

# Annual Report and Financial Statements

2024 - 2025

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Shropshire LPC

# Officers

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**Chair: Kath Briscoe (Boots/CCA)**

**Vice Chair: Yogesh Patel (Lawley Pharmacy/Independent)**

**Treasurer: Jane Davies (employed officer)**

**Chief Officer: Peter Prokopa (employed officer)**

**Services & Engagement Lead: Amanda Alamanos (employed officer)**

**Services Implementation Lead: Stephanie Green (employed officer – maternity leave)**

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

## Welcome & Overview

**Kath Briscoe**

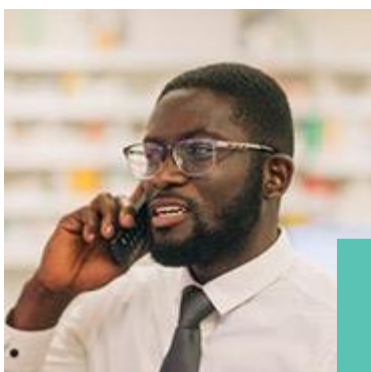
### Chair

Welcome to the annual report for 2024/25 for Community Pharmacy Shropshire.

This year the committee has focused on the sustainability of community pharmacy across Shropshire, Telford and Wrekin footprint. Whilst we have been waiting for negotiations to conclude between Community Pharmacy England (CPE) and the new government, the committee have dedicated the last 12 months continuing to develop relationships with the Shropshire ICB and collaborating more than ever across the sector on workforce planning and local services. We have dedicated our time to visiting contractors to support signup and delivery of the national services such as hypertension case finding, delivery of ABPMs and contraception service. The independent prescribing path finder service has also been a focus to help develop the model of how IPs may work in community pharmacy in the future. We also continue to negotiate with local commissioners to ensure that they appreciate the value of community pharmacy and remuneration for local service is brought in line with national and regional averages.

The communications subcommittee have worked tirelessly on improving our communications to contractors and I hope you find these and the website valuable.

I want to take this opportunity to thank all contractors and the committee members and employees for the support you give each day to your patients and your local community.



# Report on our Activities

**Peter Prokopa**  
**Chief Officer**

Since the last report, Community Pharmacy Shropshire has maintained its operational and financial effectiveness and efficiency and has continued to provide community pharmacy contractors across Shropshire Telford & Wrekin with support and guidance, alongside the need to ensure their voice is heard both with commissioners and stakeholders more generally. The Treasurer's financial report confirms that the Committee continues to maintain its independence for the benefit of local contractors, all be it with a modest increase in contractor levy, and to ensure that financial planning and management is effective, the Committee has approved a fixed levy to be collected from 2025-26. Effective and pertinent utilisation of funds held under Memorandums of Understanding on behalf of other bodies has been approved to ensure stability and current operational capacity of the LPC for the short to medium term, providing further breathing space to reassess how Shropshire, Telford & Wrekin contractors can be best represented and supported in the longer term. This will become increasingly important as changes to the NHS recently announced will mean that the Shropshire Telford & Wrekin ICS will be "clustered" with Staffordshire & Stoke-on-Trent with a view to those bodies merging at some point in the future, once relevant legislation is passed.

During 2024/25, we developed our vision and mission statements for community pharmacy in Shropshire and Telford & Wrekin. These were created in collaboration with committee members to ensure that all interests and priorities of community pharmacy were represented.

[Community Pharmacy Shropshire Vision & Mission Statement – Shropshire Local Pharmaceutical Committee](#)

This encompasses not just what we want to achieve as a representative body, but also how we achieve that, and what this means in terms of impact on our contractors. I sincerely hope that you take time to read the document, and as always, we welcome on this feedback from contractors.

I must offer my thanks to the following:

Kath Briscoe – Kath's chairing has been key to ensuring that members work through meeting agendas thoroughly and efficiently, particularly as there has been an increasing number and complexity of items to consider, discuss and decide within the relatively short time we spend together as a committee. Thanks also to Yogesh Patel for deputising for Kath when necessary and maintaining the status quo.

Amanda Alamanos – Amanda’s experience both from her previous role in NHS England and before that in local contracting and commissioning has proved to be of great benefit to me personally, to the Committee and contractors. Much of the Committee’s strategy development was guided by Amanda and this work has made it easy to ensure that we all stay on task, within timescales and provides a sound basis for how we plan to support our contractors across the area. Our 2025 – 2027 strategic plan can be found on our website [CP-Shropshire-Strategic-Plan-2025-2027.pdf](#)

Stephanie Green – has been on maternity leave for the whole of the year, having given birth to baby Noah in May 2024; we welcomed Stephanie back in March 2025 for some “keep in touch” days ahead of her full return to work in April; the feedback we already get through her contractor visits is already proving to be invaluable.

## **Support:**

2024-25 saw the continuation and further development of changes to resources available to contractors and their teams, particularly in the absence of Implementation Lead Stephanie Green. Our website continues to provide relevant news content along with important resources to support contractors in effective service delivery, and all the necessary documentation in ensuring the Committee meets principles of good governance and transparency.

Our regular newsletter - The Shropshire Script – continues to attract new readers, both directly through subscribing via the Mailchimp platform, and through the copies sent to contractors’ NHS.net shared mailboxes; ideally we would like to see a bigger subscribed readership so all pharmacy team members see a copy as soon as it is published – new subscribers can sign up now at <http://eepurl.com/iDwkNA>.

Our WhatsApp group has also seen some growth in subscribers, although as per the “Script” we would like to see the number of members of this group expand considerably. WhatsApp is a quick and efficient way to both circulate communications to individuals, but also to get feedback too – please, if you are yet to sign up then please do so; all requests to join are moderated by our officers to ensure members’ privacy and security. Scanning the QR code on the right will make the joining process easy.

**Community Pharmacy Shropshire  
Contractors**  
WhatsApp group



Contractors can continue to benefit from the advice of your committee’s officers, ideally by email; please note that all officers work part-time for the LPC, so your query will be dealt with as soon as we can –

ideally email [peter.prokopa@nhs.net](mailto:peter.prokopa@nhs.net) (LPC operations, regulations and Essential Services) or [amanda@cpshropshire.org.uk](mailto:amanda@cpshropshire.org.uk) (all other national and local services).

## **Report on national and locally commissioned services:**

### National Services

2024-25 has seen significant developments in the nationally commissioned services, particularly Pharmacy First, Pharmacy Contraception and Hypertension Case-Finding services. This was particularly in focus right at the end of March when the agreement of the Community Pharmacy Contractual Framework (CPCF) funding was announced – part of which contained further developments in these services to come in 2025-26.

With all STW community pharmacy contractors signed up to provide the Pharmacy First service prior to the service launch, consistency of provision and full-service coverage and access has been of benefit to all STW's population, although in some area's referrals from GP practices into the service have been disappointing. Amanda and myself have met regularly with James Milner and other ICB colleagues to work on improving the level of referrals, and the addition of Steven Hughes to the ICB team has given us both the data necessary to identify the areas to target for further input, and a renewed impetus in ensuring all of our contractors can benefit from the increase in income that Pharmacy First can provide at a crucial time. This has resulted more recently in a targeted approach to getting a cohort of practices (identified by our officers along with ICB colleagues) back making regular referrals to Pharmacy First where previously they had been low; evidence to date shows this approach has seen modest increases in service delivery, and a growing confidence in the GP practices concerned that Pharmacy First is an effective and sustainable solution in helping to ensure their patients are seen by the most appropriate healthcare professional for their condition.

Whilst the numbers of clinic checks undertaken by contractors in Hypertension Case-Finding Service had grown significantly, the need to ensure that those patients needing further investigation through provision of ABPMs was paramount. This was necessary to ensure confidence in the service overall, and that patient pathways were consistent whichever provider provided the service. During 2023-24 ABPM rates were as low as 1.5% of the numbers of clinic checks; aspiration targets for all ICBs were around 10% from modelling when the pilot services ran prior to national launch. We are pleased to see consistent growth in the ABPM provision through 2024-25 and beyond, and now many more patients are receiving the most appropriate care when their initial clinic reading suggest hypertension.

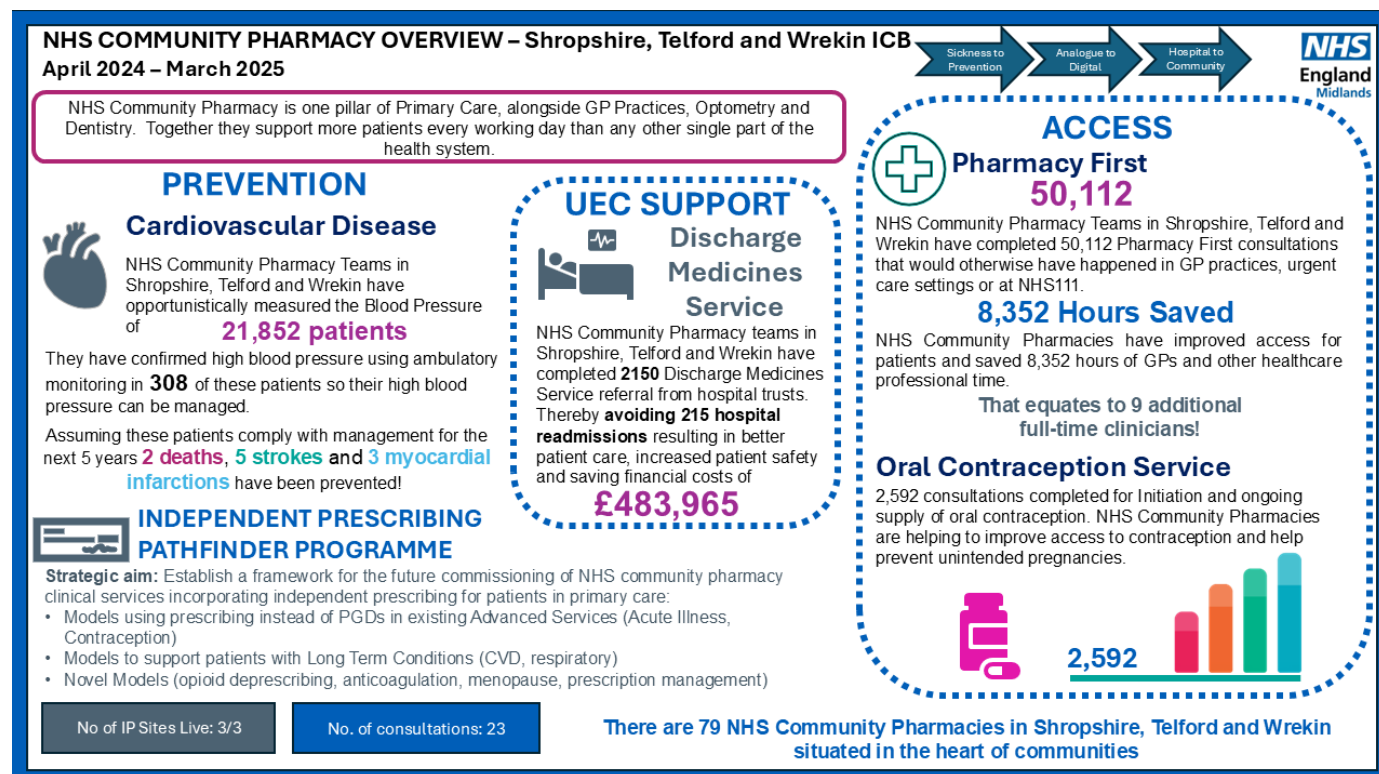
NHS Pharmacy Contraception Service has continued to develop through 2024-25, both operationally due to the increased focus in the service specification on delivering both renewals and initiation of the service; there has been consistent growth of both elements in line with aspirations. No doubt bundling of Pharmacy First, Contraception and Hypertension services to enable contractors to claim the monthly threshold fee has contributed to increased availability and provision, however there is much to do to

ensure that this pathway for patients is truly embedded as an adjunct to providing improved patient access to all primary care service across the whole of the ICB area.

The changes announced as part of the CPCF settlement were mixed – with some benefit to contractors finding it difficult to reach the increased threshold of 30 clinical pathway consultations to achieve the monthly fee, in many cases the contractors in areas not getting GP referrals losing out on what was a significant boost to funding, with the lower 20 threshold for a reduced monthly payment of £500 now being reached by many. Changes coming to include at least one ABPM check monthly, and provision of EHC under the national service, may mean that some once again miss out.

Discharge Medicines Service continues to be a major focus locally, with all four trusts across the ICB geography making referrals to community pharmacies; whilst we are aware that DMS can sometimes seem a lower priority to some contractors, the value of the service to patients, trusts and the ICB as a whole has seen significant time invested by all stakeholders in getting as many of the referrals completed as possible. From our perspective, the key element for contractors is ensuring that they do deliver what is an Essential Service; the benefits to the health economy from the reduction in readmissions due to medicines issues picked up through DMS are also clear, with almost half a million pounds saved during the year.

An overview of the outcomes of the above services is shown below:



The Independent Prescribing Pathfinder programme is a national project to test how a community pharmacy based service runs in a practical sense; this has taken much longer to get to being live than

originally hoped, however all three sites in STW (MSN Lunts in Ludlow, Day Lewis in Oswestry and Conway in Shrewsbury) are all live and providing consultations, which have increased further since the end of March.

### Local Services

CP Shropshire has requested a review of all locally commissioned services for the 2025/26 financial year and is working with commissioners to ensure that fees are aligned with the work delivered.

A benchmarking exercise was carried out towards the end of 2024 using financial data from locally commissioned services across England. This exercise identified that fees for substance misuse and EHC services were lower than average, while fees for needle exchange services were in line with national averages.

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

Following the decision to commission EHC services nationally, contractors were advised to continue delivering local services until the national service is implemented.

CP Shropshire continues to engage with STW ICB and the Office of the West Midlands (formerly the NHSE Primary Care Team) to ensure that appropriate reviews and consultations are undertaken for the Community Pharmacy Extended Care Services for Acute Bacterial Conjunctivitis in children and Infected Eczema, and that funding for these services is secured for the benefit of community pharmacies.

## **Relationships and Representation:**

CP Shropshire continues to build and develop relationships with key stakeholders both locally and regionally.

### **Shropshire, Telford & Wrekin ICB:**

2024-25 has seen a significant development in terms of ICB engagement with the committee and community pharmacy as a whole, as we were invited to join the Primary Care Commissioning Group along with optometry and dental providers; this has provided the opportunity to further develop relationships with general practice and ICB commissioning teams particularly.

Our relationship with both James Milner, Minesh Parbat and all colleagues within the Pharmacy team at the ICB continues to be a strong one we have been pleased to represent community pharmacy contractors at the following ICB groups:

- PCARP Services Group (Focus on Pharmacy First, Hypertension, Contraception services)

- Pharmacy Leadership Board (oversight of all elements of pharmacy development and integration, including community pharmacy services, workforce, medicines optimisation, medicines safety, IT etc)
- Pharmacy Faculty (Workforce and development focus)
- Integrated Medicines Optimisation Committee
- Medicines Safety Group
- Valproate Oversight Group (suspended during implementation phase)
- Antimicrobial Strategy & Oversight Group
- DMS and Overprescribing Oversight Group
- CVD Prevention Group
- InHIP Community Hypertension Case-finding Project Group
- Shropshire Integrated Place Partnership
- Telford & Wrekin Integrated Place Partnership
- PNA steering group (see below)

Furthermore, I was invited to join the group which had oversight of and responded to elements of the GP collective action, between July-September 2024; this group also considered potential action being co-ordinated by the NPA prior to the agreement on the CPCF funding settlement announced in March.

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.

Examples are:

- Facilitating engagement of pharmacy contractors in developing cross-sector foundation year placements in STW for both 2025-26 and 2026-27.
- Further developing processes to increase referrals to community pharmacy of PCARP services (Pharmacy First, Hypertension and Contraception) and ensuring that this is aligned to improving access to general practice for patients.
- Working with ICB and trust colleagues to support contractors and their teams in effectively delivering patients referred to them under DMS or smoking cessation – which in turn
- Working alongside Telford & Wrekin Council and the ICB to develop a workplace-based “health check” service, with the aim of improving early identification of patients at risk of cardiovascular problems, or diabetes.
- Ensuring community pharmacy services are integrated into local patient pathways, for example with hypertension case-finding.

- Working to ensure community pharmacy is included in relevant patient safety communications e.g. reducing readmissions due to medicines through DMS, ensuring valproate safety information is communicated, or by supporting patient understanding of and safety using controlled drugs.
- Enabling links with primary care and PCN pharmacy professionals through dissemination of information about joint training opportunities.

## **Hospital & Community Trusts**

CP Shropshire enjoys strong relationships with the four hospital trusts operating in our area:

- Shrewsbury and Telford Hospitals (SaTH - Acute Trust)
- Midlands Partnership Foundation Trust (MPFT – mental health)
- Shropshire Community Health Trust
- Robert Jones & Agnes Hunt (specialist orthopaedic services)

Medicines optimisation, leadership and workforce issues continue to be the main focus of these engagements, although IT and service delivery also feature strongly in those conversations. We aim to promote stronger links between community pharmacy and the trusts particularly to ensure that patients are effectively supported at the point of transfer of care, and facilitate effective communication and operational effectiveness across the sectors.

## **Local Authorities**

Relationships with both Shropshire and Telford & Wrekin councils continue in relation to locally commissioned services, and particularly with EHC/sexual health and substance misuse – however there has been an opportunity for community pharmacy contractors to engage with smoking cessation services initially in Shropshire but potentially in Telford & Wrekin too. Whilst this is limited to NRT supply in the first instance, both commissioners are also considering how PGDs for varenicline and cytisine might also form part of the wider smoking cessation service, particularly as national template PGDs are available to utilise.

Further engagement has started on sexual health services following the announcement at the end of 2024-25 that EHC would come under the national Advanced Pharmacy Contraception Service, potentially from October 2025.

There have been some challenges with the operation of both supervised and unsupervised consumption services in the Telford & Wrekin area. CP Shropshire continues to support contractors by liaising with the local Telford STARS services and MPFT on this. Contractors continue to be encouraged to discuss concerns with Telford STARS and CP Shropshire.

## **Pharmaceutical Needs Assessments**

PNAs are the responsibility of each of the Health and Wellbeing Boards, practically the work to produce the PNA is undertaken by the Public Health teams within each council. Whilst the next Shropshire PNA is due for publication in October 2025, that for Telford & Wrekin is due no later than March 2026; in practice,

the processes for each PNA are running in parallel through a single working group, and CP Shropshire is a member of that group. The process of developing the next PNAs started in autumn 2024, and as this report is being prepared the consultation on the draft Shropshire PNA is in progress; CP Shropshire will respond to the consultation and encourages all contractors to do so before that ends on 26<sup>th</sup> August 2025.

## **NHS England**

Changes to NHS England continue as this body will effectively be merged into the Department for Health and Social Care in the longer term; for the time being however MAPCOG (chaired by Regional Integration Lead Jackie Buxton) continues to be the main area for engagement with LPCs, with a focus on integration, pilots and service-related issues. Operational aspects of the pharmacy contract are undertaken on behalf of ICBs by the Office of the West Midlands, hosted by Birmingham & Solihull ICB; a bi-monthly Pharmacy Stakeholder forum addresses regulatory issues - pharmacy temporary closures, Bank Holiday rotas, rurality and PNAs continue to dominate these discussions, however progress has also been made on re-launching the regional Extended Care services which did not appear in the national Pharmacy First clinical pathways – Acute Bacterial Conjunctivitis for under 2s, and infected eczema. Each ICB has the opportunity to reintroduce these - Staffordshire & Stoke being the first to do so, with launch expected in September 2025. CP Shropshire will be pushing for STW ICB to follow suit soon after, ensuring that funds previously allocated for community pharmacy services continue to be available for contractors locally.

We continue to attend Controlled Drugs Local Intelligence Network (CD LIN) meetings (hosted by the Controlled Drugs Accountable Officer) which provides essential links in this field to trusts, other providers, police, GPhC, CQC etc. and although these have been virtual meetings throughout 2024-25, the first face-to-face meeting took place in June 2025. Sharing of information and good practice, along with discussing management of CD-related incidents provides useful information for pharmacy contractors and an opportunity to remind pharmacy teams on relevant aspects of CD management.

## **Local Professional Network (LPN)**

The Shropshire, Telford & Wrekin LPN is chaired by NHSE Clinical Pharmacist Andy Pickard. 2024-25 did not see significant activity, largely due to the impact of ongoing financial and operational pressures on pharmacy as a whole, but especially in community pharmacy. As there is a considerable amount of funding available through the LPN there has been a renewed focus in ensuring that this is used effectively to support pharmacy across sectors, and in particular emphasis in workforce and development, and in meeting ICB clinical priorities. These include:

- Working to understand why there is limited engagement from contractors in STW in providing foundation training places for 2025-26 and 2026-27.
- Supporting contractors to take advantage of funded technician training opportunities

- Working to support provision of Designated Prescribing Practitioners (DPPs) so existing pharmacists can upskill to become IPs.
- Supporting extensions to the Independent Prescribing Pathfinder sites further into cardiovascular and women's health clinical areas

### **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 (Lindsey Fairbrother), who regularly attends committee meetings. Additionally, we attend regional meetings with neighbouring LPCs through Community Pharmacy West Midlands, the aim being to share intelligence, resource and good practice across all aspects of community pharmacy, including regulation, local and national services, workforce and development, and much more.

### **Other stakeholders**

Links continue to develop with both Healthwatch and Local Medical Committee – the former reporting to our committee recently on the outcome of some survey work on community pharmacy services (see <https://www.healthwatchshropshire.co.uk/report/2025-03-27/shropshire-pharmacy-services-and-consultations>).

On LMC engagement, STW ICB have since the end of the year found a small amount of funding for the two representative committees to work more closely at a local level to facilitate improved engagement and effective working relationships – this work is developing, and we will inform contractors on how this will be implemented soon..

Political engagement has been limited, however the general election and change of government provided a new opportunity to engage with our five MPs, two of whom are newly elected. Since the end of the year reported, we have met with Stuart Anderson (Conservative, South Shropshire) and have a planned meeting with

### **The Future:**

As we report, our committee has met twice already this fiscal year, and there have been some operational changes which have resulted in a reduction of meetings annually from 8 to 6; however, with alternate meetings being held in person and extended to all day, this is providing an increased opportunity for engagement with stakeholders. Further changes announced as part of NHS restructuring will see STW ICB working closely with Staffs & Stoke ICB, with a view to the bodies merging once legislation is passed to enable that. We expect to work closely with our LPC colleagues in Staffs & Stoke as the new structures develop.

Further changes announced recently will put much more focus on Neighbourhood working, and your committee is already engaged with both “place” bodies (Shropshire and Telford & Wrekin) overseeing this process – and myself, Amanda and Stephanie are focussed on ensuring that community pharmacy integration into the emerging “Neighbourhood Health Services” continues the already significant strides that we have taken in cementing our contribution in medicines optimisation and preventing ill health.

As before, we will continue to focus on the following:

- Supporting our contractors in maximising their commissioned service income, providing a profitable and sustainable future for them.
- Further developing our communications networks, both with contractors and their teams and external stakeholders, particularly focussing on MPs and other opinion-formers.
- Supporting effective delivery of community pharmacy services – and ensuring that all contractors can benefit equitably from referral-based services particularly.
- Ensuring an engaged and informed workforce – as the next cohort of foundation pharmacist trainees will register as qualified independent prescribers, bringing the legacy workforce on the same journey.
- Supporting contractors also to embrace the opportunities afforded by changes which enable enhanced opportunities for registered pharmacy technicians in terms of provision of PGDs and increased roles in the supervision of pharmacy operations.
- Continuing and developing integration with all pharmacy sectors across the area
- Ensuring a sustainable future for your committee as we adapt to the new NHS structures.

From the conversations we have with contractors and teams, we know many are extremely thankful for the information, guidance and support we provide, we hope that we continue to do that effectively for the foreseeable future.

Peter Prokopa

Chief Officer

# Governance, structure and management 2024- 25

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## Introduction – Lucy Corner (Chair, Governance subcommittee)

The Governance Subcommittee meet during the main LPC meeting to go through any Governance considerations or actions. Some matters may require additional meetings or emails, and this is managed on a case-by-case basis.

This year the Governance Subcommittee have supported the committee and officers with the Review of the Risk Register and have started to ensure completion of the LPC Evaluation, which will continue into the new financial year.

Our employee contracts were also reviewed by the Governance Subcommittee, and with the consensus of the Full Committee, extended to the end of the LPC term in March 2027.

Other responsibilities of the Governance Subcommittee would be to investigate any concerns or complaints made against members or officers, review the LPC Governance Framework and associated documents at least annually and ensure that Community Pharmacy Shropshire is operative in-line with the Constitution.

<https://shropshire.communitypharmacy.org.uk/governance-framework-and-code-of-conduct/>

## Responsibilities of Committee Members

The role of members of the LPC is to work with alongside member and officer colleagues on the committee to ensure that the voice of community pharmacy is heard within our LPC area.

Members ensure that the business of the LPC is conducted appropriately by its members and officers and that the duties of the LPC are carried out satisfactorily. The work of the LPC must be seen to be conducted openly, with good communication with all contractors in the LPC area.

## Members of the Committee on 31<sup>st</sup> March 2025

Following the resignation of Matthew Armstrong in December 2024, there was a review of the committee's current composition, noting that the committee had 10 members, with an imbalance in representation compared to contractor mix. Utilising the flexibility under the constitution to increase its membership to better align with its contractor mix, members considered seeking expressions of interest for two additional independent contractors to join the committee, increasing the number of members to 11; the committee deciding on the final selection if more than two candidates apply. Governance subcommittee Chair Lucy Corner confirmed the feasibility of this adjustment; the EoI process generated three candidates, who attended the January meeting and answered questions from members. Mohammad Sohawon and Hatim Adamjee were the successful candidates.

Kath Briscoe (Boots/CCA) – Chair

Yogesh Patel (Lawley Pharmacy/Ind) – Vice Chair

Lucy Corner (Rowlands/CCA)

Matthew Birch (Superdrug/CCA)

Arvinder Sagar (Morrisons/CCA – resigned June 2025)

Alex Carrasco (Day Lewis/IPA)

Andrew Wright (Peak Pharmacy/IPA – resigned June 2025)

Sarb Rooprai (Conway Pharmacy/Ind)

Ravi Nagra (MSN-Lunts/Regional Multiple)

Mohammad Sohawon (Muxton Pharmacy/Ind)

Hatim Adamjee (Hollinswood Pharmacy/Ind)

### Members resigning during 2024-25:

Matthew Armstrong (Boots/CCA)

### Member Expenses claimed in 2024-25

Ravi Nagra	£1186.00
Alex Carrasco	£817.46
Yogesh Patel	£2476.46
Lucy Corner	£1115.00
Hatim Adamjee	£553.50
Mohammad Sohawon	£335.65

### Committee Meetings in 2024-25

23/4/2024:

Present: K Briscoe, A Carrasco, M Armstrong, Y Patel, A Sagar, M Birch, A Wright,

Apologies: S Rooprai, R Nagra, L Corner

11/6/2024:

Present: Y Patel, A Carrasco, M Birch, L Corner, S Rooprai, A Wright, R Nagra.

Apologies - K Briscoe, A Wright, M Armstrong, A Sagar

23/7/2024:

Present: K Briscoe, L Corner, S Rooprai, A Wright, Y Patel, M Birch, A Sagar, M Armstrong

Apologies: R Nagra, A Carrasco

3/9/2024:

Present: K Briscoe, A Carrasco, L Corner, A Wright, M Birch, R Nagra, Y Patel, S Rooprai

Apologies: M Armstrong, A Sagar

3/12/2024:

Present: K Briscoe, A Carrasco, L Corner, M Armstrong, A Sagar, R Nagra, M Birch, A Wright, Y Patel S Rooprai.

21/1/2025:

Present: Y Patel, A Carrasco, L Corner, M Birch, A Sagar, A Wright, R Nagra.

Apologies: K Briscoe, S Rooprai

11/3/2025:

Present: K Briscoe, A Carrasco, L Corner, M Armstrong, A Sagar, Y Patel, R Nagra, A Wright, S Rooprai.

Apologies: M Birch

## **Governance Documentation**

As previously mentioned, Governance documents including the LPC's Governance Framework and Code of Conduct can be found at:

<https://shropshire.communitypharmacy.org.uk/governance-framework-and-code-of-conduct/>

## Community Pharmacy Shropshire Contractor and Market Entry Data

As of 31<sup>st</sup> March 2025, Community Pharmacy Shropshire represented 78 community pharmacy contractors across the Shropshire and Telford & Wrekin Health and Wellbeing Board areas.

In the period between 1<sup>st</sup> April 2024 and 31<sup>st</sup> March 2025, there have been:

- Four approvals of Changes of Ownership
  - M&C Pharma Ltd at Majestic Way, Aqueduct, Telford, Shropshire, TF4 3RB
  - Advance Pharmacies Ltd at Donnington Medical Practice, The Health Centre, Wrekin Drive, Donnington, Telford, TF2 8EA
  - SG Medica Ltd at 9 The Square, Ironbridge, Telford, TF8 7AQ
  - A S Consultants Ltd at 2-4 High Street, Newport, TF10 7AN
- One refusal for a new Distance Selling Pharmacy
  - Sowahon Property Company Ltd at Unit 2, Sutton Road, Admaston, Shropshire, TF5 0AY (decision received 23/6/2025, currently appealed)
- Two approvals of Consolidations:
  - Lunts Healthcare Ltd – Site 1 (remaining): The Tannery, Barker Street, Shrewsbury, SY1 1QJ; Site 2 (closing): 28 Claremont Hill, Shrewsbury, SY1 1 RD
  - LP SD Thirty Six Ltd - Site 1 (remaining): Dawley Medical Practice, 5 King street, Telford, Shropshire, TF4 2AA; Site 2 (closing): 46 High Street, Dawley, Telford, Shropshire, TF4 2EX

One application received during 2024-25 is still in progress and awaiting a decision:

- Unforeseen benefits application – Roshban Ltd, at St George's, Telford



## NHS BSA DATA

### Dispensing & NMS

MONTH	Number of Forms	Number of Items	Number of forms for Electronic Prescription Service (EPS)	Number of Items processed via Electronic Prescription Service (EPS)	% of items processed via EPS	Number of New Medicine Service (NMS) interventions declared
APRIL	382,419	712,455	337,931	635,733	88.41%	3,048
MAY	382,011	713,847	337,872	636,830	89.21%	3,178
JUNE	360,260	672,383	319,248	602,059	89.54%	3,214
JULY	385,646	723,642	341,124	646,251	89.31%	3,446
AUGUST	379,125	712,606	334,176	633,763	88.94%	3,373
SEPTEMBER	360,392	676,389	321,089	607,044	89.75%	3,210
OCTOBER	386,809	721,197	343,280	643,918	89.28%	3,576
NOVEMBER	375,270	698,267	333,746	624,941	89.50%	3,586
DECEMBER	383,590	718,713	338,176	640,727	89.15%	3,695
JANUARY	392,170	728,696	348,664	654,684	89.84%	3,728
FEBRUARY	354,370	656,731	315,637	591,065	90.00%	3,911
MARCH	379,422	700,962	340,392	635,070	90.60%	4,018
TOTAL	4521484	8435888	4011335	7552085	89.52%	41983

## CPCS, BP Checks, Smoking Cessation & DMS

MONTH	Number of Community Pharmacy Clinic Blood Pressure checks	Number of Community Pharmacy Ambulatory Blood Pressure Monitoring (ABPM)	Number of Community Pharmacy Smoking Cessation consultations	Number of Complete Discharge Medicines Services	Number of Incomplete Discharge Medicines Services
APRIL	1,529	51	8	183	108
MAY	2,442	44	15	116	55
JUNE	1403	62	7	182	88
JULY	1,522	36	10	208	72
AUGUST	1124	40	5	200	97
SEPTEMBER	1329	44	7	233	61
OCTOBER	4,054	61	4	183	121
NOVEMBER	1,941	56	3	239	158
DECEMBER	1,030	41	0	236	141
JANUARY	1,694	78	9	248	152
FEBRUARY	1,860	125	6	305	225
MARCH	2,098	138	16	227	156
TOTAL	22026	776	90	2560	1434

## SSPs, Influenza, Contraception & LFD Services

MONTH	Number of Serious Shortage Protocol (SSP) Fees	Number of Influenza Fees	Number of Community Pharmacy Contraceptive Consultations (ONGOING)	Number of Community Pharmacy Contraceptive Consultations (INITIATION)	Number of Lateral Flow Device (LFD) Test Supply Service Fees
APRIL	146	0	110	25	59
MAY	166	0	110	16	56
JUNE	65	0	127	24	152
JULY	25	0	177	24	154
AUGUST	24	0	159	29	108
SEPTEMBER	45	6	199	29	129
OCTOBER	88	36,377	188	20	1865
NOVEMBER	136	8,969	184	27	793
DECEMBER	127	2,666	223	28	535
JANUARY	39	421	235	46	445
FEBRUARY	25	19	270	53	770
MARCH	19	4	273	53	751
TOTAL	905	48462	2255	374	5817

## Pharmacy First Clinical Pathways, Urgent Supply & Minor Illness

MONTH	Sum of Number of Pharmacy First Clinical Pathways Consultations - Acute Otitis Media	Sum of Number of Pharmacy First Clinical Pathways Consultations - Acute Sore Throat	Sum of Number of Pharmacy First Clinical Pathways Consultations - Impetigo	Sum of Number of Pharmacy First Clinical Pathways Consultations - Infected Insect Bites	Sum of Number of Pharmacy First Clinical Pathways Consultations - Shingles	Sum of Number of Pharmacy First Clinical Pathways Consultations - Sinusitis	Sum of Number of Pharmacy First Clinical Pathways Consultations - Uncomplicated UTI	Sum of Number of Pharmacy First Urgent Medicine Supply Consultations	Sum of Number of Pharmacy First Minor Illness Referral Consultations
APRIL	232	645	75	157	51	207	450	1087	1056
MAY	265	578	67	434	51	196	459	1298	1009
JUNE	201	536	84	532	53	200	437	1223	976
JULY	221	458	58	605	63	130	458	1514	937
AUG	167	331	56	410	43	69	489	1537	585
SEPT	149	349	73	264	51	114	560	1540	672
OCT	177	470	89	125	53	155	509	1399	797
NOV	299	486	101	79	50	198	529	1414	813
DEC	435	776	95	43	52	258	565	1523	926
JAN	274	714	126	50	58	288	506	1222	815
FEB	307	807	99	61	64	299	527	1,349	912
MAR	288	842	99	134	72	276	548	1,579	913
TOTAL	3015	6992	1022	2894	661	2390	6037	16685	10411

Shropshire LPC

# FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2025



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## Accountants (or Auditors)

D.R.E. & Co Ltd  
Chartered Accountants  
7 Lower Brook Street  
Oswestry  
Shropshire SY11 2HG

# Report of the Committee Members

Year ended 31 March 2025

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## Principal Activities

Shropshire LPC is a Local Pharmaceutical Committee ("LPC") acting in the role of a local NHS representative organisation and is the local voice of Community Pharmacy contractors within Shropshire and Telford & Wrekin Health & Wellbeing Board areas.

The Local Pharmaceutical Committee is an elected body recognised and specifically referred to in NHS legislation, set up to represent the interest of all local NHS Community Pharmacy Contractors, which has to be consulted by the NHS England Area Team (and now ICBs) on all matters relating to the terms of service and contracts for Community Pharmacy. The LPC is funded by a levy paid by all contractors in the area of the LPC.

The Committee is here to help and advise pharmacy contractors on all NHS matters and to improve pharmaceutical services to the local populations. Their primary aim is to accurately reflect and put forward views and aspirations of Community Pharmacy contractors that provide NHS pharmaceutical services in this area.

The Committee is also involved in local engagement on national and regional services, including Pharmacy First Service, Hypertension Case Finding Service, Pharmacy Contraception Service, Discharge Medicines Service (DMS) and Vaccination Services; we also undertake negotiations for additional local services such as Sexual Health or Substance Misuse services.

## The Committee

Shropshire LPC is an association whose functions and procedures are set out in our [Constitution and rules](#).

During the year ended 31 March 2025 Shropshire LPC had 11 members on its main committee as follows:

- 4 members from Company Chemists' Association (CCA)
- 4 members from Independent Pharmacy Contractors:
- 2 members from Independent Pharmacies Association (IPA)\*
- 1 member from a regional multiple contractor

\*Previously known as Association of Independent Multiple pharmacies (AIMp).

Full details of these members can be found on Shropshire LPC website  
<https://shropshire.communitypharmacy.org.uk/lpc-committee-members/>

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

<https://shropshire.communitypharmacy.org.uk/governance-framework-and-code-of-conduct/>



Shropshire LPC

# Report of the Committee Members

Year ended 31 March 2025

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This report was approved by the Shropshire LPC 2<sup>nd</sup> September 2025 and signed on its behalf by:

Kath Briscoe

*K Briscoe*

Chair of the Committee

# Statement of Committee Members' Responsibilities

Year ended 31 March 2025

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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.



# Income and Expenditure Account

Year ended 31 March 2025

<u>SHROPSHIRE LOCAL PHARMACEUTICAL COMMITTEE</u>		
<u>INCOME AND EXPENDITURE STATEMENT FOR THE YEAR ENDED 31 MARCH 2025</u>		
	31.3.25	31.3.24
	£	£
INCOME	82,587	82,149
Administrative expenses	(85,616)	(62,529)
(Deficit)/surplus	(3,029)	19,620
Interest receivable and similar income	667	691
(DEFICIT)/SURPLUS BEFORE TAXATION	(2,362)	20,311
Tax	-	-
(DEFICIT)/SURPLUS FOR THE FINANCIAL YEAR	(2,362)	20,311

# Balance Sheet

as of 31 March 2025

**SHROPSHIRE LOCAL PHARMACEUTICAL  
COMMITTEE**

**BALANCE SHEET**  
**31 MARCH 2025**

	Notes	31.3.25 £	31.3.24 £
<b>CURRENT ASSETS</b>			
Cash at bank		336,816	298,244
<b>CREDITORS</b>			
Amounts falling due within one year	2	<u>257,732</u>	<u>216,798</u>
<b>NET CURRENT ASSETS</b>		<u>79,084</u>	<u>81,446</u>
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>		<u>79,084</u>	<u>81,446</u>
<b>NET ASSETS</b>			
<b>Represented by:</b>			
<b>General fund</b>			
Balance at 1 April 2024		81,446	61,135
(Deficit)/surplus for the year		(2,362)	20,311
 Balance at 31 March 2025		<u>79,084</u>	<u>81,446</u>



# Notes to the Financial Statements

Year ended 31 March 2025

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## 1) ACCOUNTING POLICIES

### Basis of preparing Financial Statements

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

### Income and Expenditure

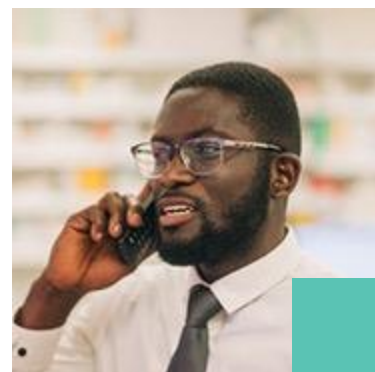
Both income and expenditure are accounted for on the accrual's basis. The primary source of income shown in the financial statements consists of levies from NHSBA Contractors in respect of that period.

### Taxation

Any surplus arising from the activities of Shropshire LPC on its non-mutual activities is subject to corporation tax using the tax rates and laws that have been enacted or substantively enacted by the balance sheet date.

### Judgements and Key Sources of Estimation Uncertainty

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



## Financial Instruments

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

### 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.

### Going concern

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

## 2) CREDITORS FALLING DUE WITHIN ONE YEAR

	31.3.2025	31.3.2024
	£	£
Other creditors	<u>257,732</u>	<u>216,798</u>
	<u><b>257,732</b></u>	<u><b>216,798</b></u>

# **Independent Auditor's Report to the Committee**

**Members of Shropshire LPC**

**Year ended 31 March 2025**

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## **INDEPENDENT CHARTERED ACCOUNTANTS' REVIEW REPORT TO THE COMMITTEE OF COMMUNITY PHARMACY SHROPSHIRE**

We have reviewed the financial statements of Shropshire Local Pharmaceutical Committee for the year ended 31 March 2025, which comprise the Income and Expenditure Account, Balance Sheet and the related notes 1 to 2. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice), including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland'.

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

### Committee Members' responsibility for the financial statements

As explained more fully in the Responsibilities Statement set out on page 3, the committee members are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view.

### Accountants' responsibility

Our responsibility is to express a conclusion based on our review of the financial statements. We conducted our review in accordance with International Standard on Review Engagements (ISRE) 2400 (Revised), 'Engagements to review historical financial statements' and ICAEW Technical Release TECH 09/13AAF 'Assurance review engagements on historical financial statements'. ISRE 2400 also requires us to comply with the ICAEW Code of Ethics.

### Scope of the assurance review

A review of financial statements in accordance with ISRE 2400 (Revised) is a limited assurance engagement. We have performed additional procedures to those required under a compilation engagement. These primarily consist of making enquiries of management and others within the entity, as appropriate, applying analytical procedures and evaluating the evidence obtained. The

procedures performed in a review are substantially less than those performed in an audit conducted in accordance with International Standards on Auditing (UK and Ireland). Accordingly, we do not express an audit opinion on these financial statements.

### Conclusion

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

- so as to give a true and fair view of the state of the committee's affairs as of 31 March 2025 and of its surplus for the year then ended.
- in accordance with United Kingdom Generally Accepted Accounting Practice.

D.R.E. & Co Ltd  
Chartered Accountants  
7 Lower Brook Street  
Oswestry  
Shropshire SY11 2HG  
Date: August 2025



## LPC Contact Details

Community Pharmacy Shropshire

<https://shropshire.communitypharmacy.org.uk/>

Peter Prokopa,

Chief Officer

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