



# Annual Report and Financial Statements 2024 - 2025

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# COMMUNITY PHARMACY DERBYSHIRE (LPC)

## 1. Officers 2024/25

The Committee shall be the “Derbyshire Local Pharmaceutical Committee” (as required by the NHS Act 2006) and known as ‘Community Pharmacy Derbyshire’



**David Evans, Chair**



**Andrea Smith, Vice-Chair**



**Darryl Dethick, Treasurer**



**Nick Hunter, Chief Officer**



**Amanda Alamanos, Engagement Lead**



**Chris Kerry, Services Implementation Manager**



**Alison Ellis, Business Support**



**Kirsten Atkinson,  
Communications Consultant,  
Priest & Co**

[Contacts – Derbyshire LPC  
\(cpderbyshire.org.uk\)](https://cpderbyshire.org.uk)

[About our employed officers –  
Community Pharmacy Derbyshire](#)

## 2. Welcome & Overview, David Evans, Chair

This past year has brought significant change, with new services commissioned through community pharmacy and additional funding secured to support their delivery. The long-awaited funding announcement for 2024/25 and 2025/26 was finalised in March 2025, marking the largest uplift in funding for community pharmacy across the entire NHS. While this was welcomed as a clear vote of confidence by national decision-makers, it fell short of delivering the long-term funding commitment the sector urgently needs.

Despite these financial injections, many contractors continue to operate at a loss and are being forced to make the extremely difficult decision to close premises. Community Pharmacy England has made it clear to Ministers that this funding represents only an initial step toward sustainability, and that further investment is essential. Importantly, the Government has now acknowledged the funding gap and committed to developing a sustainable model for community pharmacy. Community Pharmacy Derbyshire will continue to work with CPE to ensure that this commitment is realised.

Our committee continues to meet bi-monthly, with consistently full agendas. These meetings are regularly attended by colleagues from the ICB, LMC, LOC, and Healthwatch.

Following the resignation from committee of Beth Chamberlain in July 2024, we were pleased to welcome Justin Gilbody to the committee in September 2024. Justin, an IPA member representing Peak Pharmacy, has been a valuable addition, bringing a wealth of experience in independent pharmacy ownership, as well as service implementation and delivery. We would like to thank Beth for her time and support to committee during her tenure.

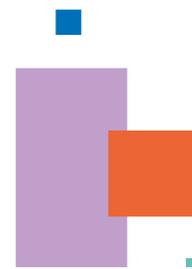
To support contractors and their teams, Community Pharmacy Derbyshire, in partnership with Community Pharmacy Nottinghamshire, hosted the “*Pharmacy First: One Year On – How to Continue to Improve*” event in March 2025. The event was well attended and featured sessions on Pharmacy First, otoscope training, clinical assessments for children, clinical notetaking (supported by CPPE), and social media and marketing guidance. We are planning another event on 14th September 2025, which will focus on PCS and HCFS. Further details will be shared with contractors shortly.

Through our Operations Team, we have strengthened collaboration with ICB colleagues and wider stakeholders. Community Pharmacy Derbyshire is now represented on several key boards, including the Sexual Health Alliance Board, Drug & Alcohol Related Deaths Board, Vaccination Operations Group, IPMO Leadership Board, and Pharmacy Cell. Our Engagement Lead also continues to serve as a voting member of the Derbyshire Health & Wellbeing Board, ensuring community pharmacy is represented in strategic decision-making.

Our Operations Team also successfully negotiated fee increases for supervised consumption, local authority staff flu vaccinations, and Emergency Hormonal Contraception (EHC). Following the national announcement regarding EHC, the team is now focused on ensuring that those allocated funds are reinvested into services that benefit community pharmacy. Discussions are underway, and updates will be shared with contractors through our monthly newsletter.

I would like to thank the Operations Team for their tireless work in providing clear, timely information, maintaining our website, and offering hands-on support to contractors.

In May 2025, I made the personal decision to step down from the role of Chair. I am delighted that Ben Eaton, IPA member for Dean & Smedley, was elected as my successor. Additionally, our Vice-Chair, Andrea Smith, also stepped down, with David Holmes, CCA representative for Boots, elected to the position. Andrea and I will continue to support the committee as members, serving on the Governance and Finance & Audit Subcommittees, respectively. I warmly welcome Ben and David to their new roles and look forward to supporting them in the year ahead.



## COMMUNITY PHARMACY DERBYSHIRE (LPC)

### 3. Report on our activities 2024/25 – Nick Hunter, Chief Officer

#### 3.1 Support

This year has been both challenging and rewarding. Following the announcement of Pharmacy First in November 2023, we reviewed our priorities for 2024/25 to focus on Pharmacy First, the Hypertension Case-Finding Service, and the Pharmacy Contraception Service.

To support contractors, we developed a tailored support plan using data provided by NHSE Midlands. Where this data indicated low activity or where pharmacies were struggling to meet service thresholds, we reached out to contractors via email and phone and offered in-person visits upon request. These visits have been largely positive and well received.

The national GP Collaborative Action saw a huge impact on the engagement between community pharmacy and general practice and a decrease in the referrals from general practice to Pharmacy First compared to referral levels we had seen under GPCPCS. Unfortunately, even following cessation of action, these referral levels are yet to recover to levels we would expect. Therefore, CPD has been using other means to highlight the services and make patients aware of what community pharmacy can deliver. During December 2024 through to March 2025, we ran the “*Love Your Local Pharmacy*” campaign, which included both digital and hard copy communications targeted at patients and caregivers.

We have also expanded our digital presence, with significant growth on our LinkedIn and Facebook platforms over the past 12 months. Our website continues to develop, and we distribute monthly newsletters to contractors to support them with key deadlines and information sharing.

In March 2025, we hosted the “*Pharmacy First: One Year On – How to Continue to Improve*” event, which saw exceptional attendance and even better feedback. We are planning additional events throughout 2025/26 to help contractors, and their teams meet the requirements of the CPCF.

To further support patients, we have launched our own [Pharmacy First Derbyshire](#) webpage, designed to improve public access to the full range of Pharmacy First services. This website will continue to evolve as the new NHS 10 Year Plan sees changes to how patients access services from community pharmacy.

We are always seeking input from contractors and pharmacy teams, and we welcome your feedback and views.

#### 3.2 Support for locally commissioned services

This year, we entered into formal discussions with all commissioners of locally commissioned services across Derby City and Derbyshire County. Despite ongoing economic challenges across the system, we were pleased to secure uplifts to supervised consumption services across both the City and County, as well as Emergency Hormonal Contraception (EHC) for County contractors.

In December 2024, we negotiated an increase to the payment for Derby City-employed staff administering influenza vaccines from £12 to £17 and secured NHS rates for County employees.

A dedicated working group is now in place to review the ongoing Palliative Care commissioned service. CPD will be advocating for fee increases and a simplification of the service agreement to better support contractors in delivering this essential care.

In March 2025, we wrote to contractors outlining the actions CPD had taken on their behalf in reviewing locally commissioned services. We also advised on steps they may wish to consider when deciding whether to continue providing certain services.

To further support transparency, we have added a new section to our website listing all current locally commissioned services, their commissioners, contact details, and contract renegotiation dates. [Derby-and-Derbyshire-County-Local-Services-Summary-updated-2025.pdf](#)

### 3.3 Relationships

We continue to maintain strong relationships with the ICB Medicines Optimisation and Primary Care Teams, including bi-monthly face-to-face meetings to discuss community pharmacy matters and ICB concerns. The standing invitation to all committee meetings for the LMC Medical Director has resulted in regular attendance, significantly strengthening the relationship between the LMC and LPC.

Toward the end of 2024, a regular meeting of all primary care providers was established to foster closer collaboration. This meeting now occurs monthly and brings together all four primary care provider groups to discuss shared issues and concerns. The ICB Director of Primary Care also attends, further supporting alignment across the system.

We have also welcomed a representative from the LOC as a regular attendee at our committee meetings. This has led to productive discussions on opportunities for closer collaboration, particularly around minor eye conditions and hypertension case finding. Our Engagement Lead is currently working with the LOC to scope a minor eye condition referral service, aimed at supporting the supply of products that would typically require a consultation with a GP or ophthalmologist.

Healthwatch Derbyshire continues to attend our bi-monthly committee meetings, providing valuable insight into the patient voice. Their involvement has been instrumental—particularly in the development of the Healthwatch Derbyshire *Pharmacy First* patient survey, which offered key insights and helped shape our communications strategy. Although there is a standing invitation to Healthwatch Derby City to attend committee meetings, they have not yet been able to take it up due to time constraints.

We also meet every six months with other LPCs across the Midlands to exchange ideas and collaborate, and we meet twice a year with CPE.

Looking ahead, national changes—including the abolition of NHSE and Healthwatch, evolving ICB functions, and the geographic expansion to include Nottingham City, Nottinghamshire County, and Lincolnshire—will bring both significant challenges and opportunities. CPD remains committed to working on your behalf to ensure that the voice of community pharmacy remains central throughout this period of major transformation.

### 3.4 Representation

We have representation across all workstreams supporting the pharmacy elements of ICB priorities. Additionally, we have strengthened our presence in the vaccinations and immunisations space in anticipation of the delegation of Section 7A Public Health services to ICBs and their increased commissioning flexibility.

Our Engagement Lead has been invited to chair a meeting with ICB colleagues focused specifically on developing support for community pharmacy in the delivery of vaccinations. She will be supported in this by our Chair, Ben Eaton. This group has been established to achieve greater parity with our

GP colleagues acknowledging the vital role community pharmacy plays in both the influenza and COVID-19 vaccination campaigns.

I continue to attend bi-weekly CLOT meetings on behalf of East Midlands LPCs with CPE, to report on issues affecting contractors in our region. We are also core members of the ICB IPMO Leadership Board, Pharmacy Cell, and Workforce Faculty.

As ICBs have taken on more responsibility for the commissioning of community pharmacy services, engagement with NHSE Midlands has naturally decreased. However, we continue to attend MaPCOG and the Midlands Pharmacy First Oversight Group regularly. These forums provide valuable opportunities to share information across the region and escalate issues to the national team where appropriate.

Going forward, our Engagement Lead will also attend LOC committee meetings to explore opportunities for improved collaboration and communication between providers.

### 3.5 The Future

The recent publication of the [\*“Fit for the Future: 10 Year Health Plan for England”\*](#) outlines an increasing role in the management of long-term conditions and delivery of vaccinations. It also commits to modernisation of dispensing and working to integrate community pharmacy into the Single Patient Record system which will be developed by the NHS.

The plan describes how pharmacy will ‘bring health to the heart of the high street’ through a new Neighbourhood Health Service. This will see community pharmacies supporting people to manage complex medication regimens, as well as providing treatment for obesity, high blood pressure and high cholesterol. They will also play a bigger role in prevention through screening services and vaccine delivery, including providing a catch-up service for the HPV vaccination.

To support the transformation, the Government has committed to engaging with the sector on modernising the approach to dispensing medicines and making better use of technology, including dispensing robots and hub and spoke models.

Changes to the Pharmacy First service announced in March 2025 saw a requirement from June to provide Pharmacy Contraception Service and the Hypertension Case Finding Service to be eligible to deliver the Pharmacy First elements of the service. Additionally, a requirement from October 2025, to deliver at least one Ambulatory Blood Pressure Monitoring (ABPM) provision per month and from March 2026 and a specified number of contraception consultations, including emergency contraception consultations.

From October 2025, subject to the implementation of necessary IT updates to community pharmacy clinical service systems, the Pharmacy Contraception Service will be expanded to include Emergency Hormonal Contraception (EHC). This development is expected to lead to the decommissioning of local services, resulting in a more streamlined and better-remunerated offering.

I appreciate that, for some contractors, these changes may be challenging to embrace while managing the day-to-day demands of running a pharmacy. However, adapting to these developments will require a review of the existing skill mix within teams and investment in developing staff to take on responsibilities they may not have previously held. CPD is here to support contractors through this transition and will be running further events and training sessions throughout the year to help pharmacy teams enhance their service delivery.

We are currently finalising our 2025–2027 Strategic Priorities, which will be shared with contractors via our newsletter and on our website. These priorities will be aligned with both national and local service delivery objectives, and we will work closely with our committee members to ensure a robust and achievable set of deliverables.

During 2024/25, we placed an increased focus on governance, supported by the appointment of Alison Ellis as Business Support. We implemented the new CPE governance documents, completed

conflict of interest declarations for all members, and established a shared document space on SharePoint for all LPC records. We continue to use Clyde & Co templates to support our HR processes. Additionally, we have introduced an annual review system for all policies and procedures to ensure ongoing compliance with current legislation.

We would like to thank our outgoing Chair, David Evans, who has stepped down in May 2025. We welcome our new Chair – Ben Eaton, IPA member representing Dean & Smedley.

We also thank Andrea Smith, who stepped down as Vice-Chair in May 2025. We welcome our new Vice-Chair, David Holmes, CCA member and representative for Boots.

Darryl Dethick continues in his role as Treasurer.

Please see our website for further details on our committee representation.

#### [Members – Community Pharmacy Derbyshire](#)

Thank you also to the CPD operations team for their often behind-the-scenes work, and to the Committee Members who generously volunteer their time. Together, we will continue to work closely with the ICB and all commissioners of community pharmacy services to represent and support contractors and their teams—ensuring a stronger, more sustainable future for community pharmacy across Derbyshire.

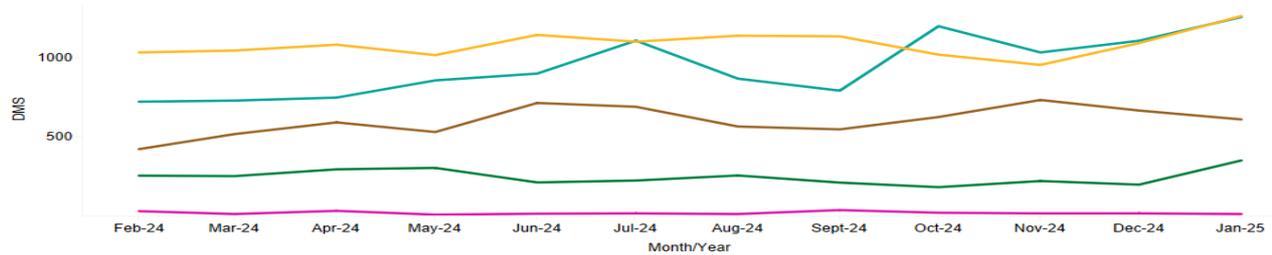
# COMMUNITY PHARMACY DERBYSHIRE (LPC)

## 4. Services Update

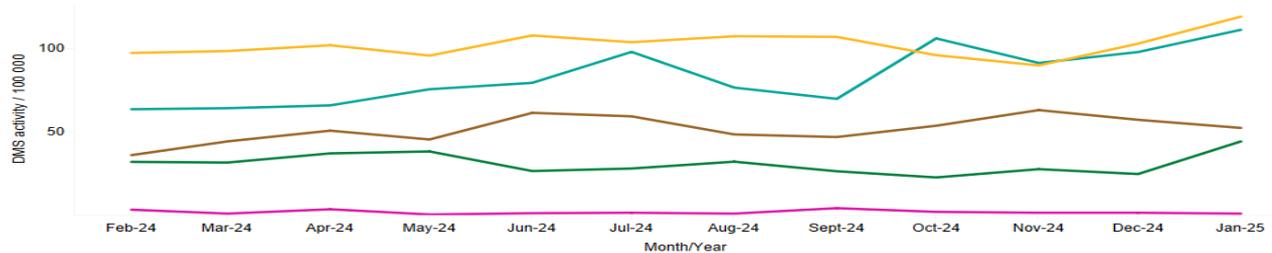
### 4.1 Discharge Medicine Service - DMS – Essential Service

Derbyshire continues to lead the East Midlands in both the volume of DMS referrals sent and those actioned. While there was a slight dip in referrals toward the end of 2024, levels recovered by the close of the 2024/25 financial year. Community Pharmacy Derbyshire remains committed to increasing referrals by advocating for regular meetings with the ICB and local Trusts. Chesterfield Royal Hospital continues to be the largest referrer to community pharmacies across Derbyshire.

DMS activity for active dispensing pharmacies within **East Midlands ICBs**

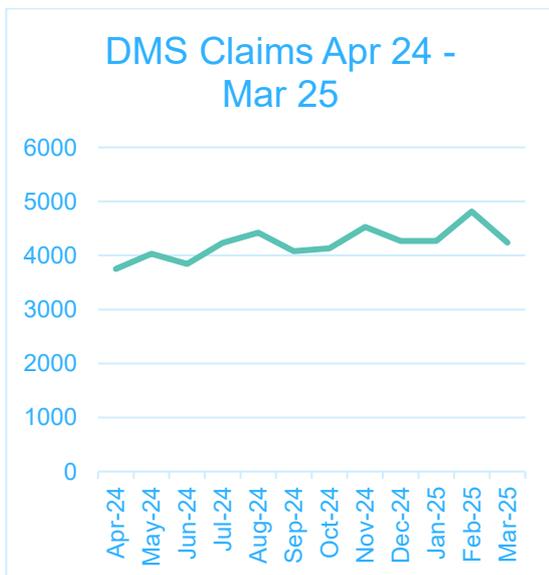


DMS activity / 100 000 population for active dispensing pharmacies within **East Midlands ICBs**



- ICB
- DERBY AND DERBYSHIRE
- LEICESTER, LEICESTERSHIRE AND RUTLAND
- LINCOLNSHIRE
- NORTHAMPTONSHIRE
- NOTTINGHAM AND NOTTINGHAMSHIRE

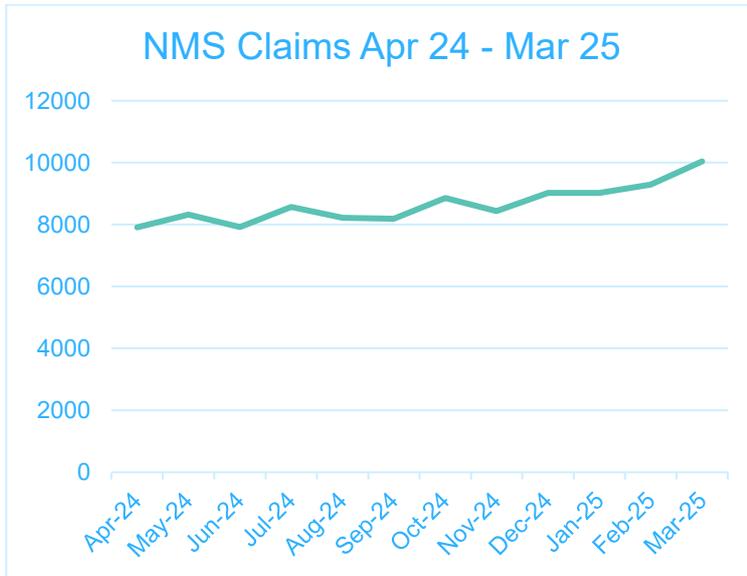
DMS Claims Apr 24 - Mar 25



Apr-24	3750
May-24	4031
Jun-24	3844
Jul-24	4229
Aug-24	4419
Sep-24	4076
Oct-24	4129
Nov-24	4528
Dec-24	4269
Jan-25	4268
Feb-25	4813
Mar-25	4240

## 4.2 New Medicine Service – NMS – Advanced Service

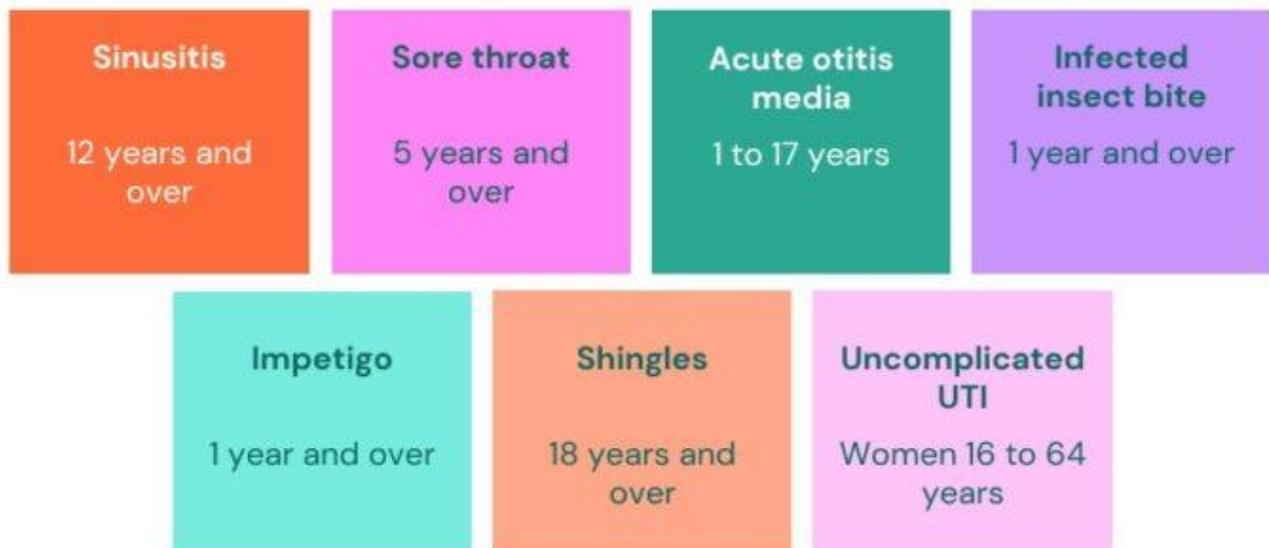
In 24/25 contractors claimed for 103,815 NMS provisions. Don't forget you can do these when a new medicine is started in hospital – particularly useful to add into DMS stage 1.



Apr-24	7913
May-24	8326
Jun-24	7917
Jul-24	8575
Aug-24	8217
Sep-24	8190
Oct-24	8861
Nov-24	8441
Dec-24	9022
Jan-25	9021
Feb-25	9289
Mar-25	10,043

## 4.3 Pharmacy First

February 2024 saw the introduction of the Pharmacy First Service, which incorporated the existing CPCS functions and added seven clinical pathways delivered under Patient Group Directions (PGDs). Four of these clinical conditions had previously been included in the NHSE Midlands Community Pharmacy Extended Care Services.

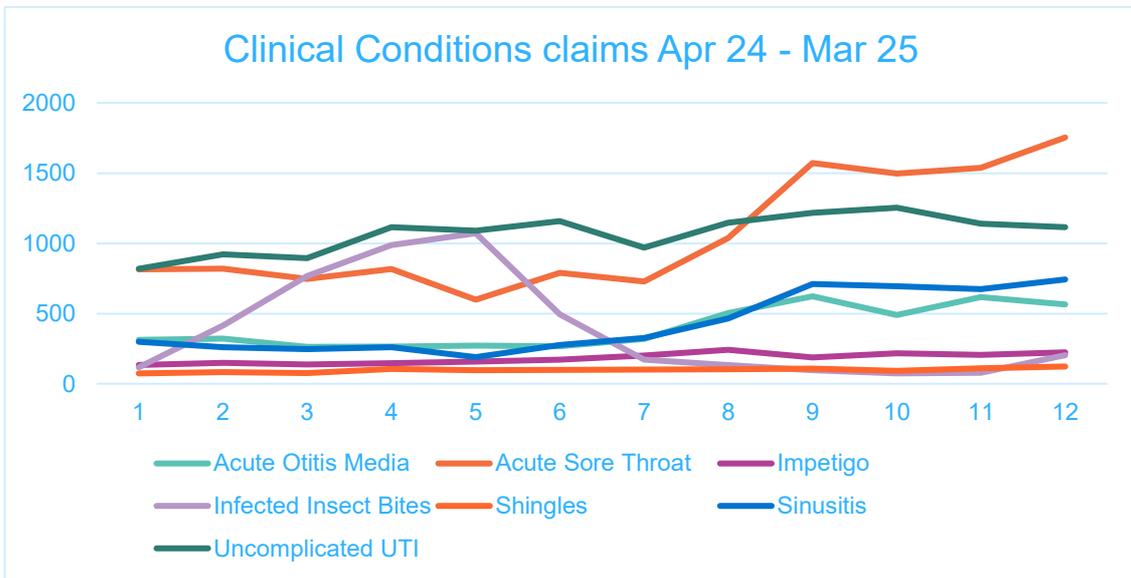


The implementation of the Pharmacy First Service was significantly impacted by the GP Collaborative Action, which began shortly after the service launched. As a result, several GP practices that had previously referred patients electronically to community pharmacy via GPCPCS reduced their referrals, with some stopping entirely.

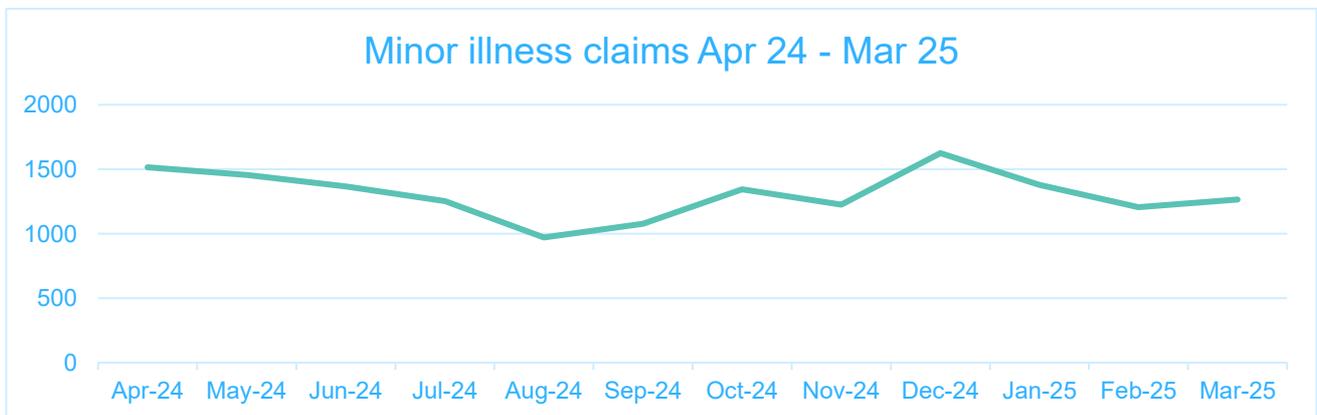
Community Pharmacy Derbyshire has dedicated substantial capacity to addressing this issue. Efforts have included ongoing discussions with the LMC, participation in meetings involving GP representatives, and close collaboration with ICB colleagues and newly appointed PCN Engagement Leads.

In parallel, CP Derbyshire has invested in patient-facing communications to raise awareness of the service and how to access it. The newly launched [Pharmacy First Derbyshire](#) website—developed by our Operations Team—is being actively promoted to stakeholders and the public through our established communication channels, including social media.

Increasing electronic referrals remains a top priority for the Committee in 2025/26.



	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Acute Otitis Media	312	321	263	264	272	268	319	504	623	490	617	564
Acute Sore Throat	814	819	746	818	599	789	728	1039	1573	1496	1537	1754
Impetigo	134	148	137	147	159	171	201	242	187	218	205	224
Infected Insect Bites	118	416	767	989	1072	494	171	133	96	74	79	203
Shingles	74	83	77	105	97	100	102	104	107	92	110	123
Sinusitis	300	260	246	261	190	277	327	465	710	694	675	743
Uncomplicated UTI	819	923	894	1116	1091	1159	970	1147	1218	1254	1141	1116
	<b>2571</b>	<b>2970</b>	<b>3130</b>	<b>3700</b>	<b>3480</b>	<b>3258</b>	<b>2818</b>	<b>3634</b>	<b>4514</b>	<b>4318</b>	<b>4364</b>	<b>4727</b>

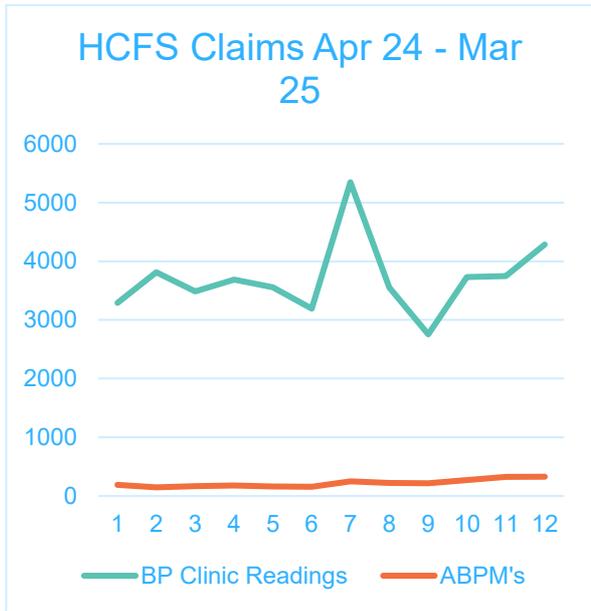


	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Minor illness referral	1516	1457	1366	1252	971	1076	1344	1226	1625	1379	1207	1265

#### 4.4 Hypertension Case Finding Service

In 2024/25, there were a total of 47,073 claims made under the service, including 4,445 blood pressure (BP) clinic readings and 2,628 ambulatory blood pressure monitoring (ABPM) services. BP clinic checks were delivered consistently throughout the year, with the usual peak occurring during the Autumn/Winter COVID-19 vaccination campaign.

ABPM delivery has shown steady month-on-month growth, with the conversion rate increasing from 5.77% in April 2024 to 7.77% by March 2025. We have focused on ensuring pharmacy teams understand when ABPM should be offered and on supporting improvements in overall service delivery.



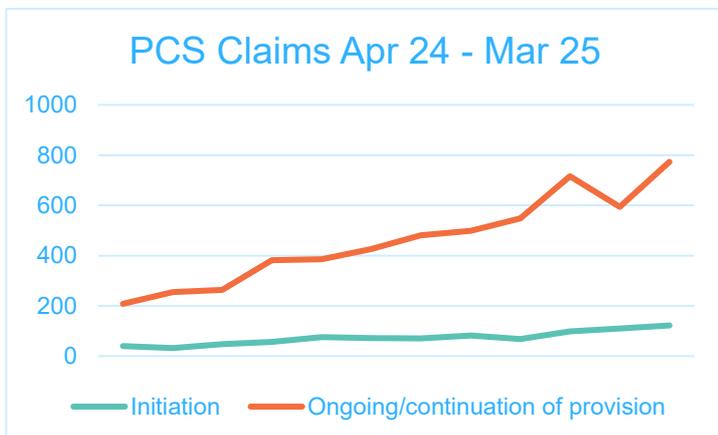
	BP Clinic Readings	ABPM's
Apr-24	3292	190
May-24	3811	148
Jun-24	3487	170
Jul-24	3687	177
Aug-24	3555	161
Sep-24	3194	159
Oct-24	5347	252
Nov-24	3553	223
Dec-24	2755	219
Jan-25	3732	272
Feb-25	3745	328
Mar-25	4287	329

#### 4.5 Pharmacy Contraception Service

The 2024/25 period saw an increase in the number of pharmacies signing up to and delivering the service. As expected, ongoing provision claims continue to significantly outnumber initiation claims. This is partly due to a lack of referrals from General Practice when patients request to initiate contraception, as well as limited awareness among patients and other sexual health services about the service and what it offers.

There were 876 initiation claims, and 5,530 ongoing provision claims made during 24/25.

Throughout 2024/25, we worked closely with our Sexual Health Public Health Leads within the Local Authorities to promote the service and inform patients about how to access it. We also engaged with School Nurse Leads and distributed communications to all schools across Derby City and Derbyshire County. Our Engagement Lead, who is a member of the Sexual Health Alliance, attends all associated meetings to ensure continued visibility and promotion of the service.



	Initiation	Ongoing provision
Apr-24	40	208
May-24	32	254
Jun-24	48	264
Jul-24	57	382
Aug-24	76	385
Sep-24	72	426
Oct-24	71	481
Nov-24	82	499
Dec-24	68	548
Jan-25	98	716
Feb-25	110	594
Mar-25	122	773

#### 4.6 Locally commissioned services

Local services for Drug User Services and Emergency Contraception continued to be commissioned for 2024-25 by Derby City and Derbyshire County Councils for their respective areas.

Details of these contracts and third-party subcontractors can be found on our website [Local Services – Community Pharmacy Derbyshire](#).

There were increases to the following services during 2024/25:

	Initial Fee	Fee following review
Supervised consumption (Derby City)	£2.30 per Methadone supervision £2.90 per Buprenorphine supervision	£2.70 per Methadone supervision £3.50 per Buprenorphine supervision
Supervised Consumption (Derbyshire County)	£1.50 per liquid supervision £2.50 per Sublingual Tablets supervision	£1.73 per liquid supervision £2.88 per Sublingual Tablets supervision
Emergency Hormonal Contraception (Derbyshire County)	£10.60 plus cost of drug	£15.30 plus cost of drug
Employed Staff Influenza Vaccination (Derby City)	£12.00 inc. of vaccine cost	£17.00 inc. of vaccine cost

The Take Home Naloxone Service was also commissioned by Derbyshire County Council, with support from Community Pharmacy Derbyshire from April 2024. The service includes a one-off establishment fee of £250 to support setup and training, along with a £13 fee per consultation. There are currently 18 accredited providers, and the Expression of Interest process remains open for new pharmacies wishing to sign up to the service.

The ICB has continued to contract pharmacies for Palliative Care, details are available on our website. [Palliative Care Service – Community Pharmacy Derbyshire](#)

## 5. Governance, structure and management 2025

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### 5.1 Responsibilities of Committee Members in finance report

### 5.2 Meetings of the Committee in 2024/25

- Tuesday 21<sup>st</sup> May 2024
- Thursday 4<sup>th</sup> July 2024
- Tuesday 17<sup>th</sup> September 2024 plus AGM
- Tuesday 19<sup>th</sup> November 2024
- Tuesday 21st January 2025
- Tuesday 18th March 2025

### 5.3 Governance Documentation

The Governance Framework 2024 and Code of Conduct 2024 can be found on the following link:

**[Constitution and Governance – Derbyshire LPC \(cpderbyshire.org.uk\)](https://cpderbyshire.org.uk)**

Details of CP Derbyshire Sub Committees are available on our website:

**[Finance & Audit Subcommittee – Community Pharmacy Derbyshire](#)**

**[Governance Sub Committee – Community Pharmacy Derbyshire](#)**

**[Communications Subcommittee – Community Pharmacy Derbyshire](#)**

Community Pharmacy Derbyshire (LPC)

## 6. FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2025

Auditors – Cooper Parry Limited



# COMMUNITY PHARMACY DERBYSHIRE (LPC)

## 6.1 Report of the Committee Members

Year ended 31 March 2025

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### 6.1.1 Principal Activities

Community Pharmacy Derbyshire is a Local Pharmaceutical Committee ("LPC") acting in the role of a local NHS representative organisation.

The strategy of the committee, around the four key pillars of Develop, Integrate, Communicate and Protect is built to ensure we continue to work with all other NHS organisations and bodies in the best interest of contractors and the public.

### 6.1.2 The Committee

Community Pharmacy Derbyshire (LPC) is an association whose functions and procedures are set out in our Constitution.

During the year ended 31 March 2025 Community Pharmacy Derbyshire (LPC) had 13 members on its main committee:

- David Evans, IPA (Chair)
- Andrea Smith, IPA (Vice Chair)
- Darryl Dethick, IPA (Treasurer)
- Ben Eaton, IPA
- Nitin Lakhani, Independent
- Matthew Hind, Independent
- Lindsey Fairbrother, Independent
- Yasir Pirmohamed, Independent
- David Holmes, CCA
- Bethan Chamberlain, CCA (resigned July 2024)
- Amanda Kelly, CCA
- Khuram Ahmad, CCA
- Justin Gilbody, IPA (joined September 2024)

Full details of these members can be found on the Community Pharmacy Derbyshire website

[www.cpderbyshire.org.uk/about-us/committee/](http://www.cpderbyshire.org.uk/about-us/committee/)

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

### 6.1.3 Overview

During the year, Community Pharmacy Derbyshire has continued to deliver its core functions of local representation on behalf of community pharmacy contractors.

A significant amount of work has been done by the committee with support from the established Operations Team, to ensure continued and ongoing support for contractors as they also navigate through the ongoing funding challenges and changes to the service delivery model.

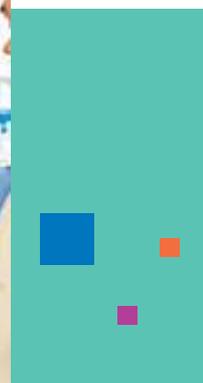
Funding provided by NHSE in previous years has now been fully committed in the employment of members of the operations team to support contractors in the implementation of these changes and to further drive collaboration and engagement with system colleagues.

We continue to lead and support contractors and are immensely proud of the service that community pharmacy provides to the public daily.

In prior years the Committee have held a significant level of reserves in the main bank accounts, and in line with CPE guidance we have been running down these reserves by giving levy holidays to contractors, the last of which was enacted towards the end of 2024.

Whilst the Profit and Loss account shows a significant deficit for the second year running, this is in line with the principal of reducing the reserves and is slightly ahead of the budget for the year. The Audit Committee meet a minimum of three times per year and ensure that the finances of the committee overall are sufficient to maintain the financial stability and ongoing viability of the committee.

The strategy of the committee, around the four key pillars of Develop, Integrate, Communicate and Protect remains strong to ensure we continue to work with all other NHS organisations and bodies in the best interest of contractors and the public.



This report was approved by the committee on the 15<sup>th</sup> of July 2025 and signed on its behalf by:

David Evans: Chair

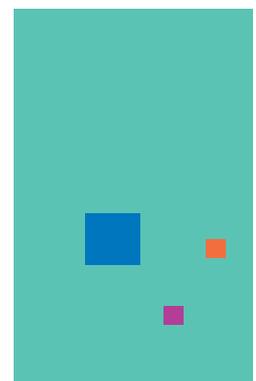
Signature: 

Date: 10/8/2025

Darryl Dethick: Treasurer

Signature: 

Date: 15/7/25



## 6.2 Statement of Committee Members' Responsibilities

Year ended 31 March 2025

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:

- select suitable accounting policies and then apply them consistently;
- make judgments and accounting estimates that are reasonable and prudent;
- 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.

## COMMUNITY PHARMACY DERBYSHIRE (LPC)

### 6.3 Income and Expenditure Account

Year ended 31 March 2025

<b>Profit and Loss Account for year ending 31<sup>st</sup> March 2024</b>	<b>Notes</b>	<b>2025 £</b>	<b>2024 £</b>
Turnover		150,255	209,748
Other Operating Income		-	-
Administrative Expenses		(199,155)	(252,787)
<b>Operating (deficit) / Surplus</b>		<b>(48,900)</b>	<b>(43,039)</b>
Interest Receivable		-	-
<b>(Deficit) / surplus on ordinary activities before taxation</b>		<b>(48,900)</b>	<b>(43,039)</b>
Tax on (deficit) / surplus on ordinary activities		-	-
<b>(Deficit) / surplus for the financial year</b>		<b>(48,900)</b>	<b>(43,039)</b>

# COMMUNITY PHARMACY DERBYSHIRE (LPC)

## 6.4 Balance Sheet

Year ended 31 March 2025

	Notes	2025 £	2024 £
<b>Fixed assets</b>			
- Tangible Assets		-	-
<b>Current Assets</b>			
- Debtors		-	-
- Cash at bank and in hand		251,355	303,045
<b>Creditors: amounts falling due within one year</b>		<b>(99,523)</b>	<b>(124,339)</b>
<b>Net current assets</b>		<b>151,832</b>	<b>178,706</b>
<b>Net assets</b>		<b>151,832</b>	<b>178,706</b>
<b>Reserves</b>			
- Profit and Loss account		151,832	178,706
<b>General Fund</b>		<b>151,832</b>	<b>178,706</b>

## 6.5 Notes to the Financial Statements

Year ended 31 March 2025

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### 6.5.1 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:

### 6.5.2 Income and Expenditure

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

### 6.5.3 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.

### 6.5.4 Depreciation

Depreciation is calculated on a reducing balance basis on furniture and fittings, computer and office equipment, and motor vehicles at the following rates:

Furniture and Fittings	- 25%
Computer and Office Equipment	- 25%



### **6.5.5 Taxation**

Any surplus arising from the activities of Community Pharmacy Derbyshire (LPC) on its non-mutual activities is subject to corporation at 19%.

### **6.5.6 Pension Costs**

The amounts paid during the year are charged to the income and expenditure account.

### **6.5.7 Operating Leases**

Rentals in respect of operating leases are charged to the income and expenditure account as incurred.

### **6.5.8 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.

### **6.5.9 Investments**

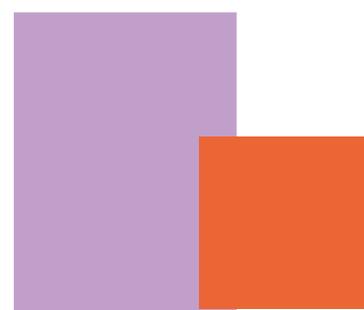
Investments are initially recognised at cost and are subsequently shown at market value with any changes being reflected in the Income and Expenditure account. Investments are treated as fixed assets as it is the intention of the committee to hold these as long term assets.

### **6.5.10 Debtors and creditors**

Basic financial assets and liabilities, including trade debtors, other debtors and other creditors, are initially recognised at transaction price, unless the arrangement constitutes a financing transaction, where the transaction is measured at the present value of the future receipts discounted at a market rate of interest. Such assets and liabilities are subsequently carried at amortised cost using the effective interest method, less any impairment.

### **6.5.11 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.



## 6.6 Independent Auditor's Report

Year ended 31 March 2025

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

### 6.6.1 Opinions on other matters

In our opinion, based on the work undertaken in the course of the audit:

- the information given in the Report of the Committee Members for the financial year for which the financial statements are prepared is consistent with the financial statements.

### 6.6.2 Matters on which we are required to report on by exception

In the light of the knowledge and understanding of DERBYSHIRE LPC and its environment obtained in the course of the audit, we have not identified material misstatements in the Report of the Committee Members.

We have nothing to report in respect of the following matters if, in our opinion:

- adequate accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or
- the financial statements are not in agreement with the accounting records and returns; or
- we have not received all the information and explanations we require for our audit.

### 6.6.3 Responsibilities of members

As explained more fully in the Statement of Committee members' responsibilities set out on page three, the members are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the members determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the members are responsible for assessing the committee's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the members either intend to liquidate the committee or to cease operations, or have no realistic alternative but to do so.



## 6.7 Summary of Attendance and Expenses

MEMBER	CATEGORY	21.05.24	04.07.24	17.09.24	19.11.24	21.01.25	18.03.25	Total Expenses Paid
David Evans (DE) Chair	IPA	A	✓	✓ Part	A	A	✓ Part	£3335.37
Andrea Smith (AS) Vice-Chair	IPA	✓	A	✓	✓	✓	✓	£1122.90
Darryl Dethick (DD) Treasurer	IPA	✓	✓	✓	✓	✓	✓	£2734.20
Ben Eaton (BE)	IPA	✓	✓	✓	✓	A	✓	£1161.00
Justin Gilbody (JG)	IPA	✘	✘	✓	✓	✓	✓	£756.00
Nitin Lakhani (NL)	Independent	✓	✓	✓	✓	✓	✓	£1746.00
Matthew Hind (MH)	Independent	A	✓	A	✓	✓	✓	£1558.80
Lindsey Fairbrother (LF)	Independent	✓	✓	✓ Part	✓	A Agenda item only	✓	£2355.70
Yasir Pirmohamed (YP)	Independent	✓	✓	✓	✓	✓	✓	£2265.00
David Holmes (DH)	CCA	✓	A	✓ Part	✓	✓	✓	£1147.50
Bethan Chamberlain (BC)	CCA	✓	✓ Part	✘	✘	✘	✘	£625
Amanda Kelly (AK)	CCA	✓	✓	✓ Part	✓	✓	✓	£1007.40
Khuram Ahmad (KA)	CCA	✓	A	A	✓	✓	A	£645.00
Nick Hunter (NH), Chief Officer	Officer	✓	✓	✓	✓	✓	✓	
Amanda Alamanos (AA) Engagement Lead	Officer	✓	✓	✓	✓	✓	✓	
Chris Kerry (CK) Services Lead	Officer	✓	A	✓	✓	✓	✓	
Alison Ellis (AE) Business Support Officer	Minutes	✓	✓	✓	✓	✓	✓	

✓ = Attended A = Apologies ✘ = Not Part of Committee at Time of Meeting

## 6.8 Detailed Profit & Loss Account

For the year ended 31 March 2025

	2025 £	2024 £
<b>Income</b>		
NHSBSA Contractor	150,255	129,132
PharmOutcomes	-	(1)
GPCPCS Income net of spend	-	9,469
Grant Release	-	71,148
	<u>150,255</u>	<u>209,748</u>
<b>Administrative expenses</b>		
<b>Staff Costs</b>		
Wages and salaries	59,670	104,676
Employer's NI	5,306	8,713
Pensions	1,265	1,182
Locum Fees & Expenses	17,999	15,131
Admin assistance	543	
HR Services	612	
	<u>85,395</u>	<u>129,702</u>
<b>General administrative expenses:</b>		
Telephone and internet	180	240
Postage	9	3
Stationery and printing	-	36
Insurance	500	500
Software	812	32,984
Travel and subsistence	-	5,204
Sundry expenses	29	406
	<u>1,530</u>	<u>39,373</u>
<b>Legal and professional costs:</b>		
Accountancy fees	504	1,045
Professional Fees	9,074	-
Bank charges	4	60
Solicitors fees	-	40
Advertising and PR	10,578	10,932
	<u>20,160</u>	<u>12,077</u>
<b>Meeting costs</b>		
Refreshments	642	3,897
Room Hire for Meetings	2,445	-
Travel & Subsistence	3,765	-
	<u>6,852</u>	<u>3,897</u>
<b>Levies &amp; licences</b>		
PSNC Levy	85,218	67,738
	<u>85,218</u>	<u>67,738</u>
	<u>(48,900)</u>	<u>(43,039)</u>



## Community Pharmacy Derbyshire Contact Details

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Facebook

<https://www.facebook.com/people/Community-Pharmacy-Derbyshire/>



[twitter.com/@ComPharmDerbys](https://twitter.com/ComPharmDerbys)



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