



Annual Report

1st April 2022

To

31st March 2023

Introduction

As the end of the 2022 financial year approached, a recovering nation took stock. It had been two years since the first COVID-19 lockdown started. During the pandemic, Community Pharmacy had provided a near normal level of service, care and support to patients and local communities while other primary care practitioners were offering limited contact or effectively closed to the public.

In addition to their core activities, many Community Pharmacies had set up successful vaccination services, giving the public protection from COVID-19 but also welcome income.

The effort put into the Community Pharmacy service during the pandemic had taken a toll on the sector. In 2022 the threat to health from COVID-19 had largely subsided but speculation around new variants and long COVID overshadowed efforts to return to “business as usual” – many Community Pharmacy teams reported widespread workload fatigue, workload pressures and staff shortages. To make matters worse, business costs were spiralling – the UK economy in meltdown as the European energy crisis escalated.

The toll on some continued to show as multiple “failure to open” situations arose. CPNY worked closely with NHSE&I local team to ensure these were handled carefully but firmly where needed.

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 high.

Supply problems continued to provide the pharmacies with headaches and the supply chain is at the worse state in memory. The public, whilst sympathetic to the profession after the response to the pandemic, show less signs of tolerance and CPNY has been working with the local Healthwatch teams to get positive messages out and dispel the myths that supply of a prescription is actually, NOT like just clicking an order on Amazon!

Our community pharmacies have produced another year of delivering excellent services and for that I thank them.

I would also like to thank the committee and staff for all their hard work and commitment to CPNY's aims.

Chair's Report (James Usmar)

This annual report covers the period from 1st April 2022 to 31st March 2023. Last year was again a very turbulent time in Community Pharmacy, with significant financial challenges, staffing difficulties and the continuing fallout of the post-covid era. Community Pharmacy has continued to stand up and be counted, delivering for our communities despite everything that we are facing.

There have been two significant existential changes during the year. Firstly, the winding down of CCGs being replaced by ICBs. This has been a significant opportunity for community pharmacy to have much stronger representation at a high level, Community Pharmacy North Yorkshire (CPNY) has done this in conjunction with Community Pharmacy Humber. We have continuing dialogue with the Humber and North Yorkshire Health and Care Partnership and are leveraging this to lobby for opportunities for community pharmacy contractors as well ensuring that there is a good understanding of our challenges at a senior level. The second substantial change has been the work on transformation of pharmacy representation. Significant work was required to put into practice the work started by the Wright Report on pharmacy representation. A contractor vote on the findings of the Review Steering Group was held in May 2022 with 88.6% of contractors who voted endorsing the recommended changes. Following the vote, a Transforming Pharmacy Representation programme (TaPR) was created at PSNC to look at how the vote should be delivered both at a central and local level. In North Yorkshire there were some significant issues that required our attention, it was necessary to consider whether it was in the interest of contractors for pharmacy representation to match the ICB footprint. There were two main questions to answer based on this, should CPNY and Community Pharmacy Humber (CPH) to merge and should some of the contracts that fell into West Yorkshire ICB be moved as previously boundaries had been drawn to reflect the NYCC boundary? Following significant activity on the part of the committee and office teams at CPNY, CPH and Community Pharmacy West Yorkshire (CPWY) it was decided that CPNY and CPH would remain separate organisations, this reflects the way the ICB is working having across the two places and the unworkable nature of the geography had there been a merger. Following work with the contractors in the Craven area a vote was held in March that agreed that these contracts should move to CPWY for representation to uphold the outcome of the RSG vote to match ICB geography.

In addition to these local changes to representation another significant change that will affect all contractors in the coming years was to the NHS Levy, as part of the RSG outcome it was agreed that a larger proportion of the levy should be passed to PSNC (now Community Pharmacy England (CPE)). The purpose of the change has been to allow more central focus on lobbying, negotiation and sharing some work functions that are duplicated across LPCs. As part of this work a vision and strategy project has been initiated working with the Nuffield Trust and the King's Fund. This work is on-going, but the hope is that it will help to deliver a shared vision for the sector that all stakeholders can support and that will support delivery of better outcomes for community pharmacy in the future. At a regional level David Broome was elected to the CPE committee as our independent representative, continuing in the role that he has undertaken with distinction for several years. It has also been agreed that our Chief Officers will work more closely going forward to share best practice and provide support to one another.

Locally the CPNY Committee and Office team have been working tirelessly on your behalf. Some of the outstanding work that has come to fruition this year includes the Walk-in Consultation Service Pilot, continuing engagement with and maintenance in role of PCN Leads and on-going mental health support for contractors and their teams. There have been significant changes to the estate with consolidations, closures, and changes of ownership, which are likely to continue into the foreseeable future, CPNY has played a key role in overseeing the decision-making processes where possible for this to support you and your patients. The election of a new committee was delayed until the end of June 2023 because of the TaPR activities, but the whole committee has remained focused on delivering for you throughout the year. A standing invitation is in place for both Healthwatch and the ICB to our committee meetings which has been brilliant for helping to get our messages out to our key stakeholders.

As always, I would like to end with a huge thanks to everyone for your on-going efforts to deliver for your communities in what continue to be incredibly challenging times. The continuing resilience and response of the CPNY Team, Contractors and Pharmacy Teams is a credit to the profession and yourselves. I am hopeful that we will see some of the fruits of our labours in the coming year as we enter the final year of the CPCF, but I am under no illusion that times remain tough. We're stronger together so please continue to look out for one another and remember that you're doing an incredible job in the toughest of environments. I am immensely proud to have represented you over the last three years and look forward with hope for the future.

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. As we enter 2023/24 we enter the final year of the five year deal with currently no idea what follows!

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 even further 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.

Many Contractors are finding it hard to obtain many common medicines still.

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 had hoped to have a proposal to contractors by March 2022 but this was now be voted on in June 2022. The contractors voted to accept the recommendations. This led to the forming of the TAPR (Transforming Pharmacy Representation) programme to oversee.

The main effect this will have on CPNY is that in April / May 2023, the 12 pharmacies in the Craven district of North Yorkshire County council boundaries, which are strangely NOT in the new Integrated Care System (ICS) will transfer to Community Pharmacy WEST Yorkshire's representation.

The RSG has a website at

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

Pharmacy Quality Scheme

The aim to reduce pressures on community pharmacy led to a more condensed version of PQS for 2022/23. There would be a Gateway Criteria in two parts and then five 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 five domains.

1. Risk management and safeguarding;
2. Respiratory;
3. Healthy living support;
4. Prevention;
5. Addressing unwanted variation in care;

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

Contractors were required to claim between 6th February and 3rd March 2023 although some of the criteria were allowed to be retrospectively completed until the end of March.

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.

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 2023, 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 Recover, Improve and Make Progress

With three major objectives...

- Ensure any Local services are effectively costed before engaging extensively and when a service is commissioned ensure as many Contractors as possible are engaged and that performance is monitored and followed up on a regular basis.
- Ensure that Governance is maintained and up to date, including the Agreed Code of Conduct and Keep required Budget and review at every meeting.
- Ensure that Contractors, Stakeholders and Public are Sufficiently Engaged in Current activities, delivering excellent Collaboration with all to ensure that Community Pharmacies continue to act successfully.

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 \(cpny.co.uk\)](https://cpny.co.uk/key-documents-constitution-annual-reports-strategic-plans-accounts-community-pharmacy-north-yorkshire-lpc)

Healthcare and Networking Manager's (HCNM) Annual report 22/23

Year 2 of being in post as HCNM as seen a distinct increase in collaboration between PCNs and community pharmacies through CP PCN Leads.

This has been despite some turnover in PCN leads which has meant HCNM development of a handover process to ensure any previous work is carried over and maintained by the new lead. The leads that have left us have either moved away from community pharmacy or have been a lead for a year or more and have left due to increasing work pressures. We have also filled two PCN lead positions that had been vacant for some time after opening up the position to pharmacy technicians.

This handover process together with other support provided by the HCNM and training funded by the LPC has allowed us to maintain 74% of PCN Lead in post, which is one of the best in the country.

CPNY together with Humber CP secured funding that has had a positive impact on the role and allows time for PCN Leads to attend PCN meetings which in turn has developed relationships and engagement with in PCNs. Further funding is currently being sought through proposals submitted to ICB as the original funding pot will run out in August 2023.

Progress has been made this year in PCNs where no engagement had been forthcoming previously and we have made significant headway in becoming an integral part of the PCN. Some of our PCN

Leads have secured a place at PCN board meetings and the 5 York PCN leads attend monthly meetings with the Clinical Directors of the PCNs across the York area.

Examples of collaborative working.

During the last flu season the York PCNs collaborative worked together to administer flu vaccines to the under 50 age group as some GP practices didn't have the resources to do this. This included making flu vaccines help by the PCN available to Community Pharmacy and CP offering additional appointments to this patient group.

Hambleton North PCN lead has worked with the practices in her PCN and the pharmacy contractors to arrange a joint meeting to strengthen relationships. This PCN are now also considering CPCS even though this is something they had previously dismissed.

We are continuing to work with PCNs to encourage referrals to the BP checking service and have developed referral pathways in some areas.

Quotes from CPLY PCN Leads - the importance of PCN Lead funding and LPC support.

"The funding has allowed me to justify prioritising community pharmacy as an integral part of PCNs within my workload. It has enabled me to develop relationships with more people within the GP practice side of the PCN as well as to take steps towards increasing collaboration and support between the PCN pharmacies."

"This work is benefitting patients and the wider healthcare community as we are able to take great strides towards ensuring that all patients in York, no matter which PCN they fall within, have consistency in the messages they are receiving from both pharmacies and GP practices, and access to services. We are working towards more co-ordinated approaches across the York PCNs to ensure that we are working together to increase patient access, decrease health inequalities and build a local healthcare service that reduces friction points that patients and healthcare providers both come up against."

"Community pharmacy is now very much in the minds of clinicians, PCNs and other services and that, I believe, is, in no small part, down to the hard work and persistence of the PCN Leads and Caroline working together and sharing ideas, connections and experiences."

Future plans

The Recovering Access to Primary Care document published this year will be the focus for PCNs in the coming months and we are equipping our PCN leads with the information and skills required to tap into this to ensure community pharmacy has a voice at a local PCN level when GPs are looking at how they can achieve what is required of them. The plan highlights some new services such as Pharmacy First and the expansion of the Contraception Service and BP checking service together with GPCPCS that will need managing. Our PCN leads are in the right place with developing relations and collaborative working at a PCN level to facilitate this.

I am looking forward to another year of progress and collaboration. It may at times seem slow but I firmly believe that without our PCN leads we wouldn't have come this far.

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 96,000. We expected an increase on last year's numbers of around 75,000.

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 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 newly formed ICS 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 (Once stock becomes available again)

Vale of York CCG and North Yorkshire CCG then Humber & North Yorkshire ICB

- Palliative Care

Hambleton District Council

- Sharps Disposal

PNA (Pharmaceutical Needs assessment)

In October 2022, both North Yorkshire Council and City of York Council Health and Wellbeing Boards (HWB) published an updated PNA. CPNY had worked closely with both to ensure they accurately represented the needs of the populations and didn't adversely affect any of the CPNY contractors.

The Committee

There was one change to the committee during the year. There were no changes of independent committee members. James Usmar of Boots left Boots so resigned as a CCA representative to the committee. As the Chair at the time, the committee had to decide on a successor and decided to appoint him as an appointed Chair.

Committee Members Composition at March 2023

| Organisation | Who | Company |
|------------------|----------------------|-----------------------|
| CCA Reps | Michael Nicholson | Lloyds |
| | Gabriel Garcia Gomez | Lloyds |
| | David Walker | Boots |
| | Chris Kendall | Boots |
| | Vacancy | |
| AIMs Reps | Tom Hajdas | Lincoln Co-op |
| | Sinead Pattison | Day Lewis |
| Independent Reps | Tracey Chambers | Copmanthorpe Pharmacy |
| | Shaun Davies | Harrogate Pharmacy |
| | Richard Harrison | City Wide Health |
| | 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

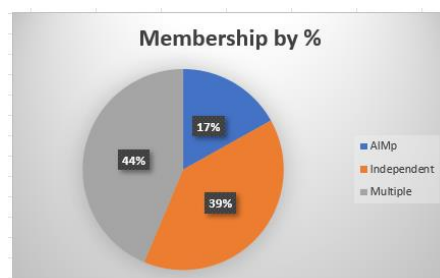
| CPNY Member | Jun-22 | Sep-22 | Nov-22 | Jan-23 | Strategic Planning Feb 23 | Total | Maximum Attendances | % Attendance | Comments |
|----------------------|----------|----------|----------|----------|---------------------------|-----------|---------------------|--------------|--------------------|
| Richard Harrison | 1 | 1 | 1 | 1 | 1 | 5 | 5 | 100.0 | |
| Tom Hajdas | 1 | 1 | 1 | 0 | 0 | 3 | 5 | 60.0 | |
| Chris Kendall | 1 | 1 | 1 | 1 | 1 | 5 | 5 | 100.0 | |
| James Usmar | 1 | 1 | 1 | 1 | 1 | 5 | 5 | 100.0 | CCA then Appointed |
| Tracey Chambers | 1 | 0 | 0 | 1 | 1 | 3 | 5 | 60.0 | |
| Michael Nicholson | 1 | 0 | 1 | 1 | 1 | 4 | 5 | 80.0 | |
| Gabriel Garcia Gomez | 0 | 1 | 1 | 1 | 1 | 4 | 5 | 80.0 | |
| Shaun Davies | 1 | 1 | 0 | 1 | 1 | 4 | 5 | 80.0 | |
| David Walker | 1 | 0 | 0 | 1 | 1 | 3 | 5 | 60.0 | |
| Ashley Cohen | 1 | 1 | 1 | 0 | 1 | 4 | 5 | 80.0 | |
| Sinead Pattison | 0 | 1 | 1 | 0 | 1 | 3 | 5 | 60.0 | |
| Total | 9 | 7 | 7 | 8 | 10 | 40 | 55 | 72.7 | |

Committee Expenses

| Name | Designation | Travel | Locum Cover for Attending Meetings | Total |
|----------------------|------------------|-----------------|------------------------------------|--------------------|
| Richard Harrison | Member | £ 13.50 | £ 700.00 | £ 713.50 |
| Tom Hajdas | Member | £ 61.20 | £ 1,450.00 | £ 1,511.20 |
| David Walker | Member | | £ 700.00 | £ 700.00 |
| Chris Kendall | Treasurer | £ 207.00 | £ 2,100.00 | £ 2,307.00 |
| James Usmar | Chair | £ 317.70 | £ 4,380.00 | £ 4,697.70 |
| James Usmar | Chair's employer | | £ 1,050.00 | £ 1,050.00 |
| Tracey Chambers | Vice Chair | £ 90.90 | £ 2,975.00 | £ 3,065.90 |
| Michael Nicholson | Member | £ 54.00 | £ 1,400.00 | £ 1,454.00 |
| Gabriel Garcia Gomez | Member | | - | £ - |
| Sinead Pattison | Member | £ 40.73 | £ 350.00 | £ 390.73 |
| Shaun Davies | Member | £ 51.30 | £ 1,050.00 | £ 1,101.30 |
| Ashley Cohen | Member | £ 84.60 | £ 1,400.00 | £ 1,484.60 |
| | Totals | £ 920.93 | £ 17,555.00 | £ 18,475.93 |

CPNY Membership

| Membership Type | Number | Percentage |
|-----------------|------------|------------|
| AIMp | 24 | 16.9 |
| Independent | 56 | 39.4 |
| Multiple | 62 | 43.7 |
| Total | 142 | |



Treasurer's Report (Chris Kendall)

2022/23 proved to be another very challenging year with the cost of living crisis and an underfunded sector forcing everyone to reassess how they spend their money. CPNY recognises the difficult position this leaves our Contractors in which is why we have continued to avoid levy increases and looked for other ways to generate revenue. We will continue to review our expenditure to ensure our Contractors get the best value for their money.

Our income is primarily from the LPC levy which was £168,000. The team at CPNY continue to work hard to bring in other sources of income, securing £72,933 to contribute to the running of the LPC and support Contractors. Our year end reserves after verified accounts of expenditure of £261,943 are at £134,451, this includes £27,000 already secured to provide ongoing support to our PCN leads as we move into 2023/24.

Spending on activities to support Contractors increased by 55% compared to 2021/22. On top of this CPNY ran an awards event to recognise the incredible efforts our Pharmacy teams put into supporting their patients every day. The largest costs for the LPC continue to be staff related and the PSNC levy. Costs for the Committee members themselves totalled £18,476, 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.

Presented below for contractors is the abridged income and expenditure account for the year ending 31st March 2023.

SUMMARY INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31 MARCH 2023

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 2023 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 [iceaw.com/membershandbook](https://www.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 2023 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 2023

NORTH YORKSHIRE LOCAL PHARMACEUTICAL COMMITTEE

PROPERTY INCOME AND EXPENDITURE

for the Year Ended 31 March 2023

| | 2023 | 2022 |
|--|-----------------|-----------------|
| INCOME | | |
| NHSBA Contractor | 168,000 | 140,000 |
| Other income | 67,983 | 49,158 |
| Meeting sponsorship | 4,950 | - |
| | 240,934 | 189,158 |
| EXPENDITURE | | |
| Staff Employment costs | | |
| Staff Wages | 74,267 | 69,324 |
| HMRC | 25,044 | 16,378 |
| Auto Enrolment Pensions | 4,707 | 4,394 |
| Locum Cover | 17,555 | 14,775 |
| Staff Travel & Parking | 6,279 | 4,954 |
| Training Costs | 409 | 281 |
| | 128,261 | 110,106 |
| Establishment Costs | | |
| Rent | 4,921 | 4,713 |
| | 4,921 | 4,713 |
| Meeting Costs | | |
| Refreshments and Catering for Meetings | 1,588 | 315 |
| Room Hire for Meetings | 3,375 | 3,076 |
| Members Travel & Parking Expenses | 921 | 644 |
| Contractor Support Activity | 52,465 | 33,886 |
| KKI Adcal & OICS | - | 19,238 |
| | 58,349 | 57,158 |
| Insurance, PPS, Telephone etc | | |
| Office Stationery | 4,100 | 9,403 |
| | 4,100 | 9,403 |
| Levies and License fees | | |
| Pharmoutcomes Licenses | 3,500 | - |
| PSNC Levy | 40,699 | 41,907 |
| Audit Fees | 957 | 720 |
| | 45,156 | 42,627 |
| Communications | | |
| Events | 17,689 | - |
| | 17,689 | - |
| Finance | | |
| Bank Charges | 64 | 64 |
| | 64 | 64 |
| | 258,540 | 224,072 |
| NET LOSS FOR THE YEAR | (17,606) | (34,914) |

BANK RECONCILIATION

| | | | | |
|-------------------------------------|----------|----------------|----------|----------------|
| Balance brought forward | 164,749 | | 159,970 | |
| Unpresented cheques | - | | - | |
| Plus deferred income movement below | (12,692) | | 39,692 | |
| Plus profit / (loss) above | (17,606) | 134,451 | (34,914) | 164,749 |
| | | | | |
| Balance carried forward | | <u>134,451</u> | | <u>164,749</u> |

DEFERRED INCOME

Funds received are deferred and not recognised within the profit above when they are allocated to post year end activities

| | | |
|-------------------------|---------------|---------------|
| Balance brought forward | 39,692 | - |
| Deferred in year | 27,000 | 39,692 |
| Released | (39,692) | - |
| Balance carried forward | <u>27,000</u> | <u>39,692</u> |