



# Annual Report & Accounts 2018/19

Greater Manchester Local Pharmaceutical Committee

Innovative

Collaborative

Integrity

Excellent

Supportive

# Contents

Welcome	Page 3
About GMLPC	Page 4 - 5
Directors' Reports: <ul style="list-style-type: none"><li>• Chair's Report</li><li>• Treasurer's Report</li></ul>	Page 6 - 9
Performance in 2018/19	Page 11 - 30
Plans for 2019/20	Page 31
Conclusion	Page 32
Annual Accounts 2018/19	Page 33 - 36
Contact GMLPC	Page 37

# Welcome

## Welcome to our Annual Report & Accounts for 2018/19.

Despite the many challenges that have faced community pharmacies over the last year, we have achieved a great deal.

We have stayed focused on our goals of securing pharmacy services, ensuring that commissioners and partners across Greater Manchester recognise the full value of community pharmacies, simplifying the commissioning process, and supporting contractors and pharmacy teams through the resources, advice and training we provide.

We have done this against a backdrop of Brexit uncertainties, medicines shortages, the Falsified Medicines Directive (FMD), and the ongoing financial squeeze facing community pharmacies and the wider health and social care sector.

I am delighted to present this annual report, which summarises what we accomplished from April 2018 to March 2019, and the priorities we are setting ourselves for 2019/20.

**Aneet Kapoor**  
Chair

## Highlights of the year

Over the last year, we have:

- Developed our new strategic vision & workplan
- Secured all locally-commissioned services for another year
- Successfully piloted a new commissioning model in Bury
- Launched and lead the operational aspects of the GM Healthcare Academy to coordinate & deliver training workforce development
- Successfully piloted our neighbourhood/ PCN approach in the Tameside and Glossop Locality, which is now being rolled out across GM.
- Developed a Contractor support package, including one to one contractor support visits, so the LPC is more accessible to all.
- Continued to support the development and HLP pharmacies across Greater Manchester by providing FREE HLP Champion training sessions
- Successfully piloted Hep C service which as now been commissioned across Greater Manchester

# About GMLPC

We are the statutory body representing people who provide community pharmacy services in Bury, Manchester, Oldham, Rochdale, Salford, Stockport, Tameside & Glossop, Trafford & Wigan in discussions and negotiations with commissioners. Commissioners have a legal duty to consult us on proposals affecting community pharmacy.

We were created in October 2016 after contractors voted to merge six smaller LPCs. We represent all pharmacies that hold NHS contracts to provide community pharmacy services in our area, from large chains to small independents and online distance-selling pharmacies.

## Our vision

To enable community pharmacy to improve health now and in the future

## Our values

- Innovative
- Collaborative
- Integrity
- Excellent
- Supportive

## Our strategy

Our strategy has four strands:

- Leading pharmacy through devolution
- Developing future services
- Supporting practices
- Championing and promoting pharmacy

Our three workplan priorities are:

- Service dashboard
- GM Healthcare Academy
- Contractor support (incl neighbourhoods & primary care networks)

## Who we are

Our committee has 11 members who have been nominated or elected to represent their sector:

- 5 independent contractors, elected by peers
- 1 member nominated by AIMp (Association of Independent Multiple Pharmacies)
- 5 members nominated by CCA (Company Chemists Association)

We also have a small team of office staff.

## Current committee

- Aneet Kapoor, Chair (Ind)
- Ifti Khan, Vice Chair (CCA)
- Bruce Prentice, Treasurer (Ind)
- Gary Pickering (CCA)
- Mubasher Ali (CCA)
- Mohammed Anwar (Ind)
- Peter Marks (AIMp)
- Fin Mc Caul (Ind)
- Mohamed Patel (Ind)
- Helen Smith (CCA)
- Jennie Watson (CCA)

## Committee sub-groups

- Exec
- HR
- Finance
- Applications
- Governance
- GMHCA (Training and support)
- Services Development
- PCNS and Neighbourhoods

## Office team:

- Claire Dickens, Deputy CEO and Operations & Development Manager
- Rikki Smeeton, Commissioned Services Lead
- Dipesh Raghvani, Clinical Lead
- Lisa Mather, Business Support Manager
- Helen Reed, Business Support Officer
- Kay Hooper, Administration Officer

## Committee membership and meeting attendance

The table below lists all committee members who served in 2018/19 and their attendance at committee meetings. Our committee meets every two months. Meetings are held in public and contractors are welcome to attend the open part of the meeting if they inform us in advance.

Member	Role(s)	Service on committee	Meeting attendance						
			May 18	Jul 18	Sep 18	Oct 18	Nov 18	Jan 19	Mar 19
Mujahid Al-Amin	Locality Lead	Dec 2018 –						✓	✓
Mubasher Ali	Locality Lead	Sep 2017 –	✓	✓	✓	✗	✓	✗	✓
Waqas Ali	Locality Lead	May-Nov 2018		✗	✗	✗	✗		
Mohammed Anwar	Locality Lead	Oct 2016 –	✓	✗	✓	✓	✗	✓	✗
Aneet Kapoor	Chair	Oct 2016 –	✓	✗	✓	✓	✓	✓	✓
Ifti Khan	Vice-Chair	Oct 2016 –	✓	✓	✓	✓	✓	✓	✓
Peter Marks	Locality Lead	Oct 2016 –	✗	✗	✓	✓	✓	✓	✓
Phil Maslin	Interim Treasurer <i>(Sep 2017 – May 2018)</i>	Oct 2016 – May 2018	✓						
Fin Mc Caul	Workforce Lead	Oct 2016 –	✓	✓	✓	✗	✓	✓	✓
Mohamed Patel	Locality Lead	Oct 2016 –	✓	✗	✓	✗	✓	✓	✓
Bruce Prentice	Treasurer <i>(from May 2018)</i> & Locality Lead	Oct 2016 –	✗	✓	✓	✓	✓	✓	✓
Sarah Simpson	Locality Lead	Jan 2018 – Mar 2019	✓	✗	✓	✗	✗	✓	
Helen Smith	Locality Lead	Oct 2016 –	✓	✗	✓	✓	✓	✓	✓
Gill Stone	Locality Lead	Oct 2016 –	✗						
Jennie Watson	Locality Lead	Oct 2016 –	✗	✓	✓	✓	✓	✓	✓
Jonathan Whiting	Locality Lead	May 2018 – Mar 2019		✓	✓	✓	✗	✓	

# Chair's report

While the past year has been extremely challenging for community pharmacies, we have a vast amount to be proud of – not least the way in which pharmacies have pulled out all the stops to ensure patients continued receiving medication and great care despite the worst shortages ever recorded, funding cuts and Brexit uncertainty.

GMLPC has worked equally hard for our contractors. We have fought your corner, provided training and support, and achieved substantial progress with our plans for ensuring community pharmacy has a strong and viable future in Greater Manchester.

The strategy we developed in 2017, and continued to implement throughout 2018/19, has proved prescient. It correctly anticipated many of the measures in the NHS Long Term Plan in January 2019 and is particularly well suited to the new proposals for primary care networks and progress with locality health plans across Greater Manchester.

Key features include an intelligence-led approach to supporting contractors (informed by data from our performance dashboard), a new commissioning model and harmonised service specifications, the academy, and community pharmacy's full involvement in health decision-making at Greater Manchester-wide, locality and neighbourhood level.

I would like to thank our former chief executive, Adam Irvine, who left GMLPC in December 2018 for a new role elsewhere, for his contribution to these achievements. Adam played a significant role in establishing our strong relationships with

key decision-makers and ensuring that community pharmacy was fully involved in health plans.

2018/19's highlights include the positive response we received from commissioners across Greater Manchester when we presented our proposed commissioning model to them, and the launch of the GM Healthcare Academy. A key success has been the retention of all our locally-commissioned services, our programme of pharmacy visits and securing new pilots and services including Bury 'find and treat' and Hepatitis C. We also supported pharmacies in key areas including Quality Payments and complying with the Falsified Medicines Directives.

Our priorities for the year ahead focus on three key workstreams, underpinned by our new commissioning model and business as usual:

- Continued development of our data dashboard, enabling us to provide tailored, intelligence-led support to our contractors.
- Further expansion of GM Healthcare Academy to help pharmacies deliver superb patient care while building their own resilience and long-term viability.
- Contractor support and involvement in neighbourhoods and PCNs.

We don't underestimate the challenges ahead especially with the recent announcement of the new Community Pharmacy Contractual Framework and we at the LPC welcome the five-year funding settlement and the stability it brings to our sector. This stability allows us to build on the work we have been doing around integration into Primary Care Networks

and it is very pleasing to see work we have been piloting around Hepatitis C screening and Hypertension/AF Find and treat services form the direction of travel nationally for our profession. We always like being ahead of the game in Greater Manchester. We launch our support for you around Primary Care Networks and the new framework at this year's AGM where we shall also be hosting the PSNC roadshow ensuring we leave no stone unturned in communicating all the key messages to you. The AGM will be followed up by a series of locality events that will aim to provide you with the knowledge and skills to integrate into primary care

networks and highlight the role community pharmacy can play. During this time, we will also learn of the details of the new Pharmacy Quality Scheme (PQS) and the LPC are committed to supporting its contractors with awareness and toolkits to ensure we are all in a position to make positive declarations in February 2020.

A real time of change and challenge but I can assure you that GMLPC will continue to ensure community pharmacy's voice is heard, support you and work as hard for you as you work for your patients. We have no intention of taking our foot off the pedal.

**Aneet Kapoor**  
Chair



# Treasurer's report

Dear colleagues,

I have pleasure in presenting the GMLPC accounts for the period ending 31st March 2019.

For the last 12 months I and the other LPC officers along with other committee members and our staff have worked to ensure GMLPC remains fully committed to give value for money for the levy the contractors contribute to its funds. GMLPC is funded by all contractors to support and assist contractors.

As treasurer of the GMLPC I have responsibility to oversee the funds of the committee and to work with the other LPC officers and members to ensure that contractor's money is only used as set out in the LPC constitution. At the end of each financial year we produce the final annual accounts which are submitted for auditing by a registered chartered accountant (K.A Rogers) for approval at the LPC AGM. After approval at the AGM a further copy of the audited accounts is sent to PSNC for their records.

The LPC has been working to manage our cash reserves as we recognise the huge financial strain contractors have been and will continue to be under in the upcoming year. The LPC reviews the levy on an annual basis and this year, once again, we will not be increasing the levy for contractors in 2019/20 - there has been no levy increase for the last three years.

As a committee our priority is to use the levy as efficiently as possible to deliver the best support we can for all or local contractors. Last year we had a number of key funding priorities to give support with our training academy and with specific support to enable contractors to achieve their quality payments.

For 2019 / 20 a key priority is to use the levy and our reserves to deliver the best outcome for contractors with the newly announced Pharmacy Quality Scheme (PQS) and to help you and your staff transition towards the provision of the new Community Pharmacist Consultation Service (CPCS).

In addition to our prepared accounts I would also like clarify some points that may assist you when examining these;

- LPC statutory levies have remained at the same level as in the previous year but the 2018 figure appears higher due to the dates that monies credited our accounts. This reflects a commitment we made last year not to increase the level of the levy. We have made a similar commitment for 2019/20.
- Part of the levy collected each month is used to pay our PSNC levy. This levy accounts for over 30% of our budget, paid every 6 months totalling £174,522 in 2018/19. The figure for



the previous year is higher due to reflect the dates that the levy was paid however the PSNC levy amount has also remained the same with no inflationary increase.

- Recognising the challenges facing contractors the LPC executive and the committee has ensured that our LPC administrative expenses have been reduced during the last 12 months. LPC meeting costs have been kept within budget but the 2018/19 figure was lower than the last year due to several expenses not being charged within that period.

- Given the economic climate we have, once again, succeeded to bring in a significant level of sponsorship which has been used to fund events such as our AGM.

- During the last 12 months we have worked hard to keep control or reduce our various administrative expenses so that we have a higher retained surplus brought forward to the year 2019/20. We intend to use these reserves judiciously to support contractors transition to the new contract during the coming year and to ensure that community pharmacy is well represented as the newly formed integrated care systems and primary care networks develop.

## **Bruce Prentice**

**Treasurer**



# What we achieved in 2018/19

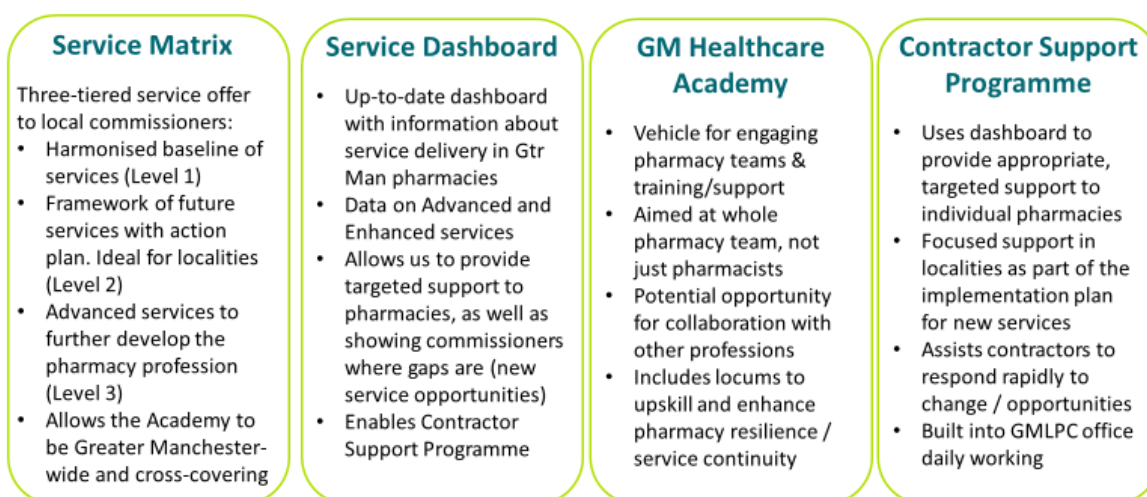
## Our goals

We set ourselves four key priorities for the year, aligned to our organisational strategy.

Our strategy is:

- Leading pharmacy through devolution
- Developing new services
- Supporting practice
- Championing & promoting community pharmacy

Our priorities for 2018/19 were:



## What we achieved

### Service matrix:

- ✓ Secured support from CCG and local authority commissioners across Greater Manchester after visiting them to explain our vision, the benefits and how it would work in practice.
- ✓ Successfully piloted a new commissioning model in Bury using our provider company, CHL, as a vehicle for contract and performance management, proving that the concept is feasible.
- ✓ Developed harmonised service specifications based on best practice for several services including needle exchange and supervised consumption. They are now in use in Rochdale, Oldham, Salford, Trafford and Bolton. We also began developing a harmonised specification for smoking cessation services.
- ✓ Worked with Greater Manchester Health and Social Care Partnership on proposals for a standardised 'Greater Manchester' contract for locally-commissioned services. (The national contract would continue to be used for all other services.)

- ✓ Gained a positive response at a NHS England engagement event when we showed how the model could enable primary care networks and local care organisations to make greater use of community pharmacies.

#### **Service dashboard:**

- ✓ Utilising data from Pharma Data and PharmOutcomes we have developed a with a bespoke performance dashboard, to enable us to notice trends and understand where and when our contractors need support. This dashboard is constantly in development
- ✓ Used initial data from the dashboard to inform the Academy training programme. Examples include identifying the New Medicine Service (NMS) as a priority area with huge potential benefits for patients and contractors. The data showed that many eligible patients were not receiving the service. We ran NMS training sessions to help pharmacies build NMS consultations into daily practice.
- ✓ Used the dashboard data to provide contractors with targeted support and to identify high performers for case studies & examples of best practice.

#### **GM Healthcare Academy:**

- ✓ Launched GM Healthcare Academy in May 2018 in partnership with Greater Manchester Health & Social Care Partnership, the Pharmacy Local Professional Network (LPN), Bolton LPC and our provider company, CHL. The Academy is also supported by CPPE, the Centre for Pharmacy Postgraduate Education at the University of Manchester.
- ✓ Delivered 29 Academy training sessions and 8 webinars to around 900 people on topics including how to enhance delivery of the New Medicine Service (NMS), integrated working with GP practices, mandatory pharmacy health campaigns, and consultation skills for patients/customers with learning disabilities.
- ✓ Developed a website, monthly e-bulletin, Twitter feed and full brand identity for the Academy. You can find out more at [www.gmhealthcareacademy.org.uk](http://www.gmhealthcareacademy.org.uk).

#### **Contractor support:**

- ✓ Visited 69 pharmacies in the first three months of 2019 to meet contractors, hear their views and discuss how GMLPC could support them, with visits now scheduled for 2019-2020 to ensure all contractors are visited once in a 12-month period.
- ✓ Contacted all pharmacies via email and/or phone that were at risk of non-compliance with the Quality Payments gateway criteria and of not completing the CPAF (Community Pharmacy Assurance Framework) survey.
- ✓ Issued weekly e-bulletins to ensure contractors were aware of service opportunities, training, contractual requirements, and GMLPC support and resources.
- ✓ Produced a vast range of resources including bite-sized guides to FMD and Quality Payments and a calendar for 2018/19 with details of key dates and deadlines.

# The commissioning landscape

We recognise that we operate within a wider landscape, nationally and within Greater Manchester, which shapes our work.

## Greater Manchester

Greater Manchester has had control of its own health and social care budget since devolution in April 2016. The pharmacy and optometry team in Greater Manchester Health & Social Care Partnership manages nationally-commissioned pharmacy services on behalf of NHS England. CCGs and local authorities commission further pharmacy

services such as minor ailments schemes and emergency contraception within their own localities.

We work closely with all commissioners in Greater Manchester to demonstrate the value of community pharmacy and to secure services for contractors and patients.

**The graphic on page 13 explains how commissioning works in Greater Manchester and how we work with commissioners and our health and social care partners to promote community pharmacy.**

## Nationally

In January 2019, NHS England set out its vision for improving care over the next 10 years by publishing its Long-Term Plan.

The plan includes a greater focus on primary care and subsequent developments have included a new GP contract from April 2019 and funding for primary care networks (PCNs). PCNs will see GP practices coming together to cover

a population of 30,000-50,000. By working at scale as PCNs, they will be able to access additional funding to provide services that would not be viable for individual practices. It is very much in line with work that was already underway in Greater Manchester to develop integrated care organisations in each locality, and neighbourhood clusters covering populations of 30,000-50,000.

**In 2018/19, we worked closely with local care organisations and the emerging neighbourhood clusters. For example:**

- We presented our case for ensuring community pharmacies were fully involved in primary care networks at a NHS England event in March 2019.
- We met commissioners and local care organisations (LCOs) in all nine localities to demonstrate why they should commission more pharmacy services.
- We supported pharmacies in Tameside & Glossop to get involved in their local neighbourhood meetings. (Tameside is one of the first localities to establish them.)



Credit: Greater Manchester Health & Social Care Partnership

We have met all local commissioners to explain how community pharmacies can help them achieve their goals, and how we can simplify the whole process of commissioning and managing pharmacy services:

- Easy to commission from a matrix of harmonised specifications
- Easy to manage through a contract with a lead provider (e.g. CHL) which pays individual contractors and manages their performance.
- Easy to tailor to local needs, thanks to three-level approach. Services can be commissioned at a GFM-wide, locality or neighbourhood level.

## Service planning & decision-making

### Greater Manchester-wide

- **Greater Manchester Health & Social Care Partnership (GMHSCP)** sets the city region's overall health strategy and oversees its budget.
- It also manages nationally-commissioned pharmacy services on behalf of NHS England.

### Localities

- **CCGs & local authorities** commission services for their own populations. GMLPC represents pharmacy contractors in the nine localities shown on the map. In some of them, the CCGs and local authorities have now formed joint commissioning functions covering all health and social care services.
- Each locality also has a **local care organisation (LCO)** that includes commissioners, providers & partners. LCOs' locality plans aim to improve health outcomes in their area by integrating care and ensuring that services focus on the specific health needs and priorities of their community.

### Neighbourhoods / primary care networks

- Each locality comprises several neighbourhoods covering populations of roughly 30,000-50,000 people. Some localities now have **neighbourhood meetings** where providers in that neighbourhood can discuss and plan services for the 30,000-50,000 people in their area.
- GP practices are also forming **primary care networks**, in line with the NHS Long Term Plan. These may not map exactly to neighbourhoods.

## Strategic context

The NHS Long Term Plan, primary care networks, and developments in Greater Manchester's health and social care system that were described above are not the only factors that influenced our work in 2018/19. The wider strategic context also included:

- **Brexit:** Pharmacies and the wider NHS had to prepare for a possible no-deal Brexit on 29th March 2019, the date at which the UK was initially due to leave the EU.
- **Falsified Medicines Directive (FMD):** FMD came into effect on 9th February 2019. It requires pharmacies to scan and verify medicines at the point of supply to patients.
- **Medicines shortages:** Shortages and pricing issues continued to occupy vast amounts of pharmacists' time. The price concessions list reached record levels.
- **National pharmacy contract:** Quality Payments were extended for 2018/19, with review dates in June 2018 and February 2019. There were significant changes to the scheme's criteria for the February 2019 review date.

**We supported contractors and worked with commissioners and partners.**

**Examples included:**

### Quality Payments

- We produced bite-sized guides and webinars to help contractors meet the criteria. It was shared in newsletters, Twitter, emails & our website.
- Targeted support was provided to pharmacies at risk of non-compliance, including emails & phone calls.
- For Feb 2019, we contacted pharmacies every week with details of gateway compliance.

### FMD

- We ran a briefing event and Q&A session in November 2018 with Raj Patel, Chair of the UK FMD Working Group for Community Pharmacy.
- We produced a series of bite-sized guides summarising the national guidance in easy-to-follow steps.
- Our newsletters included regular FMD updates & guidance.

## Shortages

- We lobbied CCGs and prescribers to raise awareness of the issues and collaborate with us on solutions.
- We contacted prescribers & commissioners with the shortages pharmacies reported to us.
- We also shared details with PSNC to ensure they were included in price concessions discussions.

## Brexit

- We ensured contractors received national guidance and updates from PSNC and the Health Secretary.
- This included the importance of not stockpiling medicines & exacerbating shortages.
- It also included links to information for patients.

## Services & local commissioning

Pharmacies' long-term viability depends on their ability to deliver high-quality services that meet the needs of patients and commissioners. They cannot rely on dispensing alone. That's why services were the fundamental factor linking all four of our key priorities for 2018/19:

- **Service matrix:** Developing a commissioning model and harmonised specifications to make it as easy as possible for commissioners to invest in pharmacy-based services.
- **Service dashboard:** Using benchmarking and performance data to help us help contractors in maximising the benefits for patients, as well as boosting pharmacy income.
- **GM Healthcare Academy:** Providing targeted training and workforce development to help pharmacies deliver services to the highest standards.
- **Contractor support:** Tailored support via visits and phone calls aimed at identifying good practice and guiding those that would like to improve.

This section of our annual report explains more about how we have:

- Developed a commissioning model that has achieved almost universal support.
- Retained existing services & enhanced delivery.
- Secured greater use of community pharmacies through new service pilots & referral schemes.



## Our proposed commissioning model

We have worked with pharmacy commissioners at Greater Manchester Health & Social Care Partnership to develop a viable model for enhancing the process to benefit patients, pharmacies and commissioners.

There are several problems with the way that CCGs and local authorities in England currently commission pharmacy services. It

is overly time-intensive and bureaucratic and results in inequitable variation in service quality and availability.

Accreditation and training requirements also vary widely which means that locum/relief staff may not be able to deliver a service in one part of Greater Manchester that they can deliver in another.

**The diagrams on the following page explain how the model we have developed with GMHSCP solves these problems and enables local care organisations and primary care networks to commission the pharmacy services that their communities need.**

### What we achieved in 2018/19

- We gained support for the commissioning model from almost all commissioners, following an extensive programme of briefing visits where we explained the benefits and how it would work in practice. Bury Council has already adopted the model and seven of the other eight localities are interested in doing so. (Wigan cannot do so currently due to pre-existing contracts but may consider it in future.)
- We successfully piloted the model in Bury (see below) with CHL as the single provider, proving that the concept works.
- Harmonised service specifications were developed for needle exchange and supervised consumption, adult Inhaler Services, Minor Ailments and Smoking Cessation, drawing on best practice.
- We developed new governance frameworks and articles of association for our provider company, CHL, by working with legal advisers and PSNC to strengthen its accountability, resilience and contract-management capabilities. (See page 20 – 22.)

#### Case study: Bury adopts our new commissioning model

Bury Council has been piloting the new model since April 2018.

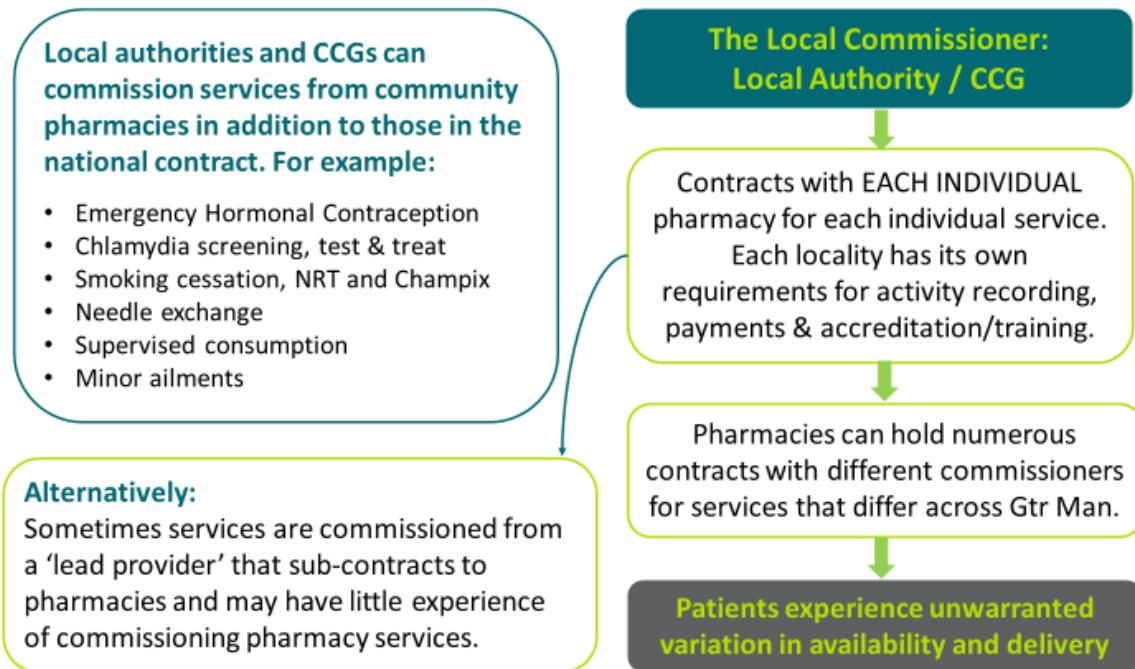
Needle exchange, supervised consumption, emergency hormonal contraception and chlamydia ‘test and treat’ services are now commissioned from a single provider: CHL, the provider company for pharmacies in Greater Manchester.

CHL then contracts with individual pharmacies and arranges payments to them. Activity recording, invoicing and payments are hosted via GMHSCP’s PharmOutcomes licence instead of the Council’s paper-based system.

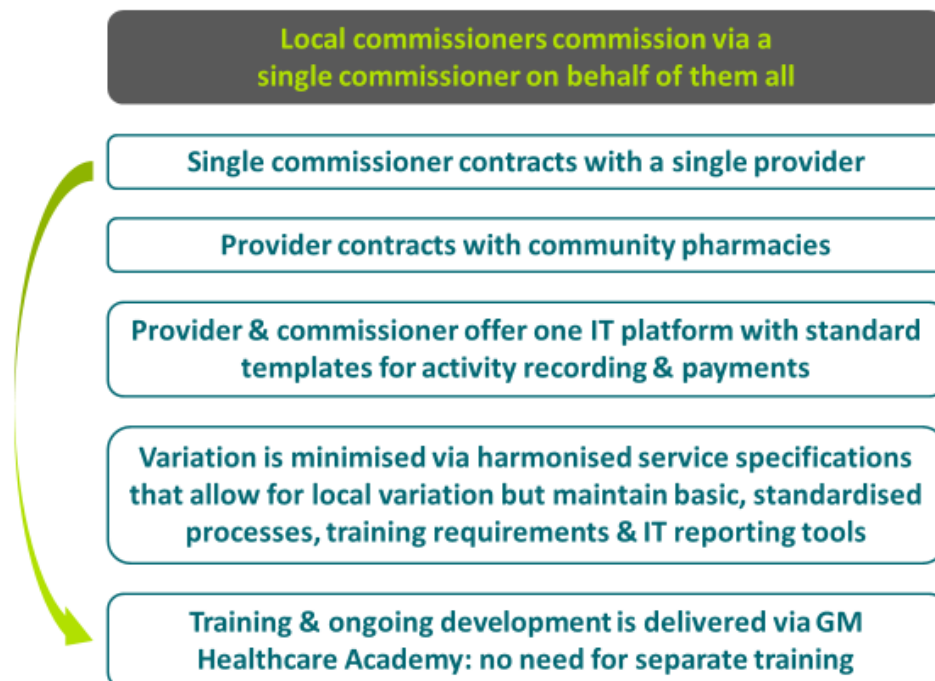
**Result:** “We love how much time and money this has saved us. We want to explore the performance management element for 2019/20.” *Bury Council*



## Problems with the current commissioning model:



## How our commissioning model solves them:



## Maximising delivery of current services

Once again we were successful in ensuring all current services were re-commissioned in 2018/19. We retained all services other than Bury NRT for 2019/20.

In addition, we supported contractors to achieve their full potential from services, with the associated benefits for patient care while also increasing pharmacy income. This included:

- Training & development via GM Healthcare Academy, with an extensive range of face-to-face events and webinars. (See pages 23- 24)
- Using data to identify income opportunities where services were currently being under-delivered e.g. pharmacies not offering NMS to all eligible patients.
- Toolkits, top tips and other resources e.g. Wigan minor ailments scheme.

### Case study: Taking performance from zero to 10 after NMS training

Although the New Medicine Service (NMS) improves patient care and medicines safety, only 60%-70% of eligible patients are offered the service. We delivered three NMS training events in 2018/19 to help pharmacies build New Medicine Service (NMS) consultations into everyday practice, increasing their income as well as benefiting their patients.

Pharmacist Shaheen Chaudry from DocPharma, a distance-selling pharmacy in Cheetham Hill, attended training in summer 2018.

Her pharmacy wasn't doing any NMS consultations before the training and now does up to 10 each month.

**Result:** "The NMS training was great. We got loads of advice and tools to help us build NMS consultations into our daily practice. It's been brilliant for our patients as well because we're able to pick up any problems they're having with their medicines much more quickly and help them with it."

*Shaheen Chaudry, Pharmacist at DocPharma*

## Pilots & new services

We secured several new pilots and service opportunities for contractors in 2018/19 in addition to those that continued from the previous year.

### Bury 'find & treat'

Pharmacies in Bury have been piloting a new service aimed at identifying and managing previously undiagnosed hypertension and atrial fibrillation (AF). Around 16,700 people in the borough are thought to have undiagnosed hypertension; an estimated 834 people have undiagnosed AF. Patients/customers are offered blood pressure tests in the pharmacy, along with advice, structured support and onward referral where appropriate. Phase two of the project will see pharmacies also managing the long-term care of stable patients with hypertension and/or AF. The pilot began in 2018 and is now being project-managed by CHL.

## Digital Minor Illness Referral Service (DMIRS)

We successfully bid for inclusion in the next wave of NHS England's national DMIRS pilot, which sees pharmacies play a greater role in urgent care. GP practices in Radcliffe will be able to refer patients with minor illnesses direct to local pharmacies. The year-long pilot will begin in 2019/20. It follows similar pilots elsewhere in England, which saw NHS 111 referring patients to pharmacy. CHL will project-manage the pilot.

## Hypertension

We are in the latter stages of negotiation with Manchester Health & Care Commissioning (MHCC) for a pilot aimed at identifying undiagnosed hypertension via blood pressure checks in pharmacies. The pilot is likely to follow a similar format to Bury's 'find and treat' service.

## Hepatitis C 'test and treat'

The Hepatitis C pilot began in 2018 and has now been rolled out in 13 pharmacies selected on the basis of needle exchange and supervised consumption volumes and geographic location. Pharmacies offer Hepatitis C tests to patients who have been exposed to the virus or are known to have injected drugs, plus advice and onward referral as appropriate. As the pilot progresses, they will also provide routine management of patients with Hepatitis C.

## Personalised health goals

The 'Pharmacy Care Plan' pilot, which ran in 2017/18, has now been fully evaluated by academics from the University of Manchester with impressive results. The pilot aimed to improve quality of life, self-care and patient activation for people with long-term conditions.

Patients aged 18+ with at least one long-term condition were invited to participate. Those that opted in were offered one-on-one consultations with the pharmacist over a period of six months. They could set their own health goals at the first consultation and work towards them with ongoing support from the pharmacist via follow-up consultations. Indicators measured included Patient Activation Measure (PAM), quality of life, medicines adherence (MARS5), blood pressure, blood glucose, BMI, cholesterol and asthma/COPD control.

- 382 patients had at least one consultation.
- 98% set at least one goal (e.g. increasing their activity level by walking their dog).
- 50% of patients' health goals were achieved.
- There were statistically significant improvements in average systolic blood pressure, BMI and HDL.
- 94% of patients with the lowest PAM scores (PAM1) at their initial consultation had improved PAM scores in their final consultation. 50% of all patients improved their PAM scores.

We are now working with Greater Manchester commissioners to design a service that could be rolled out more widely to patients who may benefit.

## Smoking cessation

We worked with Trafford commissioners on a ‘swap to stop’ pilot encouraging smokers to switch to e-cigarettes as a first step to quitting nicotine altogether. The pilot was open to smokers aged 18+ who lived in Trafford and were not pregnant. They were offered a four-week e-cig starter kit from the six participating pharmacies, plus a consultation and support. Commissioners were pleased with how the pilot engaged patients with long-term conditions and persuaded them to quit. As a result, they extended it for a further three months beyond the original end date of March 2019 so they could gather more data.

Meanwhile, the Champix pilot continued in Rochdale. A Champix option is likely to be included within the harmonised Greater Manchester smoking cessation specification we are developing with commissioners.

## Care navigation / active signposting

Several localities in Greater Manchester introduced care navigation – or ‘active signposting’, as it is sometimes called – in 2018/19. GP practice staff have been specially trained to help patients access the most appropriate form of care by signposting them to other services such as community pharmacies.

We worked closely with commissioners to ensure that care navigators had full training on the services that pharmacies provide and on how, when and who they could signpost to pharmacies. We also produced pharmacy guides and resources for care navigators, and provided training and communications to make sure pharmacies were prepared and could maximise the potential from the additional footfall. The scheme has now been rolled out in Bury, Rochdale, Salford and Stockport.

## Strengthening the role of our provider company

We have made huge progress in 2018/19 in strengthening the capacity and governance of CHL (CPGM Healthcare Ltd), the community pharmacy provider company for Greater Manchester, together with our partners, Bolton LPC. CHL was created to provide the functions that LPCs are not allowed to deliver – for example, LPCs can’t performance-manage contractors or hold service contracts with commissioners.

CHL’s capacity has been expanded with the appointment of a highly-experienced full-time project manager, Alison Scowcroft, initially on a 12-month contract although we anticipate the role becoming self-funding. CHL works closely with both LPCs, providing project and contract management that releases capacity for us to focus on our core functions of supporting contractors and negotiating new services.

Crucially, a provider company is also fundamental element in the new commissioning model we are proposing for Greater Manchester.



## How we work with CHL

### Commissioning model & contract management

Previously GMLPC provided back-office support for some pharmacy services: for example, we managed the payments to pharmacies for Oldham health checks and Wigan's additional bank holiday openings.

There was a limit to how much of this work we could do, however, which meant that some commissioners were reluctant to launch additional services or pilots because of similar capacity constraints within their own teams.

The new commissioning model we are developing (see pages 16-17) with partners enables commissioners to sub-contract CHL not just to manage back-office work such as payments to pharmacies: **CHL can also performance-manage contracts with pharmacies**, something that LPCs are not allowed to do.

This has huge advantages for commissioners, making it much easier and more attractive for them to commission pharmacy services, while releasing

capacity within GMLPC for us to focus on contractors' key priorities.

**Example:** CHL provided back-office support for Bury Council in 2018/19. The Council said: "We love how much time and money this has saved us. We want to explore the performance-management element for 2019/20."

### Pilots

GMLPC negotiates a pilot with commissioners. Previously, we would also have project-managed the whole pilot, from initial rollout through to full implementation and evaluation afterwards.

Now we have the option of contracting CHL to do some of this work for us. That releases capacity within GMLPC for us to spend more time on contractor support, commissioners, locality work and developing proposals for new services or pilots.

**Example:** CHL is project-managing the Bury 'find and treat' and DMIRS pilots for us, freeing up time for us to support you.

## CHL's governance

When CHL was originally set up to tender for and deliver services, we used the model constitution and articles of association that had been developed nationally for community pharmacy provider companies. As our ambitions for CHL have grown, however, these have proved less than ideal. For example, some pharmacy chains found it difficult to join CHL; in addition, its membership comprised individual contractors and managing a company with a large number of members is burdensome.

For CHL to realise its potential, it needs articles that provide a level playing field with GP and optical provider companies. Together with Bolton LPC, our legal advisers and PSNC, we have now developed a new constitution and articles of association that will enable CHL to compete on a level playing field to commissioned as a single provider on behalf of all pharmacies in

Greater Manchester, while maintaining appropriate separation from the LPCs, allowing open competition, and preventing conflicts of interest.

CHL aims to adopt the new governance structure in 2019/20 and we believe this model could prove successful for all community pharmacy provider companies in England.

**Key points:**

- New articles of association which enable people to sit as ‘observers’ without directors’ responsibilities, in addition to full CHL directors who represent the LPCs and CHL members.
- CHL will initially have two LPC members – Greater Manchester and Bolton – and the ability to expand to other areas, and a small number of contractor members from designated areas. All contractors will be able to become affiliate members of CHL without accepting individual liability.
- GMLPC and Bolton LPC will use contractor funds to scope new services, confident that we are using this money to benefit all contractors equitably in line with our legal duties.

**CHL directors & governance in 2018/19:**

CHL’s governance structure in 2018/19 required it to have:

- Two directors representing the LPCs; and
- Up to three additional directors.

Its current directors are:

- Aneet Kapoor (LPC director)
- Peter Marks (LPC director)
- Louise Gatley (director)
- Varun Jairath (director)

It is overseen by a scrutiny committee of nominees from GMLPC and Bolton LPC.

# GM Healthcare Academy

Our new academy delivered 28 face-to-face training events and 8 webinars to a combined total over 900 people in 2018/19. The academy is now the key vehicle for all community pharmacy training and workforce development in Greater Manchester.

We developed the academy to ensure that pharmacies across Greater Manchester could access cohesive, high-quality training and development that supports and empowers them today and for the future.

The academy focuses on developing the whole pharmacy team and providing practical guidance so pharmacies can put their learning into daily practice. Events are usually free to attend and the academy operates on a not-for-profit basis, supported by sponsorship and funding from external sources.



The academy is a partnership between GMLPC, Bolton LPC, CHL, Greater Manchester Health & Social Care Partnership (GMHSCP) and the Pharmacy Local Professional Network (LPN). It is supported by CPPE. This partnership approach means:

- Training is totally aligned to pharmacies' needs, commissioned services and commissioners' future plans.
- The academy can draw on a wealth of expertise from its partner organisations.
- Partners agree a cohesive programme of events across Greater Manchester, enhancing quality and reducing duplication and gaps in provision.
- We can help pharmacy teams develop their expertise and play a greater role in direct patient care in future, as well as providing those services that are already commissioned.

## Events in 2018/19 included:

**Health campaigns:** Training and resources to help pharmacies deliver the mandatory health promotion campaigns for oral health (May-Jun 2018); physical activity (Jul-Sep 2018); Stoptober (Oct 2018); and cervical cancer (Mar 2019).

**Clinical/professional practice:** Managing eye conditions in community pharmacy (Oct 2018); consultation skills for women's health (Feb 2019); and consultation skills for people with learning disabilities (Mar 2019).

**Contractual/business requirements:** Quality Payments webinar (Jun 2018); FMD, Quality Payments and the NHS Data Security and Protection Toolkit (Nov 2018); the new GPhC inspection regime (Feb 2019); and using Oriel to recruit pre-reg trainees (Feb 2019).

**Services:** Building NMS into daily practice (Jun 2018); HLP Health Champions (Jun, Jul & Dec 2018, Jan 2019); optimising MUR delivery (Oct 2018); and delivering inhaler technique checks (Jan 2019).



**New ways of working:** Making the most of pharmacy time (May 2018); and integrated working with GP practices (Nov 2018).

## GMLPC's role in GM Healthcare Academy

As well as being a founding partner, GMLPC also hosts the academy and provides its organisational support. This includes planning and delivering the majority of events. GMLPC developed the concept for the academy and secured support from the other partners in 2017/18.

## Supporting contractors

We formally launched our new contractor support programme in 2018/19, with an extensive number of proactive pharmacy visits and phone calls in addition to our regular support. Various options were piloted, including small numbers of in-depth pharmacy visits to hear contractors' views on how well GMLPC was supporting them, the issues they were facing and what they wanted our priorities to be. We also trialled similar conversations by phone, contacting around 50 pharmacies in late 2018.

Their feedback has helped shape our workplan and priorities, as well as enabling us to develop a contractor support programme that enables pharmacies to thrive and makes the best use of everyone's time. It also links into our work with commissioners in the nine localities we cover, and developments with local care organisations, neighbourhood meetings and primary care networks.

### Case study: Our pharmacy visits

We launched our new approach in January 2019, visiting as many pharmacies as possible in a geographical area. Two members of the office team spend one day a week going to pharmacies in a particular location (usually 10-15 pharmacies a day). They talk about GMLPC's work, update the pharmacies on developments in their locality and neighbourhood, and discuss what support the pharmacies would like from GMLPC. Each pharmacy also gets a 'goody bag' with GMLPC resources and GM Healthcare Academy information.

Between January and March 2019, we visited 40 pharmacies in Tameside & Glossop and 42 pharmacies in Stockport. We also identified many pharmacists interested in representing community pharmacy at neighbourhood meetings.

**Result:** Pharmacies have really appreciated the visits, with comments like....

**"Loved the visit. Appreciated the goody bag & found all materials useful."**

**"Really appreciated the visit."**



## How we supported contractors in 2018/19

**Proactive visits & phone calls:** We made proactive visits to around 80 pharmacies (including a small number of in-depth visits) and phone calls to around 50 pharmacies to discuss GMLPC's work and offer any support the pharmacies would like, as explained on page 24. This was in addition to targeted emails and phone calls to help pharmacies achieve Quality Payments and meet their CPAF deadlines.

**Calendar of key dates:** We provided each pharmacy with calendars of key dates for 2018 and 2019 including contractual deadlines, Quality Payments, mandatory health campaigns and CPAF.

**Quality Payments:** We helped contractors achieve their maximum potential Quality Payments in June 2018 and February 2019 with a series of bite-sized guides, a webinar and targeted emails and phone calls to contractors at risk of failing the gateway criteria. This was particularly important for February 2019, as there were some major changes to the gateway criteria as well as some differences in the quality criteria.

**Falsified Medicines Directive:** The EU-wide Falsified Medicines Directive (FMD) came into effect on 9<sup>th</sup> February 2019 and required all pharmacies to register with the UK medicines verification centre (SecurMed UK) and to have IT systems in place to enable them to scan, verify and 'decommission' FMD-enabled medicines at the point of supply to the patient. We supported contractors through the change with:

- Briefing event in November 2018 featuring Raj Patel, Chair of the UK FMS Working Group for Community Pharmacy, so contractors could understand the requirements and ask Raj any questions they had.
- Bite-sized guides summarising the national guidance and issued regularly from October 2018 to January 2019.

**Greater Manchester Community Pharmacy Conference 2018:** Around 100 pharmacists and their colleagues attended our conference and AGM in September 2018. They enjoyed a wide range of CPD sessions on topics including consultation skills with children, EHC and dermatology. We were delighted to welcome Simon Dukes, PSNC's new chief executive, as our keynote speaker.

**Community Pharmacy Assurance Framework (CPAF):** We contacted all pharmacies at risk of non-completion of the CPAF survey to remind them of the importance of submitting it. Pharmacies that do not complete the survey may be subjected to a compliance visit by commissioners to check that they are not breaching their contractual duties.

**GM Healthcare Academy:** We launched GM Healthcare Academy to provide training and workforce development that benefits contractors and their teams. Page 23-24 explain more.

**Toolkits & advice:** We developed toolkits and resources (e.g. for Wigan MAS) and also provided personalised support in response to queries from pharmacies.

## Stakeholder engagement & promoting pharmacies

We're always championing Greater Manchester's community pharmacies to raise awareness of their vital role, the invaluable services they already provide, and the benefits that could be reaped by making full use of their potential. Our aim is to raise community pharmacy's profile among commissioners, health and social care providers, patients and the public, politicians, the media, and other key influencers. In 2018/19, this included:

### Media work

We ran several campaigns throughout the year including flu vaccinations, how pharmacies could help people with minor ailments and Stoptober, achieving extensive coverage such as:

- BBC Radio Manchester reported on how pharmacies were helping people with minor ailments to get better sooner while freeing up GP appointments.
- 'Santa' getting his flu vaccination in pharmacies across Greater Manchester was featured in several local newspapers just before Christmas. This was a joint project with Greater Manchester Health & Social Care Partnership (GMHSCP).

By working collaboratively with NHS and local authority colleagues, we made sure that community pharmacy messages were included in their media work, as well as benefiting from our combined capacity and resources.

We also worked with them on digital/social media campaigns including GMHSCP's #MatildaChallenge viral video explaining how the NHS in Greater Manchester would help people stay well in winter.



## NHS England event

When NHS England announced a series of national engagement events about the new primary care networks (PCNs), we contacted them to make sure community pharmacy was on the agenda and were invited to speak at the Manchester event on 13<sup>th</sup> March 2019.

Our 30-minute presentation demonstrating the value pharmacy services deliver, why PCNs should make sure community pharmacies are fully involved, and how our new commissioning model enables PCNs to easily commission services from pharmacies was extremely well received. The event was attended by commissioners, GPs and other primary care providers from across the north of England.

## Medicines shortages

Shortages and supply issues occupied vast amounts of pharmacy time in 2018/19. We made sure that prescribers, commissioners and were aware of the problems and sought collaborative solutions to minimise the impact on patients. As well as raising the issue in forums such as Greater Manchester Medicines Management Group (GMMM) and the Primary Care Advisory Group (PCAG), we sent multiple briefings to GP practices, local medical committees, GP federations, medicines management teams and service commissioners.

## Articles & thought leadership

In our first full year of operation (2017/18) following the creation of GMLPC, we developed some quite radical proposals for transforming and supporting community pharmacies in Greater Manchester. They included a new commissioning model with harmonised service specifications and an academy that would support training and workforce development for community pharmacists and their teams.

The substantial progress made in 2018/19 means we are now in a position to share our learning with other areas, and we have begun doing this via blogs and articles that have been published nationally, as well as presentations at conferences and other events.

Examples include:

- Regular GMLPC blogs in P3 magazine, distributed each month to community pharmacies across England;
- Nuffield Trust interview with our Chair, Aneet Kapoor (published April 2019)

We have also produced blogs for Greater Manchester audiences, including articles showcasing community pharmacy for GMHSCP's website and social media channels.

## Commissioner engagement & case studies

As well as meeting regularly with Greater Manchester and locality commissioners, we undertook extensive engagement in 2018/19 focusing the new commissioning model. Our aim was to meet all CCG and local authority commissioners to explain what we were proposing, discuss the potential benefits, and to get their feedback to see if it might work for them. Wherever possible, we did these visits with GMHSCP colleagues who co-produced the new commissioning model with us. As mentioned previously in this annual report, the visits proved very successful with almost all localities interested in adopting the model for some or all of their services.

We also produced case studies and briefings demonstrating the value of community pharmacies. Examples included a briefing document on how community pharmacies are supporting homeless people in Manchester.

## Collaborative working

We have developed strong and very positive working relationships with several neighbouring LPCs, including Bolton LPC and Community Pharmacy Lancashire. Unsurprisingly, we work particularly closely with Bolton LPC as our closest neighbour and our partner in GM Healthcare Academy and CHL. Bolton has been fully involved in our proposals for the new commissioning model and is working with us to develop harmonised service specifications. We also work closely with CHL, as outlined on pages 20-22.

We see the potential for this collaborative working to intensify over the next few years, as we further develop GM Healthcare Academy and the new commissioning model, harmonised service specifications and a contractual framework to support it. In late 2018/19, we started discussions with Bolton LPC and CHL to see how we might collaborate further and/or pool expertise to each organisation's mutual benefit.

Nationally, PSNC is also considering how it can best support LPCs to enable community pharmacy contractors to adopt new ways of working and a greater focus on direct patient care. We are playing an active role in these discussions, which will of course be heavily influenced by the new pharmacy contract that PSNC is currently negotiating with NHS England and the Department of Health and Social Care.

## Community Pharmacy Service information within the GMLPC Footprint

Greater Manchester Community Pharmacy Contractors performance Sept 2017 - April 2019												
	ALW	Bury	Manc Central	Glossop	HMR	Manc North	Oldham	Salford	Manc South	Stockport	Tameside	Trafford
Items	575,864	301,261	283,098	49,780	358,656	337,167	431,457	464,521	251,603	526,891	428,338	425,854
Forms	287,038	148,565	136,409	25,314	182,749	166,692	219,462	217,344	122,746	257,775	204,492	210,583
MURs	1,914	1,045	831	119	1,386	1,133	1,314	1,591	936	1,693	1,593	1,593
NMS	446	353	154	91	434	376	464	551	277	511	569	446
EPS Items	68%	73%	72%	83%	66%	71%	77%	77%	69%	73%	72%	77%

Greater Manchester Quality Payment performance		
Quality criterion	Number of GM pharmacies who met the gateway criteria and claimed for this quality criterion	% of GM pharmacies who met the gateway criteria and claimed for this quality criterion
Patient Safety - Written report	584	99.66%
Patient Safety - Safeguarding	575	98.12%
Patient Questionnaire	565	96.42%
Healthy Living	517	88.23%
Summary Care record	549	93.69%
NHS 111	579	98.81%
Asthma	575	98.12%
Dementia	585	99.83%
All 8 Criteria	486	82.94%
	Number of GM pharmacies who met the gateway criteria	% of GM pharmacies who met the gateway criteria
Gateway Criteria	586	94.52%



### Greater Manchester Local Pharmaceutical Committee

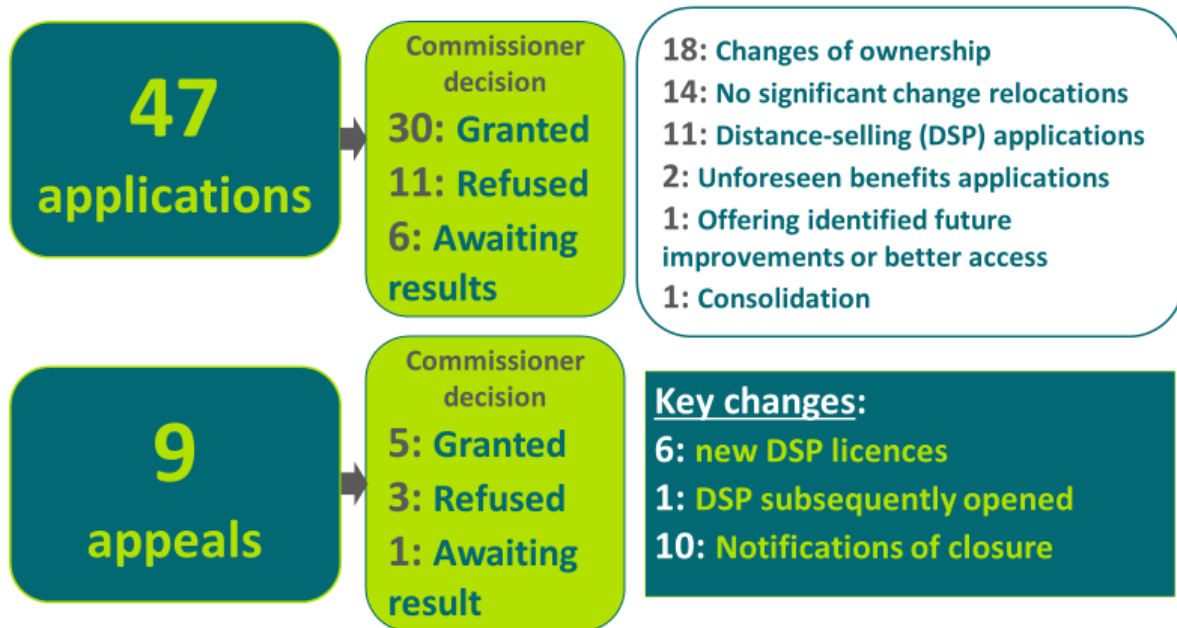
We represent the community pharmacies in Bury, Glossop, Manchester, Oldham, Rochdale, Salford, Stockport, Tameside and Wigan. T: 0161 228 6163. E: [enquiries@gmlpc.org.uk](mailto:enquiries@gmlpc.org.uk)  
Twitter: @GMLPC\_



## Applications

Greater Manchester commissioners consult us on all applications relating to pharmacies in our areas. We provide our views and the commissioners take them into account when making their decisions.

In 2018/19, we responded to:



## Key facts: Our training & events

**669** people attended the **24** face-to-face training events we ran in 2018/19.

**160** people viewed the **5** webinars we ran in 2018/19.

*(266 people registered for the webinars.)*



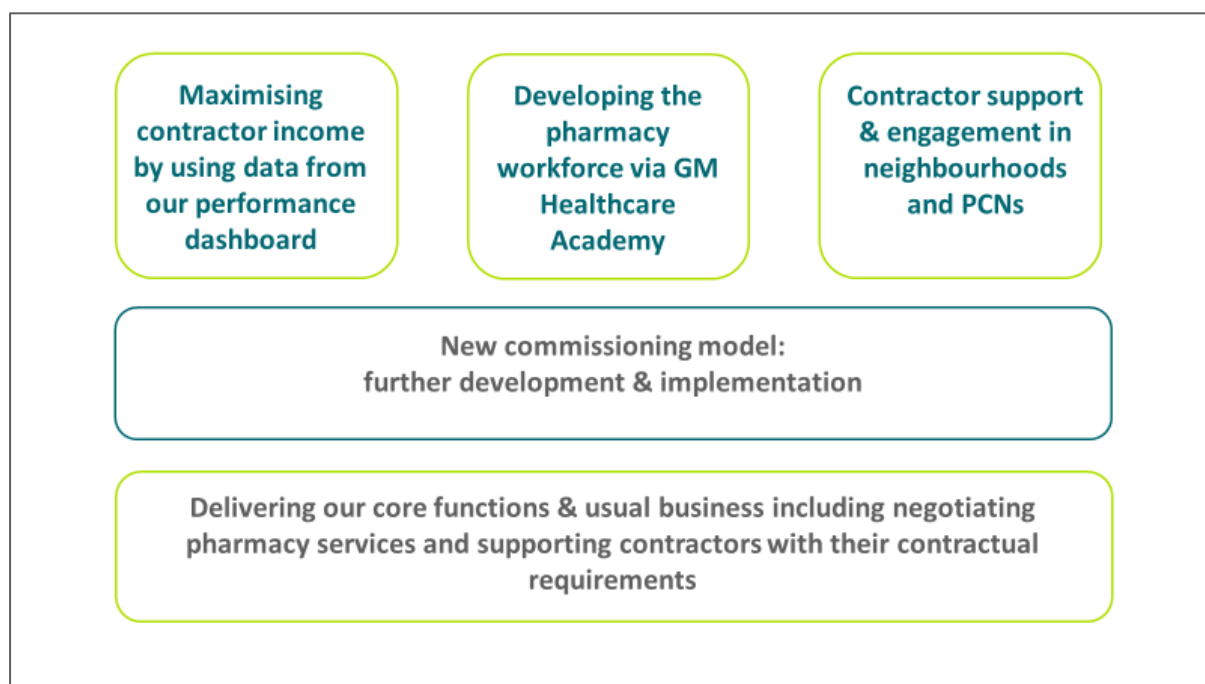
## Priorities for 2019/20

Our workplan for this year builds on what we achieved in 2018/19 and is informed by the strategic context in which we operate, the commissioning landscape in Greater Manchester and nationally, and the issues that contractors said they wanted us to prioritise. Key factors include the NHS Long Term Plan, the new national pharmacy contract, the creation of primary care networks, and the increasingly localised nature of commissioning decisions.

We have also revised our operating structure to enable us to deliver this workplan and our strategy for the next five years. The new structure was developed following a review that considered what roles and skills we would need, and a recognition of the increasingly collaborative way in which we work with Bolton LPC, CHL and our other partners in GM Healthcare Academy.

Together, this means we are focusing on the right priorities and have the right people, skills and structures in place to deliver what our contractors need from us for the next five years.

### Our key workstreams for 2019/20:



## Conclusion

We can look back on 2018/19 with a considerable sense of achievement, despite the extremely challenging environment posed by funding cuts, persistent medicines shortages and Brexit. We formally launched GM Healthcare Academy, made substantial progress with our plans for a new commissioning model, and achieved our goal of increasing engagement with locality commissioners, local care organisations and those neighbourhood meetings that already exist.

There is little doubt, however, that we will need to maintain this pace throughout 2019/20 and beyond. We need to support Greater Manchester contractors in maximising the opportunities and minimising the risks of the new pharmacy contract. The possibility of a no-deal Brexit remains on the horizon. There will also be a vast amount for us to do in terms of implementing the new commissioning model, developing a wider suite of harmonised service specifications, and ensuring that community pharmacy is fully embedded in commissioning plans at Greater Manchester, locality, neighbourhood and PCN level.

We do not underestimate the time and effort this will require but we believe the new operating structure and strategy we have put in place will ensure we have the right expertise and capacity in place to achieve it.



# **Annual Accounts**

## **2018/19**

**Accounts for the period ending 31<sup>st</sup> March 2019**

# Independent examiner's report to the members of

**GREATER MANCHESTER L.P.C.**

**YEAR ENDED 31 MARCH 2019**

**INDEPENDENT EXAMINERS REPORT TO THE MEMBERS OF GREATER MANCHESTER L.P.C.**

I report on the accounts of the L.P.C. for the year ended 31 March 2019 which are set out on pages 1 to 2.

## **RESPECTIVE RESPONSIBILITIES OF MEMBERS AND EXAMINER**

The L.P.C. members are responsible for the preparation of the accounts. The L.P.C. members consider that an audit is not required for this year in accordance with the rules and that an independent examination is needed.

It is my responsibility to:

- examine the accounts;
- follow the procedures laid down in the rules of the L.P.C.; and
- state whether particular matters have come to my attention.

## **BASIS OF INDEPENDENT EXAMINER'S STATEMENT**

My examination was carried out in accordance with the rules of the L.P.C. An examination includes a review of the accounting records kept by the L.P.C. and a comparison of the accounts presented with those records. It also includes consideration of any unusual items or disclosures in the accounts, and seeking explanations from you as members concerning any such matters. The procedures undertaken do not provide all the evidence that would be required in an audit, and consequently no opinion is given as to whether the accounts present a "true and fair view" and the report is limited to those matters set out in the statement below.

## **INDEPENDENT EXAMINER'S STATEMENT**

In connection with my examination, no matter has come to my attention:

1. which gives me reasonable cause to believe that in any material respect the requirements

- to keep accounting records in accordance with the rules of the L.P.C., and
- to prepare accounts which accord with the accounting records and to comply with the rules of the L.P.C.

have not been met; or

2. to which, in my opinion, attention should be drawn in order to enable a proper understanding of the accounts to be reached.

K.A.ROGERS  
Chartered Accountant  
608 Liverpool Road  
Irlam  
Manchester M44 5AA

Date: 10th July 2019

# Greater Manchester LPC (GMLPC)

## Income & expenditure account

Period ending 31<sup>st</sup> March 2019

	2019 £	2018 £
<b>Income</b>		
Statutory Levies	588,000	648,001
LPC Transfers	436	940
Sponsorship	13,650	14,150
Project/service monies	49,954	138,731
Other Income	8,396	96
Bank Interest Received (Gross)	420	2,447
Total Income	<u>660,856</u>	<u>804,366</u>
<b>Expenditure</b>		
<b>Administrative Expenses</b>		
Remuneration	291,664	296,288
Office Rent	14,025	13,095
Telephone & Internet	5,969	7,093
Printing, Stationery & Postage	4,008	5,349
Equipment	6,875	4,843
Travel Expenses	2,433	5,666
<b>P.S.N.C. Expenditure</b>		
Levy	174,522	322,922
<b>Meetings</b>		
Hire of Rooms	1,837	2,572
Members Expenses - LPC Meetings	31,815	22,778
Travel Expenses	2,108	2,358
AGM Costs	6,045	6,874
<b>Other Expenses</b>		
GM Healthcare Academy	12,630	0
Children's inhaler project	0	6,719
Adult inhaler project	50,007	7,623
AF Project	0	376
Flu resources project	0	4,216
Manchester Anti Virals	509	92
Locality Cont. Events Expenses	116	900
Oldham NHS healthchecks	1,840	4,040
ERD Project Manchester	0	5,473
GM HLP	8,104	23,697
GMHSCP - Project funds	2,142	0
Dental HLF	12,570	0
NHS England	0	5,267
Other project costs	2,619	4,301
Wigan xmas rota	3,900	9,900
Chairman's Honorarium	0	0
Treasurer's Honorarium	0	0
Accountancy Fees	1,248	2,818
Professional Fees	0	784
Software costs	367	0
Insurance	342	233
Staff Training	1,281	2,135
Sundry Expenses	647	177
Merchandise	0	519
Entertaining	0	187
Bank Charges	158	101
Total Expenditure	<u>639,782</u>	<u>769,396</u>
Surplus for the Year before tax	21,074	34,970
Corporation Tax Payable	80	465
Surplus/(Deficit) for the Year after tax	<u>20,994</u>	<u>34,505</u>
Retained Surpluses brought forward	456,261	421,756
Retained Surpluses carried forward	<u>477,255</u>	<u>456,261</u>

# Balance sheet

Period ending 31<sup>st</sup> March 2019

**GREATER MANCHESTER L.P.C.**

**YEAR ENDED 31 MARCH 2019**

**BALANCE SHEET**

	<b>31.3.19</b>		<b>31.3.18</b>	
	£	£	£	£
<b>Fixed Assets</b>		0		0
		<u>0</u>		<u>0</u>
<b>Current Assets</b>				
Loan - CPGM Ltd	12,050		12,050	
Cash at Bank	558,961		453,671	
	<u>571,011</u>		<u>465,721</u>	
<b>Current Liabilities</b>				
Accruals	88,869		1,608	
PAYE Creditor	4,807		7,267	
Corporation Tax	80		585	
	<u>93,756</u>		<u>9,460</u>	
<b>Net Current Assets</b>		477,255		456,261
<b>Net Assets</b>		<u>477,255</u>		<u>456,261</u>
<b>Reserves</b>				
Income & Expenditure Account		477,255		456,261
		<u>477,255</u>		<u>456,261</u>



**GMLPC**

Supporting Community Pharmacy  
in Greater Manchester

## Greater Manchester Local Pharmaceutical Committee (GMLPC)

**Tel:** 0161 228 6163

**Email:** [enquiries@gmlpc.org.uk](mailto:enquiries@gmlpc.org.uk)

**Twitter:** @GMLPC\_

**Web:** <http://psnc.org.uk/greater-manchester-lpc>

**Post:** Suites 9-10 Barlow House, Minshull Street, Manchester M1 3DZ