

Annual Report

April 2024 – March 2025

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CPNOT 2025 Financial Statements are published within a separate financial statements document.

Community Pharmacy North of Tyne

Local Pharmaceutical Committee (CPNOT LPC)

Officers

Chair: Kim Whitehouse

Vice Chair: Chris Dodd

Treasurer: Simon Clark

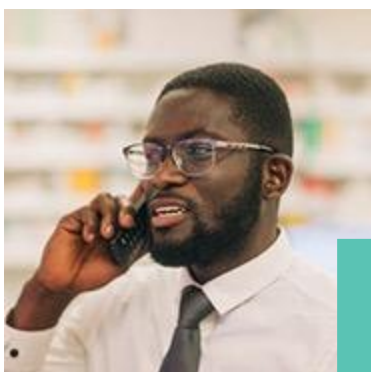
Chief Officer: Geraint Morris

**Head of Services
and Support:** Ann Gunning

PCN Lead support: Carolyn Jackson

Services Coach Lead: Dee Talbot.

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



Welcome & Overview

Kim Whitehouse

Chair Report 2024 -25

This year Community Pharmacy Northeast North once again became known as Community Pharmacy North of Tyne (CPNoT) to make it easier for contractors and external stakeholders alike to recognise our geographical area of representation.

The Community Pharmacy Contractual Framework (CPCF) arrangements for 2024/25 and 2025/26 were finally finalised in March. There, was a mixed response to the deal by Northeast North contractors, as the impact of funding pressures are still being felt. The difficult and challenging times for Community Pharmacy continuing this year for some.

Successful contractor appeals have seen new contracts awarded to fill gaps where there were closures last year. A recognition how vital pharmacy services are to our communities.

With the importance of pharmacy services in mind, CPNoT has continued to work hard to support everyone to be service ready. Facilitating Pharmacy First clinical skills workshops for ENT, dermatology and also contraception training. Reaching out to contractors to understand what else we can do to help them provide the best care for patients whilst securing additional funding.

Our service coaches continue to engage GP practices and pharmacies with training and support conversations to encourage more online referrals. We celebrated an award-winning incentive to reach out to parents via the Raring2Go school magazine. I am extremely proud of Dee our service coach for the work done on this and for further liaising with Newcastle University to promote pharmacy services to the student population.

We continue to have a full cohort of PCN leads who led by Carolyn build invaluable relationships across the sector.

2025-2026 sees further change for the committee. Chris Dodd a long standing CPNoT member has taken on an exciting career opportunity outside of community pharmacy so is no longer a member. Thank you, Chris, for your years of service to the committee and therefore to community pharmacy as a whole. Chris' departure opened a vacancy for a new vice chair and I am pleased to welcome the support of Sharon Williams in that role. Sharon has also served on the committee for many years and is a dedicated advocate of community pharmacy.

I would like to thank Geraint Morris (Chief Officer), Ann Gunning (Head of Services and Support), Carolyn Jackson (PCN lead) and Dee Bosworth (Service Coach) for the hard work, energy and boundless enthusiasm they bring to work every day. I would also like to thank all the committee members for their time, dedication and commitment.

Finally thank you to all Contractors and Pharmacy Teams for adapting at pace to Pharmacy First, Hypertension case finding and the contraception service expanding accessible care for patients and growing the reputation of community pharmacy. Please remember that I, the committee members, and our officers are here to support

Kim Whitehouse MRPharmS

Chair CPNOT





Community Pharmacy North of Tyne

Chief Officer Report

Geraint Morris

When the general election was called the ongoing Community Pharmacy England (CPE) negotiations for increased funding for Community Pharmacy were halted, leaving the sector to continue to deliver pharmacy services whilst experiencing continued unsustainable pressure with over 70% of community pharmacies reporting year end losses and showing an entire service under threat. Throughout the year, CPNOT amplified your messages and concerns both locally and nationally, seeking local advocates to both understand the challenges facing community pharmacy and then to raise their and our concerns with national stakeholders. In July, in partnership with the other Northeast North Cumbria LPCs we hosted a meeting with CPE, followed by an evening contractor's session, where CPE shared their current understanding, provided a platform for further discussion and addressed concerns.

Acknowledging the challenges our contractors continued to face and the need for increased funding in the core pharmacy contract, we were also aware of the need for our contractors to engage and deliver the new clinical services to maximise their income and to deliver the benefits needed by our patients and the wider NHS. To help support pharmacy teams deliver the new services I obtained ICB funds to work with our neighbouring LPCs and host a series of ongoing clinical upskilling events, which all received positive feedback.

Electronic referrals to Pharmacy First ran into a number of headwinds over the year, some EMIS practices switched over the SystmOne, PharmRefer introduced Multi factor Authentication(MFA) and the impact of ongoing GP collective action resulted in more practice signposting. NEAS and the 111 team continue to be the largest provider of Pharmacy First referrals and their call handlers supported by 111online stepped in to manage requests for urgent emergency medication following the removal of the NENC walk-in service in May.

I secured ongoing funding support for the NENC service coaches' team, which continue to successfully unlock many local process and IT barriers. The team of service coaches have supported and guided our Pharmacy and GP Surgery teams in delivering and promoting available services in community pharmacy, alleviating the pressures on GP appointments. Our NoT coaches work very closely with the wider NENC coaches' team, pinpointing and identifying key areas where support is needed. They have hosted with our PCN support lead, local networking events in the evenings for individual PCNs aiming to improve engagement and local collaboration, to deliver more local patient outcomes through pharmacy services.

Working with ICB communication leads, we have created and had funded new communication toolkits to increase patients and public awareness of the growing range of clinical services community pharmacy can now offer them, whilst tailoring the material to seasonal trends and patient groups, such as school age children and students. National Pharmacy First service and our local Think Pharmacy First minor illness scheme, activity data shows an increasing trend of patients are self-referring and thinking pharmacy first.

Championing the need for a funding uplift, working with the other NENC LPCs, we attended several meetings with ICB colleagues, whilst securing ongoing funding for our Think Pharmacy First scheme we have been challenging the funding of bank holiday hours and the need for a fee increase after many years. Whilst we did not get the rate we were asking for, the ICB in September did lock in a new rate and offered an NHS inflation uplift annually.

Our provider company, Pharmacy Services North East (PSNE) Limited, has had another successful year and continues to provide contractors with access to an increasing number of locally commissioned services, by providing the “at scale” solution for a range of commissioners, such as, NENC integrated care system, hospital trusts, local authorities and 3rd party private providers.

In anticipation of the new pharmacy contract, I am pleased to see that our community pharmacy teams have again embraced the opportunity of Flu and Covid vaccinations, providing an increasing proportion of the overall vaccinations from an increasing number of sites. I hope that our local performance has given national stakeholders the confidence that community pharmacy can improve the access and uptake of a wider range of vaccinations when commissioned.

I would like to recognise and thank the team at our LPC, officers and members for all their support and challenge this year as we work to represent and support our contractors, and a huge thanks must go to all pharmacy teams who have again provided amazing care to their patients, even though the profession continues to operate under very difficult circumstances.

My final words must go to thank Chris Dodd for all his personal support and guidance during his time as vice chair and committee member, and to wish him all the best and success in his new adventure in secondary care.



Head of Services and Support Report

Ann Gunning

Community pharmacy funding continued to be a huge issue throughout 2024-25 with no financial settlement agreed for the global sum. This was not helped by a change of government as negotiations were nearing a conclusion.

The Walk-in Emergency Supply service was also extended by the ICB and then by PSNE Ltd until the end of May 2024 to ensure the service was available for Easter and the May bank holidays. It is disappointing that recurrent funding has not been secured for this service given the pressure it relieves on other areas of the NHS, such as NHS 111 and emergency departments when patients run out of medication.

Following the launch of Pharmacy First, the LPC continued to work with our neighbours to commission training, financed by the ICB, to support pharmacists with upskilling for the clinical conditions pathways and prepare for bundling of services. To date, sessions have been provided covering ENT and contraception. Separately, the LPC funded training for dermatology following the AGM in October. Given Pharmacy First deals with conditions in primary care, I found a GP with Special Interest, Dr Catriona Rutland, to run the session, rather than asking a consultant. Cat's session was well received by those attending the meeting.

There were a number of changes to stop smoking services in 2024-25. I worked with North Tyneside and Newcastle public health departments to introduce vapes to their range of stop smoking supports available to clients engaged in a 12 week behavioural quit attempt.

Discussions started with Northumberland County Council to introduce a new stop smoking service in community pharmacy which would be more streamlined and geared towards providing brief advice with supply of NRT rather than more in depth behavioural support. I achieved two major wins during early discussions which was the removal of DBS checks for staff providing the service and the use of PharmOutcomes, rather than the council portal for recording consultations. The service eventually launched in early March 2025. Remuneration is significantly improved compared to the previous stop smoking service.

I was involved in discussions about introducing a PGD service across the North East for the supply of varenicline, following the launch of generic versions of this effective stop smoking medication. The preferred model is to have one lead local authority commissioning the service via PSNE Ltd on behalf of all local authorities, with a single authorised PGD. This will reduce work in local authorities but has been proving complicated, particularly with changes to procurement rules. Work is continuing to get the service up and running.

I attended the Newcastle Health and Wellbeing Board with Ken Youngman, the ICB pharmacy, optometry and dental lead. We took the opportunity to explain the community pharmacy contract and funding structure and explain why they had seen pharmacy closures in the city. This meeting lead to significant media interest, at the time the NPA were also leading national communications about the funding crisis.

Pharmacy ownerships and closures have stabilised and as of 31st March 2025, the LPC represented 168 pharmacies.



Treasurers Report

Simon Clark

I present to contractors the audited annual report for CPNoT for the year 2024-2025.

I am delighted that CPNoT has held its levy take per contractor lower than most other LPCs in the region this year and I believe provides contractors with great value for their money.

The LPC retains its mandated operating reserve of six months operating costs, roughly equal to £90k and at the time of writing aims to hold overall levy take at last year's level in order to share the burden of difficult financial times with the contractors we represent. This year we have not taken the full proportion of the levy and this looks set to continue in the year ahead. Contractors will note that the falling number of contracts in the area has regrettably seen the monthly amount paid by individual contractors rise a little. With several new contract applications now granted and expected to open, this situation may change in the year ahead.

Expenditure continues to rise in several cost lines due to significant inflation in many goods and services. The LPC has scrutinised costs ever more tightly and we have now begun to see the benefit of not using serviced offices, having bundled mobile phone contracts and using technology to standardise some of the ways we are working.

Since 2016 the provider company PSNE has contributed an additional income stream to the LPC. These monies are rightly accounted for in a different way to levy income and are used to fund things that previously would have required levy increases to cover. This year for example some of the PSNE revenue was used to fund the printed support materials that contractors and LPC employees have used to support service promotion at local and strategic level.



PCN Support Lead

Carolyn Jackson

Community Pharmacy PCN Leads- evolving well and maintaining full complement in North of Tyne.

Over the last 12 months the PCNs have continued to develop and grow across the North of Tyne area and are now fast establishing themselves as an integral part of streamlining the patient journey. This development has been demonstrated within the GP practices and Community Pharmacies with stronger links evolving and the PCNs having a much greater presence in the primary care system.

The community pharmacy PCN engagement lead role has been funded by NHS England for this financial year (from 1 April 2024 until 31 March 2025). Integrated care boards (ICBs) will manage delivery on a local level and the funding is provided per PCN. The expectation is that the role will function as a point of contact for local community pharmacies and for general practices in the PCN. ICBs will report every 6 months and provide an overview of the PCN Lead Engagement role in terms of activity and impact. It is hoped that the funding will continue with NHSE contributing via the various ICBs.

We continue to be one of the few areas in the Northeast and North Cumbria ICB to maintain and offer support to PCN Leads. Despite some changes over the last 12 months with PCN Lead posts we have largely successfully managed to maintain our full complement for the bulk of the year with **all** 18 PCNs having an appointed PCN Lead. The Leads are largely from independent pharmacies with some new faces offering some fresh energy into the role.

A massive thank you to those who have continued in their roles and to the new PCN Leads who have moved into the role over the last few months. It can be at times a very challenging role, as well as a rewarding one and we recognise this particularly in terms of the frustrations they can experience managing their time and commitments to their pharmacies.

Engagement from constituent pharmacies is still proving to be a challenge. Recently we have launched a new initiative working with all the Community Pharmacy PCN Leads in the North of Tyne to help us identify which community pharmacies within each PCN are failing to engage with their PCN Lead. Simultaneously we are assessing Pharmacy First and Think Pharmacy First data to help those pharmacies not offering the Pharmacy First services or claiming for them to maximise service standards and provision.

I would also like to convey a huge thank you to all pharmacies who have contributed over the last 12 months and point out that to continue this success and evolve with the developments we all need to contribute and ensure that community pharmacy is an essential spoke in the wheel of PCN development and vital in improving patient care.

The growth of the Services Coaches Team has been a major success with many benefits. I work very closely with the services coaches' team pinpointing and identifying key areas where support is needed.

Meeting Attendance

2024-2025

Member	Membership	Possible Attendances	Actual Attendances
Ali Avaie	Independent	6	6
Chris Dodd	Independent (Vice Chair)	6	5
Claire Cameron	CCA	6	6
Hassan Malik	Independent	4	4
Hugh McKendrick	CCA	1	0
Jennifer Rowe	AIM/IPA	6	5
Kim Whitehouse	CCA (Chair)	6	6
Kwong Yioyoung ah Kim	CCA	3	2
Masommoth Begum	CCA	3	0
Shammi Nair	Independent	6	4
Sharon Williams	Independent	6	6
Simon Clark	CCA (Treasurer)	6	6
Officers			
Ann Gunning	Head of Services and Support	6	6
Carolyn Jackson	PCN Support Lead	6	6
Dee Talbot	Service Coach	5	5
Geraint Morris	Chief Officer	6	6

Following two CCA resignations and a review of contract numbers, one CCA seat was replaced by an additional independent seat.

Community Pharmacy North of Tyne.

CPNOT c/o Parkside Pharmacy Walker
436 Welbeck Road
Walker
Newcastle Upon Tyne
NE6 2NY

LPC@cpnot.org.uk

cpnot.org.uk

