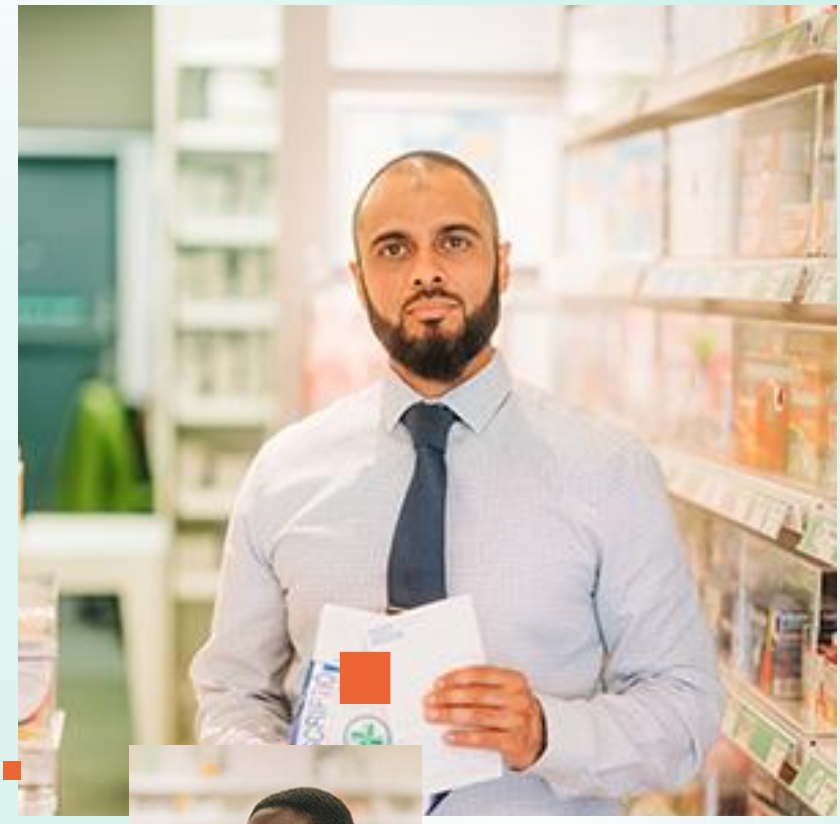
Community Pharmacy Derbyshire



Annual Report and Financial Statements

2025 - 2026

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COMMUNITY PHARMACY DERBYSHIRE (LPC)

1. Officers 2025-26

Ben Eaton, Chair

David Holmes, Vice-Chair

Darryl Dethick, Treasurer

Nick Hunter, Chief Officer

Amanda Alamanos, Deputy Chief Officer

Chris Kerry, Services Implementation Manager (retired December 2025)

Alison Ellis, Business Support

Kirsten Atkinson, Communications Consultant, Priest & Co

[Contacts – Derbyshire LPC (cpderbyshire.org.uk)]

[About our employed officers – Community Pharmacy Derbyshire]

The Committee shall be the "Derbyshire Local Pharmaceutical Committee" (as required by the NHS Act 2006) and known as 'Community Pharmacy Derbyshire'.

Welcome and Overview

Ben Eaton

Chair, Community Pharmacy Derbyshire

It gives me great pleasure to welcome you to the Community Pharmacy Derbyshire Annual Report for 2025–26.

This has been a year of profound change for community pharmacy—one that has tested our resilience, sharpened our purpose, and demonstrated once again the essential role our sector plays in the health and wellbeing of the people of Derbyshire.

Across the system, the pace of transformation has accelerated. Contractors have continued to navigate the realities of a challenging funding environment, the evolution of the national contractual framework, and the shift toward more clinically focused service delivery. Yet despite these pressures, community pharmacies across Derbyshire have stepped forward with professionalism, innovation and unwavering commitment to patient care.

The expansion of clinical services—particularly the continued growth of Pharmacy First—has reshaped how the public access same-day care. Pharmacies have become even more embedded in neighbourhood models, working alongside GPs, PCNs, VCSE partners and wider system colleagues to support prevention, urgent care, medicines optimisation and long-term condition management. This year has also seen the full impact of NHSE-funded roles within our Operations Team, enabling us to provide hands-on support to contractors as they implement new services and adapt to changing expectations.

As a committee, we have remained focused on our four strategic pillars: **Develop, Integrate, Communicate and Protect**. These principles have guided our work—whether strengthening relationships across the system, supporting contractors through service changes, or ensuring that the voice of community pharmacy is heard clearly and consistently at every level of local decision-making.

I want to extend my sincere thanks to our committee members, our Operations Team, and every contractor and pharmacy team across Derbyshire. Your dedication, adaptability and leadership have been the driving force behind everything we have achieved this year.

As we look ahead, the landscape will continue to evolve—but so will we. Community pharmacy has never been more vital to the NHS, and together we will continue to champion our sector, strengthen our partnerships, and ensure that pharmacies across Derbyshire are supported to thrive.

Thank you for your continued commitment and for the exceptional care you provide every day.

3. Report on our Activities

Nick Hunter
Chief Officer

3.1 Support

2025–26 has been a year of consolidation, adaptation, and renewed ambition for Community Pharmacy Derbyshire (CPD). Building on the foundations laid during the rollout of Pharmacy First, we have continued to prioritise the Pharmacy First service, the Hypertension Case-Finding Service, and the Pharmacy Contraception Service, ensuring contractors are supported to meet evolving national requirements.

2025-26 has seen significant developments in nationally commissioned services, particularly Pharmacy First, the NHS Pharmacy Contraception Service and the Hypertension Case-Finding Service. This was brought into sharper focus at the end of March 2025, when the agreement on the Community Pharmacy Contractual Framework (CPCF) funding settlement was announced, including further changes to these services during 2025-26.

Using NHSE Midlands data, we refined our targeted support model for 2025–26. Pharmacies demonstrating lower activity or struggling to meet thresholds continued to receive personalised outreach, including email, phone support, and in-person visits when required or requested.

During 2025-26, we developed our vision and mission statements for community pharmacy in Derbyshire. These were created in collaboration with committee members to ensure that all interests and priorities of community pharmacy were represented. These are subject to continuous review, especially in light of the ongoing changes within NHS structures. Our vision and mission statement is available on our website Community Pharmacy Derbyshire Vision & Mission Statement – Community Pharmacy Derbyshire

3.2 Support for Locally Commissioned Services

Throughout 2025–26, CPD has continued to work closely with commissioners across Derby City and Derbyshire County to secure sustainable funding for locally commissioned services. During the previous year, uplifts were secured for supervised consumption services and Emergency Hormonal Contraception (EHC), alongside an increase in influenza vaccination payments for Derby City-employed staff.

A dedicated working group remains in place to review the Palliative Care commissioned service. CPD continues to advocate for fee increases, simplified service specifications, and improved operational clarity to support contractors delivering this essential provision.

To enhance transparency and contractor awareness, CPD has expanded its website to include a comprehensive directory of locally commissioned services, commissioner contacts, and contract renegotiation timelines.

As national service changes—particularly the expansion of the Pharmacy Contraception Service to include EHC—begin to reshape local commissioning, CPD will continue to support contractors in evaluating service viability and navigating transitions.

3.3 Relationships

Engagement with the ICB has seen a mixed picture over the past 12 months; this progressed well until the announcement of changes to ICB structures meant that a significant number of individuals in the ICB were likely to leave as part of the "cluster" with Nottinghamshire & Lincolnshire, ahead of the full merger of the two bodies in 2027. We did however continue to maintain strong relationships with the ICB through our Community Pharmacy Clinical Lead and Pharmacy Integration Lead. Through their support we saw the implementation of the Independent Prescribing Pathway in four pharmacies across Derbyshire, and though the national programme came to an end in December 2025, the ICB continued to provide financial support to those pharmacies until the end of March 2026.

Through attendance at multiple vaccination and immunisations meetings and more importantly Vaccinations and Immunizations Board, our Deputy Chief Officer has been able to expand further our relationship with the team responsible. This subsequently led to multiple EOI's to community pharmacy to deliver housebound and care home Covid 19 vaccinations in both the Autumn/Winter 2025-26 and Spring/Summer 2025-26 campaigns.

CP Derbyshire continued to work with our local authorities over the Autumn/Winter 25-26 period in agreeing mechanisms for flu vaccinations to critical staff. This arrangement will continue for 26-27.

During 2025-26 we have continued with our monthly provider-led meeting involving the GP Provider Board, LMC, LOC, and LDC. The purpose of this forum is to discuss issues affecting primary care more broadly and to ensure a coordinated and consistent approach moving forward.

In addition, the continuing standing invitation extended to the LMC to attend all Committee meetings has resulted in regular attendance, significantly strengthening the relationship between the LMC and LPC.

Healthwatch Derbyshire continues to provide valuable patient insight through regular attendance at CPD committee meetings. Their Pharmacy First patient survey has informed CPD's communications strategy and strengthened the patient voice within service development. Additionally, we welcomed the attendance of Healthwatch Derby during 2025-26 at our committee meetings and have welcomed their insights into the patient experience of community pharmacy across the city.

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

During 2025-26 CPD continues to represent contractors across all ICB workstreams, with strengthened involvement in vaccinations and immunisations ahead of the delegation of Section 7A Public Health services.

CPD remains an active member of the ICB IPMO Leadership Board, Pharmacy Cell, Workforce Faculty, and continued to attend MaPCOG and the Midlands Pharmacy First Oversight Group, ensuring Derbyshire contractors' concerns are raised at regional and national levels during 2025-26. Unfortunately, due to changes within the NHS structures, MaPCOG was stood down at the end of the financial year.

Our Deputy Chief Officer was a member of the PNA Steering Group during 2025-26 which led to the publication of the PNA for Derby City and Derbyshire County in September 2025.

Our officers have continued to represent community pharmacy and ensure its voice is heard in the following ICB groups and boards:

- *Seasonal vaccinations subgroup*
- *Medicines Optimisation and Primary Care Meeting*
- *Vaccinations and Immunisations Delivery Board*
- *Midlands Regional Pharmacy First Oversight Group*
- *JUCD IPMO Leadership & Programme Board*
- *Pharmacy Cell*
- *Pharmacy First Task & Finish Group*
- *CPD/ICB Primary Care & Pharmacy Directorate*
- *Derbyshire System Routine & Selective Vaccination Programme Subgroup*
- *EOL Medicines Working Group*
- *Sexual Health Alliance*
- *Young Person Sexual Health Alliance*
- *PNA Steering Group*
- *MaPCOG*
- *Derbyshire Health & Wellbeing Board*
- *DMS Meeting*
- *EM Pharmacy Stakeholders Meeting*
- *EM LPC Exec Meeting*
- *Derbyshire Primary Care Providers Meeting*
- *Pharmacy Workforce Faculty*
- *Derby City Prescribing Group*
- *Derbyshire County Prescribing Group*

With each of the above meetings/groups the aim is to ensure community pharmacy integration and engagement, work together to seek solutions to identified problems, and provide the opportunity to identify opportunities for commissioning of services or further develop existing ones, and/or in ensuring effective and efficient communications on issues which are relevant to community pharmacy operations.

Community Pharmacy England and Regional LPC Group

Your officers and members regularly engage with CPE through both central officers and the East & North Midlands Regional Representative (which was Lindsey Fairbrother until 31st March), who regularly attended committee meetings as part of this role. CPE hosted a series of "regional roadshows" for the first time in 2025, providing a forum for LPC chairs and officers in an afternoon session, and inviting contractors from across the region to the evening event.

The main regular communications channel between all LPCs and CPE is the fortnightly meeting known as CLOT (CPE & LPC Operations Team) where there are regular agenda items such as

communications and regulatory updates, and LPCs can raise items to be discussed at this forum through the regional attendee, who in our case is myself. Meeting notes and feedback are provided to all LPCs after each meeting, and this has proved to be a particularly useful forum and means of communication alongside full regional meetings.

3.5 The Future

As previously noted, the national restructuring of NHS England continues to reshape the commissioning landscape. While the full implications of the clustering arrangements between Derbyshire, Nottinghamshire, and Lincolnshire are still emerging, direction of travel is clearly towards greater integration across the wider geography.

This is likely to present challenges, particularly given the reduced workforce capacity at cluster ICB level and the size, diversity, and complexity of the new Derbyshire, Lincolnshire, and Nottinghamshire (DLN) footprint.

In anticipation of these changes, CP Derbyshire, through my role as Chief Officer across both Derbyshire and Nottinghamshire, has already established links with our LPC colleagues in Lincolnshire. We have begun working collaboratively to provide strategic oversight and strengthen alignment across the emerging DLN footprint.

National policy continues to emphasise the transition towards neighbourhood-based health delivery, underpinned by the Government's "three left shifts":

- Analogue to digital
- Hospital to community
- Treatment to prevention

Community pharmacy is uniquely placed to support all three. Our network of Derbyshire contractors represents a highly accessible, trusted, and skilled asset at the heart of local communities.

The Committee remains focused on creating the conditions for a strong, sustainable, and clinically ambitious community pharmacy sector across the area.

A key priority will be helping contractors make the most of the opportunities available through commissioned services, ensuring they are well placed to maximise income streams and support the long-term viability of their businesses.

We will also continue to strengthen our relationships across the wider health and care system. Emphasis will be placed on developing meaningful engagement with General Practice, the LMC, Primary Care Networks, Neighbourhood Teams, local MPs, and other influential stakeholders who can help champion the role of community pharmacy.

Ensuring that community pharmacy services are accessible and deliver value for all contractors remains central to our work. We will continue to advocate for fair and equitable access to referral-based services and support contractors in making the most of these opportunities.

The evolution of the pharmacy workforce presents significant opportunities for the sector. Although the 2026/27 CPCF settlement fell short of the level of independent prescribing ambition that many in the sector had expected, it nevertheless represents a significant milestone and provides a platform from which community pharmacy can begin to embed and expand prescribing activity in the years ahead.

We will continue to support contractors in adapting to the expanding role of registered pharmacy technicians, including the use of Patient Group Directions (PGDs) and delegated supervisory responsibilities, helping to release pharmacist capacity for more patient-facing clinical care.

Collaboration across the wider NHS will remain a priority. We will continue to work closely with the ICB, NHS Trusts, and pharmacy colleagues across primary, secondary, and community care to strengthen integration and maximise the contribution of community pharmacy across the expanded ICB cluster footprint.

At the same time, we will ensure that the Committee continues to evolve alongside changing NHS structures, providing effective leadership, representation, and advocacy on behalf of contractors.

Whether through visits to pharmacies, attendance at events, or conversations with contractors and their teams, it is clear how much the information, guidance, and support provided by the Committee are valued. We are grateful for the confidence placed in us and remain committed to supporting community pharmacy throughout the year ahead and beyond.

4. Service Data 2025-26

Amanda Alamanos

Deputy Chief Officer

NHS Discharge Medicines Service (DMS)

	Stage 1	Stage 2	Stage 3	Complete Services	Incomplete Services	Unique CP's	Fee Total
Apr 25	1,160	864	728	693	470	124	£32,160
May 25	1,165	880	749	716	452	111	£32,648
Jun 25	1,178	873	685	654	524	108	£31,959
Jul 25	2,298	1,552	1,228	1,190	1,108	111	£59,384
Aug 25	2,392	1,732	1,508	1,462	932	114	£65,852
Sep 25	1,017	716	594	578	440	106	£27,208
Oct 25	930	611	544	505	425	98	£24,959
Nov 25	1,048	771	620	601	462	113	£28,860
Dec 25	1,146	836	665	617	532	121	£30,928
Jan 26	1,025	751	617	588	438	111	£27,965
Feb 26	1,186	887	721	697	430	119	£32,641
Mar 26	1,130	789	660	613	522	116	£30,159

NMS

Month	No of Contractors	NMS Claims
Apr 25	192	17,311
May 25	192	16,691
Jun 25	193	17,788
Jul 25	193	19,757
Aug 25	193	17,330

Sep 25	193	17,730
Oct 25	193	19,693
Nov 25	192	18,906
Dec 25	192	21,686
Jan 26	193	20,971
Feb 26	194	21,573
Mar 26	194	23,472

NHS Pharmacy First Service

	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Clinical pathways consultation	4390	4293	5096	6049	4654	4654	5399	5521	7014	5860	5997	6152
Minor illness referral	1055	1031	1068	1066	914	1260	1832	1737	2046	1797	1674	1865
Urgent medicine supply	2535	2577	1967	2152	2662	2168	2147	2252	2545	2266	1899	2062
Grand Total	**7980**	**7901**	**8131**	**9267**	**8230**	**8082**	**9378**	**9510**	**11605**	**9923**	**9570**	**10079**

Total activity across all three service areas shows a steady upward trajectory, rising from 7,980 in April 2025 to 10,079 in March 2026. The peak month was December 2025 (11,605), driven by winter pressures and increased demand for clinical pathways and minor illness support.

Key message: Demand for community pharmacy clinical services is growing, with winter months showing the strongest uplift.

Clinical pathways activity is the largest component of total activity and shows:

- A strong rise from 4,390 (Apr) to 6,152 (Mar)
- A winter peak of 7,014 in December
- A stable baseline above 5,000 per month from October onwards

Pharmacy First clinical pathways are now well-embedded, with sustained demand and clear seasonal variation. The service is consistently delivering high volumes and remains the main driver of overall activity.

Clinical pathways threshold payments

- £500 for those providing 20-29 Clinical pathways consultations within a month; and
- £1000 for those pharmacies that provide 30 or more Clinical pathways consultations within a month.

	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Met £1000	71	101	68	67	83	96	123	103	107	104
Partially Met £500)	46	37	46	48	47	39	26	43	33	34
Not Met	74	55	80	71	55	59	45	47	53	55

Threshold achievement was variable across the year, with full achievement improving in the second half of the year. The number of pharmacies meeting the £1,000 threshold peaked in December 2025 (40) and remained high through January to March 2026.

NHS Hypertension Case Finding Service

	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
ABPM	369	355	355	407	353	410	471	470	415	492	517	536
BP	5912	4644	4570	4916	4270	4793	7197	4575	3690	4452	4539	4609
Total	**6281**	**4999**	**4925**	**5323**	**4623**	**5203**	**7668**	**5045**	**4105**	**4944**	**5056**	**5145**

Total hypertension-related activity showed a strong start in April 2025 followed by a mid-year dip, peaking in October 2025, predominantly due to Covid 19 vaccinations commencing, then subsequently reaching the lowest point in December 2025.

There was however a steady recovery into early 2026, ending at 5,145 in March 2026.

The data appears to indicate that the service is now well-established, but activity fluctuates seasonally, with predictable winter dips and early-year recovery.

Pleasingly, ABPM activity showed a consistent upward trend during 2025-26 with only minor dips over the winter months.

This indicates that ABPM delivery is becoming more stable, reliable, and increasing. However, the data does still show that a large proportion of the ABPM's being undertaken are by a smaller proportion of contractors which has been a consistent issue and remains so into 2026-27.

NHS Pharmacy Contraception Service

	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Initiation	122	160	142	148	155	177	157	188	205	220	215	238
Ongoing/Continuation of Provision	969	1124	1106	1350	1336	1494	1549	1511	1737	1684	1410	1537
Total	**1091**	**1284**	**1248**	**1498**	**1491**	**1671**	**1706**	**1699**	**1942**	**1904**	**1625**	**1775**

The NHS Pharmacy Contraception Service activity remained stable during 2025–26, with ongoing supply accounting for most of the activity throughout the year. Total activity peaked in December 2025, with sustained levels seen through to January 2026, while initiation activity remained lower but broadly consistent, indicating that the service is being utilised predominantly to support continuity of care.

From 29th October 2025, the service was revised to include the addition of oral emergency contraception (EC), provision by pharmacy technicians and the addition of Drospirenone to the progestogen only pill list.

Oral Emergency Contraception	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
	43	605	850	779	763	840

Activity commenced strongly and has continued to increase, demonstrating a clear demand for this national service. Feedback from both stakeholders and patients has been overwhelmingly positive, highlighting the value of the service and its contribution to improving access to care.

5. Governance, structure and management 2026

5.1 Responsibilities of Committee Members in finance report

5.2 Meetings of the Committee in 2025/26

- Tuesday 20th May 2025
- Thursday 15th July 2025
- Sunday 14th September 2025 AGM
- Tuesday 16th September 2025
- Thursday 20th November 2025
- Tuesday 20th January 2026
- Tuesday 17th March 2026

5.3 Governance Documentation

The Governance Framework 2024 and Code of Conduct 2025 can be found on the following link:

Constitution and Governance – Derbyshire LPC (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 2026

Auditors – Cooper Parry Limited

COMMUNITY PHARMACY DERBYSHIRE (LPC)

6.1 Report of the Committee Members

Year ended 31 March 2026

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 12 members on its main committee:

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

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

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 14th of July 2026 and signed on its behalf by:

Ben Eaton: Chair

Signature:

Date:

Darryl Dethick: Treasurer

Signature:

Date:

COMMUNITY PHARMACY DERBYSHIRE (LPC)

6.2 Statement of Committee Members' Responsibilities

Year ended 31 March 2026

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.

6.3 Income and Expenditure Account

Year ended 31 March 2026

Profit and Loss Account for year ending 31st March 2026	Notes	2026 £	2025 £
Turnover		236,739	150,255
Other Operating Income		-	-
Administrative Expenses		(206,742)	(199,155)
Operating (deficit) / Surplus		**29,997**	**(48,900)**
Interest Receivable		-	-
(Deficit) / surplus on ordinary activities before taxation		**29,997**	**(48,900)**
Tax on (deficit) / surplus on ordinary activities		-	-
(Deficit) / surplus for the financial year		**29,997**	**(48,900)**

COMMUNITY PHARMACY DERBYSHIRE (LPC)

6.4 Balance Sheet

Year ended 31 March 2026

	Notes	2026 £	2025 £
Fixed assets			
- Tangible Assets		-	-
Current Assets			
- Debtors			
- Cash at bank and in hand		233,638	251,355
Creditors: amounts falling due within one year		**(46,820)**	**(99,523)**
Net current assets		**186,818**	**151,832**
Net assets		**186,818**	**151,832**
Reserves			
- Profit and Loss account		29,997	(48,900)
General Fund		**216,815**	**102,932**

COMMUNITY PHARMACY DERBYSHIRE (LPC)

6.5 Notes to the Financial Statements

Year ended 31 March 2026

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.

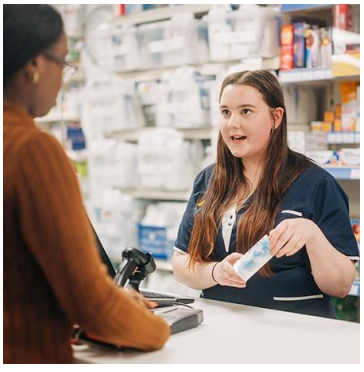
6.5.3 Judgements and Key Sources of Estimation Uncertainty

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 2026

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	20.05.25	15.07.25	16.09.25	20.11.25	20.01.26	17.03.26	Total Expenses Paid
Ben Eaton (BE) Chair	AIMp / IPA	✓	✓	✓	✓	✓	✓	4,051.85
David Holmes (DH) Vice-chair	CCA	✓	✓	✓	✓	✓	✓	1,481.14
Darryl Dethick (DD) Treasurer	AIMp / IPA	✓	✓	✓	✓	✓	✓	3,284.36
David Evans (DE)	AIMp / IPA	A	A	✓ Part	✓ Part	✓	✓ Part	471.60
Justin Gilbody	AIMp / IPA	✓	✓ Part	✓	A	✓	✓ Part	618.00
Nitin Lakhani (NL)	Independent	A	✓	✓	A	A	✓	891.00
Matthew Hind (MH)	Independent	✓	✓	✓	✓	✓ Part	✓	1,600.50
Lindsey Fairbrother (LF)	Independent	✓	✓	A	A	✓	✓	1,503.20
Yasir Pirmohamed (YP)	Independent	✓	✓	✓	✓	✓	✓	2,205.00
Andrea Smith (AS)	AIMp / IPA	✓	✓	✓	✓	R	✓	972.90
Amanda Kelly (AK)	CCA	A	✓ Part	✓	✓	✓	✓	988.20
Khuram Ahmad (KA)	CCA	✓	✓	✓	✓	✓	✓	1,110.00
Nick Hunter (NH), Chief Officer	Officer	✓	A	✓	✓	✓	✓	1,137.50
Amanda Alamanos (AA) Deputy Chief Officer	Officer	✓	✓	✓	✓	✓	✓	2,315.41
Alison Ellis (AE) Business Support Officer	Minutes	✓	✓	✓	✓	✓	✓	1,274.25
Chris Kerry (CK) Services Lead						R	R	751.36

✓ = Attended A = Apologies R = retired from committee

6.8 Detailed Profit & Loss Account

For the year ended 31 March 2025

	2026 £	2025 £
Income		
NHSBSA Contractor	236,739	150,255
PharmOutcomes	-	-
GPCPCS Income net of spend	-	-
Grant Release	-	-
	236,739	**150,255**
Administrative expenses		
Staff Costs		
Wages and salaries	76,845	59,670
Employer's NI	9,588	5,306
Pensions	1,462	1,265
Locum Fees & Expenses	16,730	17,999
Admin assistance	-	543
HR Services	367	612
Settlement Fee	2,972	-
	107,964	**85,395**
General administrative expenses:		
Telephone and internet	241	180
Postage	343	9
Stationery and printing	15	-
Insurance	500	500
Software	533	812
Office Equipment and Repairs	166	-
Sundry expenses	100	29
	1,898	**1,530**
Legal and professional costs:		
Accountancy fees	2,160	504
Professional Fees	9,139	9,074
Bank charges	51	4
Advertising and PR	9,619	10,578
	20,969	**20,160**
Meeting costs		
Refreshments	680	642
Room Hire for Meetings	-	2,445
Travel & Subsistence	4,261	3,765
	4,941	**6,852**
Levies & licences		
PSNC Levy	84,514	85,218
	84,514	**85,218**
HMRC Employment Allowance Credit	**(13,544)**	
	29,997	**(48,900)**

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