



**Community
Pharmacy**
Halton, St Helens
& Knowsley

Annual Report

2024 – 2025



Officers

Chair: Suk Patel

Vice Chair: Alec Meakins

Treasurer: Bindu Bhatt

Chief Officer: Helen Murphy

About Us

‘The Committee’ shall be the Halton, St Helens & Knowsley Local Pharmaceutical Committee (as required by the NHS Act 2006) and known as ‘Community Pharmacy Halton, St Helens & Knowsley’.

Community Pharmacy Halton, St Helens & Knowsley is the statutory body representing contractors who provide community pharmacy services in Halton, St Helens & Knowsley.

Community Pharmacy Halton St Helens and Knowsley supports contractors across three Local Authority Areas within the Liverpool City Region. The Liverpool City Region is a combined authority area in North West England. It has six council areas the others being Liverpool, Wirral and Sefton. The region had a population of 1,571,045 in 2022.

The LPC footprint has a combined population of 460,000 which is made up of Halton 128,000, St Helens 180,000 and Knowsley 152,000.

The population within the LPC footprint are living under extremely high levels of deprivation. All Local Authority areas sit within the top 12% of the most deprived Local Authorities within the country and Knowsley sits as the second most deprived area. All of our areas are facing a shift to a greater proportion of the population being over 65.

Our community pharmacies provide an essential component of the primary care support across the area. Over the last year we have seen our contractor numbers reduce from 109 to 106 with the remaining pharmacies working increasingly hard to support their local patients.



Welcome

Throughout 2024/25, contractors across Halton, St Helens and Knowsley have continued to operate through yet another consecutive year of financial strain and an increasingly complex operational environment for community pharmacy. Despite this, the care you provide to patients and local communities remains among the most accessible and trusted within our public health system. The resilience, adaptability, and professionalism shown by pharmacy teams across our area continues to be exemplary — and for that, you should all be immensely proud.

As funding challenges persist — including unsustainable dispensing margins, branded generics, and unrelenting stock shortages — we have worked tirelessly to ensure your voices are heard. Through strategic engagement with local MPs and Community Pharmacy England, we have shared hard evidence of the pressures facing contractors. We have consistently made the case that the time and labour involved in sourcing alternatives, supporting prescribers, and counselling patients are not recognised in the current funding model. Despite these daily barriers, your continued delivery of high-quality, compassionate care stands out across the healthcare system.

At a local level, our LPC has maintained strong and productive partnerships with the ICB, Medicines Management Teams across all three Places, and Public Health leads at each local authority. Together, we have challenged cost-ineffective prescribing trends, supported transitions to cost-efficient generics, and kept contractor impact front and centre in service development discussions. Every action has been taken with a clear focus: to protect pharmacy margins and ensure sustainability for our network.

In the lead-up to the 2024 General Election, we hosted multiple MP visits across our pharmacy network. These important engagements allowed decision-makers to witness first-hand the commitment of pharmacy teams and the mounting challenges you face. We continue to use these insights to strengthen our advocacy efforts at both local and national levels.

The LPC also maintained significant focus on Pharmacy First implementation. We supported contractors with direct training, GP engagement, and regular monitoring support from our Officers and Engagement Lead. The feedback from contractors was clear — many reported increased confidence and uptake in delivering the service. HSHK was proud to report some of the highest participation rates across ICBs nationally, again showing that community pharmacy is ready and able to deliver.

This year brought changes to our own team. We said farewell to Joe, our Business Support Officer, and to Joint Chief Officer Louise, who moved on to a full-time role with Community Pharmacy Greater Manchester. Special thanks go to Helen, who shouldered multiple responsibilities with expertise and grace during this transition, before successfully recruiting two excellent colleagues: Jess, our new Business Officer, and Harriet, our Pharmacy Services Lead. Our Engagement Officer, David, has continued to be a great source of support — building strong relationships and helping ensure smooth day-to-day operations. Our Chair, Suk Patel, has remained an unwavering advocate for contractors, investing considerable time in strategic leadership roles at Health & Wellbeing Boards and across the Community Pharmacy England network.

Looking ahead, we face continued uncertainty — including the long-awaited updates to the Community Pharmacy Contractual Framework (CPCF) and the NHS Long Term Plan. For some, these developments may feel insufficient at present. But with our shared commitment, a clear strategic focus, and a united vision, I believe we are well placed to face those challenges head on.

The main body of this report outlines the achievements, sector developments, and priorities for 2025/26. To every contractor and pharmacy team — thank you. Your dedication, innovation, and professionalism are the backbone of our NHS. It has been my privilege to represent you.

Warm regards,

Alec Meakins

Vice-Chair & CCA Representative

Community Pharmacy Halton, St Helens & Knowsley



Who we are

Our committee members

In the year ending 31st March 2025, our committee had 11 members who were nominated or elected to represent their sector:

- 5 independent Contractors, elected by peers
- 2 members nominated by the IPA (Independent Pharmacies Association) (formerly AIMp)
- 4 members nominated by the CCA (Company Chemists Association)

Our office team

- Chief Officers: Helen Murphy (Louise Gatley 1st Apr 24 – 31st Aug 24)
- Services Manager: Harriet O'Neill
- Engagement Officer: David Barker
- Business Support Officer: Jess Bibby

Governance

Meeting attendance

The table below lists all committee members who served in 2024/25. Our committee meets on a regular basis. Meetings are held in public, and Contractors are welcome to attend the open part of the meeting if they inform us in advance. You can find the dates on our website by clicking [here](#)

Name	Role/Status	Possible meeting attendance	Actual meeting attendance
Bindu Bhatt	Treasurer – Independent	6	6
Ali Dalal	Independent	6	6
Alec Meakins	Vice-Chair – CCA (Boots)	6	6
John Davey	Independent	6	5
Mari Williams	IPA – PCT Healthcare	6	5
Paul Knapton	CCA (Rowlands)	6	6
Tom Graves	CCA (Boots)	6	5
Suk Patel	Chair – Independent	6	6
Ben Mason	IPA – Imaan Healthcare	4	4
Paul Doherty	Independent	4	4
Martin Sadr-Kazemi	CCA (Rowlands)	5	4
Katie Pickles	CCA (Well)	1	0
Monique Cullen	CCA (Well)	1	0
Saghir Ahmed	IPA (Imaan)	2	0

Governance Documentation

Committee members are required to attend meetings on a regular basis. They also attend other meetings on behalf of the LPC and contractors. The committee operates under and complies with The Nolan Principles and sign an annual declaration.

You can view our full range of policies and documentation including our Code of Conduct and Governance Framework on our [website](#)



Treasurers Report

Members of the committee are required to attend the LPC meetings regularly as well as attend meetings on behalf of the LPC and contractors. Operating under Nolan Principles, the LPC consider that members carrying out duties on behalf of pharmacy contractors should not be out of pocket. The LPC operates within a robust Accountability and Governance Framework that is regularly monitored. All members are required to abide by our expenses policy, which is routinely reviewed and updated by the LPC's finance and governance committee.

The total LPC administrative and contractor support costs for the year under review totalled £187,337. Even though levies to CPE increased by £10,000 on the previous year, the total costs are only marginally above last year's expenditure, as your LPC has been looking at ways of working more efficiently.

Our total income for the year was £209,281.00.

Our expenditure during the period in question amounted to £187,337. This represents a net income of £21,994 over expenditure.


As a result of the corrective action we took last year, I am happy to report that the LPC finances are now on a much more sustainable level and that we now have a buffer of six months' expenditure in reserve as recommended by CPE.

The CPE method of calculating the levy has changed in that in the past it was based on contractor NHS Prescription income only. CPE have changed their method to consider any additional income received by the contractors through Advanced and Enhanced services. As we do quite well on those extra services compared to the other regions, thanks in large part to the hard work of our officers, we have seen a further increase in the levy of 18% on 23 to 24. The CPE levy is an anticipated and budgeted expenditure beyond the control of the LPC. We try to adhere to the CPE's recommendation of keeping at least 50% of the levies as a buffer. There are upward pressures on other expenses such as meetings and staff costs due to high inflation and an increase in locum rates provided as backfill for the committee members to attend the LPC meetings.

We have provided more tailored support for individual contractors this year in terms of supporting additional service provision, which has required individual pharmacy visits by our Engagement Officer David Barker to help them meet their contractual commitments.

We have also resumed in-person LPC meetings, which makes for better discourse and decision-making. As a result, some of the costs have increased too.

Our Chief Officer has continued to provide representation of the LPC at high-level meetings throughout the year and reduced locum backfill, whereas in the past other committee members may have been asked to attend these meetings. The LPC has adhered to the new ways of working over the last 12 months and is in a reasonable financial position as a result. We are constantly looking for ways to reinvest LPC money into training and support that benefits local contractors and the pharmacy profession as a whole. In line with LPC and the CPE governance, the accounts have been available for contractors to view 30 days prior to the AGM and will be formally signed off



following a vote to close the year's accounts by the contractors present at the AGM. As ever the committee operates with total transparency, and the treasurer will try to address any questions raised by contractors within a reasonable time frame. A full set of accounts can be viewed on the LPC website. My thanks go to the Chief Officer Helen Murphy, Pharmacy Services Manager Harriet O'Neill, Engagement Officer David Barker and Business Support Officer Jess Bibby, who also maintains the day-to-day accounts, and the Chair, exec officers and committee members for their ongoing support and governance of the finances of the LPC.

I also wish to thank the Pharmacy contractors who fund the LPC and make our work possible. Hopefully with the new Labour Government in power, some exciting things may be happening. We are in a great place to help you maximise the opportunities that we hope are coming under the NHS 10 Year Plan.

Bindu Bhatt
Treasurer & Independent Representative
Community Pharmacy Halton, St Helens & Knowsley



COMMUNITY PHARMACY
Halton, St Helens & Knowlsey

FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2025

See report from Haines Watts





Chief Officer Report

As our Vice Chair Alec has mentioned the team saw considerable change during 24/25 with Louise Gatley and Joe Clarke moving on to other roles in September 24 and Harriet O'Neill and Jess Bibby have joined the team. The team would like to acknowledge and thank Joe and Louise for all their hard work during their years with the LPC.

Even with the significant changes to members of the team we have continued to provide a high level of service and support to contractors.

Support:

Pharmacy First

One of the main areas of focus for the LPC team was to ensure the successful implementation of the Pharmacy First service which launched in January 2024, and we have followed up our initial LPC engagement session with pharmacy visits, reports and supportive information regarding Top Tips to maximise income.

GP practices were familiar with referring for minor ailment consultations but a key role for the LPC has been to ensure GP practices were aware that they could refer for the seven clinical conditions. The LPC team has linked with NHS leads, primary care leads and GP practice teams to drive up GP practice referrals.

David Barker our engagement officer works tirelessly to support contractors and drive-up referrals from the lowest referring GP practices.

For Pharmacy First Per 100,000 population GP practices in Halton were the highest referring locality in Cheshire and Merseyside, with Knowsley second and St Helens 5th. Whilst some ICB areas have seen a drop in referrals over the year HSHK referrals have stayed consistent with a recent increase in St Helens.

Contraception service. This service has developed gradually with sign up increasing from around 70% to 95% throughout the year, and with consultation numbers increasing month on month. The LPC team in conjunction with Liverpool LPC provided a pharmacist training event in March 25, and key resources such as Top Tips and supply decision aids are on our LPC website.

Smoking Cessation Service. This service has been slow to gather momentum with referrals to community pharmacy. We continue to link with Hospital Stop Smoking teams to encourage referrals to pharmacy and Mersey and West Lancashire Hospital are in the process of procuring software to allow the referrals to be made.

National Hypertension Case finding Service:

HSHK contractors continue to deliver this service at rates well above the average when compared to some contractors across England, this is most likely as a result of your teams' familiarity with taking blood pressure measurements, due to the Local Blood Pressure measuring service that was in place prior to the introduction of the National Service. This year we have supported with information to encourage other staff members to deliver the service following changes to the service specification and in conjunction with Regional LPC

colleagues, developed a poster to support the referral process from GP practices. With recent changes to the pharmacy contract, we are encouraging contractors to increase their focus on the delivery of ABPM checks.

From a general support perspective, we:

- Continue to remind contractors to complete any contractual obligations and have provided contractor support for CPAF visits when requested.
- Have linked with key stakeholders regarding workforce planning and changes with Oriel
- Have provided relationship / system support for issues raised by pharmacies or GP practices.
- Supported payment issue resolution linked to PharmOutcomes
- Have calculated and applied Price concession payments on supplies made via Care at The Chemist with the total amount paid to contractors being £2,607

Support for locally commissioned services:

The LPC employees have worked closely with local representatives across three Place based organisations, three Local Authorities and with lead providers such as CGL and Axess Sexual Health to ensure that emerging issues around service delivery were addressed and that contracts were renewed or extended where needed.

Relationships:

We continue to engage with local service commissioners to make the case for fair remuneration for the services you provide to the local populations.

St Helens Public health related services saw an increase in fees for the Vitamin D, NRT voucher scheme, Needle Exchange and Substance Misuse services

Halton Local Authority saw an increase in fee for the Substance Misuse service, this followed initial discussions which had indicated there would be no change to any fees.

Knowsley Council have contracts in place until October 25 and negotiations regarding fees have already commenced.

We link closely with the Medicines Management Teams to support contractors with specific any issues raised by GP practices and in areas such as branded generics. Services they commission include the Palliative Care Service, Minor Eye Service and the Care at The Chemist service which has undergone a formulary review during 2024 for implementation August 2025.

We have linked with the Urgent Treatment Centre leads in Halton to develop the process for Pharmacy First referrals to community pharmacy and are waiting for the IT solution to be put in place. Knowsley UTCs are also looking to move forward with referrals in 25/26. All of which will support contractors to achieve increasing Pharmacy First Threshold values.



Representation:

The LPC has provided representation for our contractors and community pharmacy in meetings with representatives from NHS England's Integrated Care Board (ICB) Team and with regional representatives and continue to respond to pharmacy contract applications.

We have liaised with the 3 Local Authority areas to support the Pharmaceutical Needs (PNA) process and reduced the amount of data which contractors need to submit via the contractor survey. The PNAs for all areas are on track to be completed within statutory timescales.

In January we wrote to the Prime Minister and the Secretary of State for Health and Social Care to highlight the extreme financial plight of contractors and the lack of a sustainable funding model for the sector. We also linked with local MPs prior to the General election.

Healthwatch Knowsley and Halton have both increased engagement with the LPC to encourage patient feedback regarding community pharmacy services and produced reports on local pharmacy services.

Looking ahead to 2025-26

The team will continue to support contractors with contractual matters, local service recommissioning and changes to National services such as the introduction of the Emergency Hormonal Contraception element of the Contraception Service.

There are on-going changes taking place within the NHS Regionally, with a 50% reduction in costs at the Integrated Care Board (ICB) which may result in changes to key NHS stakeholders and to ways of working. We will adapt to these as more information is made clear.

With the announcement of the Governments 10-year plan we will look to maximise opportunities for community pharmacy, and we will be linking with key stakeholder to understand what the shift from working as Primary Care Networks to Integrated Neighbourhood Teams will look like for Community Pharmacy.

These are the key points, but if you would like any more information then please don't hesitate to ask. We are here to support the LPC members and contractors so please give us feedback and let us know how we can better support you.

Helen Murphy

Joint Chief Officer

Community Pharmacy Halton, St Helens & Knowsley



Get in touch

Visit: <https://halton-st-helens-knowsley.communitypharmacy.org.uk>

Email: enquiries@hshk-lpc.org.uk