



**Devon Local Pharmaceutical Committee**

**Annual Report 2011**

**Incorporating Annual Accounts**

**April 2010 - March 2011**



## **LPC Vision**

***"To maximise financial and professional opportunities for pharmacy contractors"***

## **LPC Mission**

***"To lead the development and facilitate the delivery of financially rewarding, safe and consistent, quality community pharmacy services"***

## **LPC Objectives**

- Ensure LPC Structure supports vision, mission and purpose
- Proactively develop new income streams for contractors
- Support contractors to implement financially rewarding, quality community pharmacy services
- Support and guide contractors to comply with new regulations and operate with good clinical governance
- Develop effective relationships with appropriate healthcare commissioners and PCOs to ensure the right to be consulted on pharmacy matters
- Facilitate closer working relationships between community pharmacists and other healthcare professions
- Develop an effective communication strategy with contractors and other stakeholders
- Engage with PCOs at a regional level and contractors at a local level to ensure pharmaceutical needs assessments are prepared in a clear and fair manner
- Ensure LPC members' awareness of NHS changes, impact on community pharmacy and influence local interpretation and implementation

## Chairman's Report

This year has been one of change would be an understatement, with the changes in the NHS, cost of service enquiry, changes to contract and numerous consultations. I have to say, however, that Community Pharmacy is emerging in a stronger position than its historic subservient position. Our political voice has strengthened both nationally and locally and this can only improve our position in the long term. At the local level, the LPC has felt it of particular importance this year to ensure our political representatives are aware of the issues facing pharmacy. We have arranged numerous MP visits and have visited the House of Commons where we made representation to a number of MPs. We have also held joint meetings with MPs, local Councillor's and NHS executives to ensure local Allied Health Professionals' views are represented in the new health organisations. These representations have led us to be the first LPC in the country with representation on the Health and Wellbeing Board (Torbay) and early adopters of pharmacy representation on the clinical commissioning groups. The outcome of this has been more formal recognition of community pharmacy's role in pathway development in a number of clinical areas. This should start to be observed in the coming year as these developments start to be delivered on the ground.

The future of community pharmacy is regarded as being far more service orientated and integrated into the community in supporting primary care and public health activity. This has been notably developed in some areas with the piloting of health promotion champions and healthy living advisors. This work will be developed and extended on in other areas of Devon this year. We will also be working with Plymouth University to benchmark public health activity and collect evidence on community pharmacy's importance in this area. I hope the reader noted the use of the word "evidence" - it is something we need to adopt rapidly as there will be no free lunches in the reformed leaner NHS.

Other areas of activity have been:

- Following up on supply issues and re-highlighting the on-going problems which again received national coverage.
- Further work on alerting PCTS to the perils of branded generic switching, protecting our members and the NHS cost base in the medium term.
- MURs - we have continued our support for MURs with the development of targeted MURs and have seen for the first time one month in which MUR revenue reached the maximum monthly figure – this indicates that at last this is becoming part of our working day.

Going forward the committee has begun consideration of how we make the most efficient use of the LPC resources. A number of recent developments suggest we are moving into a much more complex environment:

- Far greater number of stakeholders
- Decision makers in a different organisation to fund providers

- Movement of many of our services in the form of public health to the local authority
- Required involvement in a number of different pathway redesign activities across different consortia
- The development of the pharmacy clinical network
- The emergence of clusters as commissioning board outposts
- New contractual changes with the new medicines service requiring enhanced practice relationships and communications

This environment shift has forced us to consider with other LPCs how we can best configure our operating model to meet these changing requirements.

Lastly, I would like to thank the team at the Secretariat, Sue Taylor, Mark Stone, Kathryn Jones and Will Cockburn for their unstinting dedication to the work of the Committee and supporting contractors and the on-going effort they put into delivering the work plan of the LPC.

David Bearman  
Chair

**“Devon LPC has organised 10 MP visits to community pharmacies”**

## **Chief Officer's Report**

### **The LPC**

April 2010 saw the introduction of a new Devon Local Pharmaceutical Committee, with its representation changed to reflect pharmacy ownership in Devon, and we welcomed several new members into the fold following the elections at the end of 2010! This meant we had to say goodbye to a number of our long standing members, in particular George Wickham, Ali Hayes and Martin Frankland, all of whom had served on the committee for a number of years and whose contribution had been invaluable. I would like to take this opportunity to thank them for their hard work and commitment to serving their colleagues during their time on the committee and just to let them know that we do miss them!!

### **The changing health landscape**

The new LPC has had a steep learning curve during the latter half of 2010 and into 2011. Following the General Election in May 2010 and the change to a coalition Government there are significant changes happening in the NHS as highlighted by the Chair in his own report. The changes emanate from the White Paper's "Equity and Excellence: Liberating the NHS" 2010 and "Healthy Lives, Healthy People" 2010. During the year the changes that were proposed in the Health Bill included the abolition of Strategic Health Authorities from April 2012 and of PCTs from April 2013, with the proposed creation of different commissioners; the NHS commissioning Board and Clinical Commissioning consortia effective from April 2013.

Local Authorities will have responsibility for delivering public health, much of which will be delivered through the Health and Wellbeing Boards. The majority of community pharmacy enhanced services currently have a public health focus so we will need to have much greater engagement with the Local Authorities. All in all these changes have significantly changed the landscape for us and our contractors in terms of communication and the organisations that we engage with on behalf of our contractors.

During the year we have continued to campaign for Devon's community pharmacy contractors on key issues like the supply chain and the NHS changes.

We continue to strive to ensure that the voice of community pharmacy is heard locally and that the pharmacy offer is included within care pathways for patients. In Torbay, we are lucky enough to have a local contractor and LPC member, Karen O'Brien, nominated as a LPC representative, and Andrew Mawhinney (local LloydsPharmacy pharmacist) is a co-opted member of the former Professional Executive Group, now recognised as the Clinical Advisory Group. This ensures that we have professional representation at the right level. In Plymouth, David Bearman (LPC Chair) has continued with his role on the Professional Executive Committee and will be a member of the new Executive Board.

### **Pharmaceutical Needs Assessments**

All three of our PCTs developed Pharmaceutical Needs Assessments (PNAs) during 2010/11 with LPC representation on the Steering Groups. It is fair to say that the development and production of the PNAs was challenging. The LPC responded in detail to the consultation documents and comments were included or acknowledged in the final documents which were all published in time on the 1<sup>st</sup> February 2011. However, we are still waiting for regulations to be amended to reflect their intended use for market entry applications.

## **LPC Activities**

The LPC continues to engage with our contractors and local pharmacists through the regular Golden Pages newsletter, website and locality forum meetings. The latter continue to be well attended by our local pharmacy teams as do our specific training events and workshops. Towards the end of the year we ran two very successful events about the Drug Tariff to ensure that our contractors take every opportunity to maximise their income through the essential services; we also repeated our audit of the medicines supply issues and fed the results back up to our national pharmacy bodies to ensure the problems experienced by pharmacists keep high on the national agenda. Our Premier Pharmacists articles have proved popular throughout the year and help us to continue raising the profile of community pharmacists through the sharing of best practice.

The Respiratory Medicines Use Review project in Torbay continues to develop. We held two excellent and well attended workshops on asthma and COPD in Torquay and virtually all pharmacies in Torbay signed up to participate in the project. Initial findings showed that there is a cohort of patients that do not optimise their asthma medication and there is real value in supporting their adherence. There have been some teething problems in developing a robust referral system between general practice and community pharmacy and so the project got off to a slow start. However, because the LPC recognizes the importance of obtaining demonstrable outcomes from the medicines use reviews, the committee has designated some specific project support to the project. This has become even more important as we move towards the New Medicines Service and targeted Medicines Use Reviews later in 2011. We will use the lessons from the Torbay project to help us support the implementation of the new services.

You will see in the annual accounts that the LPC was reimbursed for secretariat expenses. One of the reasons for this is explained below!

## **Devon Carers project**

In spring 2009, Devon was successful in a bid to the Department of Health to become a Carers Demonstrator Site, to provide health and wellbeing checks to carers; £1m of additional funding was secured to set up an ambitious project that would test a new way of collaborative working between GP practices, pharmacies, and the community and voluntary sector for the benefit of carers. The heart of Devon's ambition was to raise general awareness of carers needs in primary care and to improve the health and wellbeing of carers in Devon. I felt privileged to be asked if I could support the engagement of local general practices and community pharmacies in the project, and was seconded to the project team for two days a week. It was a very rewarding piece of work to be involved in and the outcomes have demonstrated real value to carers. The project was time limited and came to an end in April 2011.

In brief, the Health and Wellbeing Check was designed to offer carers an hour of protected time for a carer to consider with a health professional various aspects of their health and wellbeing including:

- Safety and warmth at home
- Living and caring safely at home
- Their own health and health care needs
- Check-ups, vaccinations and screening
- Work, education and leisure
- Caring roles and tasks

Over a period of 15 months, in all a total of 2,924 adult Carers in Devon received a Carers health and wellbeing check, 105 of who also had an annual recheck. Carers who were eligible also received a vascular health check.

Community pharmacy had very mixed experiences in the programme. There were lots of concerns around the administration and management of the project; however, the pharmacists felt that promoting the Pharmacy as a service in its own right, being able to follow up with a Medicines Use Review and offering Saturday appointments were valuable.

**Key findings and recommendations** – too numerous to mention here, but one of the key findings of the project was that investment in GP practices and pharmacies is productive in identifying carers, providing an early assessment of need through a Carers' Health and Wellbeing Check (CHWBC) and enabling carers who would otherwise not come forward to be supported in primary care and the voluntary sector.

Another **key finding** was that providing choice is not successful in a competitive market environment, as GP practices are unlikely to refer to another provider, if this results in a loss of income for the practice. However, where GP practices were not providing checks, they welcomed the delivery of checks by a local pharmacy that then referred the carer to the GP as appropriate for follow up health care.

Choice is also not successful where carers perceive one provider as a 'lesser' choice than receiving a check from their practice.

One of the **important recommendations** from the programme is that the Health and Wellbeing checks are rolled out to all GP practices in Devon, and Community pharmacies in locations where GP practices are not offering checks to carers. At the time of writing we had just heard that NHS Devon has identified an additional £1million to support carers in 2011/12. A business case has been accepted that includes a new specification for GP practices and Pharmacies to provide checks, particularly targeting carers between the ages of 40-74 and carers at risk of admission to hospital (or caring for someone at risk of admission to hospital). Community pharmacy will be commissioned to provide 250 checks in year 1 and 300 checks in year 3.

If you are interested in reading more about the project the full evaluation and report may be downloaded from the Devon County Council website at

<http://www.devon.gov.uk/index/socialcarehealth/carers/carershealthandwellbeingchecks.htm>

### **Focus on the year ahead**

The coming year will see the Health and Social Bill pass through parliament. Community pharmacy in the future is likely to be commissioned through three main organisations, the National Commissioning Board, Clinical Commissioning Groups and the Local Authorities via Health and Wellbeing boards. We will continue to lobby locally and nationally to ensure that community pharmacy has appropriate representation on these boards.

At the time of writing, we have just heard that NHS Plymouth has been granted pathfinder status for the Healthy Living Pharmacy concept. The Healthy Living Pharmacy initiative has been very successful in NHS Portsmouth and was highlighted in the Public Health White Paper. The LPC is

committed to the principles of the Healthy Living Pharmacy and will be working very closely with NHS Plymouth to them in Plymouth and also to support the delivery of public health services in Torbay and Devon through the Healthy Living Advisors and Health Promotion Champions. The LPC will also be putting in place a structured programme of support to our contractors to make sure that in Devon, patients will be able to access a first class service to support them with their new medication.

**Thanks - Last** but not least, I would like to thank our contractors, and their pharmacy teams, for the continued support for the LPC, by turning up to our forums and workshops, completing our surveys and audits that we sent out from time to time, and keeping us informed of local issues.

**Sue Taylor**

## The Things we do!

### Summary of LPC events 2010-2011

*Table 1: Locality Forums*

Locality Forums	LPC Lead	Dates
Exeter, East & Mid Devon	George Wickham, Stephen O'Reilley	June 2010, September 2010
North Devon	Nerys Cadvan-Jones	June 2010, November 2010, February 2011
Plymouth	Mark Stone	May 2010, October 2010
South Devon	Peter Hope, Nigel Gray	June 2010, November 2010
Torbay	Simon Gardner	April 2010, November 2010

### 225 attendees represented 97 pharmacies

The locality forums are run and coordinated by members of the LPC. We try to run at least two in each locality over a year. The topics covered vary according to local issues and need. During the year, the LPC arranged presentations from PhS, the local pharmaceutical waste contractor, to update pharmacy teams on the current waste regulations and requirements; in North Devon there was a session on diabetes covering the latest clinical guidelines and support for patients with diabetes; and in South Devon and Torbay, pharmacists received an update on the local Safeguarding Children arrangements and members of the "RightTrac" team spoke about the local Map of Medicine to encourage and promote its' use in a community pharmacy setting to support pharmacists' consultations with their patients. The PCTs also attend the locality forums wherever possible to update on local contractual requirements and negotiations.

*Table 2: Workshops*

Subject	Venues	
<b>Devon LPC Contractors Meeting</b>	Exeter	40 attendees, representing 36 pharmacies
<b>Training Events</b>		
Torbay Asthma MUR	Torbay	48 attendees representing 30 pharmacies
Torbay COPD MUR	Torbay	48 attendees representing 35 pharmacies
Dementia	Exeter and Ivybridge	98 attendees representing 48 pharmacies
Drug Tariff (November & February)	Exeter	146 attendees representing 80 pharmacies
Torbay Health Promotion Training	Torbay ( Four events)	46 attendees representing 46 pharmacies

**"432 attendees at our workshops"**

## Control of Entry

The LPC examined a total of sixteen applications for a new pharmacy or for relocations during the year. 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 PCTs in a timely fashion.

**Table 3: Pharmacy contractual applications considered by the committee during 2010-11**

Type of application	Total number of applications	Total number granted	Appeals	Adjacent to or within surgery	Opened by 31/03/11
<b>100 hours</b>	<b>8</b>	<b>8</b>		<b>1</b>	<b>1</b>
<b>Preliminary Consent</b>	<b>2</b>	<b>1</b>	<b>1 dismissed</b>		
<b>Full consent</b>	<b>1</b>	<b>1</b>			
<b>Minor Relocation over 500m</b>	<b>2</b>	<b>1</b>			
<b>Minor Relocation under 500m</b>	<b>1</b>	<b>1</b>			
<b>Internet/Mail Order</b>	<b>1</b>	<b>1</b>			
<b>Totals</b>	<b>16</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>1</b>

## Monitoring the Uptake of Medicine Use Reviews

**Table 4: LPC Area MUR Statistics Breakdown 2010-11**

PCT	MUR Value per annum	MUR Value per month	No. MURs 2010-11	No. pharmacies claiming	Av. No. MURs per pharmacy	% of available budget	No. of pharmacies in each PCT	% of pharmacies undertaking MURs
Devon	£1568000	£130666	28269	130	217.45	50.48%	140	93%
Plymouth	£571200	£47600	10852	48	226.1	53.2%	51	94%
Torbay	£436800	£36400	8664	39	222.2	55.5%	39	100%
Totals	£2576000	£214666	47785	217	220.2	52%	230	

## Members Attendance and Expenses

Members of the committee (listed in Table 4) are required to attend the LPC meetings regularly as well as provide input to the locality forums, attend PCT meetings on behalf of the LPC and local contractor and other roles. For example, the LPC has established sub committees that operate in Torbay and Plymouth, meeting regularly with the relevant PCT personnel. LPC members are expected to attend to represent local contractors and feedback on issues that may be impacting on them. A breakdown of members' attendances at the LPC meetings and their expenses is provided in Table 5.

**Table 4. Members of Committee during 2010-11**

Committee Member	PCT Area Represented	Elected or appointed
David Bearman	Plymouth	CCA Appointment
Steve Budden	East Devon	Elected Independent
Nerys Cadvan-Jones	North Devon	CCA Appointment
David Chapman	Plymouth	CCA Appointment
Simon Gardner	Torbay	CCA Appointment
Nigel Gray	South Devon	CCA Appointment
Peter Hope	South Devon	CCA Appointment
Andy Lawson	Devon (Exeter)	CCA Appointment
Michael Lennox	Devon S Hams/W Devon	CCA Appointment
Kevin Muckian	Torbay	Elected Independent
Chris Naidu	North Devon	Elected Independent
Karen O'Brien	Torbay	Elected Independent
Stephen O'Reilly	Exeter	CCA Appointment
Tony Perkins	Plymouth	CCA Appointment
Paul Stevens	Devon (Exeter)	Elected Independent

**Table 5. Devon LPC Meeting Attendance 2010-11**

Committee Member	Elected or appointed	Attendance/ Possible	Expenses claimed (in line with LPC expenses policy)
David Bearman	CCA Appointment	11/12	£4732.27
Steve Budden	Elected Independent	10/12	£822.40
Nerys Cadvan-Jones	CCA Appointment	11/12	£1180.58
David Chapman	CCA Appointment	12/12	£1601.80
Simon Gardner	CCA Appointment	10/12	£822.00
Nigel Gray	CCA Appointment	11/12	£15.20
Peter Hope	CCA Appointment	8/12	£461.80
Andy Lawson	CCA Appointment	11/12	£1605.60
Michael Lennox	CCA Appointment	8/12	£861.80
Kevin Muckian	CCA Appointment	9/12	£1275.00
Chris Naidu	CCA Appointment	7/12	£322.00
Karen O'Brien	Elected Independent	10/12	£2599.10
Stephen O'Reilly	CCA Appointment	11/12	£969.85
Tony Perkins	CCA Appointment	10/12	£1483.72
Paul Stevens	Elected Independent	10/12	£873.65

**“531 monthly hits on the LPC website”**

## **The Future of the Pharmacy Assistant - Mark Stone, LPC Pharmacist**

The public health role of community pharmacists has been at the forefront of the agenda to promote their position within the healthcare system of late. But, for the public, the first point of contact is invariably with pharmacy assistants. It is at this point that the public are often offered advice and information on a product in response to the query “have you got anything for ...?” Yet, more often than not, accompanying the sale will be advice on its use, etc., and it is this opportunity to offer health promoting advice and information that has long gone unrecognised.

Pharmacy assistants have the opportunity to contribute markedly to the various public health agenda programmes such as smoking cessation and weight loss by offering advice, product information and directions to specialist services. Undoubtedly this has been taking place routinely but with little formal acknowledgement of their contribution, it is through experience, where they learn the necessary skills to engage with the public’s health needs.

And it is this informal nature of the assistant’s skills that is both a barrier and facilitator to developing and capitalising on this role. The stability of the pharmacy assistant workforce affords an opportunity for them to know and understand their customer base and develop reciprocal relationships with regular users. However, to make full use of this requires assistants to build on this relationship by offering an advisory public health service founded on formalised rather than experiential knowledge.

Training the pharmacy assistants to deliver public health advice (e.g. diet, smoking cessation and offering directions or making bookings to specialist services), in addition to their core responsibilities, faces a number of obstacles. For example, they would need a structured programme of training and to be regularly updated on available services and informational sources. Relationships with service providers to whom customers are signposted would require developing.

At a time when increased efficiencies and innovation are the order of the day, accompanied by a trend towards healthcare practitioners developing ever more specialist niche activities, the traditional role boundaries between health practitioners are beginning to be redrawn. Is it now not time to develop pharmacy assistants’ role?

***Part Taken from PJ Submission: Pharmacy assistants have the opportunity to contribute markedly to various public health agenda programmes. So is it now not time to develop their roles? By GEOFF HARDING, MARK STONE, MIKE WILCOCK.***

**Mark Stone**

**“Nine healthy living advisors trained”**

## **Influence in the Corridors of Power - Will Cockburn**

In last year's report the Chairman and Chief Officer discussed a pharmacy world facing change, and resistance to pharmacy involvement. They also highlighted the 'very important role', pharmacy had to play in Public Health but how at times the LPC found itself on the defensive in putting the case for local PCTs to maintain the services commissioned through pharmacy.

Well change has come, and as David highlighted last year it only came bigger and faster, in the form of the July 2010 NHS White Paper 'Equity & Excellence', and the November 2010 Public Health White Paper: 'Health lives, Healthy People'.

Devon LPC activity had anticipated this change and an active PR campaign went in to over drive in seeking to inform and influence key players in the future of the pharmacy role in the NHS and Public Health. With a clear mandate from David and Sue and the support of local community pharmacists we were able to have serious and meaningful discussions with MPs from all parties. The meetings and events held in private and within community pharmacies attracted the attention of local and pharmacy press. The campaign went from strength to strength, first meeting a small number of MPs individually, then increasing the catchment to all the MPs within the Devon LPC area. Thorough preparation and real engagement resulted in an all-party meeting with the LPC in Parliament, where the MPs not only quizzed committee members as to how pharmacy could contribute but offered assistance in taking concerns and ambitions to Andrew Lansley, and advice and support for gaining more positive engagement with local PCTs and Local Authorities.

There is no question that the activity of the LPC has paid off. Visible change to the NHS white paper, discussion at Chief Executive, and Consortia Chair level within the NHS, invitation to join the boards of consortia, and the health and well-being board, and better relationships between pharmacy and those shaping the future of pharmacy services locally.

More change is on our doorstep – New Medicines Services and Targeted Medicine Use Reviews. But now those responsible for design of care pathways, commissioners and GPs are actively seeking information about how these new pharmacy services can be used to contribute to local healthcare provision.

The PR campaign was successful because the message, content, and level of activity was right; but also because local community pharmacies were able to demonstrate 'what they do every day' and how they contribute to patient care, to those with the power to make decisions about the future.

Without you all the positive disposition toward pharmacy will soon fade. New services are here, and opportunity for more is real. As Sue stated last year 'demonstrating consistent delivery .... Is crucial'

## Never a dull moment! - Kathryn Jones

I'm not sure how many of you know where our offices are, but we are at the bottom of Haldon and Telegraph Hills just where the road splits to go either to Plymouth or Torquay. The past winter posed us all with problems, but getting to work here at Deer Park was impossible on several occasions, with the main road closed we were unable to get in. Having made a supreme effort one morning, I got to the bottom of the drive to see deep snow and just two tyre tracks. The drive up to the office being nearly 400 metres long and slightly uphill made me wonder if I would make it. Gently I slithered up to the gates, crossed the front of the main house and ground to a halt. No need for a handbrake, I had a bow wave of snow in front of the car. Forcing the car door open, snow cascaded into the foot well! My little Peugeot had made it – according to our landlord, the drive was only passable using a 4x4! Who needs one of those?

Just a reminder that if your pharmacy is closed for any reason, a pharmacy closure form needs to be completed and submitted to the PCT - the form can be found on the LPC website:

[http://www.lpc-online.org.uk/devon\\_lpc/pct\\_information.html](http://www.lpc-online.org.uk/devon_lpc/pct_information.html)

Details of all events we know about are also on the website ([www.devonlpc.org](http://www.devonlpc.org))



Talking about events - During the past year we have held several rounds of locality forums covering all over Devon and the attendance has been excellent, many new faces appearing and contact details taken and excellent speakers giving very interesting talks. Building on from the forums someone innocently suggested in the office that maybe we should hold a Drug Tariff event. The venue and speaker were promptly booked. Fine you may think – No! We were inundated with people wishing to attend and we could have filled the room three times over, in fact a second event was held and that again was oversubscribed. Much effort goes into organising these events, and it is so good to meet you all and put a face to the name. A gentle reminder - If you book a place at an event, and are unable to attend, please remember, we still have to pay for the buffet that is provided, an average evening buffet per person is now in the region of £18.00. We also noticed that people turn up at events without letting us know they are coming, this can cause us a problem, if the room gets too crowded. Just give us a ring to let us know you want to come along. Finally, we record attendance at our events, and 421 people attended our events representing 163 different pharmacies during the year, many attending more than one event.

The Secretariat as always has been incredibly busy, we try to keep contact details up to date, if you notice we have the wrong details for you please call us or send an email to [kathrynj@devonlpc.org](mailto:kathrynj@devonlpc.org) so that it can be rectified.

Finally, thanks to Sue for being so forward thinking, and keeping Mark and I on our toes, and to all of the pharmacists and their staff I've dealt with who made it such an interesting year – keep it up!

Speak to you soon.

Kathryn

## **Treasurer's Report - Brenda Taylor**

***Members of the committee are required to attend the LPC meetings regularly as well as attend meetings with Primary Care Trusts and other organisations 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.***

The Devon LPC is funded entirely by contractor levy. In respect of income, the contractor levy for Devon has 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.

The income received by the LPC for 2010-11 increased by 4.3% on the previous year, whilst the levy paid by the LPC to the PSNC, increased by 3.5% for 2010-11.

Some additional monies are received unconditionally from the pharmaceutical industry when working in partnership with the LPC, in particular, to 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 2011 the LPC received £4239.00 in respect of educational grants. In addition, Sue Taylor (Chief Officer) was seconded to NHS Devon to assist the PCT in its roll out of a nationally funded initiative to provide Health and Well Being Checks for Carers. Her backfill costs were reimbursed to the LPC and totalled £6637.97 for this year. The LPC member locum backfill costs were considerably higher in the year to March 2011 as the LPC decided to hold daytime meetings quarterly.

This year we have continued to support contractors through locality forums and aiming to understand local issues effecting contractors within the smaller localities in the PCTs. This support has meant funding pharmacists to develop the support and provide venue and food for the participants. The feedback we have received has been positive and supports this activity.

For the year ending 2010-11, the LPC had an income exceeding the expenditure for the year of £4696.73 which has increased the bank balance to £157152.95.

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.

***Brenda Taylor***

## **DEVON LOCAL PHARMACEUTICAL COMMITTEE**

### **THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2011**

#### **KEY INFORMATION**

Chairman:	Mr David Bearman
Vice Chairman:	Mr Simon Gardner
Treasurer:	Mrs Brenda Taylor
Chief Officer:	Mrs Sue Taylor
Accountants:	Easterbrook Eaton Ltd Chartered Accountants Old Fore Street Sidmouth Devon EX10 8LS
Bankers:	LloydsTSB 309 Market Place Reading Berkshire

## DEVON LOCAL PHARMACEUTICAL COMMITTEE

### MAIN INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31 MARCH 2011

<u>Income</u>	Year Ended 31 March 2011	Year Ended 31 March 2010
PPA Levies	287610.79	275706.56
Bank Interest	3063.01	1041.69
Sponsorship	4239.00	9715.00
Secretariat Business Costs Reimbursed	6637.98	4899.90
Miscellaneous Income	0.00	75.00
<b>Total Income</b>	<b><u>301550.77</u></b>	<b><u>291438.15</u></b>
<b><u>Expenditure</u></b>		
<b>LPC Members Expenditure</b>		
Locum & Travel Expenses	13031.42	12998.03
LPC Daytime Meeting expenses	16857.83	1570.00
AGM costs	1499.13	1534.25
LPC Sub Committee/Forum expenses	5343.21	6496.59
Contractor Support - Events	6587.06	3807.03
Mentoring	162.00	0.00
Responsible Pharmacist	0.00	6217.71
	<b><u>43480.65</u></b>	<b><u>32623.61</u></b>
<b>PSNC</b>		
Levy	65962.00	63602.00
Conference Costs	1189.98	2992.23
Workshops	1535.00	1406.00
	<b>68686.98</b>	<b>67930.23</b>
<b>Secretariat Expenses</b>		
Staff Costs		
Employer contribution to employee pensions	15001.57	13247.48
Staff National Insurance Contributions	10517.13	10355.46
Staff Salaries	115373.63	97143.38
	<b>140892.33</b>	<b>120746.32</b>
<b>Office Expenses</b>		
Rent	15433.16	14750.35
Telephone, Internet & Broadband	2022.97	2044.13
Photocopier Charges	2429.50	1757.80
Postage	3461.49	3235.27
Stationery	2449.25	1794.00
Computer Hardware and software support	4842.92	5463.66
	<b>30639.29</b>	<b>29045.24</b>
<b>Other Expenditure</b>		
Accountancy	1112.00	1481.25
Bank Charges	229.60	229.60
Subscriptions	1013.50	624.00
Insurance	1111.79	726.74
Secretariat Business Costs	9535.33	10674.04
Staff Training	152.57	669.75
Professional Support	0.00	1779.80
	<b>13154.79</b>	<b>16185.18</b>
	<b><u>253373.39</u></b>	<b><u>233906.97</u></b>
<b>Total Expenditure</b>	<b><u>296854.04</u></b>	<b><u>266530.58</u></b>
Net Surplus of Income over Expenditure for the year	<b><u>£4696.73</u></b>	<b><u>£24907.57</u></b>

## DEVON LOCAL PHARMACEUTICAL COMMITTEE

### MAIN BALANCE SHEET AS AT 31 MARCH 2011

	<u>31.03.11</u>	<u>31.03.10</u>
<b>Assets</b>		
<b>Current Assets</b>		
Devon LPC Debtor	300.00	300.00
Lloyds's Bank Account LPC Current 4102069	156852.95	152156.22
<b>Total Current Assets</b>	<u>157152.95</u>	<u>152456.22</u>
<b>NET CURRENT ASSETS</b>	<b>£157152.95</b>	<b>£152,456.22</b>
<b>Represented By</b>		
<b>Devon LPC Accumulated Funds</b>		
Bought Forward	152456.22	127548.65
Surplus for the Year	4696.73	24907.57
<b>Total Devon LPC Funds</b>	<u>157152.95</u>	<u>152456.22</u>
<b>Total Accumulated Fund carried forward</b>	<u><b>£157152.95</b></u>	<u><b>£152,456.22</b></u>



