



Devon Local Pharmaceutical Committee

Annual Report 2012

Incorporating Annual Accounts

April 2011 - March 2012



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

I hoped to be writing this report stating that all the recent changes have now fallen into place and we are finding our feet in the new model of health. Although things have moved forward we still face a period of uncertainty.

The future role and function of the Local Professional Network and how this relates to the LPC, LETB and commissioning board although at one time appeared clear due to the funding limitations now looks to be being re-evaluated. How the LPC links into the new commissioning arrangements is moving slowly forward with links to the health and wellbeing boards and CCGs slowly emerging but the level of true engagement is still not at the level we would wish.

Even in this period of uncertainty however we have seen some real moves forward for pharmacy in our area

- The development of HLPs in Plymouth that are already beginning to show promising results
- The close linkages we have built with public health that will be critical to the future
- Directed MURs being developed for Diabetes / Respiratory and even requested by consultants to be developed for migraine
- The development of the LPNs have brought the wider Pharmacy community together and a number of projects to improve care are underway

Looking forward I cannot honestly tell you that there is a bright future just over the horizon. Discussions with the PSNC suggest that looking forward settlements are likely to be tight and as with all providers linked to the NHS we will have to do more for less, but have expressed to them our concern as to how long this can continue without sacrificing cost quality or locations of service provision. This on-going squeeze and new commissioning approaches should give us all cause to pause and review our ways of working to ensure we align to this new world.

At the LPC we have recognised for some time that with all the changes that we will have to adapt

- Develop new relationships and partnerships
- Change the way we operate to ensure we are as efficient and effective as possible
- Change the way we engage with the PSNC to ensure contractors voices are more clearly heard

As a consequence we are now sharing some resources with Cornwall LPC and will shortly be entering into agreements with Devon Local Optical Committee to offer them some of our operating space and infrastructure.

We are constantly reviewing the changes as they occur to try and ensure we position pharmacy in the best place for the future, but over the next few years it is really up to all of us to ensure we have our eyes open for opportunities, keep each other informed of what is happening and most importantly prove the value of what Pharmacy has to offer to all the new stakeholders that are now involved.

Chief Officer's Report

The writing of the annual report provides a good opportunity to reflect on the last year and whether events turned out the way you expected them to.

As usual, change is constant, and although strictly speaking not relevant to this specific annual report, it feels important just to acknowledge the excitement that seems to have gripped everyone with the Olympic Torch passing through the country; the Queen's Jubilee celebrations, the Olympics and Paralympics. Overall, 2012 has been an exciting and busy year in one way or another.

The major reforms of the NHS that we alluded to in last year's report have now come into effect; not only does our work continue to be dominated by the re-structuring of the NHS, we have had to learn a whole new set of acronyms some of which will become apparent to you during this report!

In short, the Strategic Health Authorities and Primary Care Trusts will no longer exist post March 2013. The NHS Commissioning Board (NHSCB) will assume responsibility for the pharmacy national contractual framework from the 1st April 2013, with the Department of Health retaining responsibility for reimbursement of pharmacy costs. The pharmaceutical lists will be maintained by the NHSCB, and it will be the NHSCB that commissions the nationally negotiated pharmaceutical services. The NHSCB will have 27 Local Area Teams (LATs) (this number may reduce in the future) with local staff working from a number of offices bases across their geographical regions. Our LPC will be relating to the Devon and Cornwall Local Area Team.

Commissioning of local services will be carried out by a range of emerging organisations, primarily the Clinical Commissioning Groups and the Local Authorities as the latter take over responsibility for public health services. The Pharmaceutical needs assessments will be developed and published by the Local Authority Health and Wellbeing Boards. At the time of writing the LPC has a place on the Plymouth Health and Wellbeing Board and continues to promote the role of community pharmacy with the three Health and Wellbeing Boards across the county. The LPC has ensured representatives attend important local stakeholder meetings about the NHS reforms and the development of local Health and Wellbeing Strategies.

Local Professional Networks

Local Professional Networks (LPNs) will be an integral part of the NHS CB and for the three independent contractor groups (dentistry, optometry and pharmacy) will be embedded into the LATs to provide local intelligence and expertise as part of the local commissioning infrastructure and into the quality improvement work for primary care.

All LPNs will:

- Provide clinical leadership and facilitate clinical engagement at grass roots
- Be a feeder mechanism into other clinical networks/senates and national strategy
- Support and advise the NHSCB in the commissioning of these services
- Advise the Health and Wellbeing Boards (HWBs) on the Pharmaceutical Needs Assessments (PNAs) and pharmacy input into public health
- Engage with local representative committees
- Maximise quality and performance

All members of the pharmacy profession will have an opportunity to contribute to the Network. There will be a steering group, consisting mainly of clinicians representing the different branches of pharmaceutical services who will be an integral part of the local NHSCB. However, it is important that the agenda is driven by the clinical group as a whole and that we develop a "bottom-up" approach to driving quality throughout all we do.

Medicines Optimisation is about ensuring patients get the best possible outcome from their medicines. The Pharmaceutical LPN will provide clinical leadership and expertise in developing how pharmaceutical services are run and drive quality improvement. It will also ensure grass-roots clinicians and the wider pharmacy team are able to contribute to the medicines optimisation and pharmacy agenda.

The LPC is working with the NHS Devon Cluster to initiate and support the development of the LPN for the Devon area.

Healthy Living Pharmacies

In July 2011 the Devon LPC and both NHS Devon and NHS Plymouth submitted joint bids to become on the other 20 national pathfinder sites for Healthy Living Pharmacies (HLPs). The NHS Plymouth bid concentrating on the areas of deprivation within Plymouth was thankfully successful. The LPC is working very closely with NHS Plymouth to develop a quality and service framework that the HLPs will aspire to. We ran a World Café event in November 2011 which was attended by over 80 people and as a result 20 pharmacies expressed an interest in becoming an HLP.

The LPC has enabled Mark Stone to lead on the development of the quality and service framework and to support the pharmacies involved. The process of becoming accredited as an HLP requires the pharmacy to have staff trained in leadership and change management and to have at least one trained Healthy Living Champion. The project thus far has been jointly funded by the LPC and NHS Plymouth and there is also additional funding that has been made available to carry out some further research into the effectiveness of the leadership training. We have been very lucky in having the full support of the Public Health Team at NHS Plymouth who have been very enthusiastic and supportive of the work.

We have just accredited the first five Healthy Living Pharmacies and are looking forward to more being accredited during the remainder of 2012.

As a result of the HLP initiative a Stop Smoking Service has been commissioned in a number of pharmacies in Plymouth.

Pharmabase

This year has seen PSNC launch PharmaBase (now called PharmaOutcomes) which is a web based platform designed to capture data from services and contract monitoring data entered by contractors. The aim of the system was to use the anonymised data to provide evidence to commissioning organisations about the value of services provided by community pharmacy and to help build the case for further commissioning of services.

There has been a cost implication for contractors in the introduction of PharmaBase. In 2011-12 an additional hypothecated levy of £19,000 was requested by PSNC, which equates to £75 per contractor paid by the LPC on behalf of Devon contractors. Fortunately we were able to pay this out of the LPC reserves and did not have to pass this additional cost on to contractors.

Medicines Support Shortages

In the spring of 2012, we repeated our audit on medicines shortages, for the third year. We had a tremendous response from all of our pharmacies, and shared the results with the All Party Pharmacy Group (APPG); PSNC and the Department of Health. 66 pharmacies responded to the audit and 415 stock shortages were experienced during the two week period.

What did we find most of interest?

The report compared the three audits we carried out in 2009, 2010, and 2012 from data of around 65-80 pharmacies in Devon. This has been acknowledged as the most extensive and comprehensive evidence available currently.

Our pharmacists rated incidents of harm based on the National Patient Safety Agency definitions, and this showed that some patients were being harmed by the stock shortages in the supply chain. Alarming, that is increasing as 23% (94 events) of all stock problems lead to patient harm. However, there is good news! The average delay significantly decreased to 2 days, which we believe is because pharmacists are working around the issues to get medicines for patients when they need them.

An example of how pharmacists are dealing with the shortages was demonstrated by a 300% increase in contacts with prescribers for an alternative to be prescribed for the patient (141 contacts in 2012 compared with 53 in 2011).

We estimated that the time lost caused by stock shortages for pharmacists nationally (using our evidence of 11 minutes per event) is around >650,000 hours, and that GPs are losing around >55,000hrs. The APPG report published in May also did a good job in recognising this waste to the NHS.

We were asked to meet with Earl Howe at the Department of Health, with Oliver Colvile MP, to discuss the findings of our report.

New Medicines Service

In October 2011 the New Medicines Service (NMS) was launched as a second advanced service in the community pharmacy contractual framework. In the summer of 2011, the South West LPCs agreed to work together to develop some shared resources to ensure a good launch of the service. As a result the South West was one of the first to start delivering significant numbers of NMS.

The Devon LPC also supported the launch of the NMS with a series of local workshops, production of resources, providing briefings to local commissioners and clinical pathway groups and sharing best practice. The funding for the service is only guaranteed until March 2013 so it is very important that contractors continue to deliver the service.

Finally, I would like to thank the Committee for their on-going commitment and hard work on the LPC over the past year; and their support for the work of the Secretariat team, myself, Mark and Kathryn.

The Things we do!

Summary of LPC events 2011/12

Table 1: Workshops

Annual Contractors meeting	October 2011	Exeter
North Devon Forum with update from PCT	May 2011	Barnstaple
North Devon Forum with Chlamydia training	September 2011	Barnstaple
Respiratory Update with Jon Bell	September	Exeter
Pharmacy Health Promotion Champion Training fir SW Health Promotion Project	28 February	Exeter
Control of entry event	9 January	Exeter
New Medicine Service	5 September 6 September 8 September 14 September 15 September 20 September 23 November 24 November	Barnstaple Plymouth Exeter Kingsteignton Ivybridge Torquay Ivybridge Exeter
Healthy Living Pharmacy World Café	October	Plymouth
Healthy Living Pharmacy Leadership Training	7 March 28 March	Plymouth
Health Promotion Champion Training	28 February 8 March	Plymouth
Skin Cancer Health Promotion Training	11 May 19 May	Torquay
Diabetes Health Promotion Training	28 September 3 October	Torquay
Stop Smoking Health Promotion Training	25 January 2 February	Torquay

“479 attendees at our workshops”

Control of Entry

The LPC examined a total of seventeen 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 2: Pharmacy contractual applications considered by the committee during 2011-12

Type of application	Total number of applications	Total number granted	Appeals	Adjacent to or within surgery	Opened by 31/03/12
100 hours	9	9		3	1
Preliminary Consent	6	2	2 (1 dismissed & 1 allowed)		
Full consent	1	1			
Minor Relocation over 500m	0	0			
Minor Relocation under 500m	0	0			
Internet/Mail Order	1	1			
Totals	17	13	2	3	1

Monitoring the Uptake of Medicine Use Reviews

Table 3: LPC Area MUR Statistics Breakdown 2011-12

PCT	MUR Value per annum	MUR Value per month	No. MURs 2011-12	No. pharmacies claiming	Av. No. MURs per pharmacy	% of available budget	No. of pharmacies in each PCT	% of pharmacies undertaking MURs
Devon	£1568000	£130666	35112	137	256.3	62.7%	143	94.5%
Plymouth	£571200	£47600	14222	48	296.3	69.7%	52	92.3%
Torbay	£436800	£36400	10997	39	282	70.5%	39	100%
Totals	£2576000	£214666	60331	224	269.33	65.6%	234	95.7%

Members Attendance at LPC meetings

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

Table 4. Members of Committee during 2011-12

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
Jo Fleming	Plymouth	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
Adrian Tebby	Devon (Exmouth)	CCA Appointment
John Varnish	Plymouth	CCA Appointment

Table 5. Devon LPC Meeting Attendance 2011-12

Committee Member	Elected or appointed	Attendance/ Possible
David Bearman	CCA Appointment	12/12
Steve Budden	Elected Independent	8/12
Nerys Cadvan-Jones	CCA Appointment	11/12
David Chapman	CCA Appointment	12/12
Jo Fleming (Pro rata)	CCA Appointment	2/2
Andy Lawson	CCA Appointment	11/12
Michael Lennox	CCA Appointment	9/12
Kevin Muckian	CCA Appointment	11/12
Chris Naidu	CCA Appointment	6/12
Karen O'Brien	Elected Independent	8/12
Stephen O'Reilly	CCA Appointment	12/12
Tony Perkins	CCA Appointment	9/12
Paul Stevens	Elected Independent	11/12
Adrian Tebby	CCA Appointment	12/12
John Varnish (Pro rata)	CCA Appointment	4/6

“578 monthly hits on the LPC website”

Healthy Living Pharmacy Project in Plymouth – Mark Stone

It has been 16 months since we have set off on the journey towards the Healthy Living Pharmacy concept in Devon. The LPC was key in applying and facilitating the national project pilot in the Plymouth area, which has led to 5 pharmacies being awarded the coveted status of HLP. The pharmacies join a select group in achieving the Healthy Living Pharmacy status; nationally there are only around 100 pharmacies who have accomplished the award.

A Healthy Living Pharmacy offers many health care services; to help people stop smoking, promoting healthy lifestyles on topics such as skin cancer and alcohol awareness, sexual health services, medicines check-ups and help for people starting a new medicine. The HLP pharmacies strength lie in their location as they are well placed in the heart of local communities and that they have built quality relationships with their customers, who will engage in new services.

Part of being a Healthy Living Pharmacy is the breadth of knowledge and skills the pharmacy team have, Kelly and Tina (Keyham Pharmacy) are qualified as Healthy Living Advisors to work effectively in helping people who need support and encouragement to make positive changes in their lives. Gemma a customer who was recently helped to give up smoking praised Tina at Keyham Pharmacy, “I wanted to have another child and Tina has been really supportive in helping me give up, this was my fifth attempt”, “the pharmacy is just around the corner and I did not have to make an appointment”.

The HLPs must to work to meet the local needs in their areas. Plymouth area has the third highest rate of skin cancer diagnosis in the UK, and this is why the Healthy Living Pharmacies worked on a skin cancer awareness campaign. The campaign ‘know your skin’ saw Pharmacy Healthy Living Advisors engaging customers and patients to raise awareness of skin cancer prevention and spotting skin cancer’s early signs. As a consequence of the campaign run in Plymouth pharmacies 518 patient/customer awareness conversations were had by pharmacy staff, 408 skin cancer ‘know your skin’ patient quizzes were completed, and this resulted in 64 people being referred to their doctor for further assessment.

To a be successful at HLP pharmacy we have to get their head around the continual skill mix challenge, with the pharmacist being pulled away from the dispensary to the consultation, and the healthcare assistants being directed toward delivering public health messages. The HLP project group and I absolutely believe that this is the future model for community pharmacy. This is because of the enthusiasm of the newly appointed HLP’s pharmacy staff; you can feel when you enter the pharmacy that any service provided will be a success.

Mark Stone

How EPS2 has changed my working day – Adrian Tebby

The pharmacy I work in has been 'live' for EPS2 since May this year, and processing electronic prescriptions in earnest since June. I was initially worried about the software, smartcards and about how well the whole system would work, but need not have worried. Right from the start the prescriptions have been accessible quickly after the doctor 'signs' and releases them, and our PMR system processes the prescriptions in a very similar way to any other prescription.

So, on a line-by-line basis it all works well. But what I hadn't bargained for was the impact of EPS2 on how our pharmacy functions overall. It forces you to rethink some of your other systems – the ones that you have never had to think about before, because they have always been the same since the day you qualified!

Let me give you some examples. EPS2 prescriptions appear at any time during the day – it's like having a bespoke member of staff running to and from the surgery, drip-feeding you prescriptions. Our local surgery has embraced the system fully, and even issues acute prescriptions using EPS2 meaning that often a patient arrives in the pharmacy without a prescription. This means you have to (quickly!) develop a system to confirm that you have received their prescription and process it, whilst keeping the (often slightly bemused) patient informed of what is going on!

Another consequence of prescriptions trickling into the pharmacy crops up if you have any system where you 'check in' prescriptions that you know you are expecting. Previously this was a job that we only did twice a day, straight after we got back from the surgeries, but we have had to rethink this now of course.

At the end of the day there is no counting of EPS2 prescriptions – it is all done within your IT system. But each EPS2 prescription needs to be marked as 'completed' and you have to ensure that you have accurately recorded the patient's exemption (unless they are age-exempt). If you don't do this properly then either your prescription won't send back for payment, or it will be counted as a paid prescription (depending on what PMR system you are using).

Also on EPS2 is the Repeat Prescribing (RA-RD instalment) system. This should be more popular with GPs than the previous paper scheme because the prescriber has access to change or amend any instalments that have not been processed. The pharmacy only downloads an instalment when it is needed.

All of these areas, and more, are different from before. Not all better, not all worse, but you can't escape from the fact that they are different. Right from the first morning you offer EPS2 you will have to rise to the challenge of thinking differently, and everyone working in the pharmacy will be affected in some way.

Would I go back to not offering EPS2? No, definitely not. From my point of view it is a neat system – not perfect, and not without some challenges – but much more of a robust system than chasing around surgeries looking for small pieces of green paper!

Adrian Tebby

Another year on - Kathryn Jones

During the past year the biggest change in the Secretariat has been the purchase of SageAct! A programme to manage our database and help us with emailing out newsletters and other documents to you so they should arrive individually addressed. This has proved to be extremely useful; one press of the button and over 600 emails can be sent! This has certainly helped with us making more regular contact using electronic mail and saving pounds on postage and paper. If you don't receive our newsletter electronically and would like to, please contact me at kathrynj@devonlpc.org.

Details of all events we know about are also on the website (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.

We are looking to moving over to on-line booking for events which will be a further step towards being paperless.

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 – Andy Lawson

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 again remained unchanged at 15p per £100 (0.15%) of net ingredient cost and this sum is collected monthly from all contractors and remitted to the LPC by the Prescription Pricing Authority.

The income received by the LPC for 2011-12 increased by 1.5% on the previous year, whilst the levy paid by the LPC to the PSNC, increased by 3% for 2011-12.

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 2012 the LPC received £1025.00 in respect of educational grants. In addition, administration is undertaken for Cornwall LPC and is reimbursed on a monthly basis.

This year we have continued to support contractors through training events for the New Medicines Service – holding eight events across the county. The funding made available by the LPC covered the costs of the workshop development, delivery and the venues and refreshments for the participants. We received excellent feedback and our contractors have consistently been in the top three PCT areas across the region.

One of the largest costs incurred by the LPC on behalf of contractors was the Hypothecated Levy paid to PSNC relating to the introduction of Pharmabase. This totalled £19,122.00 and was an unexpected expense and had not been budgeted for. Previous careful management of the LPC funding meant that we were able to meet the costs of the hypothecated levy without requesting additional funding from contractors.

For the year ending 2011-12, the LPC had an expenditure exceeding the income for the year of £22,848.00. The bank balance at the year-end was £134,504.95.

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.

Andy Lawson

DEVON LOCAL PHARMACEUTICAL COMMITTEE

THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2012

KEY INFORMATION

Chairman:	Mr David Bearman
Vice Chairman:	Mr Adrian Tebby
Treasurer:	Mr Andy Lawson
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 2012

<u>Income</u>	Year Ended 31 March 2012	Year Ended 31 March 2011
PPA Levies	291,651.33	287,610.79
Bank Interest	3,249.38	3,063.01
Sponsorship	1,025.00	4,239.00
Secretariat Business Costs Reimbursed	4,936.50	6,637.97
Miscellaneous Income	280.13	0.00
Total Income	<u>301,142.34</u>	<u>301,550.77</u>
<u>Expenditure</u>		
LPC Members Expenditure		
Locum & Travel Expenses	11,934.95	13,031.42
LPC Daytime Meeting expenses	14,940.76	16,857.83
AGM costs	1,614.00	1,499.13
LPC Sub Committee/Forum expenses	0.00	5,343.21
Contractor Support - Events	5,038.57	6,587.06
Mentoring	0.00	162.00
Forum Costs and Sub-Committees	3,722.35	6,749.06
	<u>37,250.65</u>	<u>43,480.65</u>
PSNC		
Levy	67,798.00	65,962.00
Conference Costs	906.47	2,992.23
Hypothecated Levy	19,122.00	0.00
PSNC workshops	430.00	1,535.00
	<u>88,256.47</u>	<u>68,685.98</u>
Secretariat Expenses		
Staff Costs		
Employer contribution to employee pensions	14,412.96	15,001.57
Staff National Insurance Contributions	12,586.71	10,517.13
Staff Salaries	107,916.11	115,373.63
Professional Support	17,479.34	0.00
	<u>152,395.12</u>	<u>140,892.33</u>
Office Expenses		
Rent	16,507.68	15,433.16
Telephone, Internet & Broadband	1,963.98	2,022.97
Photocopier Charges	2,501.26	2,429.50
Postage	5,363.55	3,461.49
Stationery	2,199.19	2,449.25
Computer Hardware and software support	4,635.60	4,842.92
	<u>33,171.26</u>	<u>30,639.29</u>
Other Expenditure		
Accountancy	1,140.00	1,112.00
Bank Charges	229.60	229.60
Subscriptions	764.80	1,013.50
Insurance	495.51	1,111.79
Corporation Tax on Gross Interest	900.00	0.00
Secretariat Business Costs	8,991.83	9,535.33
Staff Training	195.00	152.57
	<u>12,716.84</u>	<u>13,154.79</u>
Total Expenditure	<u>286,539.69</u>	<u>253,373.39</u>
	<u>323,790.34</u>	<u>296,854.04</u>
Net Surplus of Income over Expenditure for the year	<u>(£22848.00)</u>	<u>£4696.73</u>

DEVON LOCAL PHARMACEUTICAL COMMITTEE

MAIN BALANCE SHEET AS AT 31 MARCH 2012

	<u>31.03.12</u>	<u>31.03.11</u>
Assets		
Current Assets		
Devon LPC Debtor	300.00	300.00
Lloyds's Bank Account LPC Current 4102069	134,204.95	156,852.95
Total Current Assets	<u>134,504.95</u>	<u>157,152.95</u>
NET CURRENT ASSETS	£134,504.95	£157,152.95
Represented By		
Devon LPC Accumulated Funds		
Bought Forward	157,152.95	152,456.22
Surplus for the Year	<u>(22,648.00)</u>	4,696.73
Total Devon LPC Funds	<u>134,504.95</u>	<u>157,152.95</u>
Total Accumulated Fund carried forward	<u>£134,504.95</u>	<u>£157,152.95</u>