



Annual Report

1st April 2021

To

31st March 2022

Introduction

The year started with the country looking at lockdown ending in April “For at least three weeks”. The “peak” apparently past, hopes were high for improving lives. Community Pharmacies though remained very busy.

Masks were still widely in use and would continue to be required in Community Pharmacies (as Health care settings) and still are to this day.

CPNY, to ensure continued support to contractors, started looking towards re-starting some face-to-face contact using Covid safe protocols as lockdown restrictions eased further. The first face to face meeting of the committee was in September 2021. In addition, CPNY embraced the technology available to introduce “Hybrid working” methods to allow people to attend a face-to-face meeting virtually.

Many community pharmacies had already been administering Covid Vaccinations, and as the vaccinations increased to more cohorts, many more community pharmacies were administering them. As the year progressed, in September Community Pharmacies again started vaccinating against influenza. As with the previous year, they were free to all over 50’s and demand was the highest ever seen. CPNY community pharmacies were to administer over two and a half times the number of influenza vaccines than the previous year.

Supply problems continued to provide the pharmacies with headaches and the supply chain is at the worse state in memory.

As the country moved away from all restrictions (except masks in Health care) the rate of infections climbed with the Omicron variant rife. This impacted the Pharmacies as staff succumbed to infection and were unable to work with the risk of infecting others. This added to an already stressed workforce system and added to stresses for staff. Fortunately, CPNY had secured some income from NHSE&I along with Humber LPC to provide a Wellbeing service for staff to access freely and confidentially.

July 2021 saw the appointment of our Healthcare and Networking Manager, Caroline Robertson who has been supporting our PCN Lead pharmacies in working with the increasingly important Primary Care Networks within the emerging Integrated Care System (ICS) which will be in place in shadow form by July 2022 when CCG’s will hand over their roles to the ICS. CPNY obtained further funding from NHSE&I to support these PCN Leads and replace lost income from them attending meetings.

CPNY continued to support and promote the work of the PSNC Review Steering Group (RSG) developing proposals based on the Wright Independent Review. The RSG had hoped the proposals would be due by year end, but the vote will now be in June 2022.

CPNY throughout the year has worked with PSNC and all stakeholders to promote the excellent job done by CPNY contractors and staff throughout the year and will continue to do so.

Chair's Report (James Usmar)

This Annual Report runs from 1st April 2021 to 31st March 2022. Last year was once again heavily affected by the Covid-19 pandemic and the on-going financial and staffing challenges that Community Pharmacy continues to deal with. Once again, I am incredibly proud of the way in which Community Pharmacy has stepped up and delivered consistently throughout this period, regardless of the obstacles we have been faced.

The year began as we started to transition away from the strictest pandemic restrictions, although many of the patient and staff safety measures that had been introduced remained in place for most of the year. CPNY was able to slowly return to engaging in face-to-face meetings as the year went on, whilst still making effective use of the digital skills and tools that had been developed because of the pandemic, including using hybrid meeting technology to engage with our PCN leads. We have continued to have regular contact digitally with NHSE and PSNC driving high quality relationships. CPNY has continued to be responsive to the evolving picture of the pandemic and commissioning, providing support and guidance to Contractors. The hard work of the CPNY team and the committee will bear fruit in the coming year in the form of various pilots and services for which we have gained funding from NHSE&I local area team colleagues.

A major challenge faced last year by Contractors has been the continuing battle to obtain medicines to fulfil prescriptions. The additional workload faced by pharmacy teams to ensure patients receive their medication promptly and at a price that doesn't leave contractors out of pocket is still very problematic. Worryingly this appears to be a problem that is getting worse rather than better, affected as it is by on-going supply chain and economic factors. We have again lobbied MPs and made representations to other bodies highlighting the issue to press for change.

The pandemic once again contributed to a significant delay in the negotiations of Year 3 of the CPCF. CPNY worked with Contractors and PCN Lead Pharmacists to ensure that it would be possible to claim maximum PQS related revenue despite the compressed timeline. Significant work was undertaken and continues, to support the roll out and delivery of the nationally commissioned DMS and GP CPCS services. We have started to see these services take off in some areas, but more work is required for them to really embed and be adopted in all locations.

Throughout the year several Contractors provided and continue to provide Covid vaccination services. The implementation in those locations has been a resounding success, with excellent results and positive feedback from both patients and commissioners. Flu vaccinations in winter 2021/22 represented the most successful year ever for Contractors, despite the immense pressures and the seemingly ever-present issues around availability.

The Committee continues to work in a strategic way and during this year's Strategy Planning Day our strategic plan was once more updated. This outlines the way CPNY will continue to meet the demands of changing landscapes now and in the future. As we transition out of the pandemic, we have looked at what we need to do differently to maximise our value to Contractors, whilst maintaining high standards of governance. Significant work continues to be undertaken to ensure our representation at all levels locally, at PCN, IPMO and ICS levels. This should position CPNY effectively to lobby on behalf of Contractors going forward. We also made sure that CPNY pharmacies were represented in the local media making sure that their voice was not drowned out. CPNY recruited a Healthcare and Networking Manager who has supported the PCN agenda and delivered a greater level of engagement between PCN leads, the PCNs and CPNY. Additional funding secured through NHSE&I has been instrumental in ensuring our PCN leads have been able to undertake PCN activities whilst protecting Contractors from having to underwrite this unfunded workload.

Progress on the recommendations of the Wright review has continued throughout the year, with the Review Steering Group driving forward the agenda. Progress has been slower on this than originally planned for but a prospectus on the recommended changes and a vote on their implications are expected early in 22/23. CPNY has regularly attended meetings to both hear progress updates and contribute to the direction representation takes in the future. CPNY has continually pushed for high quality representation and provision of support, as well as the establishment of a robust, effective negotiating team in the future.

CPNY continues to support the efforts of PSNC and all Pharmacy organisations to ensure that the incredible work of Contractors and Pharmacy Teams is recognised by all our Stakeholders. It is vital that the goodwill that Pharmacy generates through our on-going activities is properly recognised. Coming out of the pandemic we are now faced with some significant workforce and cost of living challenges. It is paramount that we are ready and able to take any opportunities that may come our way, CPNY remains committed to doing this on your behalf to the best of our ability.

I would like to end with a huge thanks to everyone for their incredible delivery throughout the pandemic. All of us have been affected by the pandemic, the workforce crisis, and the challenging economic environment. The continuing resilience and response of the CPNY Team, Contractors and Pharmacy Teams is a credit to the profession and yourselves.

National Contract Negotiation

In July 2019, PSNC, NHS England and NHS Improvement (NHSE&I) and the department of Health and Social Care (DHSC) agreed a five-year deal for Community Pharmacy. The CPCF (Community Pharmacy Contractual Framework) secures £2.592bn per year for pharmacies (almost £13bn over five years) – significantly more than original Government plans. The agreement sets out a clear vision for the expansion of clinical service delivery through pharmacies over the next five years in line with the NHS Long Term Plan.

The five-year deal represented a series of agreements in principle, with detail of new services and payments to be negotiated on an annual basis by October each year. Sadly, despite all the efforts and changes made by Community Pharmacies during the pandemic, the Treasury refused to allow any increase in this for the final years of the five-year deal.

Further information can be found at <https://psnc.org.uk/our-news/contractor-announcement-funding-negotiations-result-in-five-year-cpcf-deal/>

PSNC had lobbied for and received some advances of future payments to ensure the Covid costs contractors had encountered during the pandemic were covered but sadly these all had to be repaid from October and claims for actual costs were made.

Local MP Support

The North Yorkshire MPs remain unchanged:

- Rachael Maskell MP – York Central
- Andrew Jones MP - Harrogate
- Rishi Sunak MP - Richmond
- Julian Sturdy MP – Outer York
- Kevin Hollinrake MP – Thirsk and Malton
- Julian Smith MP – Skipton and Ripon
- Nigel Adams MP – Selby and Ainsty
- Robert Goodwill MP – Scarborough and Whitby



They have consistently supported the value and benefits of Community Pharmacies and have on behalf of CPNY and contractors, lobbied the government on this matter. They have also been very willing to promote pharmacy campaigns when asked. Moreover, they were also very supportive at the times when Community Pharmacy staff were the subject of abusive behaviour whilst trying to help people deal with the Pandemic!

Drug Tariff and Supply Issues

CPNY contractors, along with contractors from other LPCs, have on a weekly basis continually reported generic supply issues to PSNC in order that they can tackle the problem and lobby for concessions appropriately. This issue has seen many pharmacies expending extra hours searching for stock, which has put a strain on staff and resulted in delays in medicine delivery for patients.



This has deteriorated recently and is now about as bad as most people can remember. CPNY has taken every opportunity to raise this with our MPs and all of them wrote to the Minister highlighting the difficulties this means for businesses and patients.

CPNY has constantly urged Contractors via its Weekly Update email to report generic supply issues to the PSNC Pharmacy Funding Team by using the PSNC Reporting Spreadsheet. CPNY has stressed how important it is that Contractors continue to do so despite the pandemic as often as is practically possible - getting this information to PSNC is vital to help them in their dedicated work to ensure fair price concessions.

Whilst this has aided the concessions process, it has not tackled the real issue that the current system is broken. In negotiation with Government and the NHS, PSNC have made this point, offering alternative systems. All to no avail as the government and the NHS do not believe that is the case.

Independent review of Contractor Support

In November 2019, following a debate at PSNC's annual LPC Conference, Professor David Wright from the University of East Anglia, was appointed to lead an independent review of the roles and structures underpinning PSNC and LPCs.



The purpose of the review was to result in recommendations to optimise PSNC and LPC contractor representation and support and ensure that the national network structure was working as efficiently as it can and is fit for the future.

The Review steering Group hoped to have a proposal to contractors by March 2022 but this will now be voted on in June 2022

The RSG has a website at

[Pharmacy Representation RSG – Improving community pharmacy contractor representation and support \(pharmacy-review.org\)](http://pharmacy-review.org)

Pharmacy Quality Scheme

The drastically Covid affected PQS of last year was replaced by a much bigger PQS for 2021/22. There would be a Gateway Criteria in three parts and then seven domains to claim points.

CPNY continued to support contractors to maximise their quality points, by offering advice on how to achieve certain criteria and in particular, checking that pharmacies had met the gateway criteria.

The main criteria for claiming were in seven domains.

1. Medicines Safety and optimisation;
2. Respiratory;
3. Digital;
4. Primary Care Networks;
5. Prevention
6. Addressing unwanted variation in care;
7. Healthy Living support

Full details of the scheme can be read at [Pharmacy Quality Scheme : PSNC Main site](#)

Contractors were required to claim between 3rd February and 2nd March 2022 although some of the criteria were allowed to be retrospectively completed until June

The online training package, Virtual Outcomes, commissioned for use by the LPC since July 2018 was a useful tool for contractors in 'getting to grips' with the new criteria required. A useful overview video was available, together with online training to help contractors meet the challenge of the new criteria. CPNY also ran a series of evening "virtual" training events via Zoom.

Communication and Engagement

The 'Weekly Update' email issued every Friday continues to be CPNY's main channel of communication, which ensures regular, relevant and targeted messages and reminders are issued, designed to aid/prompt and direct contractors. At present, this communication is received by 403 recipients. The recipients include not only pharmacies, but Area Managers, Superintendents, CCA Service Managers, Owners and Locums. It is considered a reliable source of information and is used by Commissioners to communicate updates on matters to pharmacies.

Keeping regular communications going to contractors during the pandemic was important and many people have said how valued it continues to be.

Strategic Plan

In February 2022, the Committee had its annual strategic planning day. The objective of these days is to develop a strategic plan and work-plan for the coming year.

The overall goal of the plan is...

To Ensure CPNY And Its Contractors Bounce Back, Bigger, Better and Bolder post the Covid Pandemic.

With six major objectives...

- Seek to work Collaboratively with Stakeholders to Deliver New and Enhance current Relationships.
- Ensure CPNY Delivers Progressive and Relevant Support for Contractors.
- Ensure All PCN Lead Pharmacists Become High-Level Influencers in Their PCN.
- Deliver a Portfolio of New Services with Commissioners and Pharmaceutical Companies.
- Secure Financial Resources and Efficiencies Other Than the Levy to Deliver the Strategic Plan.
- Polish the Brand by Ensuring Community Pharmacies and CPNY are Active Communicators and Prominent Influencers.
- Ensure Full Compliance with CPNY's Constitution and Value for Money Delivery for Contractors

A full copy of the plan can be viewed on our website by clicking here. [Key Documents: Constitution, Annual Reports, Strategic Plans & Accounts – Community Pharmacy North Yorkshire LPC \(cpny.co.uk\)](#)

Health Care and Networking Manager's (HCNM) Annual report 21/22 - Caroline Robertson

In July 2021 CPNY employed a HCNM initially on a 2 year contract to support Community Pharmacy PCN Leads and help them to develop relationship with Key PCN members and develop a way forward for collaborative working between PCNs and Community Pharmacy. Up until then and perhaps largely due to the pandemic there had been little appetite for PCNs to engage with community pharmacy despite some effort on our part.

Also, the pandemic had meant that pharmacists in general were extremely busy and this in turn had an impact on the time that could be dedicated to the PCN Lead role.

At the outset of my appointment, I carried out a baseline assessment of where PCN leads were with their communications with PCNs.

Many were struggling to make a connection or even find the time to do so and of course the lack of face-to-face meetings made this more difficult.

One of my first task was to make contact with PCN Clinical directors and arrange face to face meetings with them and our PCN leads. In many cases this proved a good starting point and while some went on to stay in regular contact even if it was just via email or telephone conversations other fell by the wayside.

With the support of the HCNM and with some additional PCN Lead funding secured by CPNY the majority of leads are now finding the time to attend more meetings and to engage more fully with PCNs and the Community pharmacy contractors within those PCNs. Initially the funding was for 6 months but using feedback from our PCN leads we have now been invited to reapply and hope to secure this funding until the end of the next financial year.

Fortunately for some PCNs they have been able to employ PCN managers to work alongside Clinical Directors and these have proved more accessible and giving of time to forge relationships and collaborative working.

These meetings have helped to raise the profile of Community Pharmacy within PCNs and has allowed us to have some influence with regard to PCNs using the services and skills of Community Pharmacy to help them deliver on their areas of focus and their IIF targets.

The HCNM has been able to provide a focus for PCN leads on what feeds into the PCNs plan and updated information and support for delivery of this. Many Leads at the outset didn't really understand the role or what they could do to influence decisions on a PCN level other than the PQS PCN element regarding flu.

The following feed directly into Community Pharmacy advanced services:

- CVD Diagnosis and Prevention – Hypertension Case Finding Service
- Supporting Improved Patient Access to Primary Care Services – GPCPCS
- Help create a more sustainable NHS - New Medicine Service for change in asthma inhalers to low carbon options and sustainable disposal of old inhalers.

In addition, PCN leads told us that they felt isolated in their role

To address this, we have:

- Implemented networking meetings in which they meet face to face to share good practice and talk through any current issues. These will continue through the next financial year.
- Created a Leads WhatsApp group in addition to the gaggle group for easier quick access and discussion between meetings. We have also encouraged Leads to set up similar with their PCN CP contractors
- Compiled and issue a monthly update newsletter specifically for PCN leads. Providing focus and update on specific service that feed into the PCNs area of focus and IIF targets
- Provided face to face training covering Leadership and influencing skills
- HCNM meets quarterly with each Lead to discuss progress and Leads submit monthly reports to HCNM

Overall, the morale within the PCN role has improved this year. **Here are some quotes from PCN leads:**

“Made it possible to attend meetings to discuss progress on current and future targets. Was a little lost in the role before this. Clear plans and strategies get set and I know what is expected of my PCN.”

“Able to delegate more time to the role (speaking to pharmacies/surgeries)”

“The funding has allowed us to hold networking meetings. These have been brilliant for sharing learnings and coming up with new ideas to help drive the performance of PCNs.”

“Having funding for a PCN role does enable leads to have better interactions with not only their own PCN pharmacies, but allows flexibility when engaging with the PCN directors, and the interaction with other PCN leads has proved to be very useful for sharing ideas and advice. It has been really useful to gain the insights from a wider geographical area and share those insights for the greater good. It takes an effort to build the relationships and the funding supports the mission.”

“The funding has been invaluable for myself. I have used my day a month to attend a multitude of meetings as well as provide support to a number of my PCN pharmacies.”

“Thank you so much for organising the training event today, I thoroughly enjoyed it and thought it was really beneficial, looking forward to the next one already!”

“Hi Caroline, Thank you so much for all your help with this. I really appreciate it. I really would struggle to do it properly myself. I'm in the middle of a very busy 6-day week.”

Finally, we have now started to look at how we can work beyond the advanced services and develop local services in partnership with PCNs. We have opened discussions with key PCN contacts and are hoping to develop this in the coming year.

Key areas that the HCNM role has helped to progress in the CPNY strategy include:

- Ensure All PCN Lead Pharmacists Become High-Level Influencers in Their PCN.

- Deliver a Portfolio of New Services with Commissioners and Pharmaceutical Companies.
- Secure Financial Resources and Efficiencies Other Than the Levy to Deliver the Strategic Plan.

Polish the Brand by Ensuring Community Pharmacies and CPNY are Active Communicators and Prominent Influencers.

National Flu Vaccination Service and Local Covid vaccination service

Pharmacies have had another record year administering flu vaccinations and keeping more people than ever safe this winter from flu. The total flu vaccinations administered by Pharmacies in North Yorkshire was once again, this year not made available to CPNY by NHSE&I despite being given regular data for the TOTAL number of flu jabs given down to PCN level. We expected an increase on last year's numbers of around 40,000. CPNY has managed to get an estimate of around 75,000 jabs which would be approximately 85% over last year's total.

The Covid Vaccines administered by Community Pharmacies unlike the influenza National service was a Local Enhanced Service (LES). CPNY know from Contractors involved that a great many Covid Vaccines were administered by Community Pharmacies but again NHSE&I have not made CPNY aware of how many were done by Community Pharmacies. CPNY anticipate that again this year when Influenza boosters start many Community Pharmacies will again be involved in Covid vaccinations.

Engagement with Commissioners and Enhanced Services



Engagement with local commissioners remains buoyant. The pandemic brought about the need for them to engage more with CPNY and many meetings that had been in some cases at least every 6 months became weekly meetings. This has led to a significant improvement in understanding of each other's roles in many cases. The Prevent, Identify and Monitor (PIM) strategy that the Committee developed at their strategic planning event last year helps. Prevention, Identification and

Monitoring is premised on the high footfall of people entering their local Community Pharmacy every 28 days to collect their prescription and those customers entering to purchase over the counter items.

This places Community Pharmacy in a unique position to support the CCGs and Public Health Commissioners in three cost effective areas of healthcare by implementing the following PIM strategy...

- **Prevention** of illnesses – 85% of Community Pharmacies in North Yorkshire are certified Healthy Living Pharmacy (HLP). As such, HLPs pro-actively support and promote behaviour change, improving health and wellbeing via running regular health campaigns and signposting/referring on to support services.
- **Identification** of illnesses/conditions and referrals for early treatment (The footfall in Community Pharmacies puts them in a unique position to undertake this)
- **Monitoring** once identified Community Pharmacies can monitor and feedback to GPs

Current Services by Commissioner

Public Health North Yorkshire County Council

- Supervised Consumption
- Needle Exchange
- Sexual Health
- Smoking Cessation North Yorkshire – (County Council Inhouse Service)
- Flu Vaccination (NYCC Staff)

Public Health City of York Council

- Supervised Consumption
- Needle Exchange
- Healthy Start Vitamins supply
- Champix Dispensing

Vale of York CCG and North Yorkshire CCG

- Palliative Care

Hambleton District Council

- Sharps Disposal

Consilient Health Ltd.

- Vitamin D identification service pilot (completed by year end)

The Committee

There were four changes to the committee during the year. There were no changes of independent committee members. Richard Clark of Lloyds left at the start of the year as did James Soderberg of Rowlands. Charles Christian of Boots left after the June meeting and CCA appointed David Walker of Boots, Michael Nicholson and Gabriel Garcia Gomez of Lloyds to replace them. Tommy Ling of Day Lewis (AIMp) left in November and was replaced in February by Sinead Pattison of Day Lewis.

Committee Members Composition at March 2021

Organisation	Who	Company
CCA Reps	Michael Nicholson	Lloyds
	Gabriel Garcia Gomez	Lloyds
	David Walker	Boots
	Chris Kendall	Boots
	James Usmar	Boots
AIMs Reps	Tom Hajdas	Lincoln Co-op
	Sinead Pattison	Day Lewis
Independent Reps	Tracey Chambers	Copmanthorpe Pharmacy
	Shaun Davies	Harrogate Pharmacy
	Richard Harrison	Haxby Group Pharmacy
	Ashley Cohen	Priory Pharmacy

Code CCA = Company Chemist Association representative
 AIMp = Association of Independent Multiple Pharmacies
 IC = Independent Contractor representative

Committee Members' Attendance at Committee Meetings and Strategic Planning Day

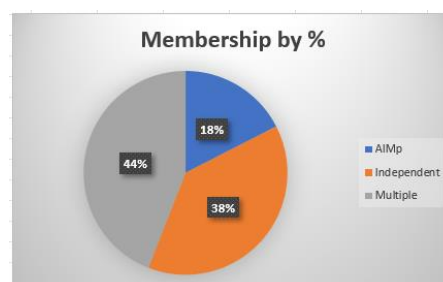
CPNY Member	Jun-21	Sep-21	Nov-21	Jan-22	Strategic Planning Feb 22	Mar-22	Total	Maximum Attendances	% Attendance	Comments
Richard Harrison	1	1	1	1	1	0	5	6	83.3	
Tom Hajdas	1	0	1	1	1	1	5	6	83.3	
Charles Christian	0						0	1	0.0	Changed by CCA
Tommy Ling	1	0					1	2	50.0	Resigned Nov 21
Chris Kendall	1	1	0	1	1	0	4	6	66.7	
James Usmar	1	1	0	1	1	1	5	6	83.3	
Tracey Chambers	1	1	1	1	1	1	6	6	100.0	
Michael Nicholson	1	1	1	1	1	0	5	6	83.3	
Gabriel Garcia Gomez		1	1	0	1	1	4	5	80.0	Started Sep 21
Shaun Davies	0	1	0	1	1	1	4	6	66.7	
David Walker		0	0	1	1	1	3	5	60.0	Started Sep 21
Ashley Cohen	1	1	1	0	1	1	5	6	83.3	
Sinead Pattison					1	1	2	2	100.0	Started Feb 22
Total	8	8	6	8	11	7	47	63	74.6	

Committee Expenses

Name	Designation	Travel	Locum Cover for Attending Meetings	Total
Richard Harrison	Member	£ 33.75	£ 3,025.00	£ 3,058.75
Tom Hajdas	Member	£ 89.30	£ 950.00	£ 1,039.30
David Walker	Member		£ 350.00	£ 350.00
Tommy Ling	Member		£ 250.00	£ 250.00
Chris Kendall	Treasurer	£ 106.20	£ 1,550.00	£ 1,656.20
James Usmar	Chair	£ 69.30	£ 405.00	£ 474.30
James Usmar	Chair's employer		£ 2,020.00	£ 2,020.00
Tracey Chambers	Vice Chair	£ 67.50	£ 2,270.00	£ 2,337.50
Michael Nicholson	Member	£ 54.90	£ 1,275.00	£ 1,329.90
Gabriel Garcia Gomez	Member		-	£ -
Sinead Pattison	Member	£ 81.90	£ 500.00	£ 581.90
Shaun Davies	Member	£ 34.20	£ 700.00	£ 734.20
Ashley Cohen	Member	£ 21.26	£ 830.00	£ 851.26
	Totals	£ 558.31	£ 14,125.00	£ 14,683.31

CPNY Membership

Membership Type	Number	Percentage
AIMp	25	17.5
Independent	55	38.5
Multiple	63	44.1
Total	143	



Treasurer's Report (Chris Kendall)

As we moved through 2021/2022, we returned to some sort of normality with the ending of the majority of COVID-19 restrictions, (hopefully the facemasks will disappear soon). That does not mean things have eased up in your Pharmacies, with patients still struggling to see their GPs and now the cost-of-living crisis means the pressure isn't letting up. The resilience of our Pharmacy teams is definitely something to be admired.

At the end of 2020/2021 our reserves sat at £159,993. Our income is primarily from the LPC levy and was £140,000, which was £28,000 lower than last year due to the levy holidays in July 2021 and March 2022. We were able to provide these levy holidays as costs during the first half of last year were less than budgeted as COVID-19 continued to keep people away from the office. The team at CPNY continue to work hard to bring in other sources of income, securing £49,158 to contribute to the running of the LPC. Our year end reserves after verified accounts of expenditure of £224,065 are at £125,086.

After deductions of our greatest expenditure of PSNC levy and staff wages, the largest outlay has been for contractor support training at around £33,886, an increase of around £13,000 on last year. This increase has been driven by CPNY acknowledging that we need to provide extra support to our PCN leads and we will continue to invest in this crucial role. Costs for the Committee members themselves totalled £15,419, with the majority of this coming from locum backfill to attend meetings and complete CPNY work. Thank you to the committee members who continue to donate their own time to support the LPC.

As per PSNC guidance, CPNY has adopted the new standardised budgeting and accounts templates from 2022/23 onwards.

Presented below for contractors is the abridged income and expenditure account for the year ending 31st March 2022.

SUMMARY INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31 MARCH 2022

ACCOUNTANT'S REPORT

In accordance with our terms of engagement we have prepared for your approval the financial statements of North Yorkshire Local Pharmaceutical Committee for the year ended 31 March 2022 on pages three to four from the accounting records and from the information and explanations you have given to us.

As a practising member of the Institute of Chartered Accountants in England and Wales (ICAEW), we are subject to its ethical and other professional requirements which are detailed at icaew.com/membershandbook.

This report is made solely to you, in accordance with our terms of engagement. Our work has been undertaken solely to prepare for your approval the financial statements of North Yorkshire Local Pharmaceutical Committee and state those matters that we have agreed to state to you in accordance with ICAEW Technical Release TECH08/16AAF. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than you for our work or this report.

You have approved the financial statements for the year ended 31 March 2022 and have acknowledged your responsibility for them, for the appropriateness of the financial reporting framework adopted and for providing all information and explanations necessary for their compilation.

We have not verified the accuracy or completeness of the accounting records or information and explanations you have given us and we do not, therefore, express any opinion on the financial statements.

Sowerby
Chartered Accountants
Beckside Court
Annie Reed Road
Beverley
East Yorkshire
HU17 0LF

30th May 2022

PROPERTY INCOME AND EXPENDITURE
for the Year Ended 31 March 2022

	2022	2021
INCOME		
Levy	140,000	168,000
Interest	-	-
Miscellaneous	49,158	25,812
	<u>189,158</u>	<u>193,812</u>
EXPENSES		
PSNC Levy	40,744	40,744
Staff Wages	69,324	56,017
Staff Expenses	4,954	2,169
Pension Contributions	4,394	3,916
Members Expenses	644	1,412
Members Locum Reimbursement	14,775	15,305
Contractor Support/Training	33,886	21,136
Room Hire/Meeting Costs	315	28
Training Conference	281	-
Insurance, Bank Charges and Taxes	64	64
HMRC (PAYE & Corporation Tax)	16,378	25,920
Auditor	720	900
Sundry	-	134
Stationery and IT	9,403	3,155
Office Fees	4,713	2,774
KKI Adoal & OICS	19,238	3,330
LPC Meetings & Refreshments	3,076	297
PSNC Review	1,156	684
Covid contingency	-	2,249
	<u>224,065</u>	<u>180,233</u>
NET PROFIT FOR THE YEAR	<u>(34,907)</u>	<u>13,579</u>
BANK RECONCILIATION		
Balance brought forward	159,993	146,414
Deduct unrepresented cheques	-	-
Plus profit above	<u>(34,907)</u>	<u>13,579</u>
	<u>125,086</u>	<u>159,993</u>
Balance carried forward	<u>125,086</u>	<u>159,993</u>
DEFERRED INCOME		
Balance brought forward	-	-
Deferred in year	39,692	-
Released	-	-
Balance carried forward	<u>39,692</u>	-