacies resilience and hard work in still providing an excellent service to our communities under 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