

Kensington Chelsea & Westminster LPC

Annual Report 2015



Incorporating

The Executive Report

and

Audited Annual Accounts 14/15

The Executive Report 2015

Welcome to the Annual Report 2015. The LPC is required by our constitution to produce an Annual Report which includes the accounts for the preceding year. In this report we look back and reflect at what we came through and achieved last year and what we have to look forward to in the next 12 months.

The new committee has had time to settle down as it is now nearly 18 months since it was formed. The last year has once again been a challenging year for community pharmacy with some major developments at the national level as well as at the local end. As always we have worked hard to represent contractors' interests with commissioners in NHSE, CCGs and the TriBorough Public Health Department. We remain constantly in search of new opportunities wrt service commissioning, maintaining the existing ones and supporting pharmacy teams with guidance as well as development and training opportunities.

The LPC works extremely closely with Pharmacy London, a consortium of the majority of London LPC's. We work through Pharmacy London on matters affecting contractors on a London-wide basis as well as services across London. However we maintain the local focus that is absolutely essential in tackling and addressing local issues. The LPC CEO, Rekha Shah is also the CEO for Pharmacy London.

The Committee and its Work

The new committee of eight members generally meets approximately 10 times each year. However, there are further meetings necessary to take forward the work streams of the sub groups and the Finance & Audit sub-committee. In addition each member of the committee "looks after" a small group of pharmacies that forms the cell structure operated by the LPC. In the last year, many of our smaller meetings that did not really require a face to face meeting were conducted by teleconferencing, saving both time and meeting costs too. We believe our operational efficiency as a small committee is exceptional and produces real value for money for you, the contractors who fund us.

It might be worth adding some further words re the LPC Cell Structure at this point as this means of communication and provision of support is going to grow over the next few years. Each LPC member has a group of pharmacies assigned to him to support and liaise with. The LPC collates news items and current issues that need to be disseminated and this is done by each member. If you are not aware of who your LPC cell lead is, please feel free to contact me on rekhashahkawlpc@aol.com / 07958641669 to put you in touch. In addition you will receive updates and news briefings directly from me at the LPC office. To ensure you are always kept up to date, please ensure you have provided me with at least one email address which is for an inbox that is regularly manned. Regular short messages are also sent through our Twitter account – please 'follow' me on @KcwLpc to ensure you always catch these messages in a timely manner.

Governance Procedures KCW LPC operates a strict procedure for corporate governance and conflicts of interest as required already by the current constitution. All members and the CEO have signed up to these standards.

Electronic Prescription Service Release 2 The majority of practices in KC&W are now live and you can view the stats - <http://systems.hscic.gov.uk/eps/stats>. Of concern to the LPC is the fact that seven pharmacies in KC&W have not yet even ordered an EPSR2 pharmacy system!

The main focus for EPS is now a move to 'Phase 4' where all prescriptions would be sent electronically, regardless of whether there is a nomination in place. Where there is no nomination, the prescription would be sent to the Spine and the patient given a token (paper or electronic) for them to present in a pharmacy to enable the download of their prescription. This is a significant change and Business Continuity, Service Model Review, Patient Communications, Implementation Approach and Pharmacy Training all needs to be sorted before implementation of Phase 4.

Knowledge of the pharmacy system and how to use it is extremely important - Issues such as not knowing how to download prescriptions or return a prescription to the Spine cause a great deal of stress and extra work in a busy pharmacy and the need to offer training across the board to improve the knowledge of the systems has been recognised. So we will work with the national team to organise a series of evening events which will cover supplier training specific to individual systems, business change and issue resolution around EPS and a masterclass on electronic claiming and endorsing from NHS BSA. The supplier training will concentrate on everyday use of the system with EPS to ensure that general understanding is increased as well as offering hints and tips on shortcuts and how to make it work for users in the real world. [This series of system-specific events will be run early in the New Year so look out for the details.](#)

Education & Training A bid for developing Health Champions and a base for Health Living Pharmacies across NW London was successful last year. HENWL has awarded some funding for this across the 8 Boroughs in North West London. We are starting the process to ascertain pharmacies interested in taking this opportunity up at our AGM on Monday 12th October where you will have the chance to sign up to this. If interest across KC&W is higher than what the funding covers, the Finance & Audit sub committee have pledged the use of some of our LPC reserves to top this funding in order to develop the HLP model across the whole of the KC&W patch.

At a pan London level bids for funding from the Local Education and Training Boards (LETB's) for workforce training and development have also seen some success. Funding to cover Independent Prescribing education costs for 11 places in the first instance and a further 85 places also have been successful. Whilst this funding is for pharmacists from any sector in primary care, community pharmacists are equally eligible alongside CSU, general practice and CCG pharmacists. Criteria re eligibility to apply and the selection process have been agreed recently. You will receive further information about the second batch of applications shortly.

Services and the Different Organisations that are Responsible for each

The public health services namely, both the substance misuse services of supervised consumption and needle exchange, stop smoking and NHS Health Checks are managed by the Tri-Borough Public Health Team. All pharmacies that provide these public health services were required to sign up to contracts with the relevant Local Authority for their area – Whilst these contracts are lengthy, the LPC has worked hard to keep them as simple as possible and favourable for pharmacy as far as possible. Not much change has happened to any of these services over the last year and we have been happy to maintain stability. However we recognise that outputs are extremely low from the smoking and NHS H/Check services and this needs to be drawn to your attention, as it will certainly be noticed elsewhere.

Clinical Commissioning Groups (CCG's) We have not made any progress in gaining agreement at the local level to commission pharmacy services to help increase access to GPs. These include medicines optimisation services, Pharmacy First or minor ailments services as well as compliance support. However working through Pharmacy London a successful pilot of a pan-London Emergency Supply service incorporating NHS111 has resulted in the service being continued and further developed into a long term service from April 2016 and will incorporate an IT platform also.

NHS England Local Area Teams are responsible and manage the pharmaceutical enhanced services, Minor Ailments, the above Emergency Supply service and the Immunisation service in our area. Pan London commissioning of the two services has brought many benefits by removing the postcode boundaries to access and also increasing the cohort of eligible individuals. Pharmacies in KC & W, similar to the rest of London, benefited hugely from the pro-active management and support provided for these services by the Pharmacy London team.

Consistency of delivery across the contractor base is extremely important for services such as these, especially when commissioned with such a broad remit as is the Immunisation service. Commissioners require the assurance that there is consistency in access for all the public and it is up to the provider pharmacies to ensure they engage well and consistently. Besides this, as the evidence base for the value of these services to the public grows, there are bound to be implications on market entry via the PNA's.

The success of the London-wide Immunisation service over two years has no doubt influenced the decision to commission the national advanced service this year for flu vaccination across England. Locally that has created some extra work for us and added confusion especially as the national service was announced extremely late and implementation time was really very short. London had already decided to commission a wider service including additional cohorts of patients as well as another vaccine for pneumonia. The two services are running in parallel with pharmacy teams needing to cope with the additional paperwork, different training requirements etc.

As the LPC has not been able to make much progress at the local level with the commissioning of local services, it has decided that the focus on getting more pharmaceutical enhanced services commissioned on a pan London basis has been producing more results and opportunities. Pharmacy London is now working on a London wide Minor Ailments service as well as a Palliative Care service – watch this space!

Contractual Matters Last year all of you participated in the National Audit of emergency supplies made during a two-week period around the Easter holidays. An enormous amount of data was gathered and an evaluation of this undertaken.

This year NHSE in London commissioned a voluntary audit re asthma management in children and young people and this was funded at £75 per contractor. This was negotiated pan London by Pharmacy London and the total fund made available was £140,000. I am disappointed to have to report that there was just 50% uptake across London and just 34% across KC&W. We don't as yet have information on the numbers that complied with the participation in mandatory PH campaign element and hope that we got 100% compliance for this element at least.

The CPAF process by which contractors are monitored for compliance with the Terms of Service is going to be national this year and will be in two parts. You will all have received communication by NHSE through the BSA re completion of an initial online CPAF screening short questionnaire between 5th October and 1st November 2015 (just a four week period). There are just 10 questions in this. The data collected from this, along with other information re the pharmacy held by NHSE will be used by NHSE to shortlist pharmacies who will be considered for a contract monitoring visit. Only these pharmacies will be asked to complete a FULL CPAF questionnaire and after this is submitted, NHSE will then decide whether follow up with a contract-monitoring visit is required.

Maximising the potential from Advanced services Contractors can maximise their income from the NHS by ensuring they are in the position to claim the maximum allowed under the different optional categories in the contractual framework. For example ensuring you do your full quota of Medicine Use Reviews under Advanced services earns you £11,000 which in itself is equivalent to dispensing an extra 1000/month prescription items in terms of prescription item fees – surely not to be sneezed at!

Furthermore, there is an additional advanced service, the flu vaccination service and there are simply no limits set at all for this service. Hence pharmacy teams can really get pro-active and maximise delivery by optimising how they work as a team, target appropriately and ensure high return/reuse rates of patients by providing an exceptional patient experience.

Making every contact count by linking different services together is another way of maximising your pharmacy's potential.

Prescription Direction At last NHSE has asked all General Practices and Pharmacies (including distance selling) for their help in ensuring all patients are aware of their right to choose freely where they have their medicines dispensed and that they can exercise this right without influence. A poster that sets out this right has been produced and pharmacies will receive a copy with the CPNs later in October.

This poster, when displayed in pharmacies and medical practices should ensure that all patients understand that it is their right to choose which pharmacy they use based on the convenience to them and the quality of the service that is provided. I expect there will be some substantial discussion re this development at the AGM on 12th October.

Market Entry On the contractual front we have had a number of applications within KCW that the LPC has responded to and supported contractors on:

- 1 Unforeseen Benefit application for a new contract
- 1 Identified Need application for a new contract
- 1 Distance Selling application for a new contract
- 2 Appeals
- 6 No Significant Change Relocations of existing contracts
- 12 Change of ownership or name of company of existing contracts

Additionally, there was one application which was for 'Meeting Identified Need' outside the borders of KC&W but affecting our contractors.

The applications for new pharmacies have the potential to have a major impact on our current network and the LPC's Market Entry subgroup has taken their responsibility to make robust representations to the NHS extremely seriously. I hope that affected contractors are re-assured by this.

Finally we would like to assure you that the members take their responsibilities to ensure your LPC remains fit for the future, able to continue and sustain the effort to engage and influence on your behalf keeping pharmacy firmly in the picture everywhere. If any of you want to see what the LPC is about, you are welcome to join us at an LPC meeting - but with prior arrangement with myself to help manage the arrangements.

We will continue to keep in touch and update you in our normal way, through e-mails and telephone calls directly from me and through our cell structure and via Twitter as well as our newly developed web portal. We welcome any feedback you have

On behalf of the Executive of the LPC, I wish you and your team all the very best for the rest of this year

Rekha Shah

Rekha Shah, CEO

Kensington, Chelsea and Westminster LPC

Members (Current)

(Chief Executive Officer: Rekha Shah MRPharmS)

Yogin Patel MRPharmS

Independent Contractor

Chairman

Baywood Chemists

239 Westbourne Grove

London W11 2SE

ymp@talk21.com

Amish Patel MRPharmS

Independent Contractor

Vice Chair

Member of the Market Entry, PNA

and EPS & IM&T Sub-Groups

Stickland Chemist

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Independent Contractor

Treasurer and Chair of

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Member of the Market Entry and PNA Sub-Groups

Portmans Pharmacy

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anar.tejani@nhs.net

Beneeta Shah MRpharmS

Company Chemists Association

Finance & Audit Committee

Member of the Market Entry and PNA Sub-Groups

Pharmacy London Vaccn Group

Boots The Chemists

South Divisional Office

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Shiraz Mohammed

Independent Contractor

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Member of the Market Entry,

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Market Chemist

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Member of PNA Sub-Group

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Martin Brown MRPhamS

Company Chemists Association

Boots the Chemist Ltd.

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Ronak Patel MRPharmS

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Member of the PNA

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Apek Pharmacy

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KCW LPC Office:

Rekha Shah MRPharmS

Chief Executive Officer

Kensington Chelsea & Westminster LPC

Kcw.lpc@gmail.com / rekhashahkcwlp@aol.com

KCW LPC Meetings Attendance Record 2014 – 2015

2014/2015

LPC Member Name	Attendance from possible meetings apart from AGM
Yogin Patel	7 of 7
Amish Patel	6 of 7
Anar Tejani	5 of 7
Beneeta Shah	6 of 7
Martin Brown	4 of 7
Shiraz Mohammed	6.5 of 7
Priti Chohan	5.5 of 7
Ronak Patel	7 of 7

In Attendance:	
Rekha Shah CEO, KCW LPC	7 of 7
Stuart Brown	Admin – Minutes

**KENSINGTON, CHELSEA AND WESTMINSTER
LOCAL PHARMACEUTICAL COMMITTEE
FINANCIAL ACCOUNTS
FOR
31ST MARCH 2015**

AEQUITAS
Chartered Accountants
2 Admiral House
Cardinal Way
Harrow
Middlesex
HA3 5TE

KENSINGTON, CHELSEA AND WESTMINSTER LOCAL PHARMACEUTICAL COMMITTEE

INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF KCWLPC

YEAR ENDED 31ST MARCH 2015

To the members of the Kensington, Chelsea & Westminster Local Pharmaceutical Committee ('KCWLPC')

We have audited the financial statements which have been prepared under the accounting policies set out in Note 1.

This report is solely made to the members of the Committee. Our audit work has been undertaken so that we might state to the members those matters we are required to state to them in an auditor's report and for no other purposes.

To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the members as a body, for our audit work, for this report, or for the opinions we have formed.

Respective responsibilities of the KCWLPC and the auditors

The KCWLPC have decided to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the committee and of the income and expenditure of the committee for the period. In preparing those financial statements the KCWLPC members are required to:

- Select suitable accounting policies and then apply them consistently;
- Make judgements and estimates that are reasonable and prudent;
- State whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements; and
- Prepare the financial statements on a going concern basis unless it is inappropriate to presume that the committee will continue in operation.

The committee members are responsible for keeping proper accounting records which 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.

As described above, the committee members are responsible for the preparation of the financial statements in accordance with United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

It is our responsibility to audit the financial statement in accordance with relevant regulatory requirements and International Standards on Auditing (UK and Ireland).

It is also our responsibility to form an independent opinion, based on our audit, on those statements and to report our opinion to you.

KENSINGTON, CHELSEA AND WESTMINSTER LOCAL PHARMACEUTICAL COMMITTEE

INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF KCWLPC

YEAR ENDED 31ST MARCH 2015

Basis of opinion

We conducted our audit in accordance with International Standards of Auditing (UK and Ireland) issued by the Auditing Practices Board. An audit includes an examination, on a test basis, of evidence relevant to the amounts and disclosures in the financial statements. It also includes an assessment of the significant estimates of judgements made by the committee members in the preparation of the financial statements, and of whether the accounting policies are appropriate to the committee's circumstances, consistently applied and adequately disclosed.

We planned and performed our audit so as to obtain all the information and explanations which we considered necessary in order to provide us with sufficient evidence to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or other irregularity or error. In forming our opinion we also evaluated the overall adequacy of the presentation of the information in the financial statement.

Opinion

In our opinion the financial statements give a true and fair view of the state of the committee's affairs, in accordance with United Kingdom Generally Accepted Accounting Practice applicable to Smaller Entities, as at 31 March 2015 and of its income and expenditure for the year then ended have been properly prepared from the accounting records of the KCWLPC.



MR PANKAJ PATEL (Senior
Statutory Auditor)
For and on behalf of
Aequitas
Chartered Accountants

2 Admiral House
Cardinal Way
Harrow
Middlesex
HA3 5TE

8th July 2015

**KENSINGTON, CHELSEA AND WESTMINSTER LOCAL
PHARMACEUTICAL COMMITTEE**

INCOME AND EXPENDITURE ACCOUNT

YEAR ENDED 31ST MARCH 2015

	2015		2014	
	£	£	£	£
TURNOVER				
INCOME				
Statutory levies		120,000		114,171
Bank interest receivable		76		65
		<u>120,076</u>		<u>114,236</u>
EXPENDITURE				
PSNC levy	16,929		16,304	
London LPC Forum levies	3,325		1,769	
Salaries	54,059		53,440	
Employer national insurance contributions	4,362		6,138	
Insurance	-		26	
Travelling expense	1,613		1,044	
Conference, seminar and meeting expenses	3,805		4,096	
Telephone	1,208		1,364	
Clerical / Administration support cost	3,795		2,880	
Displacement cost	4,125		2,370	
Printing, stationery and postage	341		53	
Legal and professional fees	721		712	
Accountancy fees	750		690	
Audit fee	2,740		2,680	
Depreciation	878		569	
Bank charges	119		154	
Corporation tax charge	15		13	
		<u>98,785</u>		<u>94,302</u>
SURPLUS OF INCOME OVER EXPENDITURE		<u>21,291</u>		<u>19,934</u>

**KENSINGTON, CHELSEA AND WESTMINSTER LOCAL
PHARMACEUTICAL COMMITTEE**

BALANCE SHEET

31ST MARCH 2015

	2015		2014	
	£	£	£	£
FIXED ASSETS				
Tangible assets (Note 2)		2,637		1,706
CURRENT ASSETS				
Cash at bank	89,942		70,733	
CURRENT LIABILITIES (Note 4)	<u>8,521</u>		<u>9,672</u>	
NET CURRENT ASSETS		<u>81,421</u>		<u>61,061</u>
NET ASSETS		<u>84,058</u>		<u>62,767</u>
FINANCED BY:				
CAPITAL ACCOUNT (Note 5)		<u>84,058</u>		<u>62,767</u>

COMMITTEE'S APPROVAL OF FINANCIAL ACCOUNTS

We approve these financial accounts for the year ended 31st March 2015 set out on pages 3 to 6 and confirm that I have made available all relevant records and information for their preparation and give my authority for them to be submitted to HM Revenue and Customs.



MR YM PATEL
Chairman

8th July 2015

KENSINGTON, CHELSEA AND WESTMINSTER LOCAL PHARMACEUTICAL COMMITTEE

NOTES TO THE FINANCIAL ACCOUNTS

YEAR ENDED 31ST MARCH 2015

1. ACCOUNTING POLICIES

The financial accounts have been prepared under the historical cost convention, using the following Accounting policies:

Turnover

Income represents the amount of statutory and voluntary levies receivable from the Health Authority.

Depreciation

Depreciation is calculated so as to write off the cost of an asset, less its estimated residual value, over the useful economic life of that asset as follows:

Software Costs	- 25% reducing balance
Office Equipment	- 25% reducing balance

2. TANGIBLE FIXED ASSETS

	Software Costs £	Office Equipment £	Total £
COST			
At 1st April 2014	5,640	19,229	24,869
Additions	-	1,809	1,809
At 31st March 2015	<u>5,640</u>	<u>21,038</u>	<u>26,678</u>
DEPRECIATION			
At 1st April 2014	5,158	18,005	23,163
Charge for the year	120	758	878
At 31st March 2015	<u>5,278</u>	<u>18,763</u>	<u>24,041</u>
NET BOOK VALUE			
At 31st March 2015	<u>362</u>	<u>2,275</u>	<u>2,637</u>
At 31st March 2014	<u>482</u>	<u>1,224</u>	<u>1,706</u>

**KENSINGTON, CHELSEA AND WESTMINSTER LOCAL
PHARMACEUTICAL COMMITTEE**

NOTES TO THE FINANCIAL ACCOUNTS

YEAR ENDED 31ST MARCH 2015

3. CURRENT LIABILITIES

	2015	2014
	£	£
PAYE and social security	1,643	2,969
Other creditors	3,392	3,333
Accrued expenses	3,490	3,370
	<u>8,525</u>	<u>9,672</u>

4. CAPITAL ACCOUNT - KCWLPC

	2015	2014
	£	£
Balance brought forward	62,767	42,833
Net surplus for the year	21,291	19,934
Balance carried forward	<u>84,058</u>	<u>62,767</u>