

# ANNUAL REPORT 2022-2023

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# **Chairman's Report**

I write this report reflecting on the past year with mixed emotions. I look at the fantastic work the LPC has done this year, continuing to face into the political tide we are swimming against; to ensure that community pharmacy is well-positioned in primary care to enhance health outcomes in our local communities. The positivity of the team has been unwavering amongst the negative backdrop of the national healthcare landscape over the past year. They have been there for contractors when sometimes it might feel too much; they have supported contractors in implementing and growing services from their pharmacies; and they have persevered with making sure key local external stakeholders understand just how important a role community pharmacy can play-both now and in the future. It may feel tough out there now, but we want you to know the LPC members and officers absolutely understand what you are going through and will continue to support you no matter what.

I personally only know this too well as, whilst being the Chair at the LPC, I was also a contractor working in a Lloyds Pharmacy in Sainsbury's and have sadly had to close the doors to the pharmacy on my local community. Although it was not my personal business, I treated it as if it were my own and worked around the clock to make sure I gave my all in being the first port of call when somebody in my community needed our support and advice. Despite overcoming workforce challenges, a pandemic, increasing workload, and supply/funding implications, it all was not enough to save the pharmacy from the effects of the commercial reality. What this experience has done is galvanized my passion to fight for the future of our profession and our livelihoods and while I represent the contractors of

A huge thank you goes to the team at the LPC – Adam, Alison, Gary, Sara, and Suzanne. The work they do for our contractors, individually and collectively, is tremendous and the committee is grateful for all their efforts. I would also like to thank the committee members for their efforts as they find time in their hectic schedules to represent contractors and provide such brilliant insight into what is going on out there in the world of community pharmacy. They and the whole team are committed to creating a brighter future for the industry.

There have been some changes to the committee membership over the past year:

- Nick Goodwin (Independent Contractor) was replaced by Daniel Butler in September
   2022
- Katrina Worthington (CCA) was replaced by Paul Barry in in October 2022

Thankfully, post-pandemic, we have regularly been able to meet as a committee face-to-face and have been able to invite a number of guests to speak at our meetings. Our technology learnings over the pandemic have also allowed us to meet remotely with external guests if they were unable to attend in person, which has significantly broadened our outreach. We have welcomed:

- Stephen Riley, North West Regional Senior Pharmacy Integration Lead at NHS
   England & Improvement who explained the local regional structure and the links
   with the national team
- Pam Soo, Clinical Lead for Pharmacy Integration, ICB, NHS Cheshire & Merseyside who outlined the Pharmacist Integration Fund Prescribing Pilot and the service design elements of the North West Minor Ailment Service harmonisation work
- Dr Jonathan Griffiths, Associate Medical Director, Primary Care, NHS Cheshire and
   Merseyside talked about the Primary Care Strategic Framework

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I always like to sign off with a thank you to our contractors and this year is absolutely no exception. You have been resilient and committed and I hope you all know the difference your great work makes, as you continue to deliver outstanding care to your communities. Never give up as I truly believe there is light at the end of the tunnel!

Kind regards

Dane Stratton-Powell

Chairman

# **Employee Report**

#### **Context of the year**

The last few annual reports I have written have included a piece on Covid-19 and the response. Whilst this has not by any stretch of the imagination gone away, either in impact or in workload, the focus has turned to more traditional matters for the LPC to deal with. I wish to acknowledge the hard work of all contractors and their teams to get their pharmacy(s) and professional practice to a steady state through the period and thank you also to those who continue to progress the vaccination programme. Our part of the country has led the way in the delivery from pharmacy of this programme, driven by the combined work, dedication, and determination of all involved.

The system around us has been focused on the formation and development of Integrated Care System (ICS) the Integrated Care Board (ICB) now exists, with the dissolution of the CCGs as predecessor organisations to the ICB. Cheshire and Merseyside were one of six areas who were in a position to take on the delegation for pharmacy ahead of the 2023/24 target date. We also have appointed our CEO Adam to an ICB Board position as Primary Care Partner. One of a very few pharmacists in the country to be at the heart of the local decision-making body. He has contributed regularly to the PSNC & LPC ICS Early Adopter area working group to help share the learnings from this.

The Review Steering Group (RSG) proposals (following the Wright Review) culminated in a contractor-wide vote in June 2022 which gave overwhelming support to the proposed changes. PSNC constituted small group to work on governance and oversight recommendations and the Transforming Pharmacy Representation (TAPR) programme was launched. This ultimately produced a TAPR toolkit and triggered all LPCs to consider their own local structure as well as that of PSNC.

Locally, CPCW formed an options appraisal for the Cheshire and Merseyside regional LPCs to prompt both individual and regional discussions and the regional statement agreed was:

The LPCs of Cheshire and Merseyside have all spent committee time considering the recommendations of the Review Steering Group following Professor David Wright's review of the status of Community Pharmacy representation in England. The LPCs work together well and meet frequently at this level already via the Mersey Association of Local Pharmaceutical Committees (MALPS) and so many of the recommendations were already met. An options appraisal document was drafted for all LPCs to consider; options ranged from a full-scale merger of LPCs to remaining as completely separate entities and the committees' responses mirrored the range of those options. It became clear working through this that there was not common agreement on a single path attractive to all committees. There was a clear ambition that closer working should be strengthened through the Regional Joint Working Group of executives, however this did not include merging committees at the present time, and so the present regional structure will continue.

As you read this, the name of PSNC will be no more, having been rebranded to Community Pharmacy England (CPE) with a new committee in place. This is triggered by a desire to reposition CPE as being more impactful and authoritative with policy makers, the media, Ministers and others. The new name also better reflects the breadth of the work that it carries out – monitoring public policy and funding, supporting and advising contractors and LPCs on a wide range of issues, providing information and news for the sector, monitoring and influencing the Drug Tariff and reimbursement, and promoting policy solutions. CPCW will continue to work closely with the CPE team and committee and offer whatever support and information it can to help it achieve the desired aims for contractor benefit.

CPCW will also have a new smaller committee and have agreed to adopt the new model constitution for LPCs.

Again, we hope to have a good response to the pharmacy pressures survey carried out and towards the end of the year and we promoted this to contractors to engage further with the important data it collects to inform negotiations. Last year's Pharmacy Pressures Survey was

widely supported and we hope to have an even better response this year. The important data that it gathers informs national negotiations. Learnings from last year tell us that the average pharmacy completed 19 consultations per day, which means more than 1.2 million consultations a week or 65 million a year are being carried out by community pharmacy teams in England, with an impressive 83% of people who sought advice being able to be dealt with wholly within the pharmacy without onward referral. The complexity of those being seen also went up, with a 19% increase on the amount of time spent per consultation compared to the previous year.

Community Pharmacy England has commissioned Nuffield Trust and The King's Fund to develop a Vision for Community Pharmacy. This will be an extensive and collaborative piece of work and it will be used by Community Pharmacy England to develop a new strategy for the sector as well as support Community Pharmacy England's negotiations with Government. The Vision aims to:

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

We have spent time with our MPs, educating and influencing them and we have hosted several visits to pharmacies in our area within the MP constituencies. We also asked local councillors to attend since councils will be key members of the ICS as it develops so it is important they are well appraised of our situation. Thank you to all contractors who have kindly written to their MP, hosted a visit or both – they are valuable and add to the political will immeasurably.

#### People

Our team of five remained stable through the year. The team work well together, all having their own strengths. There was wide recognition of the good work the team produce on the data dashboards- to understand services, on the technical expertise for services, engagement of local stakeholders where relationships have not historically been cordial and on the training stakeholders to refer into new services. All of which help overcome the barriers to success.

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#### **Community Pharmacy Contractual Framework (CPCF) Developments**

We took out a full-page publication of a Pharmacy Funding in Crisis article in the major local newspapers across the LPC footprint in early October 2022. We pointed out to the public and stakeholders that pharmacy funding was not sufficient, and pharmacies were struggling to survive and that issues such as delivery of medicines, stock shortages, workforce pressures and prescription turnaround times were likely to affect them over the coming weeks, months and years. We also sent 100 A4 printed copies to every pharmacy, with the ability to request more to help them have conversations with their customers and patients over what issues they are grappling with to manage unrealistic expectations.

This led to significant local and national focus with MPs very interested to visit and hear from us and their local contractors. It also attracted attention from the national pharmacy press and trade bodies some of whom adopted our messaging and culminated with a PSNC statement at the end of March telling ministers that NHS England and the Department of Health and Social Care (DHSC) must not roll out any new or expanded services or a pharmacy quality scheme in 2023/24 unless extra funding is put into community pharmacy.

The CPCF arrangements for 2022/23 and 2023/24 were finally agreed in September 2022, five months into the year, with PSNC accepting a one-off £100m excess margin write-off to alleviate ongoing pressures. This was nowhere near sufficient however as the year later showed with several high-profile announcements made and the pharmacy market

contracting as contractors were faced with incredibly difficult choices some could not sustain their pharmacies in the current climate with the insufficient funding available.

Key points of the CPCF arrangement for 2022/23 and 2023/24 are:

- CPCF arrangements have been agreed for both 2022/23 and 2023/24 the final two years of the five-year deal on the framework.
- Contractors will benefit from a relative uplift to the Drug Tariff as £100m in excess margin earned by the sector in previous years is written off.
- DHSC has also committed to reviewing the implementation of the Price Concessions system.
- The Transitional Payment is also protected, with up to £70m per year being allocated in recognition of the pressures on the sector.
- An independent economic review will take place in advance of the next CPCF negotiations – this will help us to press Government and the NHS to follow good practice in economic regulation and to make more evidence-based funding decisions.
- A Pharmacy Contraception Service will have a phased launch as an Advanced service, over 2022 and 2023, in line with the sector's ambitions, but recognising the capacity pressures on pharmacies.
- Extensions to the Community Pharmacist Consultation Service (CPCS) and to the New Medicine Service (NMS) will be introduced, but we have insisted that all developments to these existing services be modest.
- Contractors can take part in Pharmacy Quality Schemes in both years, whose scope
  has been reduced to reflect the workload and capacity constraints, including the
  impact of the late start in Year 4. The Year 5 scheme is already agreed and once the
  fine detail has been finalised, the requirements will be published to provide
  contractors with advance notice ahead of the start of Year 5.
- The service specifications for the Blood Pressure Check Service and Smoking Cessation Service will be amended to allow delivery by pharmacy technicians, helping pharmacies to make best use of their skill-mix.

Our investment in IT equipment last year, to allow hybrid meetings to occur, allowed more guests to visit the committee meetings and members to attend from a distance where otherwise they would not have been able to contribute.

Our contractor updates continued to help summarise things and provide a different avenue to help our contractors stay abreast of changes, challenges, and other ways of accessing valuable support – we expanded them from our field manager meetings on zoom to a broader contractor update on YouTube and later in the year produced a podcast to maximise the accessibility for your teams.

### **Contractor Support**

Contractor support is a key pillar of the work we do as a team. It takes many forms with the level of input and challenge hugely variable depending on the situation and I would like to thank the team for their tenacity, ability to find mutually beneficial solutions and positivity throughout.

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

We helped all four of our Local Authorities through the Pharmaceutical Needs Assessments (PNAs) process which were all published on time. Contractors were engaged in the surveys and drafting process, and we were able to get all four drafts in front of the committee for review in good time.

Throughout the year, our work with other local representative committees and commissioners on conflict management was crucial to maintain relationships. Guidance around MDS, mostly linked to period of treatment and assessments was our most commonly requested support. The great piece of work Suzanne was instrumental in delivering - supporting patients with compliance aids -was often the useful resource to help navigate all parties through this area.

#### **Commissioner Relationships**

Our main commissioner changed, with NHS Cheshire and Merseyside as an ICB taking over the delegation for the community pharmacy contractual framework. As part of the same move, CCGs were also abolished on 1 July 2022, so the report focuses on the work with the ICB place teams, the local authorities and the ICB overall. The work with predecessor bodies is also reported under the most appropriate part of that geography.

We continued to engage with, and maintain a good relationship, with the Cheshire Local Professional Network (LPN); this provides us with a useful and valuable network in Cheshire.

#### **ICB Place Teams**

The four places we cover within the ICB all have place directors and various work strands. Adam as CEO has setup a quarterly meeting to update, discuss and escalate issues accordingly with each of the four place directors. Our Pharmacy Service Managers and/or members of the committee are part of the place primary care groups, liaise with the local teams and manage the relationships with our contractors, services, and commissioners in each place.

#### **Cheshire East**

From a Medicines Management point of view, Cheshire East and Cheshire West remain closely aligned with the continuation in role of Dr Mark Dickinson and Janet Kenyon

Discussions started, and are ongoing, to explore an LPC PCN Pharmacist project which will seek to find one lead community pharmacist within each PCN to act as a local ambassador and to leadership to their locality. The role will require the lead PCN pharmacist to engage and communicate with all community pharmacies within the PCN, to ensure sharing of understanding and knowledge of both community pharmacy and general practice.

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#### Cheshire West & Chester (CWAC)

Work on sexual health services ahead of the new prime contract provider continues as does engagement with smoke-free Cheshire.

#### Warrington

Warrington have been very welcoming, being one of the first areas to setup our liaisons with the place director and positions on the primary care group, the clinical & care provider leadership forum and the Warrington Together partnership. We are yet to see material changes for contractors in the commissioning of local services, however we are confident that if opportunities and funding streams do arise, we are best placed to be able to make the case for community pharmacy if the patient benefit for the topic is correct.

There are several innovative work strands, and we are very interested in exploring those opportunities, including AF detection, TB medicines provision and the polypharmacy/frailty work previously mentioned.

We have significantly increased the number of Discharge Medicines Service referrals coming out of Warrington from early 2023 via these work strands and we continue to work with the Trust to ensure that they are sustained, and that the information is correct so that the service can run smoothly.

#### Wirral

Working with the place leads and the local trust, improvements to the Discharge Medicines service referrals from Arrowe Park are now with IT to progress. Significant work was carried out at the end of the year towards the smoking cessation service referrals from Arrowe Park's service provider. We await the date for go live.

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Our proposed expansion to the minor ailments service covering both dermatology and sore throat was sadly paused due to nervousness around the national antimicrobial stewardship assessments from the Regional Medicines Optimisation Committees.

Over the year, it became apparent that the harmonisation of minor ailment services across Cheshire and Merseyside would likely be a more worthwhile focus for efforts, however we have pivoted some of the dermatology commitment to the place from one of the pharmaceutical companies to plan dermatology training locally which we hope to deliver in 2023/24.

We have made representations to the place around both the palliative care and the OPAT services and asked for fee rises with inflationary effect. We await their response; however, we are hopeful to receive news on this early in 2023/24.

Wirral has been one of the pilot areas for the Oral Contraception Management Service, with 14 pharmacies delivering service and another 15 preparing to deliver as the year ended. This will give them excellent experience they can carry over onto the advanced service if and when they decide to offer it.

#### **Local Authorities**

#### Cheshire East

In the early part of the year, we worked with Cheshire East Test and Trace vaccine tracing pilots and eased the LFT testing supplies during challenging times.

We also worked tirelessly with the council on the ongoing vaccination and Public Health offer that pharmacy can provide on the patch.

A Council Flu Service was available to all contractors in Cheshire East for council employees to attend at a pharmacy and several clinics were commissioned at council offices.

#### **Cheshire West & Chester**

We were able to continue the flu vaccination offer for CWAC staff and an expression of interest for contractors to deliver on site vaccination was shared. Although not directly commissioned by the Local Authority, the supervised consumption service is subcommissioned by Westminster Drug Project and we made strong representations around their proposed branded generic switch to Physeptone. . We continue to be bewildered why the switch was not abandoned once it became apparent as a bad idea, but our proposals to assist continued generic prescribing represented some progress.

#### Warrington

Warrington Council via their Director of Public Health recognised the value of our input on the Warrington Health Protection Board, and we have been invited to sit on the permanent board post COVID to ensure we can appraise them of the situations and solutions within Community Pharmacy.

We petitioned for additional monies for our local services, and we await the final decision due early in the next year. The council team have been stretched very thin following some people moves and we are supporting as best we can to achieve this.

#### Wirral

The work last year with the bid for monies for the government's ADDER program (which stands for Addiction, Diversion, Disruption, Enforcement and Recovery) was successful and delivered. A Naloxone supply service was commissioned towards the end of the year as well as a Wellbeing and Medicine Use Review service for those undergoing substance misuse treatments. Contractor capacity will be a challenge and we continue to work with interested contractors to help them overcome this.

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#### NHS Cheshire & Merseyside (the Integrated Care Board)

The Integrated Care Board (ICB) formed on the 1 July 2022 as NHS Cheshire and Merseyside. Adam's knowledge and leadership should ensure that conversations and considerations can be made to all primary care contractors to allow their expertise and unique settings to be utilised for improved patient journeys and outcomes.

Adam continues to sit alongside Louise Gatley (one of the Chief Officers from Community Pharmacy Halton, St Helens and Knowsley) on the Primary Care Provider Leadership Forum to ensure that the voice of all four LPCs is heard and a view taken when consulted with on issues spanning all of primary care. The ICB is looking to bring the Primary Care Provider Leadership Forum within the governance arrangement and the Terms of Reference are being refined.

We focused early in the year on positioning pharmacy as a key component of the Effective Clinical and Care Professional Leadership Framework – this has allowed subsequent involvement at place level boards, primary care groups and working committees which is positive progress.

The of the merger of Area Prescribing Groups (APG) where previously Suzanne attended the Cheshire APG and Adam the Pan-Mersey APG as LPC representatives has been effected by securing two places for the four LPCs on the new Cheshire & Merseyside Area Prescribing

Group and we are waiting for the meeting schedule to be announced so we can see who can attend.

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

Our work supporting the new elements of the CPCF that needed local implementation continued and we were able to work in partnership to deliver webinars across Cheshire & Merseyside for pertinent topics and to offer jointly funded support for implementation for some of the services they commission (eg GP-CPCS, DMS, Hypertension). This was recognised as the gold standard and many areas look with envy at the relationships here that continue to thrive to mutual benefit. As a result of our work, CPCW surgeries have sent 1.7 times as many referrals as those across England and the NW region and was also 10% higher than the Cheshire & Mersey average.

The Covid-19 Vaccination service was delivered by many contractors and pharmacy indeed was the pillar, vaccinating the most patients towards the end of the year- demonstrating how valuable a service this is to patients.

### <u>Cheshire & Merseyside Health & Care Partnership (HCP)</u>

The HCP is the sister board to the ICB, bringing together a wider set of partners including the NHS, Local Authorities, and the voluntary sector. The partnership will assess the health, public health and social care needs of Cheshire and Merseyside and produce a strategy to address them.

Adam has been a regular attendee at this forum nominated by the primary care forum and has ensured that pharmacy and other primary care disciplines feature on key strategic documents.

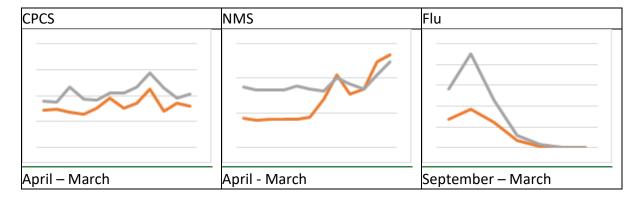
## **Health Education England**

Our work last year produced a report into the community pharmacy workforce needs and this was delivered to HEE at the end of the year. Plans are in place to brief all the ICBs in the Northwest on this report and aim to get the recommendations into their workforce plans as they develop.



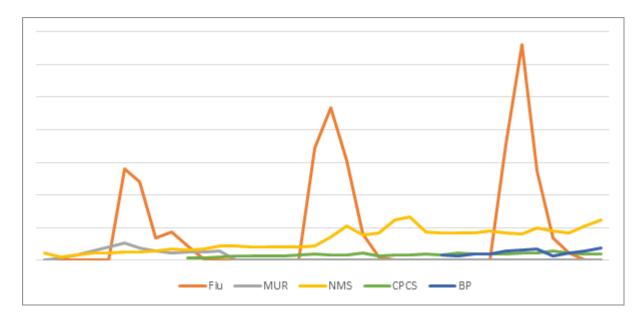
#### **National Services**

This year contractors saw a continued increase in their national service income compared to 2021/22. Flu income increased by 14.3%, CPCS continued to embed and grow by 32.03% and the NMS income increased by 29.84%. Set against the context of the year, and already impressive growth figures from last year this is a superb performance by our contractors.



Key: Orange Line = 2021/22, Grey Line = 2022/23

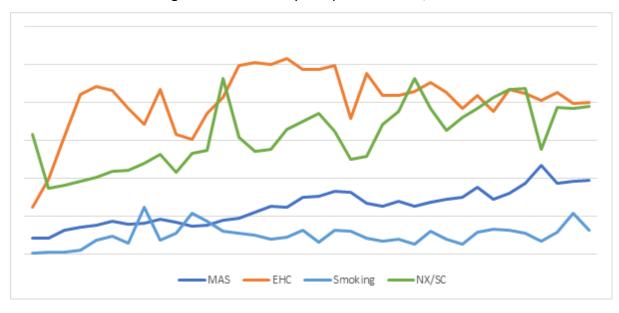
The graph below demonstrates the trends over several years, with flu service delivery clearly increasing year on year and an upward trend for NMS with the introduction of the Hypertension Case Finding service (marked as BP).



April 2020 - March 2023

#### **Local Services**

Local services continued with their improvement on the recovery post COVID with all the main services maintaining their level broadly compared to 2020/21.



April 2020 – March 2023

Adam Irvine

**Chief Executive Officer** 

Suzanne Austin Gary Pickering Pharmacy Services Managers

Alison Williams Business Support Officer

julionie

Sara Davies Engagement Officer

# <u>LPC MEMBER AND LPC MEETING ATTENDANCE – 1 APRIL 2022 TO 31 MARCH 2023</u>

Member	Address	Sector	Attendance
Dane Stratton-Powell	Lloyds Pharmacy	CCA	8 of 8
Chairman	c/o Woburn Road		meetings
	Warrington WA2 8UH		
Stuart Dudley	Treetops Pharmacy	Independent	5 of 8
Vice Chairman	49 Bridle Road		meetings
	Eastham CH62 6EE		
Ian Cubbin	Galen Pharmacy	Independent	8 of 8
Treasurer	10-12 Liverpool Road		meetings
	Neston L64 9TZ		
Paul Barry	Well Pharmacy	CCA	6 of 6
	Merchants Warehouse		meetings
	21 Castle Street		
	Manchester M3 4LZ		
Daniel Butler*	Woodchurch Road Pharmacy	Independent	4 of 5
	379 Woodchurch Road		meetings
	Birkenhead CH42 8PE		
Daniel Byatt*	Cohens Chemist	AIMp	7 of 8
,	46-48 Charlotte Street	•	meetings
	Macclesfield SK11 6JB		
David Crosbie	Morrisons Pharmacy	CCA	4 of 8
	Station Road		meetings
	Nantwich CW5 5SP		
Jack Eckersley	Rydale Pharmacy	Independent	6 of 8
,	18 North Street	·	meetings
	Coppenhall CW1 4NL		
Jemma Grossman	Rowlands Pharmacy	CCA	7 of 8
	154 Allport Road		meeting
	Bromborough CH62 6BB		
Andrew Hodgson	Andrew's Pharmacy	Independent	4 of 8
J	71 Kennedy Avenue	·	meetings
	Macclesfield SK10 3DE		
Heather Johnson*	Lloyds Pharmacy	CCA	6 of 7
	35 Grange Road		meetings
	West Kirby CH48 4DZ		
Rachel Jones*	Superdrug Pharmacy	CCA	7 of 8
	39-41 High Street		meetings
	Congleton CW12 1AU		
Wesley Jones	Boots	CCA	6 of 8
22.2, 2200	D90 EF08 1 Thane Road		meetings
	Nottingham NG90 1BS		
Anna Mir	Boots	CCA	6 of 8
	D90 EF08 1 Thane Road		meetings
	Nottingham NG90 1BS		

Stephen Thomas	L Rowland & Co (Retail) Ltd	CCA	7 of 8
	Rivington Road		meetings
	Runcorn WA7 3DJ		
Katrina Worthington*	Well Pharmacy	CCA	2 of 2
	Merchants Warehouse		Meeting
	21 Castle Street		
	Manchester M3 4LZ		

<sup>\*</sup> No longer a member of CPCW

CCA - Company Chemists Association
AIMp - The Association of Independent Multiple Pharmacies



#### COMMUNITY PHARMACY CHESHIRE AND WIRRAL LOCAL PHARMACEUTICAL COMMITTEE DRAFT RECEIPTS AND PAYMENTS ACCOUNT FOR THE YEAR ENDED 31ST MARCH 2023

FOR THE YEAR ENDED 31ST MARCH 2023				
	20.		202	
DECEMBE	£	£	£	£
RECEIPTS  Contractor Levies	340,454		269,179	
PharmOutcomes Stakeholder Sub-Licence	340,434		24,954	
NHSE GPCPS Support Funds	23,533		6,768	
MOCH Publication Contribution	- 900		900	
PharmOutcomes LPC Allocation			900	
Bank Interest	22,206		900	
Bank Interest	2,647	207.040	899	302,700
PAYMENTS		387,940		302,700
Wages	225,132		202,651	
Employees' Expenses	3,909		2,854	
Office Expenses	16,215		10,091	
•	3,973		1,635	
Meeting Expenses	,			
Members' Expenses	15,469		12,761	
Chairman Expenses	2,449		1,968	
P S N C Levy	81,456		83,767	
Regional Activities	131			
Accountancy and Payroll Services	840		780	
Sundry	1,326			
Corporation Tax	503		411_	
		254 402		246.047
		351,402		316,917
NET RECEIPTS/(PAYMENTS) FOR THE YEAR		36,537		(14,217)
Bank balances at 31st March 2022		227,091		241,308
Bank balances at 31st March 2023		263,629		227,091
STATEMENT OF ASSETS AT 31ST MARCH 2023				
Lloyds TSB Current Account		171,934		167,711
Close Brothers Treasury		119,451		86,804
Less Creditors:		113,131		00,001
Estates	11,677		11,677	
PCT Inhaler Training Funds	5,835		5,835	
Warrington Alcohol Pilot	4,500		4,500	
EPS Training Funds	240		240	
CWC PH Funds	5,000		5,000	
ewermunds		(27,252)	3,000	(27,252)
		(===)		(4-4)
Corporation Tax Liability		(503)		(171)
		263,629		227,091
Dr Ian Cubbin Treasurer  /				

# REGIONAL ACCOUNT RECEIPTS AND PAYMENTS ACCOUNT FOR THE YEAR ENDED 31ST MARCH 2023

FOR THE YEAR ENDED 31ST MARCH 2023			202	2022	
	2023		2022		
RECEIPTS	£	£	£	£	
HEE Quality Champion PharmOutcomes Stakeholder Sub-Licence	84,629		96 539		
Sponsorship	84,629		86,538 450		
Regional Account and MALPS LPC Contribution	395		430		
NHSE GPCPCS Support funds	393		101,200		
NHS Hypertension support funds			10,000		
Wits tryper tension support runus			10,000		
		85,024		198,188	
PAYMENTS		55,524		150,100	
Meeting Expenses			-		
PharmOutcomes Licence	87,642		96,510		
CPCPCS LPC allocation	49,600		15,000		
Accountancy and Payroll Services	420		360		
		137,662		111,870	
NET RECEIPTS/(PAYMENTS) FOR THE YEAR		(52,638)		86,317	
Bank balances at 31st March 2022		137,068		50,751	
Bank balances at 31st March 2023		84,430		137,068	
STATEMENT OF ASSETS AT 31ST MARCH 2023					
Lloyds Mersey Pharmaceuitcal Region Account		134,344		201,397	
Less Creditors:					
NHSE Cheshire & Merseyside (Training)	3,984		5,184		
Health Education England	3,635		3,635		
British Heart Foundation	16,450		16,950		
HEE Workforce Development	15,844		28,560		
NHSE&I PCN Development	10,000		10,000		
		- 49,913		- 64,329	
		84,430	-	137,068	
		<del></del>			

Dr Ian Cubbin Treasurer 1. J. Cbbu.

#### COMMUNITY PHARMACY CHESHIRE AND WIRRAL LOCAL PHARMACEUTICAL COMMITTEE

#### ACCOUNTANTS' REPORT

#### FOR THE YEAR ENDED 31ST MARCH 2023

In accordance with your instructions, we have compiled these unaudited financial statements in order to assist you to fulfil your statutory responsibilities, from the accounting records and information and explanations supplied to us.

1 Abbots Quay Monks Ferry Birkenhead Wirral CH41 5LH

Haines Watts Wirral Limited Haines Watts Wirral Limited Chartered Accountants

**Chartered Accountants**