

# Community Pharmacy Kent



# Annual Report 2023-24

Incorporating the Annual Accounts 2023/24



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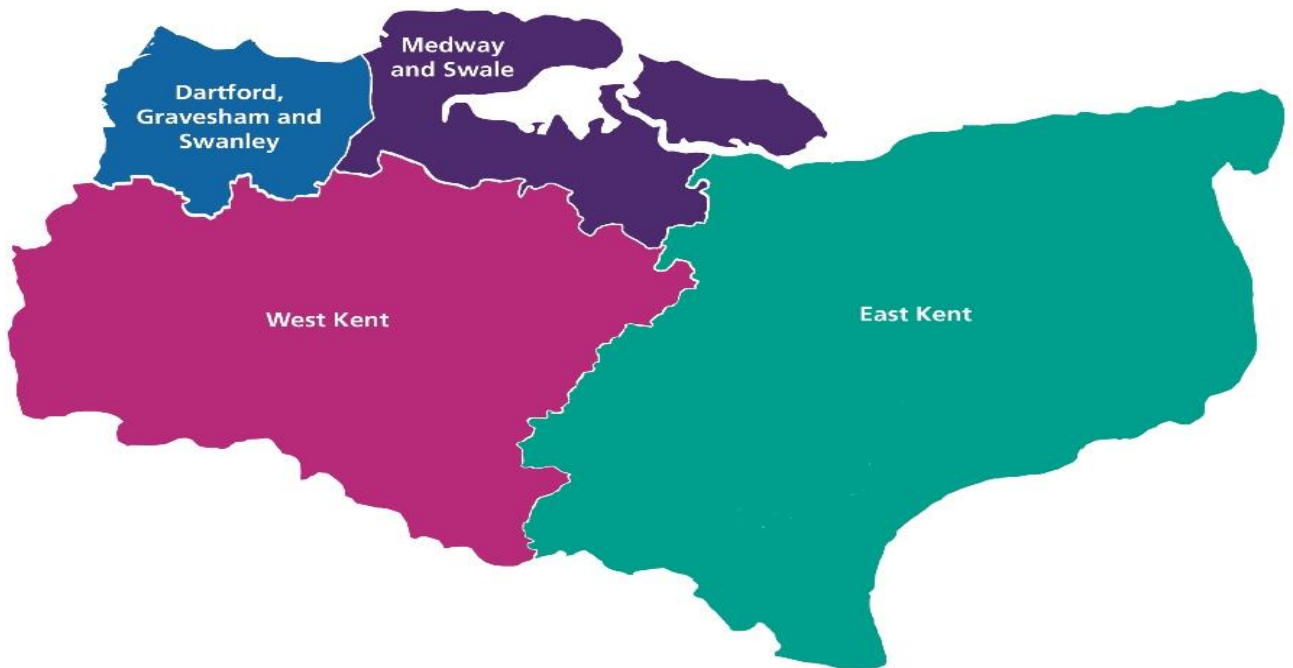
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## Introduction

Community Pharmacy Kent (Kent LPC) is the statutory body representing Community pharmacies contractors across Kent and Medway.

We have 308 Pharmacies spread across Four Health and Care Partnerships (HCPs) and 42 Primary Care Networks (PCNs).



Summary of the number of Pharmacies that have signed up to provide key Advanced pharmacy services

NHS Service	No of pharmacies providing the service	Link map of pharmacies providing the service
Hypertension Case finding	280	<a href="#">Map of Pharmacies providing Hypertension Case Finding Service</a>
Smoking Cessation	155	<a href="#">Map of Pharmacies Providing Smoking Cessation</a>
Pharmacy Contraception	251	<a href="#">Map of Pharmacies providing Contraception service</a>
Lateral Flow Distribution	240	<a href="#">Map of Pharmacy Providing Lateral Flow Device</a>
Pharmacy First	300	



## Officers

Chairman: Amish Patel

Vice Chair: David Entwistle

Treasurer: Samantha Greive

Chief Executive Officer: Mark Anyaegbuna  
Email: [mark.anyaegbuna@kentlpc.org.uk](mailto:mark.anyaegbuna@kentlpc.org.uk)

### ***Subcommittee members 2023/24***

- Governance subcommittee: Sunil Chopra, Shirley Walker and Alice Bright
- Finance subcommittee: Samantha Greive, Mike Rudkin and Maureen Aruede
- Performance subcommittee: David Entwistle, Sachin Mehta and Maureen Aruede

## Membership and Attendance

Members of the committee are required to attend the LPC meetings regularly as well as provide input to their Local Pharmacy Groups and other roles. There is an open part of our meeting which observers are welcome to attend.

In the year ending 31<sup>st</sup> March 2024, our committee had 11 members who were nominated or elected to represent their sector

- 4 Independent contractors, elected by peers
- 3 members nominated by Independent Pharmacies Association (IPA) (formerly AIMp)
- 4 members nominated by Company Chemists Association (CCA)

A breakdown of members' attendances is provided in the table below.

Committee Member	Representing	Meeting attendance
Alice Bright	IPA (Day Lewis)	3/3
Sachin Mehta	IPA (Paydens)	5/6
Mike Rudkin	IPA (Day Lewis)	2/3
Samantha Grieve	CCA (Boots)	5/6
David Entwistle	CCA (Tesco)	6/6
David Apata	CCA (Well)	6/6
Shirley Walker	CCA (Boots)	5/6
Maureen Aruede	Independent	5/6
Sunil Chopra	Independent	4/6
Amish Patel	Independent	6/6
Olabimpe Kunlipe	Independent	5/5

## Chair's Report



Community pharmacies are the lifeblood of our communities, always there to support our patients, even when others cannot. I want to start this year's report with a heartfelt thank you. I am immensely proud of the work our committee has done to ensure our voices are heard, and I'm delighted to share the progress we have made together.

I am pleased to announce that we have fully implemented the recommendations of the Review Steering Group (RSG). We have now aligned our Governance Subcommittee's terms of reference with Community Pharmacy England's (CPE) recommendations, and I'm thrilled to share that Shirley Walker has been appointed Chair of the Subcommittee. Additionally, the new Code of Conduct has been signed by all committee members as of January 2024. We continue to lead the way in implementing RSG recommendations, which is a significant achievement.

As a contractor in Kent, running a second-generation pharmacy established in 1985, I find myself at a critical juncture. The financial impact on our business is becoming unsustainable. The funding cuts to the pharmacy budget that began in 2016, combined with the rising costs of living, energy, and staffing, have led to a 30% decrease in pharmacy funding. The pressure is immense, and I fear for the future sustainability of our business.

These unprecedented challenges, including drug shortages, soaring drug costs, increasing business expenses, and a workforce crisis, have forced many pharmacies to close permanently. Without drastic government intervention to increase funding, we will see more closures, making it harder for people to access their medicines and pharmaceutical care, ultimately increasing pressure on general practices and hospitals.

We have been active in engaging with the media and in campaigns like "Fight For Pharmacy" to raise awareness about the current funding crisis in Community Pharmacy. During meeting of Chairs organised by CPE, I have consistently voiced our concerns about the current situation.

Dispensing at a loss has significantly impacted us. However, we have worked closely with the ICB to stop branded generic prescribing, which is a massive achievement. As a sector, we are willing to do more, but all commissioned services need adequate funding. The newly commissioned Pharmacy First service, for example, offers just £15 for a 30-minute consultation, which is simply not sustainable, and relying on GPs to send referrals defeats the purpose of the service.

Our LPC has done a phenomenal job integrating Community Pharmacy (CP) into the ICB healthcare system. I want to extend a special thanks to Mark Anyaegbuna, CEO of Kent LPC, for his efforts in building relationships with our key stakeholders for adequate representation. Having Paul Bentley, ICB CEO, and several senior leaders within the ICB attend our LPC meetings is brilliant. These relationships will help advance the priorities of our sector.

Other notable achievements include the continuation of Pharmacy First project funding until March 2025, Discharge Medicine Service (DMS) project lead funding, and PCN Leads funding, including backfill for training and development. The LPC office has also run several webinars on the Hypertension Case Finding Service, DMS, Contraception, and Pharmacy First Service to support contractors in providing NHS services.

Our area has continued to be a top performer in the Southeast on the Pharmacy First Service, and we were honoured to receive an award from Healthwatch for our efforts in supporting the service. We have also seen an improvement in the completion rate of DMS. However, I know there are still more work to be done, so I have tasked the LPC office with driving the uptake of these services across our area while we await the integration of the API with Manage Your Service (MYS) claim platform.

I encourage contractors to attend the open part of LPC meetings to gain insight into the work we do for the sector. Please continue to send issues and local intelligence to the office so that, as a committee, we can effectively support you.

It has been my privilege to lead and support the LPC. Thank you for your resilience and dedication in staying open and ensuring that patients have access to their medicines and pharmaceutical needs are met.

Thank you for your ongoing support.

A handwritten signature in black ink, appearing to read 'Amish Patel', written over a horizontal line.

Amish Patel  
Chairman – Kent LPC

# Chief Executive Officer's Report



I am delighted to present this annual report, which offers us an opportunity to reflect on our journey as a sector through the financial year 2023/24.

This year was exceptionally demanding for Community Pharmacy, marked by significant attention and responsibility placed on our sector to support the [NHS England Delivery plan for recovering access to primary care](#). Key initiatives, such as Pharmacy First, Hypertension Case Finding, and Contraception Services, were pivotal in our contributions, collectively projected to free up 10 million GP appointments.

However, the increased pressure to deliver these clinical services, coupled with cuts to our essential services funding, has made it increasingly challenging to operate sustainably. The financial strain has led to several permanent pharmacy closures and acquisitions across the sector.

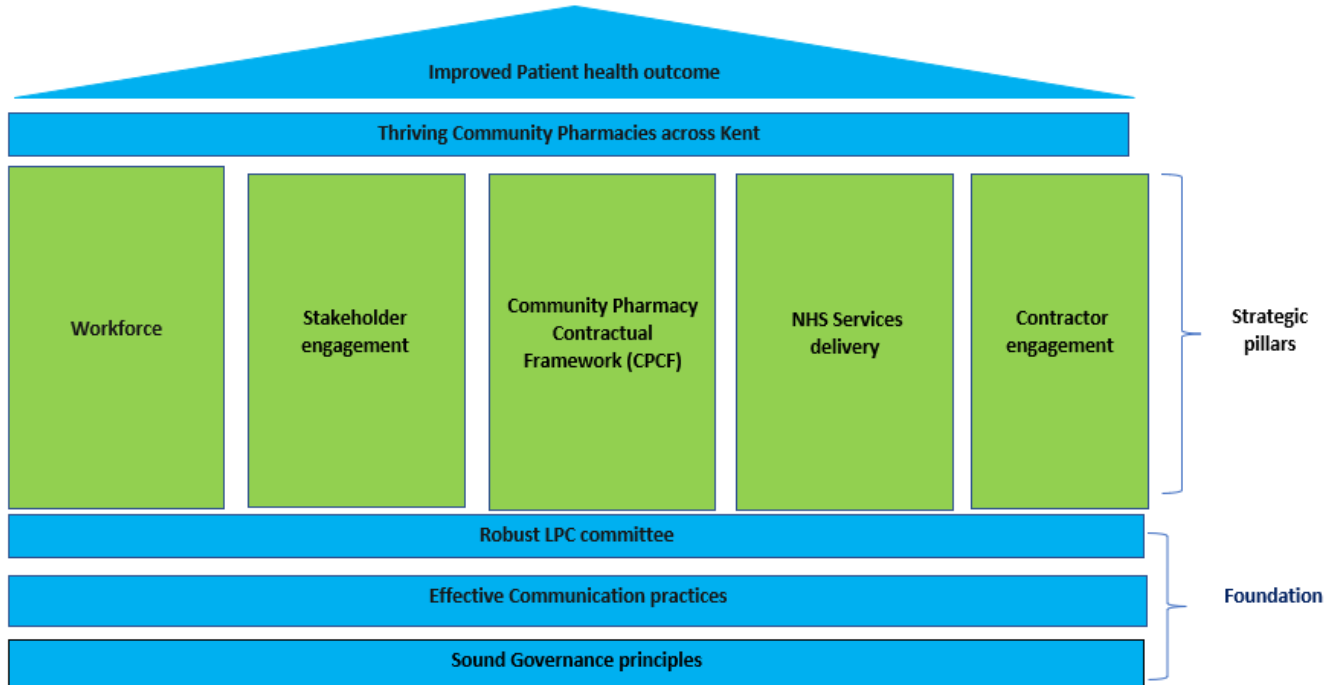
Despite these challenging circumstances, the resilience of our sector has been remarkable. New entrepreneurs have stepped in to take over some pharmacies, which has helped stabilise medicine access within our communities.

At the LPC, we developed a clear strategy focused on stabilizing the sector and ensuring that CP operates not in isolation but as an integral part of the broader healthcare system. One of our most significant achievements in 2023/24 was securing effective representation for CP within the Integrated Care System (ICS) primary care. This accomplishment has cemented our sector's role as one of the four pillars of primary care and part its strategy.

Our strategy outlined below has been instrumental in delivering value for money and fostering a thriving community pharmacy network across our area, ultimately benefiting the people who live in our communities.



## Community Pharmacy Kent strategy



Our strategic pillar rests upon three foundational elements: a robust LPC committee, effective communication practices, and sound governance principles. These foundational components provide us with a stable footing from which to pursue and achieve our five strategic objectives.

The strength of our LPC committee ensures that we have the necessary leadership, expertise, and representation to guide our strategic initiatives and decision-making processes. Through collaborative efforts and collective expertise, we are able to address challenges, seize opportunities, and drive progress towards our shared goals.

Effective communication plays a vital role in fostering transparency, alignment, and engagement across our organization and with external stakeholders. By maintaining open channels of communication, we are able to disseminate information, share updates, and solicit feedback, enabling us to stay responsive to the needs and expectations of our stakeholders.

Sound governance practices provide the framework for accountability, risk management, and ethical conduct within the LPC. By adhering to established governance principles, we ensure that our actions are aligned with our values, objectives, and regulatory requirements, thereby safeguarding the integrity and reputation of the LPC.

Together, these foundational elements create a strong and resilient framework that empowers us to pursue our strategic objectives with confidence and purpose. By leveraging the strengths of our LPC committee, fostering effective communication, and upholding sound governance

practices, we are well-positioned to navigate challenges, capitalize on opportunities, and deliver meaningful impact in line with our strategic vision.

### ***Program work competed in 2023/24 to support contractors***

#### **A. Contractor Engagement and Support in 2023/24**

One of our key priorities at the LPC is ensuring that Community Pharmacy (CP) is fully integrated into the healthcare system, so we are not working in isolation. To support this goal, we held bimonthly contractor webinars, where we invited key stakeholders, including representatives from the Integrated Care Board (ICB), to provide updates on their ongoing work. These webinars also served as vital training opportunities for contractors, ensuring they were well-informed and prepared for the evolving demands of the sector.

Our communication efforts have seen significant growth, with newsletter subscriptions increasing from 234 to 525, and an impressive 95% average open rate. We are dedicated to drafting newsletters that deliver relevant, practical information, directly impacting contractors' day-to-day operations.

In terms of compliance, we achieved over 90% across all key metrics, including the Community Pharmacy Assurance Framework (CPAF), Pharmacy Advice Audit engagement, annual error reporting, NHS Mail engagement surveys, and the Information Governance (IG) Toolkit. This success is a testament to our proactive approach, where we analyze completion data and offer targeted support to contractors needing additional assistance.

To further support contractor development, the LPC funds access to Virtual Outcomes, an online training platform offering short, on-demand modules covering a wide range of topics and pharmacy services. This resource ensures that contractors have the necessary tools to stay informed and up to date.

#### **B. Oriel Placement Process for Trainee Pharmacists 2025/26 Cohort**

For the 2025/26 cohort, all trainee pharmacists must secure their placements through Oriel. Pharmacy contractors had until March 1st, 2024, to register their programs on the Oriel platform. Understanding that many contractors would be navigating this process for the first time and considering the sector-wide shortage of Designated Prescribing Practitioners (DPP), as well as our objective to retain as many graduates as possible from the School of Pharmacy in Kent, we took a methodical approach to supporting contractors.

*Here's how we assisted contractors through the Oriel process:*

- We collaborated with the Integrated Care Board (ICB), Local Medical Committee (LMC), and Chief Pharmacists from Acute Trusts to provide DPP support for trainees in Community Pharmacy.
- Contractors were informed that they do not need to secure a DPP placement as part of their pharmacist program before expressing interest through Oriel, ensuring they didn't miss the program submission deadline.

- We highlighted the importance of meeting the March 1st, 2024, deadline for Oriel registration, advising contractors to sign up and withdraw later if needed.
- Contractors were directed to Southeast region webinars, and we organized a dedicated webinar on February 28th, 2024, with a follow-up in May, specifically to address Oriel support.
- All contractors who registered on Oriel received personalized assistance from the ICB.

### **C. COVID Vaccination and Lateral Flow Services**

We worked closely with the Southeast Pharmacy, Optometry, and Dentistry Commissioning Hub to ensure contractors were well-supported in signing up for and delivering the COVID vaccination service. We provided continuous reminders to contractors when Expressions of Interest (EOIs) were first published and during extensions. This proactive approach led to a significant increase in vaccination sites, growing from 22 pharmacies in 2022 to 91 pharmacies in 2023.

Given the substantial number of new vaccination sites, we collaborated closely with them to ensure attendance at regional vaccination updates and directed them to appropriate support when needed. Additionally, we represented Community Pharmacy at the Kent and Medway COVID ICB Vaccination Steering Group, ensuring our sector's voice was heard.

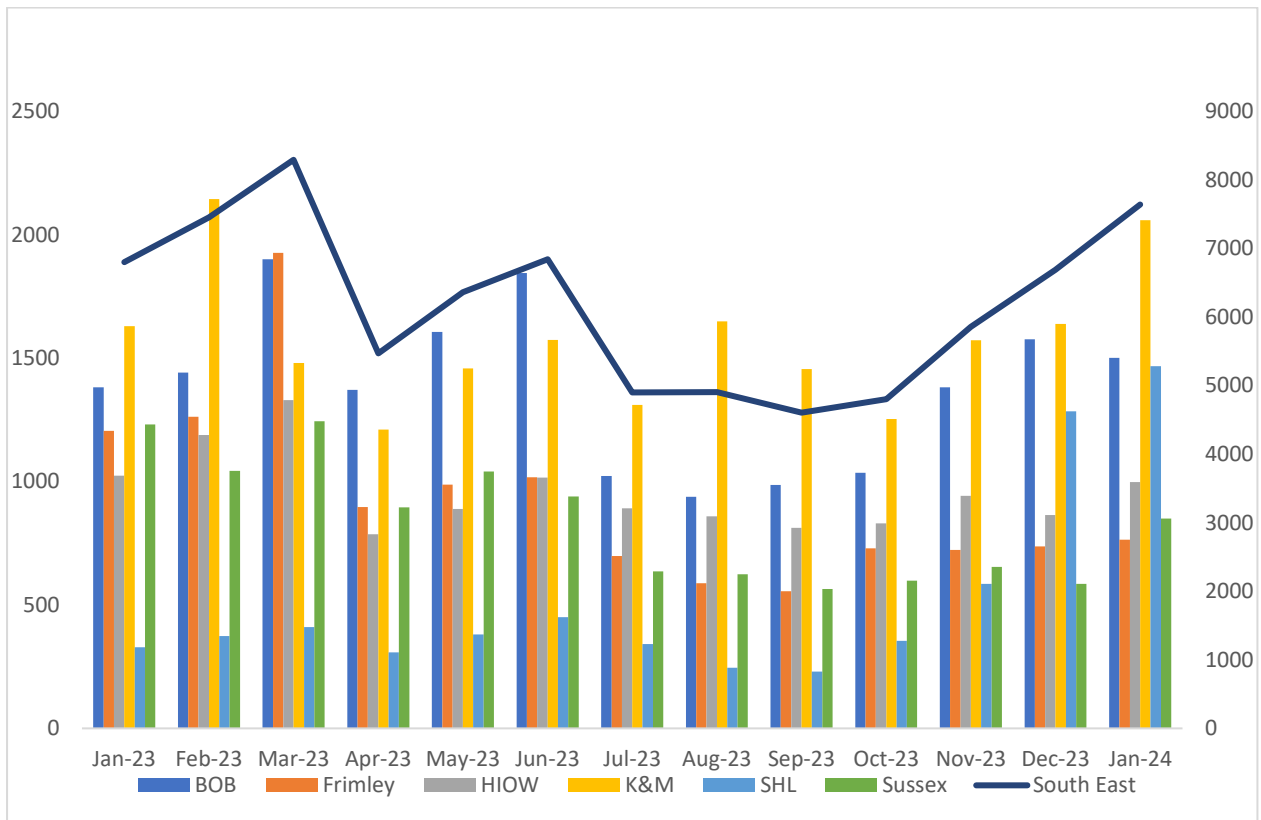
To further support both patients and healthcare providers, we created a map highlighting pharmacies that provide lateral flow services. This map was shared with the ICB and patient groups to improve access and awareness

### **D. Pharmacy First**

Since the Community Pharmacy Consultation Service (CPCS) was commissioned by NHS England as an advanced service on 29th October 2019, as part of the NHS Long Term Plan, the LPC has been actively facilitating collaboration between GP practices and Community Pharmacies to ensure the smooth delivery of the service for the benefit of patients.

We worked closely with the ICB Primary Care Transformation Team to provide training to each GP practice on delivering the service. This training was also extended to pharmacies, ensuring that both service providers clearly understand the service's expectations.

Kent has consistently ranked among the top areas in CPCS service provision across the Southeast, as shown in the graph below. This achievement was testament to the excellent collaboration between pharmacies and our GP colleagues, making this service a resounding success



### Benefit

ICS	Completed Referrals	GP Time Saved (hrs)	GP Cost Saved	Patient Travel Time Saved (hrs)
BOB	18,390	3,065	£133,572.70	6,400
Frimley	14,057	2,343	£102,100.68	4,892
HIOW	14,024	2,337	£101,860.99	4,880
K&M	20,453	3,409	£148,556.96	7,118
SHL	7,383	1,231	£53,625.19	2,569
Sussex	11,086	1,848	£80,521.31	3,858
<b>South East</b>	<b>85,393</b>	<b>14,232</b>	<b>£620,237.82</b>	<b>29,717</b>

Benefits based on: 10 minute GP Appt

2022 GP Cost Saving based on £43.58 an hour. Calculated the median salary to be £85,000 and based on 1950 hours per year, this calculates as £43.03 per hour. <https://www.healthjobs.co.uk/blog/the-gp-salary--and--pay-guide/#average>

Building on the success we achieved with the CPCS, we effectively transitioned to the Pharmacy First service, which replaced CPCS on 31st January 2024. I'm proud to report that 99% of contractors across Kent have signed up for the Pharmacy First service.

### *What Did the LPC Do to Support the Implementation of Pharmacy First?*

At the early stages of the service launch, in addition to the support provided by Community Pharmacy England (CPE), we collaborated with the Centre for Pharmacy Postgraduate Education (CPPE) to organize a two-day Pharmacy First training session for 240 pharmacy contractors and locums. The first training took place on 28th January 2024, just before the service launch, and the second on 4th March 2024. We also hosted a webinar specifically on Pharmacy First service, which saw 71 attendees. For continuity of service provision, all locums who attended the face-to-face training were verified by Kent contractors, confirming they work within local pharmacies.

To further support the implementation, we worked closely with the ICB to obtain daily pharmacy referral reports via PharmRefer, which provided a 7-day data set of each referral sent from General Practice to Community Pharmacies. Each referral report included:

- The referring general practice
- The community pharmacy receiving the referral
- Date and time the referral was received, and the date and time it was actioned
- Nature of the referral (as populated by the GP practice)
- Outcome of the referral, including:
  - Details of diagnosis and clinical outcome for completed referrals
  - Reasons for rejection for rejected referrals
- Anonymized patient demographics

This report was then analysed by the LPC office team, who monitored outstanding referrals and followed up with each pharmacy every morning to ensure referrals were completed and support was offered. The data was also used to create an audit trail of how referrals were processed, which helped build confidence across the healthcare service and improve the patient journey.

Through thorough analysis, we identified common trends in rejected referrals, which allowed us to shape targeted communications sent to GP practices across Kent and Medway, highlighting common pitfalls and reducing the number of rejected referrals. Additionally, we used the data to identify PCNs and practices that were not actively engaging in sending referrals. We proactively reached out to offer training and address any concerns about the service. This data also highlighted pharmacies experiencing difficulties with processing referrals, allowing us to provide prompt assistance to contractors facing issues.

The detailed data set provided a clear audit trail with timings and outcomes, proving invaluable when dealing with complaints and concerns from surgeries and pharmacies. This data-driven approach enabled us to handle queries impartially and effectively.

### *Stakeholder Engagement to Support Pharmacy First*

- Kent LPC and representatives from Kent & Medway ICB attended GP and PCN conference to deliver training and engage with practices.
- Kent LPC presented to Community Education Facilitators (CEFs) working within PCNs at their monthly meetings and engaged with prescribing teams across Kent.

- We engaged with Patient Participation Group meetings to raise awareness and gather feedback.
- We hosted “Coffee and Questions” sessions for practices and PCNs, jointly with Kent & Medway ICB, to discuss the Pharmacy First service.
- We facilitated relationship-building at a local level to create a more efficient service provision model.
- Regular meetings with the Local Medical Council (LMC) and periodic features in the GP bulletin to keep communication lines open and ensure continued collaboration.

*Pharmacy first completion from Jan to March 2024*

<i>HCP</i>	<i>Total number of Completed</i>				<i>Total Number of Appointment Saved in Hours</i>	<i>Total Cost Saving in £</i>
	<i>Jan-24</i>	<i>Feb-24</i>	<i>Mar-24</i>	<i>Total</i>		
<i>DGS</i>	17	489	354	860	143	6235
<i>West Kent</i>	57	1470	1224	2751	459	19945
<i>East Kent</i>	33	801	821	1655	276	11999
<i>Medway and Swale</i>	42	1250	1259	2551	425	18495
<b><i>Total (Kent and Medway)</i></b>	<b>149</b>	<b>4010</b>	<b>3658</b>	<b>7817</b>	<b>1303</b>	<b>56673</b>

### **E. Hypertension Case Finding Service**

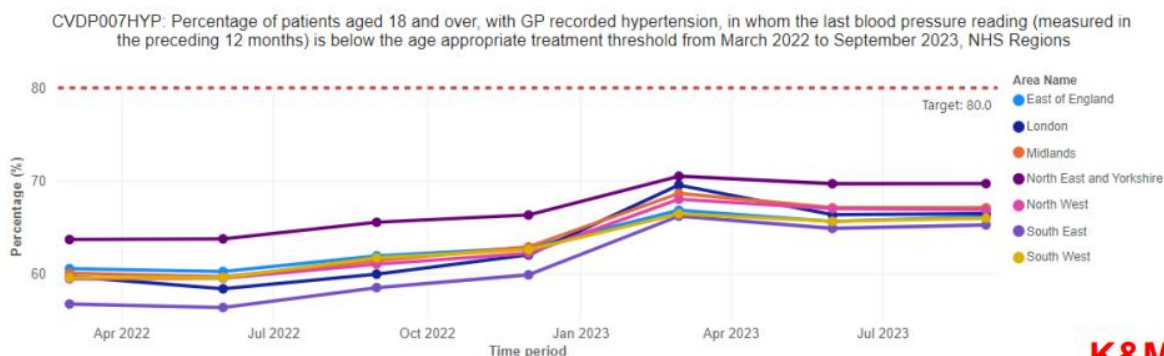
The Hypertension Case Finding Service aims to alleviate pressure on general practice by offering blood pressure checks within community pharmacies. This service includes pathways for onward referral to general practice or other healthcare settings when necessary, with two primary objectives:

1. **Opportunistic Blood Pressure Checks:** For patients over 40, with the aim of identifying undiagnosed hypertension.
2. **Ad-hoc Blood Pressure Checks:** For patients already diagnosed with hypertension, provided at the request of a GP practice.

In December 2023, the hypertension case-finding service was expanded to allow not only pharmacists but also suitably trained and competent pharmacy staff to deliver the service.

The South-East region currently has the lowest proportion of adults with diagnosed hypertension treated to age-appropriate targets. As of September 2023, 65.2% of adults were meeting the age-appropriate treatment threshold in the South-East, compared to a national target of 80%.

While the percentage of adults treated to target has increased over the past two years, in line with national trends, there was a dip in this percentage after March 2023. The South-East region's percentage remains statistically significantly lower than that of other NHS regions, as illustrated in the graph below. The pre-pandemic value was 68.8%, so current values are slightly lower.



Source: Office for Health Improvement and Disparities, CVD Prevention Quality Improvement Dashboard

**K&M = 64.7%**

During the financial year 2023/24, the LPC received funding to support our 42 Community Pharmacy PCN Leads within Kent & Medway. This funding was aimed at driving the uptake and roll-out of blood pressure and ambulatory blood pressure checks within community pharmacies across the area by:

- Guiding community pharmacies within the PCN area.
- Raising awareness of the service and establishing referral routes.
- Fostering trusted relationships and collaboration between community pharmacies and the PCN teams.

*Key Findings from the Project:*

- 7,003 patients received a blood pressure check in a community pharmacy setting during the year.
- 37.6% increase in the number of pharmacies actively providing the service compared to March 2023, when the project began.
- 94% of PCN teams reported contact from a PCN Lead and engaged in conversations about the service.
- 73% of PCN Leads attended a PCN meeting to raise awareness of the service.
- 81% of PCN Leads maintained regular contact with PCN teams regarding the service.
- 65% of PCN Leads supported other pharmacies in the area in meeting with PCN teams.

We are delighted with these results but recognize that there is still work to do to increase the conversion to Ambulatory Blood Pressure Monitoring (ABPM) checks.





## F. Contraception service

The [NHS Long Term Plan](#) underscores the importance of NHS services complementing local government actions to support the commissioning of sexual health services. [Public Health England resource for commissioners](#) also highlighted the significant role community pharmacies can play in supporting ongoing contraception.

From 1st December 2023, the contraception service has been expanded to include both initiation and repeat supplies of oral contraception. Pharmacies registering to provide the service are now required to offer the full range of services, including both initiation and ongoing supply.

### Service Overview:

- **Initiation:** This includes starting oral contraception (OC) for the first time, restarting OC after a pill-free break, or switching to an alternative pill following consultation.
- **Ongoing Supply:** This involves continuing to supply OC for individuals who have previously received it from a primary care provider or a sexual health clinic and need a subsequent equivalent supply. The person’s current supply of OC should still be in use.

### Supporting Contractors:

We worked diligently to support contractors in signing up for the service by the 1st February 2024 deadline. To facilitate this, we:

- Directed contractors to webinars, including on-demand recordings, to assist with service setup.
- Shared prescribing formularies from each healthcare provider (HCP) to ensure compliance with local guidelines.
- Collaborated with our council's sexual health working group to develop a clear referral pathway into community pharmacies, aiming to free up capacity in sexual health clinics for managing more complex patients.
- We develop a map to show pharmacies that have signed up to the service.

### Pharmacy Contraceptive service activity from Jan to March 2024

Month	Ongoing	Initiation
Jan-24	316	19
Feb-24	309	57
Mar-24	393	68





### G. Discharge Medicine Service (DMS)

We know that DMS referrals from acute trust into CP is not where we need it to be, and this is one service you contractors have asked the LPC to improve.

I am delighted to announce that in 2023/24 we secured some funding to support this service to continue to unlock barriers to the service and increase the number of referrals. As a result of the funding, we took the following actions below.

- DMS project lead was employ at the ICB to specifically work with out four acute trust to increase referrals into community pharmacy
- The LPC DMS project lead received DMS data weekly which is followed up to ensure completion.
- There is a bimonthly meeting of DMS leads in all acute trust to discuss referral progress
- DMS service was seen in our area as a project with key expected outcome
- We also organised a webinar of all CP contractors and Hospital Pharmacy teams which was an ideal forum to share best practice. The webinar was a resounding success
- We supported East Kent Hospital University NHS Foundation Trust (EKHFT) to obtain a digital solution to send referrals to Community pharmacy based on learnings from Medway NHS Foundation Trust (MFT)

*In the year we ran the project the outcome below*

- Improving Kent and Medway ICB ranking from 31<sup>st</sup> to 27<sup>th</sup> for referrals made
- Improved ICB ranking form 42<sup>nd</sup> to 15<sup>th</sup> for referrals completed
- Increased number of referrals since initiating the ICB and LPC project model
- DMS has saved the NHS a total of £325,388 from September 2023 till February 2024 based on the increasing completion rate of referrals from acute trust to community pharmacy.

*Table shows the total number of discharged patients vs DMS referrals for 2023/24.*

Organisation_Name	YTD total DMS	YTD total discharges	YTD average referral rate (%) (target 0.5%-1.5%)
DARTFORD AND GRAVESHAM NHS TRUST	207	52612	0.39%
MEDWAY NHS FOUNDATION TRUST	814	51584	1.58%
EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	22	86102	0.03%
MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST	294	86050	0.34%

## H. IP pathfinder service

We are approaching the advanced phase of launching the IP Pathfinder Service pilot, with Charing Pharmacy and MD More selected as our pilot sites. The LPC has collaborated closely with the Integrated Care Board (ICB) to support both pharmacies in preparing to deliver this service effectively.

A special thank you to Neetin Kanani and Uma Gajendran for their meticulous work in addressing the key requirements of the pilot.

Being one of the LPCs at this stage of the pilot is a significant achievement and demonstrates our commitment to advancing innovative pharmacy services.

## I. Locally Commissioned Services and Transformation

The commissioning landscape at Kent County Council (KCC) is evolving with the initiation of a public health transformation programme. This programme involves a consultation and review process aimed at assessing how public health services are commissioned in Kent.

All KCC Community Pharmacy commissioned services are sub-contracted to Kent Community Health Foundation Trust (KCHFT). Therefore, it is crucial for the sector to have robust representation in the consultation process.

The transformation work is centred around four main programmes:

- Adult Lifestyle Services
- Sexual Health
- Health Checks
- Adult Substance Misuse

The objectives of the transformation programme are:

- **Improving Services:** Tailoring services to meet community needs, guided by evidence and ensuring alignment with related services.
- **Maximising Impact:** Allocating investments where they can make the most significant impact while managing funding pressures and introducing new prevention propositions.
- **Quality Assurance:** Ensuring services are safe, effective, and aligned with best practices and other commissioning bodies to avoid duplication.
- **Future-Readiness:** Ensuring services are sustainable, responsive to changing needs, and incorporating new technology and prevention strategies.

The LPC has been actively involved, including presenting the consultation outline to the committee and ensuring community pharmacy representation at all scheduled workshops. We are working closely with KCC to understand the next steps following the consultation.

The LPC maintains a strong partnership with Kent Community Health Foundation Trust (KCHFT), holding bimonthly meetings with commissioned service managers to review community pharmacy activity and explore ways to support the sector.

In line with our commitment to service transformation, we successfully negotiated a mid-contract increase in the Chlamydia treatment fee from £5 to £10. This adjustment was crucial in 2023/24, during which community pharmacies supplied 4,569 emergency contraception treatments and 946 Chlamydia treatments. These contributions have enabled sexual health clinics to focus more on patients with complex sexual health needs.

Additionally, we secured an uplift in the Change Grow Live (CGL) Medication-Assisted Treatment (MAT) contract for Methadone and Buprenorphine in West Kent. Under the new contract, all MAT patients, whether supervised or unsupervised, will attract a £10 monthly fee, with an annual review. We also negotiated an increase in the supervision fee for Methadone and Buprenorphine, raising them to £2 and £2.50 from the previous rates of £1.90 and £2, respectively. Across Kent and Medway, there are over 2,000 MAT patients, with CGL covering approximately 800 clients in West Kent and Dartford, Gravesham, and Swanley (DGS), and the Forward Trust serving around 1,200 clients in East Kent, Medway, and Swale.

We are also collaborating with Medway Council on a couple of innovative pilot programs. These include a Digital Health Check and a vaping initiative in community pharmacies, both currently in the preliminary stages, with pilot sites already selected.

#### **J. Healthwatch Medway Collaboration:**

We worked closely with Healthwatch to understand patient experiences of community pharmacies in the Chatham area, including interactions with GPs and pharmacists.

The report highlights the essential role of community pharmacies as accessible front-line healthcare providers, particularly in the context of expanded clinical services.

#### **Key Findings:**

- **75%** of respondents were aware of services beyond dispensing, such as vaccinations, blood pressure checks, over-the-counter medications, and health advice.
- **92.5%** of residents felt they received all necessary services from their pharmacy.

[Click here to read the full report.](#)

We are thrilled to have won an award from Healthwatch in the collaboration category. This recognition acknowledges the successful implementation of Pharmacy First and the strengthened relationship between GP practices and community pharmacies, benefiting patient care.

The funding constraints in Community Pharmacy (CP) continue to challenge the viability of our sector. Despite these pressures, we have demonstrated resilience, maintaining our commitment to supporting the health and well-being of the people in our communities.

We will continue to raise awareness of the issues facing our sector, both locally and nationally. Your input is invaluable, so please keep sharing information with the LPC office to ensure a coordinated and effective approach in representing your interests.

Thank you for all that you do to meet the pharmaceutical needs of the people living in our communities.



Mark Anyaegbuna  
Chief Executive Officer

## Treasurer report



The Income and Expenditure accounts of Kent LPC for the year ending 31st March 2024 are as attached. This shows Community Pharmacy Kent (CPK) has managed spending within the budget set last year with a surplus to budget of £6,786 carried over into 2024/25. As the pandemic impacts have now eased it had become apparent through the year that office space was required for the team and the budget was reviewed accordingly to accommodate this without overspending.

Income from the contractor levy remained flat year on year with project income increasing £16,675 versus the previous year to £55,375. The Community Pharmacy England Levy saw a significant increase of £42,988 to £142,346 which has been an increased cost which had been built into the budgeting for the year.

The proposed budget for 2024-25 is £425,544, this is an increase versus the previous year although the zero based budgeting principles were applied to ensure there was a realistic budget set. To support the further increase of the Community Pharmacy England Levy of and additional £30,542 the contractor levy has been increased this year in line. Any excess spend will be funded from the surplus whilst maintained an appropriate surplus for contingency.

The prepared accounts have been examined by Bayer Hughes & Co, chartered accountants and are attached at the end of the report.

I invite any questions that you may have relating to the accounts.

*S.Grieve*

Samantha Greive

Treasurer Community Pharmacy Kent



**KENT LOCAL PHARMACEUTICAL COMMITTEE**

**FINANCIAL STATEMENTS**

**FOR THE YEAR ENDED 31 MARCH 2024**



**KENT LOCAL PHARMACEUTICAL COMMITTEE**

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FOR THE YEAR ENDED 31 MARCH 2024**

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<b>ACCOUNTANTS:</b>	Bayar Hughes & Co Chartered Certified Accountants 4 Green Lane Business Park 238 Green lane New Eltham London SE9 3TL

## **KENT LOCAL PHARMACEUTICAL COMMITTEE**

### **REPORT OF THE COMMITTEE MEMBERS FOR THE YEAR ENDED 31 MARCH 2024**

#### **PRINCIPAL ACTIVITIES**

Kent is a Local Pharmaceutical Committee (“LPC”) acting in the role of a local NHS representative organisations.

Our Goal is: To Maximise Community Pharmacy contribution to health and wellbeing of people living in Kent and Medway by effectively engaging, supporting and representing community pharmacists, promoting best practice, and developing service opportunity for the benefit of all contractors.

#### **THE COMMITTEE**

Kent LPC is an association whose functions and procedures are set out in our Constitution [and Rules].

During the year ended 31 March 2024 Kent LPC had 11 (2023: 9) members on its main committee as follows:

4 (2023: 3) members from CCA

3 (2023: 3) members from Independent Pharmacies Association (formerly AIMp)

4 (2023: 3) members from Independent

Full details of the members can be found on Kent LPC website Committee members – Community Pharmacy Kent (Kent LPC)

All members have continued to adhere to corporate governance principles adopted by the Committee and the code of conduct.

#### **OVERVIEW**

For full details of the Kent LPC’s activities, please refer to the Chairman’s and Chief Executive Officer’s report in the full Annual Report.

This report was approved by the Kent LPC on 17 May 2024 and signed on its behalf by:



Amish Patel – Chair of the Committee



**KENT LOCAL PHARMACEUTICAL COMMITTEE**

**STATEMENT OF COMMITTEE MEMBERS' RESPONSIBILITIES  
FOR THE YEAR ENDED 31 MARCH 2024**

The committee members are responsible for preparing the Report of the Committee Members and the financial statements in accordance with applicable law and regulations.

The committee members are required to prepare financial statements for each financial year. The committee members have elected to prepare the financial statements in accordance with United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standards and applicable law), including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland'. The committee members must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the company and of the surplus or deficit of the committee for that period.

In preparing these financial statements, the committee members are required to:

- a) select suitable accounting policies and then apply them consistently;
- b) make judgments and accounting estimates that are reasonable and prudent;
- c) prepare the financial statements on the going concern basis, unless it is inappropriate to presume that the committee will continue in operation.

The committee members are responsible for keeping adequate accounting records that are sufficient to show and explain the committee's transactions and disclose with reasonable accuracy at any time the financial position of the committee. They are also responsible for safeguarding the assets of the committee and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The committee members are responsible for the maintenance and integrity of the financial information included on the committee website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

The committee members confirm that so far as they are aware, there is no relevant audit information of which the committee's auditors are unaware. They have taken all the steps that they ought to have taken as committee members in order to make themselves aware of any relevant audit information and to establish that the committee's auditors are aware of that information.

**KENT LOCAL PHARMACEUTICAL COMMITTEE**
**INCOME AND EXPENDITURE ACCOUNT  
FOR THE YEAR ENDED 31 MARCH 2024**

	2024		2023	
	£	£	£	£
<b>Income</b>				
Prescription Pricing Division				
Statutory Levy	285,922		285,922	
Project Income	-		4,885	
Project Income - 2	55,375		38,700	
Bank Compensation	-		130	
		<u>341,297</u>		<u>329,637</u>
<b>Expenditure</b>				
Staff Wages	166,694		130,563	
Employers NIC	13,487		9,934	
Employers Pension Contributions	3,473		2,545	
Project Expenses - 2	13,756		9,070	
Chairman's Honorarium	1,000		1,000	
Consultancy Fees	15,944		23,890	
Meeting Room Hire	4,228		627	
Members Expenses	14,396		11,642	
Members Travel	494		67	
Treasurer Honorarium	500		1,536	
Staff Travel	1,932		1,051	
Contractors Meetings	5,300		1,645	
Office Rent	7,120		-	
Office Expenses	1,966		1,526	
Telephone & Broadband	595		90	
Information Technology	4,312		1,005	
Accountancy	1,440		1,140	
Bank Charges	395		168	
Public Relations & Campaigns	3,799		11,307	
PSNC Levy - 30 Sep 2023	71,173		49,679	
PSNC Levy - 31 Mar 2024	71,173		49,679	
		<u>403,177</u>		<u>308,164</u>
<b>Deficit / Surplus</b>		<b>(61,880)</b>		<b>21,473</b>
<b>Surplus Brought Forward</b>		<u><b>423,383</b></u>		<u><b>401,910</b></u>
<b>Surplus Carried Forward</b>		<u><u><b>361,503</b></u></u>		<u><u><b>423,383</b></u></u>

The notes form part of these financial statements

**KENT LOCAL PHARMACEUTICAL COMMITTEE**
**BALANCE SHEET  
31 MARCH 2024**

		2024	2023
	Notes	£	£
<b>CURRENT ASSETS</b>			
Debtors	2	1,100	-
Cash at bank		381,657	446,223
		<u>382,757</u>	<u>446,223</u>
<b>CURRENT LIABILITIES</b>			
Amounts falling due within one year	3	21,254	22,840
<b>NET CURRENT ASSETS</b>		<u>361,503</u>	<u>423,383</u>
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>		<u>361,503</u>	<u>423,383</u>
and			
<b>NET ASSETS ATTRIBUTABLE TO MEMBERS</b>		<u>361,503</u>	<u>423,383</u>
 <b>REPRESENTED BY:</b>			
<b>GENERAL FUND</b>			
 <b>BALANCE AT 01 APRIL 2023</b>		<u>423,383</u>	401,910
 <b>DEFICIT/ SURPLUS FOR THE YEAR</b>		<u>(61,880)</u>	21,473
 <b>BALANCE AT 31 MARCH 2024</b>		<u><u>361,503</u></u>	<u><u>423,383</u></u>

These financial statements were approved by the Kent LPC 17 May 2024 and signed on its behalf by:



Amish Patel - Chair of the Committee

*S.Grieve*

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Samantha Grieve - LPC Treasurer

The notes form part of these financial statements

**KENT LOCAL PHARMACEUTICAL COMMITTEE**

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 MARCH 2024**

**1 Accounting Policies**

With the exception of some disclosures, the financial statements have been prepared in compliance with FRS 102 Section 1A and under the historical cost convention. The financial statements are prepared in sterling, which is the functional currency and monetary amounts in these accounts are rounded to the nearest £. The financial statements present information about the committee as a single entity. The following principal accounting policies have been applied:

**Income and Expenditure**

Both income and expenditure are accounted for on the accruals basis. The primary source of income shown in the financial statements consists of levies from NHSBA Contractors in respect of that period.

**Judgements and Key Sources of Estimation Uncertainty**

The preparation of the financial statements requires management to make judgements, estimates and assumptions that effect the amount reported. These estimates and judgements are continually reviewed and are based on experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances.

**Financial Instruments**

The committee only enters into basic financial instrument transactions that result in the recognition of financial assets and liabilities like other debtors and creditors. Financial assets and liabilities are recognised when the company becomes a party to the contractual provisions of the instruments.

**Going concern**

The committee members consider that there are no material uncertainties about the committee's ability to continue as a going concern. In forming their opinion, the committee members have considered a period of one year from the date of signing the financial statements.

**2 DEBTORS: AMOUNTS FALLING DUE WITHIN ONE YEAR**

	2024	2023
	£	£
Rent Deposit	1,100	-

**3 CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR**

	2024	2023
	£	£
Paye Creditor	8,480	-
Other Creditors & Accruals	12,774	22,840
	<u>21,254</u>	<u>22,840</u>

**LOCAL PHARMACEUTICAL COMMITTEE**

**INDEPENDENT CHARTERED CERTIFIED ACCOUNTANTS' REVIEW REPORT  
TO THE COMMITTEE MEMBERS  
FOR THE YEAR ENDED 31 MARCH 2024**

We have reviewed the committee's financial statements for the year ended 31 March 2024, which comprises Income and Expenditure Account, Balance Sheet, and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

**Committee Members' Responsibility for the Financial Statements**

As explained more fully in the Responsibilities Statement set out on page 2, the committee members are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view

**Accountants' Responsibility**

Our responsibility is to express a conclusion on the financial statements. We conducted our review in accordance with International Standard on Review Engagements (ISRE) 2400 (Revised) Engagements to review historical financial statements. ISRE 2400 (Revised) requires us to conclude whether anything has come to our attention that causes us to believe that the financial statements, taken as a whole, are not prepared, in all material respects, in accordance with United Kingdom Generally Accepted Accounting Practice.

**Scope of the Assurance Review**

A review of financial statements in accordance with ISRE 2400 (Revised) is a limited assurance engagement. We have performed additional procedures to those required under a compilation engagement. These primarily consist of making enquiries of management and others within the entity, as appropriate, applying analytical procedures and evaluating the evidence obtained. The procedures performed in a review are substantially less than those performed in an audit conducted in accordance with International Standards on Auditing (UK). Accordingly, we do not express an audit opinion on these financial statements.

**Conclusion**

Based on our review, nothing has come to our attention that causes us to believe that the financial statements have not been prepared:

- so as to give a true and fair view of the state of the committee's affairs as at 31 March 2024, and of its surplus for the year then ended;
- in accordance with United Kingdom Generally Accepted Accounting Practice.

**LOCAL PHARMACEUTICAL COMMITTEE**

**INDEPENDENT CHARTERED CERTIFIED ACCOUNTANTS REVIEW REPORT  
TO THE COMMITTEE MEMBERS  
FOR THE YEAR ENDED 31 MARCH 2024**

**Use of our report**

This report is made solely to the Committee's members, as a body, in accordance with the terms of our engagement letter. Our review has been undertaken so that we may state to the committee's members those matters we have agreed to state to them in a reviewer's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Committee and the Committee's members as a body for our work, for this report or the conclusions we have formed.

Bayar Hughes & Co  
Chartered Certified Accountants  
4 Green Lane Business Park  
238 Green lane  
New Eltham  
London  
SE9 3TL

17 May 2024