

## COMMITTEE MEETING MINUTES

Thursday 18<sup>th</sup> March 2021

12.30pm – 2.30pm

Venue: Online meeting (Due to COVID 19 restrictions)

### LPC MEMBERS PRESENT:

Raju Malde (RM)  
Daljit Poone (DP)  
Anil Patel (AP)  
Matthew Armstrong (MA)  
Carolynne Freeman - Chair (CF)  
Veronica Horne (VH)  
Kishor Shah (KS)  
Rishi Hindocha (RH)  
Sadaf Ismail (SI)  
Amrit Minhas (AM)  
Has Modi (HM)  
Amir Ismail (AI)  
Aimee Mulhern (AMu)

### OTHERS IN ATTENDANCE:

Anne Marie King – Chief Officer (AMK)

### Guest Speaker:-

Fiona Garnett (FG) Bedfordshire/Luton/MK CCG – Head of medicines optimisation

### APOLOGIES

Lakhminder Flora (LF)

There were no declarations of interest reported with the agenda.

### Minutes of previous meeting

Minutes of the previous meeting (Thursday 28<sup>th</sup> January 2021) were reviewed and approved as an accurate reflection of the meeting and action points. CF signed the minutes as Chair.

### Reports

### **Chief officer report**

AMK presented her report to the committee for discussion (See attached notes)

Some discussion points for the committee have been included with the Strategy Subcommittee report.

AMK asked the committee to comment on whether training should be supported by the LPC in delivering the DMS service. The committee decided that it would be beneficial to ensure good working relationships to support engagement. It would also provide an opportunity to establish the pitfalls and practicality of the service both locally and nationally.

### **Finance**

(AM) presented his report to the committee (attached)

Levies have now been reduced as previously agreed from 14K to 7K. This will take us down to a buffer of 8-9 months' funds.

The committee discussed the additional funds in the account from MK council, Integration fund and Northants CC. This money is ring fenced to provide support with HLP / Public Health services. The potential to employ a services engagement officer will be discussed in the future when appropriate.

PSNC Levy fund to be discussed further in next meeting.

(AM) and (CF) to chase up online application from (CF) for bank card. At present only (AM) has access to monies and access needs to be increased to further members as the committee decides.

(AM) to share PSNC templates that are used to achieve best practice in financial outcomes with committee.

### **Contracts committee**

(HM) presented the report to the committee (attached)

### **Governance committee**

(DM) presented this report to the committee on behalf of (LF)

(DM) welcomed the value of new member (SI) on sub-committee.

(DM) informed the committee that annual reviews for AMK and CF both completed in March 2021. See below for further discussion on end of year remuneration.

### **Services (Strategy) committee**

MA presented his report to the committee.

The strategy document is under constant review and the updated document can be seen below. (MA) opened up the discussions around the use of eRDS service locally, which has the potential to support pharmacy contractors in delivering more efficient time management of patient care. This is a key essential service for CPCF contract. A brief discussion on the local and geographical numbers that utilise the service was initiated, followed by the barriers to the service locally. However, a more in depth discussion will take place at the next meeting due to time constraints of the meet-

### **Questions and Discussion**

(AMu) completed (CCA) quarterly questions for March 2021 and (VH) completed for Jan 2021.

(MA) the committee need to have a discussion at the next meeting whether to include the CCA questions in the AOB section for future meetings to ensure this process is completed within the meeting.

### **Any Other Business**

(CF) chaired the discussion, in the absence of (AMK), for a suitable end of year remuneration for (AMK) following her successful review with (LF). The committee unanimously agreed to reward a proportionate 1.5% Annual Pay rise, in line with current proposed RPI and NHS remunerations.

(FG) gave the committee an insight into the success of her work over the past year in delivering community COVID 19 vaccination clinics and Discharge Medicines Service (DMS) in her area. Examples of some of the early engaged sites are Jardines Pharmacy- The Weatherly Centre, Biggleswade and Rainbow Pharmacy – Milton Keynes Open University site. Future sites available from 22/3/21 are Boots the Chemists, in Arndale centre, Luton (Site expected to carry out 1000 vaccines per week). (FG) shared one of the barrier's in Luton, was a low uptake to the vaccine. Next wave of <50 year old cohort to be delivered by PCN community pharmacies with the expectation of 1000-400 vaccinations per week.

(FG) also gave the committee insight into the (DMS) rollout in her CCG, with the support of a very experienced hospital pharmacist and CCG project lead BLMK (Tess Dawoud [TD]). The following trusts are already engaged in the service (Luton and Dunstable Hospital (Autumn 2019), Bedford Hospital (Spring 2020), MKUH (Not yet).

(MA) and (AMK) both discussed with (FG) about any teething problems in the integration of the service with the current IT systems placed in the Trusts with GP's and community pharmacies. (FG) is in the process of trying to understand the NHS merge aspect of the system which offers the service to the GP's without a 25p fee to pay to the provider and will share as she find out.

(FG) explained that there is a variation on the clinical conditions that the trusts choose to refer, with Luton and Dunstable focusing on "care of the elderly".

(AMK) shared some findings for the GPCPCS minor ailment service to roll out soon in Northamptonshire. Some local surgeries t may not choose to offer the complete listed conditions for the service as they have templates already in use that they wish to continue to use.

(HM) summarised the findings from the PSNC meeting this month. (HM) focused on the five priorities :-

1. Advanced £370 million write off. Minister are in agreement, however, the treasury is trying to reduce the amount. Footnote (Independent Pharmacies should direct there accountants that this is an accrued advanced payment like a loan from the NHS.)
2. CPCF – Plan a 3 year review
3. Establishment Payments to end in March 2021 for all contractors.
4. PQS criteria for new service payments being worked on at the moment ready for next wave.
5. PNA – local authorities given a further 6 month extension to provide this information to LPC's.

(HM) indicated that television advertising by contractors promoting online NHS prescription services had been reported to the GPHC and awaiting investigation.

(HM) also revealed the potential for MUR/NMS service to be delivered by video communication in the future for pharmacy contractors.

Date of next meeting confirmed as Thursday 20<sup>th</sup> May 2021

The meeting was closed at 2.30pm

Signed **Signed**



Carolynne Freeman (Chair)

### Market Entry Report – March 2021

- Application offering unforeseen benefits by Jardines at best estimate: Serpentine Court or in close proximity thereof, Lakes Estate, Water Eaton, Bletchley, Milton Keynes, MK2 3QL. - Granted 2/2/21, subject to appeal. 'No Appeal' confirmation issued by PCSE 08/03/21
  - Jhoots Healthcare Ltd - Change of Ownership at 42 Semilong Road, Northampton, NN2 6BU - (2013 Regulations – Regulation 26(1) (Northamptonshire). Granted. PCSE distributed to those pharmacies who can appeal. (Jhoots Healthcare Ltd is the new owner. The outgoing owner is Pasab Ltd T/A Jhoots Pharmacy. Both are connected parties).
1. Change of ownership application for Jhoots Pharmacy (Pasab Ltd T/A) at Wilks Walk, Grange Park, Northampton, NORTHAMPTONSHIRE, NN4 5DW by Jhoots Medipharma Limited – Both connected parties - granted
  2. Change of ownership application for Well Pharmacy at 18 Cannon Street, Wellingborough, Northamptonshire, NN8 4DN by Jhoots Medipharma Ltd
- Change of ownership application for Roade Pharmacy at 5 South View, Roade, Northampton, NN7 2NS by Rajlila Ltd
  - No significant change relocation from Blackthorn Pharmacy, Blackthorn, Unit 2/3 Blackthorn Local Centre, Blackthorn Bridge Court, NN3 8QH to Blackthorn Pharmacy, behind Blackthorn Community Centre Blackthorn Bridge Ct, Northampton NN3 8QH by Oakfield Pharma Ltd reps by 16/4/21.

LPC sees no grounds to object as no contractor seems to be affected. Any comments welcome.

3. For Information Only - Dudley Taylor Pharmacy group (Dudley Taylor Pharmacy Ltd) – consisting 57 pharmacy outlets - sold to a company called Avicenna Group. Company shares sale, so formal notification from PCSE not expected.

## Chief Officer's Report 18th March 2021

### Detection of hypertension in MK

Budget £80K BLMK not necessarily all for CP eg sports venues could also have a part to play. A questionnaire for pharmacies to help inform the design of the service is currently running for a month.

### DMS

Northampton...Go live did not happen on 8 March due to delay in sign off of licenses . 2 pharmacies in Northampton will be sent test patients. Kettering due April.

Fiona Garnett supporting for MK. Clinical Director MKUH has one more week in Covid Vaccination clinic. Fiona will prompt MKUH. A band 7 on her team has been allocated to the project for implementation.

I did not envisage supplying a training course for DMS. However, having heard the challenges that emerge even after go live, I now feel training of some sort would be well received and beneficial. COVID impact to the referral pathways and referral rates low

- Unknown timescale for referral pathways to return to original processes.
- Referral pathway not slick
- Trust's referrals have declined since COVID where previous success with TCAMS
- CP understanding of the 3-stage process
- 

An online workshop would detail the mandatory actions that must be taken by contractors to comply with the set-up requirements of this new essential service. Time provided for the LPC to give an update on local issues and opportunities, then provided an overview of the DMS service and the actions required of contractors. How local trusts will be providing referrals to community pharmacies to deliver the service.

### GPCPCS

Northamptonshire

Fund via NHSE&I paid into CCG to enable production of a training video. This was something that GPs particularly wanted so that their team could train on the specific referral pathway at a time that suited. It will be available on demand so that new colleagues can be informed too.

I recruited Arch communications and their Director is presenting the video. I have a meeting today to go over the requirements.

121 pharmacies signed up to CPCS

In order to satisfy the requirements of Annex F in the Service Spec, CP will need to attend a meeting (virtual) facilitated by LPC. Only after attending the meeting(s) will pharmacies be in a position to claim the set up fee of £300 on MYS. Deadline 30th June.

The contractor has participated in discussions with a delivery partner/LPC lead to explore how they might promote uptake of CPCS locally. This could include early exploration of options, through to discussing the planning process for rollout of the referral pathway;

b. The contractor has participated in meetings, which may be web-based and organised by others, to brief pharmacies and potentially general practices on the referral process which will be implemented, including how pharmacies will be involved in the pathway. Where a contractor has no representative available to attend a meeting at the time set, they should instead seek a briefing from the delivery partner/LPC lead on the matters discussed to ensure that they remain fully engaged with local plans;

Liam Stapleton could be recruited to satisfy both these requirements. The second by splitting into PCN groups to discuss stages.

### PQS

NHSBSA indicated 14 missing declarations. However I brought to their attention that 3 are closed and 6 are hospitals! This means that actually we only have 3 community pharmacies and 2 DSP



# LPC Views

not making a declaration. Of those 3, one had changed owner with the new owner being unable to claim be-

Q1. From conversations with contractors in your LPC area, what is the main area of concern right now?  
Money/Workload/Staffing /Competition/Poor morale/COVID-19 challenges

Q2. How do you think most of your local contractors would feel about taking part in a COVID-19 vaccination Advanced Service?  
Very keen to help  
Interested, depending on the arrangements  
Not interested

Q3. How well would you say engagement with local Primary Care Networks is going?  
Our PCN leads are struggling to make progress  
Some engagement but mostly pushback  
Mainly positive engagement but a little pushback  
Our pharmacy PCN leads are well engaged

Q4. How do you feel about the proposal to move the responsibility for the commissioning of NHS Pharmaceutical Services from NHSE&I regional teams to ICS NHS bodies?  
Very positive  
Positive  
Indifferent  
Negative  
Very negative

Q5. 600 pharmacies have closed their doors for good over the past 4/5 years. What % of pharmacies in your areas do you think might close in 2021?  
I don't expect any to close  
One or two are likely to close  
Up to 5%  
6-10%  
11-15%

Pharmacy Site	J5F0R	RAMGARHIA BOARD NORTHAMPTON (NHA PHARMACY) - COVID LOCAL VACCINATION SERVICE
Pharmacy Site	J2S6Z	RAMGARHIA SIKH TEMPLE (REGENT PHARMACY) - COVID LOCAL VACCINATION SERVICE
Pharmacy Site	F4X1P	REGENT PHARMACY - COVID LOCAL VACCINATION SERVICE
Pharmacy Site	Z3X1B	SPENCER COURT (MR PICKFORD'S) - COVID LOCAL VACCINATION SERVICE
Pharmacy Site	L1Z3X	THE CHURCH OF THE HOLY SEPULCHRE (HAWTONVILLE PHARMACY) - COVID LOCAL VACCINATION SERVICE
Pharmacy Site	F2V6V	THE MOUNTS PHARMACY - COVID LOCAL VACCINATION SERVICE
Pharmacy Site	B6S7L	BOOTS UK - COVID LOCAL VACCINATION SERVICE
Pharmacy Site	S8S4G	GREENS NORTON COMMUNITY CENTRE (JARDINES PHARMACY) - COVID LOCAL VACCINATION SERVICE
Pharmacy Site	R5B3Y	LARKRISE PHARMACY - COVID LOCAL VACCINATION SERVICE

COVID LC

cause

the first owner did not complete P1.

## PCN Leads

Momentarily, and for the purposes of PQS 20/21, all lead positions were filled. However, we are losing our lead for MMWF. I fully expect that more leads will want to resign if the role continues to be muddled and dysfunctional. It will be a bone of contention to ask leads to take on more responsibilities if not remunerated. One of our leads, certainly, has followed the ask of her CCA company and is fulfilling the role (and doing so brilliantly) to further self development. Could there be a danger that the PCN lead role becomes very CCA dominated and is this a problem?

## Northamptonshire Vaccination sites

### Vice Chair vacancy

### Refresh declarations

eRD...Arti going on leave so happy to look at in 6 months for NN concerns over stock shortages

### Engagement officer

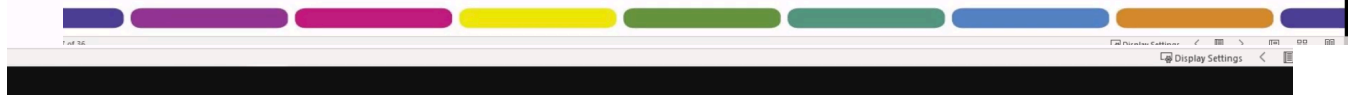
### PSNC/LPC Conference



## DMS Referral Status In England

Referral Status report compiled with the help of LPCs, now available for LPCs and Contractors on the PSNC website

- 63/69 LPCs responded showing a snapshot of Trust readiness across England
- Around 217 NHS Trusts in England, with around 175 being declared applicable for DMS
- 48% live, 52% still to go live. 14% of those not live considering
- For Trusts not live or 'underperforming' lack of digital integration cited as one of the main single reasons, along with 'other' reasons



Phar-

### macy Advice Audit

Over 50% of pharmacies across England engaging in the audit. This evidence will be vital in the ongoing negotiations relating to the pharmacy contract and the vital role each community pharmacy plays in delivering care for their local community. Some of the work in analysing the data has been completed and was shared at conference yesterday. Bypass identified and not feeding into GPCPCS so 1.1m consultations every week are informal consultations. A further 70,000 attend CP instead of A&E/ walk in centres.

In Jan 1 in 4 informal consultations were for C19 related advice.

£1.1m unearned activity every week from 130,000 informal referrals

### Gluten Free Service in consultation

Engagement exercise on the gluten free food supply commissioned by the NHS in Northamptonshire. The form is online based and three options to access has been provided **a)** Via website link; **b)** QR Code or **c)** request for a paper copy posted to an address, this is provided in the attached document. Option **c** is available for patient or service users who have no access to devices for online accessibility. We suggest the patient contact telephone number provided and request for a form posted. This engagement exercise will run 08 March 2021 until midnight on Wednesday 22 April 2021. I have met with Tristan Humphreys from Coeliac UK and made contact with Giles and Healthwatch. Coeliac UK have posted on social media and put link to questions on website. Meantime service will run on for another 3 months after 31/3.

### NHSE Consultation

NHS England and Improvement is currently undertaking a consultation regarding the proposed regime that should apply when healthcare services are arranged in future, following removal of the current procurement requirements.

**Newsletter just waiting for MO piece from Giles re Methotrexate**



We would like to encourage all of our stakeholders to provide feedback to these proposals, in order to influence and shape the future.

All documentation and details are available here: [NHS England » NHS Provider Selection Regime: Consultation on proposals](#)

Deadline 7 April

## Strategy Committee

PowerPoint Slide Show - [NNMK LPC strategy sub committee High level plan and PINS 260121 [Read-Only]] - PowerPoint (Product Activation Failed)

### NNMK LPC Strategy sub-committee high level plan

Work stream	High level plan actions	Accountable	Measure of success
Pharmacy Quality Scheme	<ul style="list-style-type: none"> <li>Communicate to contractors on timetable of key dates as per PSNC and existing guidance/webinars</li> </ul>	AMK	<ul style="list-style-type: none"> <li>Claiming of points for LPC</li> <li>Numbers of queries into LPC</li> <li>Sense check performance against other LPC geographies</li> </ul>
Stakeholder relationships	<ul style="list-style-type: none"> <li>Development of relationships with key stakeholders</li> <li>Collaborate working with neighbouring LPC's and CPPE.</li> <li>Regular contact with, PCN, CCG's, STP leads and public health.</li> <li>Completion of key stakeholder map.</li> </ul>	AMK Strategy committee	<ul style="list-style-type: none"> <li>Subjective quarterly appraisal of stakeholder relationships. Collaborative working across NHS agenda</li> <li>LPC engagement with PCN leads and review of CP-PCN relationship and effectiveness</li> </ul>
Primary Care Networks	<ul style="list-style-type: none"> <li>Continual engagement with PCN directors and pharmacists</li> <li>Support PCN leads with local and national initiatives</li> <li>Support collaboration at PCN level between CP contractors</li> </ul>	AMK LPC PCN Leads	<ul style="list-style-type: none"> <li>LPC engaged with PCN leads and all in place</li> <li>LPC aware and engaged on local PCN plan for NN/MK</li> <li>Plan in place to engage with PCNs</li> <li>Pharmacies clear on expectations to engage with PCN and how to support</li> <li>Number of CPs claiming PCN lead PQS points</li> </ul>
Delivery core and new services as part of CPCF and local services	<ul style="list-style-type: none"> <li>Support contractors to deliver core NHS services and any changes as part of the 5 year CPCF</li> <li>Watching brief on developments and pilots with appropriate discussion in sub-committee and LPC</li> <li>Action in plan in place at appropriate time to support rollout when needed</li> </ul>	AMK Strategy committee	<ul style="list-style-type: none"> <li>Committee is aware of developments in CPCF</li> <li>LPC actively involved to support contractor in any pilots/rollout of new CPCF services</li> <li>Successful intervention and support for core service delivery.</li> <li>Successful implementation of CPCF</li> <li>Mentor support provide in 100% of cases</li> </ul>
PSNC/LPC review	<ul style="list-style-type: none"> <li>Understand implications of review for LPC and lead thinking planning for committee on the impact</li> </ul>	Strategy committee AMK + Chair	<ul style="list-style-type: none"> <li>Issues, recommendations and communications from PSNC/working groups discussed with agreed outcomes/decisions from committee</li> </ul>

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PowerPoint Slide Show - [NNMK LPC strategy sub committee High level plan and PINS 260121 [Read-Only]] - PowerPoint (Product Activation Failed)

### NNMK LPC Strategy sub-committee PINS report (Progress Issues Next Steps) – Jan 2021

Work stream	Progress	Issues	Next Steps	Timescale
Pharmacy Quality Scheme	<ul style="list-style-type: none"> <li>Information for H2 PQS now confirmed</li> <li>Further guidance published from PSNC for each domain</li> </ul>	<ul style="list-style-type: none"> <li>Progress of contractors for PQS part 1? (gateway for part 2)</li> </ul>	<ul style="list-style-type: none"> <li>Understand role of LPC to support PQS and specifically re PCNs and PCN leads</li> <li>Assess if any gaps in PCN leads leading up to need to engage with PCNs</li> </ul>	Feb 21
Stakeholder relationships	<ul style="list-style-type: none"> <li>Emergence of PCNs has created new stakeholders (clinical directors and PCN pharmacists)</li> <li>Director of transformation at CCG engaged</li> <li>Ongoing engagement with CCG re eRD, TCAM and CPCF – <b>DMS go live Feb 21</b></li> <li><b>Emerging detail for C19 vaccine – role for CP via LPC engagement?</b></li> </ul>	<ul style="list-style-type: none"> <li>How have local priorities shifted from CCG due to C19 and effect on contractors?</li> </ul>	<ul style="list-style-type: none"> <li>Re-connect with CCG director of transformation once DMS announced and understand local plan to implement with appropriate timescales – <b>DMS to go live from mid Feb – should we plan to re-engage based on this?</b></li> <li>Communicate/engage with CCG on upcoming changes to CPCF once announced by NHSE (?DMS, PQS, Flu etc.)</li> <li><b>Discuss role and plan for CP in C19 vaccination – potential discussion point and role of LPC</b></li> </ul>	Ongoing
Primary Care Networks	<ul style="list-style-type: none"> <li>PCN CP leads specified as part of new PQS</li> <li>LPC needs to understand how CP can work within a PCN and optimal engagement with stakeholders</li> </ul>		<ul style="list-style-type: none"> <li>Ongoing engagement to understand current local integration/engagement with PCNs during C19</li> </ul>	TBC
Delivery of new services as part of CPCF and local services	<ul style="list-style-type: none"> <li><b>GP CPCS go live Northants in Feb</b></li> <li><b>Discussion point: review current supervised methadone activity in area and effect of C19 currently and future commissioning</b></li> <li><b>Potential to understand opportunity around lateral flow testing?</b></li> </ul>	<ul style="list-style-type: none"> <li>Shift in patients due to C19/lockdown – how has this affected contractors in geography?</li> </ul>	<ul style="list-style-type: none"> <li>Discuss potential further support required to support with Hep C launch?</li> <li>Review substance misuse models moving forward from potential changes due to C19</li> <li>Understand if/when GP CPCS implemented in locations (referral pathways, go lives, implementation plan and comms) – Understand role of CP for C19 vaccination</li> </ul>	Ongoing
LPC review	<ul style="list-style-type: none"> <li>Initial update from Sept conf not very detail on next steps – further detail may arise from November LPC conference on local actions required</li> </ul>	<ul style="list-style-type: none"> <li><b>Slow progress centrally?</b></li> </ul>	<ul style="list-style-type: none"> <li>Appropriate conversation/discussion to be conducted at LPC when more information is available</li> </ul>	November

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# Context

Repeat dispensing significantly reduces:

- Repeat prescription administration work for practice staff and;
- Signing of repeat prescription for prescribers

DHSC estimate that if 80% of all repeat prescriptions were converted to eRD, 2.7m GP hours would be saved

2

In 2015, NHS Digital undertook an audit of GP practices and spoke to 100 practice staff about EPSr2 and eRD, they found that:

- Practice staff save an average of 73 minutes each day by producing eRD prescriptions rather than paper repeats
- An average general practice saves an average of 80 minutes of GP time every day from signing eRD prescriptions versus paper prescribing
- Practices save an average of 27 minutes every day by cancelling prescriptions electronically versus paper.
- The practices who participated in the audit prescribed an average of 10,920 items per month, with 53.4% of their items being sent via EPS Release 2

The 19/20 GP contractual framework also updated its policy regarding eRD:

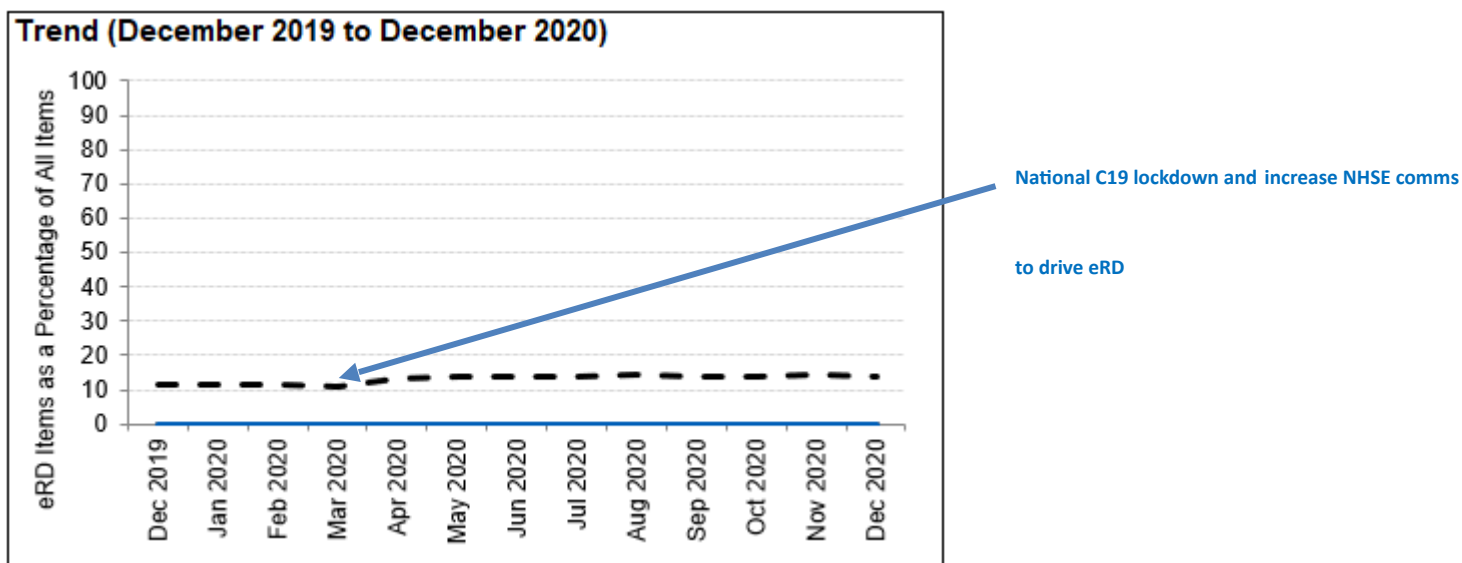
***All practices will be offering and promoting electronic ordering of repeat prescriptions and using electronic repeat dispensing for all patients for whom***

## eRD vs other prescription dispensing processes

Process	Acute	Repeat	Managed Repeat	eRD
Pharmacy re-order for patient	X	X	☐ <b>Unfunded activity</b>	X
Stock ordering	<b>Just in case = increased stock holding and risk of expired stock</b>	<b>Just in case = increased stock holding and risk of expired stock</b>	<b>Just in time = reduced stock holding and cash release</b>	<b>Just in time = reduced stock holding and cash release</b>
Clinical Check	☐	☐	☐	☐
Dispense	☐	☐	☐	☐
Counsel	☐	☐	☐	Structured questions as part of eRD framework
Hub and Spoke feasibility	X No lead time to agree patient collection	X No lead time to agree patient collection	☐ <b>Known date for patient collection</b>	☐ <b>Known date for patient collection</b>

## Current eRD statistics (NHS BSA data December 2020)

National eRD utilisation saw a small increase at the start of the C-19 pandemic on March 20 but has since stabilised around 13-14% of total items



Utilisation of eRD in NN/MK LPC Geography is significantly below national average

STP/ICS	Average of eRD Items as a % of All Items
BEDFORDSHIRE, LUTON & MILTON KEYNES STP	3.63
NORTHAMPTONSHIRE STP	1.81
National	13.69

## Discussion

- Is eRD a service we want to increase use of?
- What the current barriers behind eRD use in NN/MK?
- What resources do we have at our disposal to increase use?
- Key stakeholders?

## **Next Steps?**

**(AMK) to liaise with (FG) to help support roll out of eRD in MK, whilst Northampton await further instruction from Giles at CCG.**

## Treasurers Report

<b>INCOMINGS</b>					
	Jan	7000.04			
	Feb	6999.96			
	Levys Total	14000			
<b>TOTAL IN THE ACCOUNT AS OF</b>		<b>01/01/2021</b>	<b>£</b>	<b>138,885.96</b>	
<b>TOTAL INS</b>			£	14,000	
<b>TOTAL</b>			<b>£</b>	<b>152,885.96</b>	
<b>TOTAL OUTS</b>			£	14,457.97	
			£	138,427.97	
<b>TOTAL AS OF</b>		<b>28/02/2021</b>	£	140,075.37	
		<b>17/03/2021</b>	£	143,714.64	
			£	7,815.43	Pharmacy Integration fund
			£	6,000.00	MK council
			£	18,994.00	Northamptonshire council
		<b>TOTAL</b>	£	<b>110,905.21</b>	

Monthly running costs £11436
Therefore currently 9 <b>months</b> running costs