



Annual Report and Statement of Accounts 2024 - 2025

The local voice of
Community Pharmacy

Forward from the CEO and Chair

CPHW CEO and Chair look back over 2024/2025 and look forward to 2025/2026 and beyond



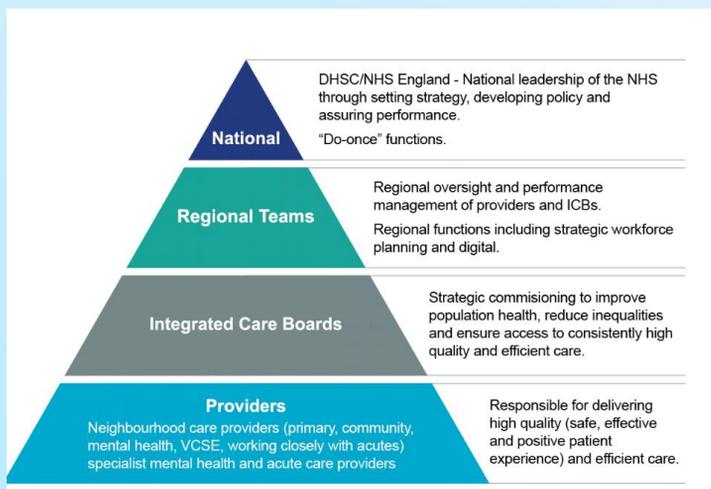
Chief Executive - Fiona Lowe

Over the past year, we have experienced several changes in ownership, some closures, and adjustments to operating hours. Nevertheless, the Pharmaceutical Needs Assessment (PNA) consultation, set to be published in October 2025, has concluded that pharmaceutical provision remains adequate.

Despite the introduction of the new Community Pharmacy Contractual Framework (CPCF) bringing some additional funding, the economic review published in March 2025 indicates that community pharmacy continues to face underfunding. As a Local Pharmaceutical Committee (LPC), we recognize the financial and capacity strains on pharmacies as they integrate into local systems amidst ongoing changes.

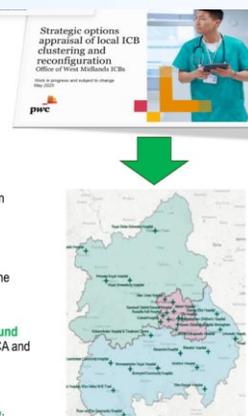
We are working on our local community pharmacy strategy currently and would welcome your input and support.

It is imperative for pharmacy contractors and teams to embrace both local and national changes. NHS England will be phased out within two years, with many functions transitioning to Department of Health and Social Care (DHSC)-led national and regional teams. Furthermore, Integrated Care Boards (ICBs) will undergo functional changes and clustering in preparation for potential mergers. Herefordshire & Worcestershire ICB will cluster with Coventry & Warwickshire ICB.



Model ICB Blueprint

- PwC appraisal rated **three clusters of two as the highest scoring option**, with CW and HW clustered together, based on:
 - Deliverability / manageability
 - Ways of working and collaborative approach
 - Population size, make up and flow
- Clustering arrangement proposed with Coventry and Warwickshire, creating an indicative weighted **population of 1.9m**.
- Similarities across large parts of the cluster** in terms of population demographic and profile – particularly with Warwickshire.
- Best option for **patient benefits** (alignment to Foundation Group structures) whilst balancing **deliverability and flexibility to adapt**.
- Not a merger, the two ICBs will remain as separate entities** but the proposal is to share a common management structure and some functions.
- Clustering, rather than merging to **recognise the uncertainties around Local Government Devolution**, particularly the relation to the WMCA and local arrangements for Herefordshire and Worcestershire.
- All subject to approval and further work** to finalise arrangements.
- Combined organisation **staffing will reduce by approximately 38%**.



The new NHS Plan prioritizes three key shifts:

- Treatment to Prevention
- Analogue to Digital
- Hospital to Community

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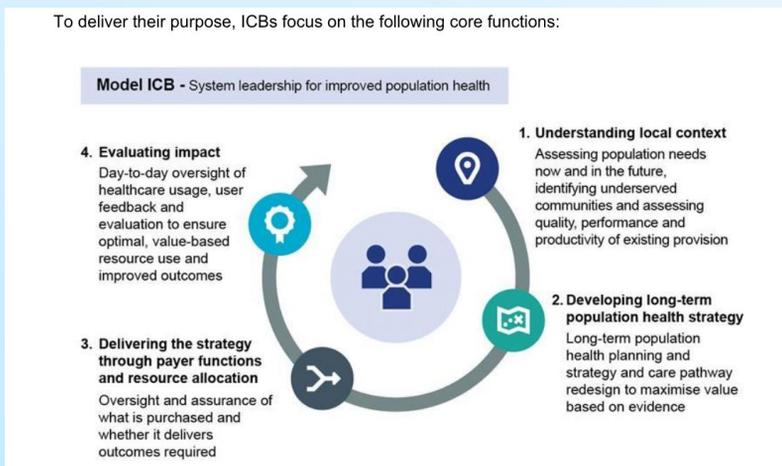
Chief Executive - Fiona Lowe

A thriving Community Pharmacy Sector can provide solutions here and be key partners. Integrated Care Boards (ICBs) aim to improve population health and ensure access to high-quality services. They are accountable for using their health budget efficiently to enhance health and healthcare now and in the future.

ICBs lead on population health, setting long-term strategies based on evidence, and optimizing resource value. They invest in, purchase, and evaluate necessary services and pathways to ensure high-quality care, aiming to improve outcomes and reduce inequalities. ICBs not only commission services but also strategically align funding with long-term health outcomes and manage clinical and financial risks.

The refreshed role of ICBs is built on assumptions about a new system landscape

To deliver their purpose, ICBs focus on the following core functions:



In addition to funding and workforce concerns, the supply chain remains a critical issue. Pharmacies, practices, and patients experience significant frustrations, as even routine medications are proving time-consuming and costly to acquire. Many contractors report dispensing at a loss. It is crucial for contractors to provide feedback to Community Pharmacy England (CPE) regarding their supply chain concerns and to report over-tariff purchases to support arguments for concession prices and convey the state of the supply chain market to the Government. For more information, please report product over Drug Tariff price on the CPE website (cpe.org.uk).

We continue to share resources, including office space and part-time support staff, with our neighbouring LPC, CPHW, collaborating on joint projects when cost-effective. Our relationships with ICB have strengthened, with representatives regularly attending our LPC meetings. Healthwatch and LMC also participate in some of these meetings.

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We have supported Oral Contraception Service with a campaign on the buses and other services with support packs and promotional resources. Plus delivering events, some in conjunction with CPPE



HEREFORD & WORCESTERSHIRE CAMPAIGN

 124,170 INDIVIDUALS

 64% OF LOCAL POPULATION

 387,410 IMPACTS



The campaign strategically placed high-visibility adverts in key high-density areas, ensuring maximum exposure and effectively raising awareness of the service. Bus advertising was the perfect medium, seamlessly integrating the contraception service into people's everyday lives and highlighting its accessibility through local pharmacies.

We welcomed stakeholders to a strategy session in July as part of our LPC meeting. Our Community Pharmacy Strategy Building Session took place on 10th July 2025 with the aim to start to develop a future strategic approach for community pharmacy.

I would like to thank everyone who attended and contributed so enthusiastically to our strategy session for Community Pharmacy and its place within wider system.



We had more than 20 people in the room for the full 3 hours and lunch afterwards. Alongside our LPC members and team we had chief pharmacists from the two acute hospitals, LMC representation, PCN and senior ICB team members as well as our regional CPE rep and CP Pharmacy London CEO. We really do appreciate you giving up your time to support and look forward to working with you all going forward and hopefully seeing many of you at our September meeting. Special thanks to ICS academy facilitators Abby, Dianne and Tony who kept us all on track on what was a very hot day! Many new relationships were built as well as old ones enhanced. There was a positive feeling within the room and willingness to work together for our patients.

Anurag Hegde – LPC Chair:

Further to Fiona's comments, the discussions were really constructive around our ways of working and the direction we're heading as a healthcare team, and your attendance is greatly appreciated. Let's continue to build on this momentum by keeping these communication channels open and actively supporting one another as we navigate the broader system changes ahead.

Anurag attended the chairs forum in London, and I attended several senior leadership sessions with colleagues from wide variety of areas with health and social care funded by the ICS Academy. The outputs of which have been presented to the Board and other stakeholders as a collaborative piece



Dying at Hospital vs Home
Neuroscience for Leading Change Workshop
Herefordshire & Worcestershire ICS
19 June 2025



HCA Healthcare Project+ Change Association



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Additionally, we attend numerous stakeholder meetings with ICB, PLACE, Clinical Forums, NHSE Midlands, Regional Medicines Optimisation Group, and West Midlands Office, which supports the ICBs with part of the contracting function. Periodically, we meet as a group of LPCs across the Midlands to exchange ideas and convene with CPE twice a year. On a national level, I serve on CLOT (Chief Officer and CPE operational group), as well as the Pharmacy Integration Clinical Forum and National Leaders Group.

Changes in LPC Members, Team and ICB - CPCLs

LPC Members: We would like to thank our outgoing Members: Lucy Corner and Carl Rose for their excellent contributions to the LPC and welcome our two new Members: Dhiran Vadhia and Gareth Lam

LPC Team: We welcome Richard Williams to the team in project support, who has a wealth of experience in community pharmacy and PCNs. We thank Layla for her contribution and wish her well in her new ventures.

HWICB - CPCL: Alison Rogers has retired, and we will miss her greatly and she has been the most supportive and effective friend to Community Pharmacy for many years. We wish her a long and happy retirement and thank her for all her help and support.



The ICB pharmacy team have divided most parts of the role up between colleagues who continue to support us – largely Siobhan, Lisa and Sadia.

We have a lot of useful information on our website which complements the CPE materials.

[Herefordshire and Worcestershire LPC – The Voice of Pharmacy in Herefordshire and Worcestershire](#)

Also, I wanted to thank the support team who work tirelessly to bring clear information, up to date website and hands on support for you. We have someone in the office most days Monday to Friday between 10am and 3pm so happy to take queries or see you in person if we can be of help

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Work Plans - Additional non BAU priorities

[LPC Constitution and Governance – Herefordshire and Worcestershire LPC](#)

We have a work plan split into two – business as usual and additional priorities – which align with the self assessment document and our strategy. The full plan can be viewed on our website see link above. Our key priorities are set out below:

Category	Activity	Lead	Outcomes Required
PNA	Review all PNAs in geography and border areas and feedback	FL / ZA	Full feedback on LPC area PNAs and key points for border ones especially looking at border pharmacies and impact on access
PNA	Ensure our PNAs have appropriate definitions of necessary vs desirable need vs want etc.	FL / ZA	Suitable definition based on reasonable geographical access, core hours and essential service provision but not advanced or local service provision - which can be managed by extending the range of services and number of pharmacies providing them as long as sufficiently well funded. Nor extended supplementary hours - any need can be managed by a commissioned rota
Self-assessment LPC	Finance checklist	Exec	Use checklist to confirm all in place quarterly
Self-assessment LPC	Skills & Capacity	FL / ZA	Undertake our version annually which includes capacity
Self-assessment LPC	BAU LPC RAG	Gov Group	Complete self-assessment when final version available - twice a year
Services	PhF BP and OC Bundle	EC	Market and increase sign up and delivery to meet bundle and thresholds. Work on ABPM %
Services	Transformations OOH	EC & FL	Build on the services proposal and accelerator sites to deliver more through CP in well funded services to support the left shift
Services	Local	EC	Full clarity of information on all services and quarterly meetings with commissioners and ultimate commissioners. Extended Care through OWM and ICB

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Work Plans - Additional non BAU priorities continued

[LPC Constitution and Governance – Herefordshire and Worcestershire LPC](#)

Transition	CEO retirement - smooth transition in April - June 2026	Transition Groups - Chair and VC of each LPC + FL	See transition group plan
Transition	Assess capacity of team, skills, flexibility and roles	CEO and Execs	See transition group plan & HR & Review outcomes
New CPCF	Actions following negotiations	All	
New CPCF	Implementation of service changes / extensions	EC & Team	
Integration CP into ICS	Local Vision and plans	All	Build on our list of service options and vision and strategy - to give focus on CP
Integration CP into ICS	System Leadership links	FL	Build on Lynda and Charmaine relationships
Integration CP into ICS	Post Alison transition	FL & Exec	Develop a plan to maintain support
LRCs	Build relationship with the two LMCs	FL & Exec	Use Lisa to support links with LMC
NHS Plan 3 shifts	Analogue to digital	FL & AH & EC	Support use NHS App
NHS Plan 3 shifts	Left Shift Secondary - Primary	FL & AH & EC	Link into the OOH Transformation Programme locally - Lynda's work
NHS Plan 3 shifts	Treatment to Prevention	EC & Team	Build on work for local services with council and improve provision and range and viability

Our Strategic Plan for 2025 - 2026

CPHW Strategic Plan for 2025 – 2026 and beyond

Context

[Our Vision and Strategy - Community Pharmacy England](#)

Community Pharmacy England commissioned leading health think tanks Nuffield Trust and The King’s Fund to develop a vision for community pharmacy. The resulting independent report follows almost a year’s worth of research and consultation with the sector and wider stakeholders and advocates for community pharmacy.

‘A Vision for Community Pharmacy’ describes how Nuffield Trust and The King’s Fund foresee a transformation of the community pharmacy sector. The report not only sets out how community pharmacies’ role in healthcare could be expanded over the next decade, but also explores the barriers to achieving this, and the enablers which will help make progress towards it.

‘Community pharmacies are critical to our local neighbourhoods, but there is still more that they could do for patients, the public and the wider NHS. To empower pharmacies to reach this potential, offering the full range of clinical services within their expanding skillset, we must ease ongoing pressures, fund them sustainably and properly embed them within local and national healthcare systems.’ Quote from Janet Morrison CEO of CPE.

Our two LPCs have a joint strategic plan and workplan, with flexibility to include differing additional local priorities to align with local need and local ICS plans as appropriate.

Each year the LPCs set the workplan for the coming year. The key BAU aspects of the plan relating to running the LPC, engagement, representation and support that this entails. This includes, for the most part, the same pillars of activity each year, with additions, updates depending on local or contractual changes. It is published on the LPC website under about us and our governance documents. In addition to this we have our additional key priorities many of which are locally focussed and are updated regularly. The BAU workplan closely aligns with the self-assessment document produced by CPE and a new version will be available by March 2025. A draft has been reviewed by the LPC and a draft action plan put in place ahead of the final version being shared.

The key priorities identified for CPA and CPHW are: PNA related activity to be completed during 2025; Self-assessment RAG documents to be completed during 2025 and reviewed twice a year thereafter; Transition to a new CEO following retirement in 2026 and anything that comes out of the new CPCF and NHS Plan / CPE Vision

CPHW have additionally identified: ICS Integration – well established connections and engagement - to be maintained following CPCL retirement in March 2025. To build on the transformational OOH services programme and delegated commissioning board links. Plus, develop a working relationship with the LMCs and GP Federations. To support all the advanced services and reestablish all the connections with local services and utilise the negotiating skills to deliver better value for Contractors. Support the three NHS Plan 3 shifts: Digital – NHSApp, OOH work with Transformation Team supporting the LEFT SHIFT and building on local services to support Treat to Prevention.



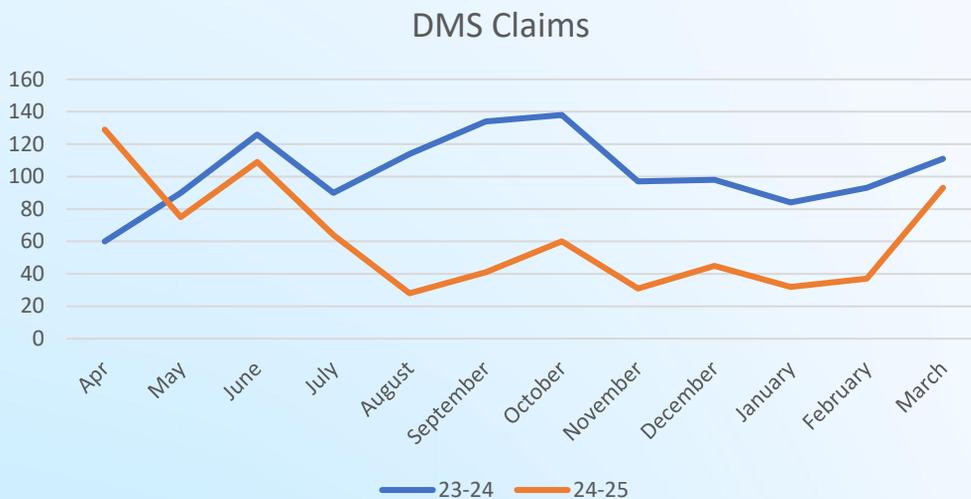
	REPRESENT	SUPPORT	LEAD
VISION	CPA and CPHW will represent equitably and effectively every contractor either individually or as a collective, championing the services pharmacies provide to our populations	CPA and CPHW will offer support to every contractor in reaching their full potential in operational and service delivery performance through regular communication, events and dedicated support.	CPA and CPHW will provide effective leadership to ensure that community pharmacies across our area are well-prepared for the future of the CPCF, helping position community pharmacies as respected members of primary care, with a strong focus on viability, strength of the network and appropriately funded clinical services. Supporting innovation and excellence in community pharmacy practice.
AIMS	<p>Represent contractors at system & place & PCN level to promote national advanced service uptake & awareness amongst stakeholders</p> <p>Represent contractors in system-level and regional (MORAG) discussions relating to pharmacy challenges associated with access to and supply of medicines and patient and medicine safety.</p> <p>Represent contractors to advocate for ‘doing things once’ and working at scale across our two areas. To include building relationships with commissioners to maximise local service opportunities and input into the Locally Commissioned Services review. Build effective relationships with LRCs & GP representative organisations to raise awareness of pharmacy services & promote collaborative working Represent community pharmacy’s unique position.</p>	<p>Raise awareness of CPA & CPHW amongst contractors and the support available to them by variety of means. Work closely with contractors and commissioners to see what support and training is needed and how best meet needs.</p> <p>Develop communication strategy and tools including website, newsletter and social media to reach wider community pharmacy network & ensure effective targeting of information.</p> <p>Work collaboratively with ICB, other local commissioners and clinical forums to deliver and evaluate a range of awareness / contractor support sessions re CPCF national services to provide insight into contractor preference for ongoing events and resource packs and marketing materials</p> <p>Support contractors to understand and value the strategic shift towards clinical services, enhancing their role in patient care & improving health outcome. Plus prepare them for any changes from NHS Plan and CPE negotiations and vision.</p>	<p>Lead discussions with local system / commissioner stakeholders and partners so that we are recognised as an effective and trusted representative of our contractors.</p> <p>Be consistent and clear about the benefits of working at scale in a consistent manner to ensure all patients have equitable access to services.</p> <p>CPA & CPHW operations & finances to be underpinned by robust governance.</p> <p>Work at regional and national level to provide a trusted conduit between our contractors and regional / national teams to lead & influence, sharing best practice across a wide area.</p> <p>Ensure media ready and engage with MPs and councillors.</p>
ENABLERS	Viable Pharmacy Network, CPCF and Local Contracts Digital and Data sharing to support delivery Excellent stakeholder and contractor engagement and active LPC Members.		
MEASURES		Feedback from stakeholder; Feedback from contractors at visits and by other means; Data on service delivery and sign ups; Network stability; Engagement at events; Queries handled by the team. Financial balance and self-assessment.	

LPC Office: Unit 24 Basepoint Business Centre; Crab Apple Way, Vale Park, Evesham, WR11 1GP

Services Report 2024 / 25

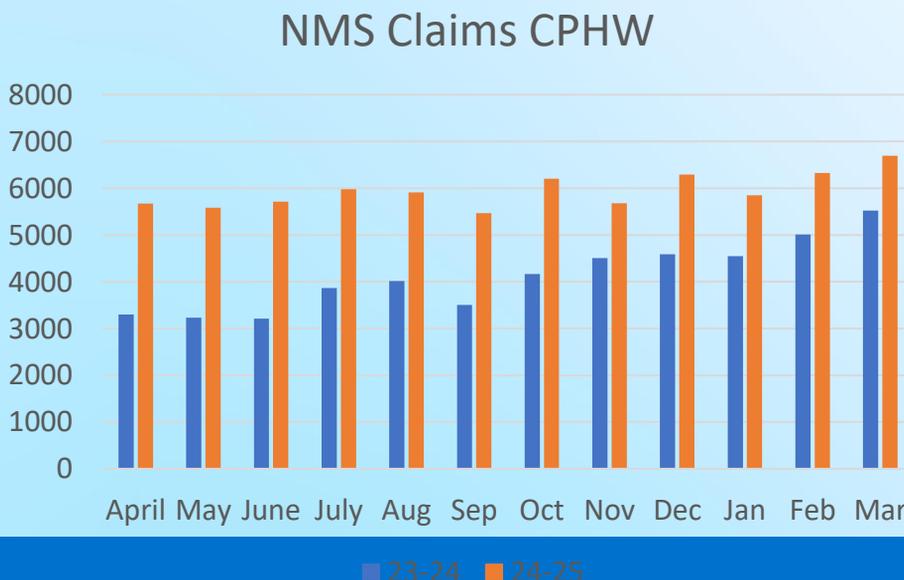
Discharge Medicine Service - DMS – Essential Service

Pharmacies in HW claimed over double the number of DMS in 24-25 (744) compared to 23-24 (349). Referrals have continued to be made from our local trusts with quarterly calls with representatives from hospitals, ICB and LPC to discuss progress. IT improvements have made the process of information sharing more streamlined between hospital, community pharmacy and GP surgeries. We will continue this work into 25-26 to drive up referral numbers to our community pharmacies.



New Medicine Service – NMS – Advanced Service

In 22-23 contractors claimed for 30,477 NMS provisions, in 23-24 this total rose to 49,486 claims. This past year we have seen an increase again, up 70% to 71381 in 24-25. Changes to the pharmacy contract on offsite provision of NMS service may mean we see some slow in growth of this service but the addition of Depression into conditions in the next financial year may help with further service growth.

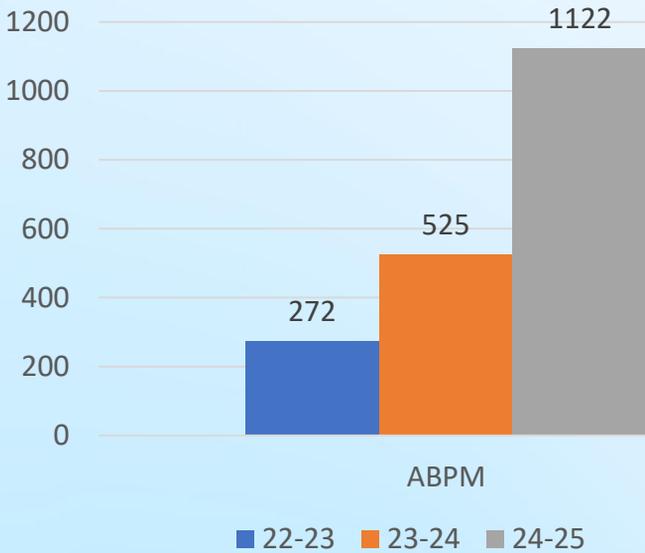


Services Report 2024 /2025

Blood Pressure Case Finding Advanced Service

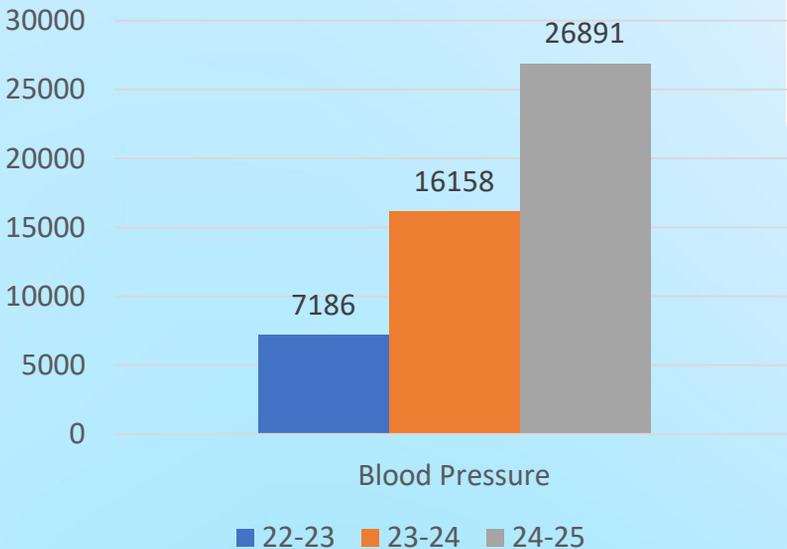
In 22-23 7186 BP checks and 272 ABPMs were carried out. The service delivery has doubled both for BP checks and ABPMs in 23-24 and again in this past year. We have focussed on ensuring that pharmacy teams know when ABPM should be offered and how to improve service delivery overall. This is reflected in an improved conversion rate, and we continue to do work to promote this and support our contractors with this delivery. This has been done through offer of f2f training opportunities, service promotion materials being sent to all pharmacies and by work with GP practices to increase their awareness of the service, its goals and its specification.

ABPM Claims



Month	BP checks	Ambulatory
April 24	1721	113
May	2242	110
June	1838	100
July	1980	101
Aug	1999	69
Sep	1713	73
Oct	3791	90
Nov	2676	119
Dec	1457	63
Jan 25	2216	93
Feb	2724	106
March	2534	85
Total	26891	1122

Blood Pressure Claims

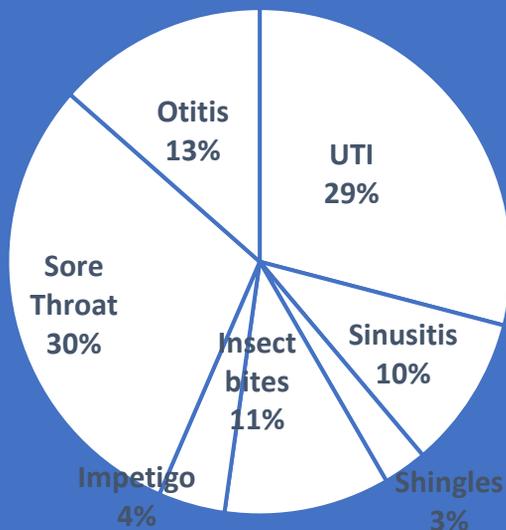


Pharmacy First Service

In the last two months of 23-24 the total PFS claims in CPHW was over 5000pcm. In 24-25 we have seen a steady growth in this service with clinical pathway claims showing the biggest increase across the three strands of the service. Hitting the thresholds for PFS has been challenging for pharmacies and our work continuing to promote the benefit of making referrals to GP surgeries and UTC in HW continues. Towards the end of 24-25 around half of pharmacies each month reached the threshold for payment of the £1000 service payment. Increasing this number remains a priority for the year ahead.

Month	Clinical Pathway	Minor Illness	Urgent Supply	Total
April	3892	1633	1077	6602
May	4930	1698	1315	7943
June	3992	1560	1068	6620
July	4670	1400	1339	7409
Aug	4252	1137	1547	6936
Sep	4132	1119	1183	6434
Oct	4058	1271	1296	6625
Nov	5082	1309	1329	7720
Dec	6308	1601	1307	9216
Jan	5096	1241	1172	7509
Feb	5210	1063	1163	7436
Mar	5726	1208	1350	8284

PERCENTAGE OF TOTAL CP CONSULTATIONS



The pie chart here shows the percentage of each Clinical Pathway claimed across CPHW in 24-25. The spread varies seasonally of some conditions, and it is obvious that UTIs and Sore throat are the most commonly presented. However, skin conditions like impetigo and conditions which present with a rash like Shingles remain an area pharmacists have said they find hardest to diagnose and treat. To support with this we have promoted the use of CPPE modules on these conditions as well as the use of Virtual Outcomes.

Services Report 2024 / 2025

Pharmacy Contraception Service

At the end of April 2025 almost all pharmacies in CPHW were registered to provide the Pharmacy Contraception Service. Numbers of initiation and continuation consultations have risen steadily and continue to do so. We facilitated a face to face CPPE training evenings to support pharmacy teams in increasing their confidence with the service.

Month	Initiation	Continuation	Total
April	30	230	260
May	42	260	302
June	43	262	305
July	60	322	382
August	41	358	399
Sep	48	338	386
Oct	32	314	346
Nov	38	293	331
Dec	29	402	431
Jan	50	503	553
Feb	57	462	519
March	69	561	650

PCS claims 24-25



Smoking Cessation Advanced Service

Pharmacies across HW have delivered steadily on this advanced service. Trusts have worked closely with the LPC to ensure patient journey is optimised. New local services are also in development in HW which won't be dependent on referrals in like this service. This is a great opportunities for pharmacies for the next financial year that the LPC are supporting.

Local and Regional Services - ICB and Council Commissioned

The ICB has continued to contract pharmacies for both Palliative Care and Antiviral stock holding services. Local services for Drug User Services and Emergency Contraception were commissioned for 24-25 by Herefordshire and Worcestershire county councils for their respective areas. The Sharps Disposal Service has continued in Worcestershire with enrolled pharmacies accepting patient sharp returns on behalf of the county council. Details of these contracts and third-party subcontractors can be found on our website. [Local Services - HW LPC](#).

CPHW Annual Accounts 2024 /2025

Income and Expenditure Account

Year ended 31 March 2025

	Notes	2025	2024
Income		£	£
LPC Statutory Levies		185,089	181,403
External Income		13,146	5,326
<i>Total Income</i>		198,236	186,729
Expenditure			
PSNC		106,306	86,145
Conference Fees/Expenses		-	-
Members Expenses For Attending Meetings And Locum Fees		10,119	9,975
Gross Wages	2	54,374	50,776
National Insurance		2,051	2,400
Pension		2,633	1,080
PCN Lead Cost		-	-
Rent		4,396	2,540
Human Resource Service		1,670	1,586
Accountancy Fees		1,974	1,836
H&W Share of Office / Admin Function	2	25,109	13,997
Member Training Costs		286	-
Legal Fees		-	-
Travelling		1,361	2,244
General Expenses		1,450	2,573
Refreshments		1,230	785
Telephone Expenses		581	515
<i>Total Expenditure</i>		213,540	176,452
Surplus/(Deficit) Arising In The Year		(15,304)	10,277

Accountants

Cooper Parry Advisory Limited
Argosy Road East Midlands Airport,
Castle Donnington, Derby DE74 2SA

CPHW Annual Accounts 2024 / 2025 continued

Balance Sheet

Year ended 31 March 2025

	2025	2024
Current Assets		
Bank Account	158,292	120,945
Prepayments	-	54,071
	158,292	175,016
Current Liabilities		
Accruals	1,839	3,310
Other creditors	-	-
Payroll Taxes & Pension	220	169
	2,059	3,479
Net Assets	156,233	171,537
General Fund		
Balance at 1 st April 2024	171,537	161,260
Surplus/(Deficit) Arising In The Year	(15,304)	10,277
Balance at 31 st March 2025	156,233	171,537

CPHW Annual Accounts 2024/2025 continued

2. Employees

	2025	2024
Staff costs consist of:	£	£
	4,996	18,202
Admin Wages (within H&W Share of Officer)	54,374	50,051
Gross Wages (Inc NI & Pension)	<u>59,370</u>	<u>68,853</u>

Gross Wages includes Chief Officer, Treasurer and the new position of Pharmacy Services Support Office.

3. Debtors

	2025	2024
	£	£
Prepayments	-	54,071
	<u>-</u>	<u>54,071</u>

4. Creditors

	2025	2024
	£	£
Accruals	1,839	3,310
Payroll Taxes & Pension	169	169
Other Creditors	-	-
	<u>2,059</u>	<u>3,479</u>

In order to assist you to fulfil your duties under the Companies Act 2006, we have prepared for your approval the financial statements of Herefordshire & Worcestershire LPC for the year ended 31 March 2025 which comprise the Income Statement, Balance Sheet and the related notes from the company's accounting records and from information and explanations you have given us.

This report is made solely to the director of Herefordshire & Worcestershire LPC in accordance with our terms of engagement. Our work has been undertaken solely to prepare for your approval the financial statements of Herefordshire & Worcestershire LPC and state those matters that we have agreed to state to the director of Herefordshire & Worcestershire LPC in this report. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the company and its director for our work or for this report.

It is your duty to ensure that Herefordshire & Worcestershire LPC has kept adequate accounting records and to prepare statutory financial statements that give a true and fair view of the assets, liabilities, financial position and profit of Herefordshire & Worcestershire LPC. You consider that Herefordshire & Worcestershire LPC is exempt from the statutory audit requirement for the year.

We have not been instructed to carry out an audit or a review of the financial statements of Herefordshire & Worcestershire LPC. For this reason, we have not verified the accuracy or completeness of the accounting records or information and explanations you have given to us and we do not, therefore, express any opinion on the statutory financial statements.

Treasurer's Report 2024 / 2025

The CPHW accounts balance at end of year 2024-2025 was **£156,233** (levy related funds including accruals), with an expenditure of **£213,540** against a planned budget of **£215,540** and income of **£198,236 (including £13,146 from the NHS MOU account)**. Actual bank balance at year end was **£158,292**. Note there was a significant increase in CPE Levy during 2024-2025 (Total was: £106,305.38) and our increase levy to the Contractors (as agreed at SGM previously) was not enacted until the last three months of the year. Another increase in CPE Levy is due in 2025-2026. Herefordshire and Worcestershire have one of the highest CPE levies, due to an anomaly where we have one specialist Contractor who has significant NHS income which skews the basis on which CPE calculate their levy.

We had some funding from NHSEI and ICB against MOUs – whilst much of this is for additional activities – some things such as Contractor engagement / training and service support activity would have been undertaken anyway at the CPHW's own expense. We have previously received NHSEI / ICB funding subject to MOUs which covers some of our service team salary and resources and should be sufficient to continue this subsidy until end of 2025-2026 and possibly some of 2026-2027. We also hold some funds for the ICB. (an overview of how this funding has been allocated is shared separately within the Annual Report). We do not expect to receive any further NHS funds after 2025, the ICB controlled funds will all be spent by the end of 2025 and will not be replenished.

Treasurer's Report 2024 / 2025

Points of note on the accounts:

- The shared support and office function changes have now annualised.
- Treasurer is also now employed (a few hours per month) and so honorarium and wages are within the Gross Wages line of accounts. Chair honorarium also paid through payroll.
- To support the increased engagement and service support, we have invested in a Services Project Support Officer alongside our shared engagement lead. We had some seed funding for this role from the ICB and NHSE. (MOU funds of £27,000 in 2024-25 staff, resources and training).

Budget for 2025-2026 **£224,642**, (monthly average £18,720) NB: *includes MOU Fund contribution*. (Contractor Levy income £203,520) (This includes £107,190 Levy payable to CPE 53%)

Contingency Held for 24-25 £27,000 to mitigate risks (employment allowance recovery, LPC closure) + £7,000 to mitigate against MOU Funds part funding services project officer. Total contingency = £34,000

Levy Accounts end March 2025: **£156,233**

Reserves = £156,233 – 34,000 = £122,233 = 54% 6.5 months

We consider these reserves reasonable

Treasurer's Report – 2025/ 2026 Budget

CPHW Local Pharmaceutical Committee

Budget for 2025-26

Assumptions - still NHS funding until end 25-26

End of 2024-25 remaining £130,000 - 18,000 = £112,000 against a budget of £220,442 (51%)

	2025									2026			Total Budget £
	Apr Budget £	May Budget £	Jun Budget £	Jul Budget £	Aug Budget £	Sep Budget £	Oct Budget £	Nov Budget £	Dec Budget £	Jan Budget £	Feb Budget £	Mar Budget £	
Income													
NHSBA Contractor	16,960	16,960	16,960	16,960	16,960	16,960	16,960	16,960	16,960	16,960	16,960	16,960	203,520
Use of PharmOutcomes Licenses													-
Transfer from MOU account - services	700	700	700	700	700	700	700	700	700	700	700	700	8,400
Meeting Sponsorship													-
Interest received Dividend/ Investment income													-
Capital gains													-
Total Income	17,660	211,920											

Staff Employment costs

Gross Wages inc OPI Staff & Treasurer & CEO	6,000	6,000	6,000	6,000	6,000	6,000	6,000	6,000	6,000	6,000	6,000	6,000	72,000
Employers NI Auto Enrolment pensions													-
Payplus Locum cover inc subgroups	150	150	150	150	150	150	150	150	150	150	150	150	1,800
	-	3,000	-	3,000	-	3,000	-	900	-	3,000	900	3,000	16,800
Honorarium Human Resource services C&Co	1,000												1,000
Training Costs	100	100	100	100	100	100	100	100	100	100	100	100	1,200
Total for staff employment costs	7,250	9,250	6,250	9,250	6,250	9,250	6,250	7,150	6,250	9,250	7,150	9,250	92,800

Establishment Costs (shared costs)

Rent	425	425	425	425	425	425	425	425	425	425	425	425	5,100
Cleaning & parking Office and Equipment repairs	25	25	25	25	25	25	25	25	25	25	25	25	300
Office contents and equipment insurance	20	20	20	20	20	20	20	20	20	20	20	20	240
	30	30	30	30	30	30	30	30	30	30	30	30	360

Treasurer's Report – 2025 / 2026 Budget continued

IT support costs	20	20	20	20	20	20	20	20	20	20	20	20	240
Software licenses incl Microsoft and webinar	50	50	50	50	50	50	50	50	50	50	50	50	600
Depreciation of fixtures, fittings and IT	20	20	20	20	20	20	20	20	20	20	20	20	240
Total for Establishment costs	590	7,080											

Meeting Costs

PSNC Meeting costs	125	125	125	125	125	125	125	125	125	125	125	125	1,500
Refreshments and catering for meetings	75	75	75	75	75	75	75	75	75	75	75	75	900
Room Hire for Meetings	75	75	75	75	75	75	75	75	75	75	75	75	900
Travel and subsistence inc Exec / subgroups	200	200	200	200	200	200	200	200	200	200	200	200	2,400
Total for meeting costs	475	5,700											

Insurance, PPS, Telephone etc

Employers and Public liability insurance (+ICO + Director Ins)	60	60	60	60	60	60	60	60	60	60	60	60	720
Office stationery	50	50	50	50	50	50	50	50	50	50	50	50	600
Postage and Carriage	40	40	40	40	40	40	40	40	40	40	40	40	480

Mobile charges	25	25	25	25	25	25	25	25	25	25	25	25	300
Sundry Expenses inc travel	200	200	200	200	200	200	200	200	200	200	200	200	2,400
Total for insurance, PPS, tel costs	375	4,500											

Levies and License fees

Pharmoutcomes Licenses	-	-	-	-	-	-	-	-	-	-	-	-	-
PSNC Levy	9,012	108,142											
Accountancy Fees	150	150	150	150	150	150	150	150	150	150	150	150	1,800
Audit fees													-
Professional Fees	75	75	75	75	75	75	75	75	75	75	75	75	900
Total levies and license fee costs	9,237	110,842											

Communications

Events - other costs	150	150	150	150	150	150	150	150	150	150	150	150	1,800
Events- Venue hire and catering	150	150	150	150	150	150	150	150	150	150	150	150	1,800
PR Consultants													-
Website costs													-

Treasurer's Report 2025 / 2026 Budget continued & MOU Funds Summary

Social Media													-
Total communications costs	300	3,600											
Finance													
Loan interest													-
Bank charges	10	10	10	10	10	10	10	10	10	10	10	10	120
Total finance charges	10	120											
Irrecoverable VAT													
Total costs	18,237	20,237	17,237	20,237	17,237	20,237	17,237	18,137	17,237	20,237	18,137	20,237	224,642
Surplus/(Deficit) before tax	- 577	- 2,577	423	- 2,577	423	- 2,577	423	- 477	423	- 2,577	477	- 2,577	- 12,722
Corporation Tax													
Surplus/(Deficit) after tax	- 577	- 2,577	423	- 2,577	423	- 2,577	423	- 477	423	- 2,577	477	- 2,577	- 12,722

MOU Funds Summary

LPC	Amount Spent 2024 – 2025 (ICB expenditure, Services support, training)	Amount Received 2024 – 2025 (ICB plus LPN)	Total remaining at end March 2025	LPN MOU restricted (23-24, 24-25)	ICB Funds held & restricted – all will be spent by summer 2025 NB no more expected	Legacy MOU Funds (NHSE and ICB – H&W only) to spend on Services support including staff, resources, marketing, events, training, mentoring, DPP, IP (NB no more expected)	Planned spend (already fixed buses, events, DPP, services staff salary contribution, database)	Additional Funds expected
H&W	£27,121.88	£32,073.67	£187,645.25	£50,000	£19,102.71	£118,542.54 <i>(includes £12,500 old LPN 21-22 residual and wellbeing & mentoring funds £10,740) Rest HWICB services support funding & NHSE legacy funds</i>	All ICB half LPN and third Legacy – reserving some funds for 26-27 and possibly 27-28	£25,000 LPN 25-26

Committee Governance and Self-Assessment

Governance Sub-Committee

Zoe Ascott – Governance & Regulatory Lead & Chair

We have completed all of the Governance requirements as part of the Transformation and meet regularly at the start of each LPC Meeting.

We have recently completed our self-assessment which is published on our website and have an action plan in place. [We're all community pharmacy](#). We have scored 26 as Green and 12 Amber and none as Red.

We are in the process of updating our skills and capacity audits and confidentially declarations and DOI is completed at every meeting and updated annually on the website.

We have also completed all of the Finance checklists and follow the guidance.

Our Treasurer is independent of the Chair and Chief Officer roles.

Our new members have received all the new member documents, and all members of the team have twice yearly reviews.

Team and Members May 2025 and beyond

Executive Team

Chief Executive Officer – Fiona Lowe [Worcester PCN Link](#)

Chair – Anurag Hegde (CCA Member) [Upton & Pershore PCN Link](#)

Vice – Chair – Jeet Patel (CCA Member) [Malvern PCN Link](#)

Treasurer – Wayne Ryan (CCA Member) [N&W Herefordshire PCNs Link](#)

Members:

Akwal Singh (IPA) [Evesham PCN Link](#)

Gareth Lam (Indep) [HMG PCN Link](#)

Amarjit Tanday (Indep) [Wyre Forest HP and IP PCNs Link](#)

Harpal Bhandal (Indep) [S&W Herefordshire PCNs Link](#)

Dhiran Vadhia (Indep) [Bromsgrove PCN Link](#)

Paul Rowley (IPA) [Nightingale PCN Link](#)

[Vacancy \(IPA\) East Herefordshire PCN Link](#)

Office Team:

Zoe Ascott – Administrator, Office Manager & Governance Lead

Susan Karoly-Smith – Digital Administrative Assistant

Eva Cardall – Engagement & Services Officer [Droitwich & Ombersley PCN Link](#)

Richard Willaims – Services Project Support [Kingfisher PCN](#)

Contact Us:

Email: ahwipc@gmail.com

Office Phone: 01386 897529 (10-3 M-F)

LPC Office: Unit 24 Basepoint Business Centre; Crab Apple Way, Vale Park, Evesham, WR11 1GP

CEO: fionalowe@nhs.net 07792970382

[About Us – Herefordshire and Worcestershire LPC](#)
(communitypharmacy.org.uk)