



Devon Local Pharmaceutical Committee

Annual Report 2010

Incorporating Annual Accounts

April 2009 - March 2010



LPC Vision

"To maximise financial and professional opportunities for pharmacy contractors"

LPC Mission

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

LPC Objectives

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

Contents

Chairman's Report by David Bearman	2
Chief Officers Report by Sue Taylor.....	5
LPC Activity Over The Year – Control Of Entry.....	7
Member's Attendance and Expenses.....	8
'With Reasonable Promptness', 'If Reasonably Supplied' by Mark Stone.....	9
Responsible Pharmacist Road Shows by Simon Gardner	10
Office Administrator Report by Kathryn Jones	11
Treasurer's Report by Brenda Taylor	12
Devon LPC Annual Accounts For The Year Ended 31st March 2010.....	13

Chairman's Report

Here we go again

Another year and again we need to talk about future change. I am not sure if it's a sign of age but it just seems to get more and faster. The issue for all of us is that the changes being implemented are not coming clean; they all seem to materialise with some additional ongoing responsibility or piece of administration. If the changing role of community pharmacy itself was not enough for us to take stock the growing litigious burden seems sure to. This is not just the case in practice but is also being felt at the Local Pharmaceutical Committee (LPC).

This has made us begin to reflect on the way we operate and engage with all our members, but more of that later....

Sometimes you look back and think nothing has really moved on and what have we been doing all year, then you focus the mind and realise yes we have changed both as a profession and as an LPC. If we looked back last year we did not have the engagement in Practice Based Commissioning that is now developing; we did not have the level of access to Chief Executives we now have; the Pharmaceutical Services Negotiating Committee (PSNC) is now becoming more responsive to local issues; clinically we are becoming more engaged in the health fraternity and the LPC itself has had significant national impact. It has to be said from a commercial stand point the development of Local Enhanced Services schemes is not what we desire especially given the significant moves we see in Portsmouth with the development of healthy living pharmacies, however there is interest and given good outcomes from that pilot we may yet be travelling the same path.

National impact

This year above all others we have had some significant national impact. This has been driven from the membership highlighting the key issues impacting on them and a strong response from the executive team. Two prime examples of this work are the activity surrounding branded generic prescribing which had the potential to significantly impact profitability. The LPC has developed a strong financial and strategic case against this change which has been written up into a briefing paper and has taken this to chief executives, the Strategic Health Authority and ensured national coverage in the key journals. This has caused the issue to be raised up the agenda with recommendations from the Department of Health that this approach should not be expanded.

The issue of supply problems was raised by the membership, this resulted in a survey which was publicised in the professional media and was raised in the House of Commons leading to supplier action.

Local Impact

Our ability to drive new service provision has proved difficult. Unfortunately we seem to be aligned against a health area in which "we have no money" seems to be a mantra. It has to be said that if you examine regions where major service provision occurs through pharmacy there is often some underlying rationale, be it poor primary care provision, rurality issues, or simply a reforming perspective of the Primary Care Trust (PCT) towards primary care services. None of these characteristics seem to exist with any of the three PCTs we face. The result is we are often on the defensive with existing services rather than moving forward with new. You would have thought that the government targets for prevention with cardiovascular checks, Chlamydia screening and teenage pregnancy would drive the agenda but there are in reality so many competing drivers for limited resources that even targets do not guarantee activity. We will be looking for opportunities going forward where we can clearly demonstrate outcome improvements alongside cost reductions – This is a more limited scope but we recognise that we cannot invest resource into activity that is unlikely to yield benefits to contractors.

End of an era

This year came to end with a significant shift for the LPC. Constitutional change was needed in order that the LPC reflected the changing circumstances of the pharmacy environment. This in simple terms has led to a change in the nature of membership (non pharmacists) the make up of members (more CCA representation and less independent) to reflect ownership, and the nature in which the LPC is run (more devolvement to sub groups). This has led to a significant change in the membership probably the biggest change in decades. Clearly this brings with it risks with the loss of such experienced membership but also opportunities in the form of new skill sets so while it is extremely sad to see such valuable colleagues move on it is important to look to the future and the many challenges that face us.

The new committee

The new committee are very keen to ensure engagement with contractors across the area so that we can represent their views effectively.

The new committee also recognises the importance of localities and links to PBC going forward, more focus will be placed in the localities. Political change is also moving a pace and we are investing more time currently in political lobbying; this is not necessarily a long term activity but is required due to the current pace of change. Due to the future workload the committee is also setting up workgroups with delegated responsibility in control of entry, finance stewardship, governance, and communications. There is also a wish to involve as many people as possible in the work so we ensure maximise our impact.

Thank you

This year in particular is one in which thanks are due to a many people.

Firstly, I would like to thank all the committee members of the last committee, a number of whom have stood down after many years of excellent service to the committee and to pharmacy in the south west in general. It is with great sadness that we have lost their skills and talents. Several of the committee members have not just given one four year term of service but in many cases two some even three or more! The level of commitment to the cause should not be underestimated as it is not just attending meetings but also all the subgroup activities and LPC emissary activities in various guises. Thank you again for all you have contributed.

The executive as always have fulfilled their ongoing role of serving us exceptionally well. We are regarded as one of the exemplar LPC`s in the country and this is in large part due to the excellent work of the executive team – Sue who seems to know more about what is happening in the region than anyone else with a superb network and influence in all quarters, Mark whose report writing and media skills have made us major contributors to national issues and Kathryn whose organisational capability holds us all together.

And a thank you to all of you over the last year, we are seeing increasing engagement in all the localities through the forums and an increasing number of people who are willing to be active locally. This is going to be critical in the future as we must make sure our voice is heard in as many quarters as possible over the next few years, so please continue to get involved.

Ok so what's next

I am tempted to start on the subject of the future by saying who knows, but that would be glib. The reality is however that we are in very uncertain times. It is a period when we all have to be very observant and responsive to the opportunities and threats that will certainly emerge over the next year(s). There are some things we can however be fairly sure of:

Financial constraint – It is certain we are entering a period of greater financial stricture. What does this mean for us? Potentially many things from minimal uplifts agreed by the PSNC in the contract to limited

scope for LES initiatives to PCTs driving more rigorous contract compliance ensuring they are maximising value from existing contracts. If you have not heard the term QIPP you will, it refers to driving improvements in Quality, Innovation, Prevention and Productivity. These will be the key areas of drive for health over the next few years particularly productivity. This does however offer us an opportunity to come forward with ideas for reshaping the system to drive cost effectiveness. Trusts are more willing to listen to such opportunities than ever before.

Supervision legislation – This legislation is highly likely to proceed and the LPC will be taking an active part in the consultation involving all interested parties.

Electronic Prescription Service (EPS) – Despite wishes in a number of areas for this to go away it has not and is unlikely to. The potential savings this will bring to government are significant and as such this will move forward. It has the potential to profoundly impact the structure of community pharmacy and we should all be not just considering the introduction of the software but the implications for the businesses we run. The LPC will be providing some support as we enter this change process.

Pharmaceutical Needs Assessments (PNAs) – These are now in the process of consultation and will be published, and it is fairly certain this will be followed by their adoption as the method of controlling entry. I suspect this will reduce the numbers of successful new applications considerably due to the financial implications. However I suspect the introduction will be associated with considerable challenge and work for the LPC.

Given the fluid situation it is acknowledged that the LPC will need to be scanning the environment to ensure we are well placed to meet whatever the future brings we have as a consequence set up a group to fulfil this activity but would welcome all to become involved in communicating what they see and hear in their areas regarding future change to the LPC executive team.

Wishing you all the best for the year ahead.

David Bearman
Chair

Chief Officer's Report

At the end of my report last year, I made reference to the fact that the new model constitution for the LPC had yet to be proposed. After much discussion and debate, and two Extra Ordinary General meetings, the new constitution for the Devon LPC was formally adopted at a Special Meeting held on the 2nd November 2009. The Constitution will come into effect on the 1st April 2010 when the new Committee will take up the mantle. The membership of the Committee will change considerably in 2010, as there has been a shift in the make up of the committee to a larger representation by the Company Chemists Association (CCA), to reflect the ownership of community pharmacies across Devon. From April there will be 10 CCA members and five independent contractors.

As you can imagine, the work involved in the development of the new constitution and the subsequent election process was fairly demanding and occupied much of the Secretariat's time. Having said that, during 2009-2010 the Committee's membership remained fairly stable and members actively contributed to the work of the committee. In particular, Simon Gardner and Mark Stone ran a series of workshops about the forthcoming legislative changes for the Responsible Pharmacist – you can read about this in the relevant section of this report.

The development of existing and new services and maintaining working relationships with the primary care trusts continues to form a large part of my workload. As David Bearman highlights in his report, often we are on the defensive to maintain even the low level of services commissioned via our local Primary Care Trusts. This year however, successes included the development of the Chlamydia screening and treatment services commissioned by NHS Plymouth, the commitment shown by NHS Devon to roll out the Chlamydia screening programme in a greater number of pharmacies and also the opportunity to pilot brief interventions on alcohol use in a small number of pharmacies in Devon. Another area of work we looked at was the development of domiciliary Medicine Use Reviews. This has provided an exciting opportunity for a small number of pharmacists to work with the Complex Care Teams in three areas of Devon and support vulnerable patients who have complex medication regimes. Perhaps with the expected changes in Supervision services like domiciliary MURs will prove to be the way forward for community pharmacists as they are able to demonstrate their clinical role as part of a multi disciplinary team.

I truly believe that community pharmacy has a very important role to play in promoting public health and the current level of interest shown by the PCTs particularly in the commissioning of sexual health services from pharmacy and the results seen in some areas just reinforces my view.

While the number of services commissioned from community pharmacy continues to be disappointingly low, it is important to understand that services will only be commissioned where there is an identified local need and where pharmacies are enabled to ensure continuity of service. The risk of decommissioning has never been greater than in the current economic climate. The importance of demonstrating consistent delivery of quality services is crucial.

A prime example of this is the Medicines Use Review Service. It was really encouraging to see that nearly 90% (95% in Torbay) of pharmacies are now providing MURs which can only be good news for patients. However, in the year ended March 2010, in Devon and Plymouth 39% only of the available budget was claimed, and Torbay didn't do much better at 44%.

LPC Area MUR Statistics Breakdown 2009-2010

PCT	MUR Value per annum	MUR Value per month	No. MURs 2009-10	No. pharmacies claiming	Av. No. MURs per pharmacy	% of available budget	No. of pharmacies in each PCT	% of pharmacies undertaking MURs
Devon	£1556800	£120733	21533	125	172.25	38.7%	139	90%
Plymouth	£571200	£47600	7931	46	172.4	38.9%	51	90%
Torbay	£436800	£36400	6885	37	186	44.1%	39	95%
Totals	£2564800	£213733	36349	208			229	

Yet MURs could play a really valuable part in improving care for patients with long term conditions. The Pharmacy White Paper highlighted the role of MURs in improving patient compliance with their medication and talked about the development of directed MURs. At the time of writing, Torbay Care Trust and the Baywide Practice Based Commissioning Board are implementing a referral process for patients with respiratory conditions to have a MUR with their pharmacist focusing on inhaler technique. Hopefully this means that at the end of March 2011 we will be seeing 100% of the budget claimed by local contractors!

The LPC continues to actively promote community pharmacy and its “offer” to patients at every possible opportunity, both locally and nationally. The Secretariat team at Deer Park is committed to the profession and supporting contractors, and I would like to take this opportunity to thank Kathryn Jones for her sterling efforts in managing the office and the Committee members; for developing and managing the website and keeping contractors up to date with local events and activities. My thanks also to Mark Stone for the professional support and advice he is able to offer our contractors and members. His particular passion as well for the economics of community pharmacy has stood him and the LPC in good stead when arguing the case for branded generic switching.

Lastly I would like to thank all of our community pharmacy contractors and pharmacy teams across Devon for their continuing support for the LPC, in returning audits, surveys and questionnaires often unsolicited but always sent out with good intentions; and for turning up to our local events and workshops – see tables below for a summary of the events which have been organised. We are here to serve you in the best way that we possibly can.

Sue Taylor
Chief Officer

Table 1: Locality Forums organised during 2009-10

Locality Forums	Dates
Exeter, East & Mid Devon	July 2009, November 2009
North Devon	April 2009, September 2009, February 2010
Plymouth	June 2009, January 2010
Torbay	July 2009, November 2009, February 2010

Table 2: Workshops organised during 2009-10

Subject	Venues
Devon LPC Contractors Meeting	Exeter
Extra Ordinary General meetings to discuss new constitution	Exeter
Training Events	
Jon Bell – Asthma Techniques	Barnstaple & Exeter
Consultation Events	
Responsible Pharmacist	Barnstaple, Exeter, Kingsteignton, Plymouth, South Brent & Torbay
Information Governance	Barnstaple, Exeter, Plymouth & Torquay
MUR Workshops (with Pfizer)	Exeter, Plymouth & Torbay

LPC Activity over the year

Control of Entry

The LPC examined a total of thirteen applications for a new pharmacy or for relocations during the year, together with five appeals compared with a total of sixteen applications and seven appeals the previous year; it would appear therefore that business is still looking good! The consideration of applications is very onerous on the LPC and takes a lot of time and commitment to ensure that every application receives a fair consideration by the committee and that these considerations are provided to the PCTs in a timely fashion.

At the time of writing the pharmaceutical needs assessments are being finalised and sent out for consultation. The use of PNAs as a tool for market entry will come into force on the 1st February 2011. This is a critical time for contractors and the LPC and the potential impact upon contractors means that everyone should keep up to speed with the PNAs and other developments. The LPC will of course keep contractors up to date through the website, newsletter and locality forums but it is essential that you read them and respond appropriately. In the meantime, ensure that you continue to deliver your local enhanced services.

Table 3: Pharmacy contractual applications considered by the committee during 2009-10

Control of Entry applications April 2009 – March 2010

Type of application	Total number of applications	Total number granted	Appeals	Adjacent to or within surgery	Opened by 31/03/10
100 hours	5	5		2	1
Preliminary Consent	6	1	5 (2 dismissed 3 won)		
Full consent	1	1			
Minor Relocation over 500m	1	Withdrawn			
Totals	13	7	5	2	1

Members Attendance and Expenses

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

Table 4. Members of Committee during 2009-10

Committee Member	PCT Area Represented	Elected or appointed
David Bearman	Plymouth	CPT Appointment
Mike Barbour	Mid Devon	Elected Independent
Nerys Cadvan-Jones	North Devon	CCA Appointment
David Chapman	Plymouth	CCA Appointment
Phil Dawes	Plymouth	Elected Independent
Martin Frankland	Devon (Teignbridge)	Elected Independent
Simon Gardner	Devon (Teignbridge)	CCA Appointment
Ali Hayes	Devon (East Devon)	Elected Independent
Andy Lawson	Devon (Exeter)	CCA Appointment
Michael Lennox wef 13/7/09	Devon S Hams/W Devon	CCA Appointment
David Norsworthy	Exeter	Elected Independent
Sian Retallick	Plymouth	Elected Independent
Paul Stevens	Devon (Exeter)	Elected Independent
Brenda Taylor	Devon (East Devon)	Elected Independent
George Wickham	Devon (Exeter)	Elected Independent

Table 5. Devon LPC Meeting Attendance 2009-10

Committee Member	Elected or appointed	Attendance/ Possible	Expenses claimed (in line with LPC expenses policy)
David Bearman	CPT Appointment	10/13	£3731.60
Mike Barbour	Elected Independent	7/13	£743.20
Nerys Cadvan-Jones	CCA Appointment	12/13	£1002.20
David Chapman	CCA Appointment	13/13	£955.60
Phil Dawes	Elected Independent	10/13	£1178.00
Martin Frankland	Elected Independent	9/13	£278.00
Simon Gardner	CCA Appointment	12/13	£475.00
Ali Hayes	Elected Independent	10/13	£248.00
Andy Lawson	CCA Appointment	11/13	£203.20
Michael Lennox	CCA Appointment	7/9	£297.00
David Norsworthy	Elected Independent	9/13	-
Sian Retallick	Elected Independent	9/13	£1398.20
Paul Stevens	Elected Independent	12/13	£379.50
Brenda Taylor	Elected Independent	1/13	-
George Wickham	Elected Independent	12/13	£474.00

‘With reasonable promptness’, “if reasonably supplied”

Mark Stone – LPC Pharmacist

The terms of service which are set out in Schedule 1 of the community pharmacy contract regulations (Pharmaceutical Services Reg. 2005), state that pharmacies are required to dispense all medicines ‘with reasonable promptness’.

Now with the advent of smart logistics, robotic wholesaler picking, and the continuing trusted twice daily delivery, this stipulation should be simple to meet. However, the pharmacy contract authors probably did not consider the impact the countries deficit would have on the ability of pharmacies meeting this simple term.

In May 2009 Devon LPC was the first organisation to investigate the medicine supply problems which were being seen by community pharmacies. The results analysed by the secretariat were shocking, 379 supply problems were recorded by 79 pharmacies during the 14 day audit, and this caused 32 patients to miss one or more doses because of the problems. All the results were shared with PSNC and Chemist and Druggist magazine, the later printed the findings and started their own national audit.

The work undertaken by Devon LPC raised awareness of the supply issues nationally. It helped get the recognition of the need to act by the Department of Health and Government, who then drew up actions to address the problem.

A year on, with the government’s ministerial summit completed, are pharmacies seeing fewer problems trying to make sure that patients get the medicines they need when they need them?

Well that is the question Devon LPC will ask all contractors in a re-visit of our medicines supply audit. The results you record for us will be shared once more and used to raise awareness. But if the issue has not improved, then we must continue to use our voice as before, as it is an important point to remember that the national debate is fed by local voices, your voices!

Perhaps one sustainable solution to suggest would be a contract similar to community pharmacies that all the supply chain stakeholders would sign up to, with the term that they must supply medicines to the NHS with ‘reasonable promptness’.

Mark Stone

Responsible Pharmacist Road Shows in Devon.

Simon Gardner

Well the 1st of October 2009 came and went, and life carried on just the same, but the world of pharmacy did change. After months of planning, preparation, training and consultations the Responsible Pharmacist Act came into being.

For months, the pharmacist population had worried about the content of the Responsible Pharmacist Act, and more to the point, how it would impact on them and their working lives.

With this in mind, and the concerns of our contractors foremost in our strategy, the LPC sprang into action and Mark Stone and I decided to run a series of road shows highlighting the basic principles of the Responsible Pharmacist Act.

Having been so rash to volunteer to run these events, Mark and I ran into our first problem, the content of these presentations. The trouble was, that the act had not actually been agreed and, although we had a degree of understanding of what we thought the act may contain, we couldn't even agree between ourselves on the interpretation of the information.

We decided that we would split the events into two sections, firstly an overview of our understanding of the act, and then a workshop section, where the audience would give their interpretations of the new act, and so the preparations began.

From the beginning of September 2009 through to the 2nd of October we ran six events across Devon.

The trouble was that at every event we ran, there was new information being made available, and so the presentations evolved and were never the same twice. In a way this made them fun for the presenters, however it made planning them a difficult task.

However the attendance and requests for attendance at the events were exceptional, with the highest turnout for any event we had run. We knew that this was an emotive subject for pharmacists, but we ended up having to turn people away and book people on alternative nights to ensure that everybody could attend.

The workshop sessions provided a huge volume of ideas and interpretations of the act, which we subsequently published on the LPC website as a resource for all contractors to use, and it was accessed regularly in the early days of the act coming into force.

From the feedback received from the contractors, we appeared to have pulled off the impossible; we were able to prepare them as best as it was possible to do so for the unknown.

The reality was that the world of pharmacy did change on the 1st October 2009, but we were ready for it!

What an interesting year we had

Kathryn Jones, Office Administrator

Preparing the first draft of this report and looking at how many events we have organised has reminded me of all the people that I have met in the past year. I've really enjoyed getting out to forums and training events, and there have certainly been plenty of those. One of the most fascinating events was the evening with Jon Bell on Inhaler Techniques – I discovered that my son had been using his inhaler incorrectly for nearly twenty years!!! He now tries to use it correctly.

We have been getting more pharmacists involved by setting up locality forums, which cover all of Devon. The Teignbridge/South Hams & West Devon has been the final area to cover; the first evening will take place after the new Committee are appointed.



Much of my time is taken up organising these events, sorting out venues, preparing resources and sending out the flyers. The locality forums are held quarterly, the dates are always on the events page of our website, and the notes from the meetings are on the relevant locality forum page, again on the website. These events are run by pharmacists for contractors, pharmacists, locums and their staff and are quite informal.

A gentle reminder - If you book a place at an event, and are unable to attend, please remember, we still have to pay for the buffet that is provided, an average evening buffet per person is now in the region of £15.00. We also noticed that people turn up at events without letting us know they are coming, this can cause us a problem, if the room gets too crowded. Just give us a ring to let us know you want to come along.

We are upgrading our accounts package to QuickBooks at the beginning of the new financial year. The new software is certainly easier to use and reconciling the accounts at the end of the month takes minutes rather than hours. It will be particularly useful when looking at budgets-v- actual spend and producing reports for the Finance Sub-Committee.

We undertook a Contractor Survey during the year and it was very humbling to read some of the very nice comments which were made about the Secretariat and the work we do on your behalf. We continue to produce the bi-monthly "golden" pages newsletter in paper format, but if you are looking for details of an event or some topical information, please look on our website at www.devonlpc.org a search facility has been installed on the news page at the top right hand side. This works for all the website and I find it very useful myself, when looking for a particular document I know is on the site! There are also many on line resources including a staff training matrix form. The document can be found by using this link http://www.lpc-online.org.uk/devon_lpc/es.html

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

Finally, we have had new phones put in which go to voicemail if we are already on the phone, please leave a message if this happens, we will get back to you. If you hang up with no message, we aren't able to help you.

Speak to you soon.

Kathryn

Treasurer's Report by Brenda Taylor

Members of the committee are required to attend the LPC meetings regularly as well as attend meetings with Primary Care Trusts and other organisations on behalf of the LPC and contractors. Operating under Nolan Principles, the LPC consider that members carrying out duties on behalf of pharmacy contractors should not be out of pocket. The LPC operates within a robust Accountability and Governance Framework that is regularly monitored.

The Devon LPC is funded entirely by contractor levy. In respect of income, the contractor levy for Devon has remained unchanged at 15p per £100 (0.15%) of net ingredient cost and this sum is collected monthly from all contractors and remitted to the LPC by the Prescription Pricing Authority.

The income received by the LPC for 2009-10 increased by 3.8% on the previous year, whilst the levy paid by the LPC to the PSNC, increased by 3.5% for 2009-10.

Some additional monies are received unconditionally from the pharmaceutical industry when working in partnership with the LPC, in particular, to support training and educational events for pharmacists and pharmacy staff, LPC meetings and our Annual General meeting (AGM). In total, for the year ended March 2010 the LPC received £9,715.00 in respect of educational grants. In addition, Sue Taylor (Chief Officer) was seconded to NHS Devon for a short period of time to assist the PCT in its roll out of a nationally funded initiative to provide Health and Well Being Checks for Carers. Her backfill costs were reimbursed to the LPC and totalled £4,899.90 for this year. The LPC member locum backfill costs were considerably higher in the year to March 2010. When Jonathan Kerr left the Secretariat in early 2009, the LPC made a decision not to replace him. Consequently some of the LPC members, notably David Bearman and Simon Gardner, took on some additional workload during 2009.

The Devon LPC finance sub-committee has continued to review the income and expenditure for the committee on a monthly basis to ensure projects are running to budget and to make recommendations to the LPC for funding priorities. Historically, the committee has invested surplus funds not immediately required by the Committee into secure government deposits to maximise the revenue from the contractor levy whilst not incurring any risk. However, the year 2009-10 saw interest rates tumble to unprecedentedly low levels and as a result the return on our investments became smaller and smaller. PSNC negotiated on behalf of all LPCs across the country a national agreement with Lloyds TSB that saw interest credited to our current account greater than the amounts available through the UK money markets. Notwithstanding this move, for the year 2009-2010 the LPC saw the level of interest paid fall from £6,739.91 in the year end 2009 to just over £1,000 in the year to March 2010.

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

The LPC also re negotiated the tenancy agreement it has with the Devon LMC and decided to rearrange the way in which it funds the Secretariat and resources increasing the cost effectiveness and value for money.

For the year ending 2009-10, the LPC had an income exceeding the expenditure for the year of £24,907.57 which has increased the bank balance to £152,456.22. With the formation of the new LPC in April 2010, it is expected that there will be an increased need for training and a potential move away from evening meetings to day time meetings. The expected increase in expenditure for this has been budgeted for in the current year.

My thanks go to the Officers and committee members for their ongoing support and governance of the finances of the LPC. I am always happy to answer any financial queries from contractors at any time and a full set of accounts can be viewed on request.

Brenda Taylor

THE DEVON
LOCAL PHARMACEUTICAL COMMITTEE

THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2010

KEY INFORMATION

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

**INDEPENDENT EXAMINER'S REPORT ON THE ACCOUNTS
TO THE MEMBERS OF
DEVON LOCAL PHARMACEUTICAL COMMITTEE**

Respective responsibilities of Committee Officers and Examiner.

The Committee's Officers are responsible for the preparation of account records. The Committee's Officers consider that an audit is not required for this year and that an independent examination is needed.

It is our responsibility to:

- ♦ Examine the accounting records;
- ♦ Prepare Financial Statements for the Committee;
- ♦ Follow the procedures laid down in the General Directions given by the Charity Commissioners, as applicable to the Committee; and
- ♦ State whether particular matters have come to our attention.

Basis of Independent Examiner's Statement.

Our examination was carried out in accordance with General Directions given by the Charity Commissioners as applicable to the Committee. An examination includes a review of the accounting records kept by the Committee and a comparison of the accounts prepared with those records. It also includes consideration of any unusual items or disclosures in the accounts, and seeking explanations from the members concerning any such matters.

The procedures undertaken do not provide all the evidence that would be required in an audit, and consequently we do not express an audit opinion on the accounts.

Independent Examiner's Statement

In connection with our examination for the year to 31st March 2010, no matters have come to our attention:

- (1) which gives us reasonable cause to believe that in any material respect the requirements:
 - ♦ to keep accountings records; and
 - ♦ to prepare accounts which agree with the accounting recordshave not been met; or
- (2) to which, in our opinion, attention should be drawn in order to enable a proper understanding of the accounts to be reached.

Easterbrook Eaton Limited

Easterbrook Eaton Limited
Chartered Accountants
Old Fore Street
Sidmouth
Devon
EX10 8LS



16th September 2010

THE DEVON LOCAL PHARMACEUTICAL COMMITTEE

MAIN INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31 MARCH 2010

Income	Year Ended 31 March 2010		Year Ended 31 March 2009
PPA Levies		275,706.56	258,665.08
Bank Interest		1,041.69	6,739.91
Sponsorship		9,715.00	1,670.00
PSNC SW Regional LPC Forum		-	9,117.76
LPC Annual Report & AGM		-	3,000.00
Secretariat Business Costs Reimbursed		4,899.90	1,600.00
Miscellaneous Income		75.00	-
Total Income		<u>291,438.15</u>	<u>280,792.75</u>
Expenditure	Year Ended 31 March 2010		Year Ended 31 March 2009
Local Pharmaceutical Committee Member Expenditure			
Locum and Travel Expenses	12,998.03		6,521.69
LPC Meeting Expenses	1,570.00		6,005.74
AGM Costs	1,534.25		2,079.61
LPC Sub Committee / Locality Expenses	5,566.10		4,587.33
Contractor Support			-
General Support	930.49		-
Events	3,807.03		-
Responsible Pharmacist	6,217.71	10,955.23	32,623.61
			-
Pharmaceutical Services Negotiating Committee			
Pharmaceutical Services Negotiating Committee Levy	63,602.00		61,429.00
PSNC Conference Costs	2,922.23		
PSNC Workshops	1,406.00		1,472.00
PSNC SW Regional LPC Forum	-		10,317.76
		67,930.23	
Secretariat Expenses			
Staff Costs			
Employer Contribution to Employee Pensions	13,247.48		12,786.56
Employers National Insurance Contributions	10,355.46		10,581.06
Staff Salaries	97,143.38		116,440.20
		120,746.32	
Office Expenses			
Rent	14,750.38		22,972.65
Telephone, Internet and Broadband	2,044.13		2,368.17
Computer Hardware and Software Support	5,463.66		600.00
		22,258.17	
Other Expenditure			
Accountancy	1,481.25		1,360.50
Bank Charges	229.60		229.60
Subscriptions	624.00		1,340.12
Insurance	726.74		603.23
Secretariat Business Costs			
Photocopier Charges	1,757.80		
Postage	3,235.27		
Stationery	1,794.00		
General Secretariat Costs	10,674.04		
Staff Training	669.75		
Professional Support	1,779.80	19,910.66	13,898.37
		22,972.25	233,906.97
Total Expenditure		<u>266,530.58</u>	<u>275,593.59</u>
Net Surplus of Income over Expenditure for the Year		<u>£24,907.57</u>	<u>£5,199.16</u>

THE DEVON LOCAL PHARMACEUTICAL COMMITTEE

MAIN BALANCE SHEET AS AT 31 MARCH 2010

	<u>31.03.10</u>	<u>31.03.09</u>
Assets		
Current Assets		
Devon LPC - Debtor	300.00	300.00
Lloyds TSB Bank Accounts		
Devon LPC Current - 4102069	152,156.22	46,371.00
Devon LPC Treasury Account	-	80,877.65
Total Current Assets	<u>152,456.22</u>	<u>127,548.65</u>
NET CURRENT ASSETS	<u>£152,456.22</u>	<u>£127,548.65</u>
Represented By		
Devon LPC Accumulated Funds		
Bought Forward	127,548.65	122,349.49
Surplus for the Year	<u>24,907.57</u>	<u>5,199.16</u>
Total Devon LPC Funds	<u>152,456.22</u>	<u>127,548.65</u>
Total Accumulated Fund carried forward	<u>£152,456.22</u>	<u>£127,548.65</u>

