Community Pharmacy Leicestershire & Rutland


# Annual General Meeting 2026

## The Next Chapter: Prescribing, Prevention and Patient Care

# Chair's Report

## Chair's Report:

“On behalf of the committee, I would like to thank all community pharmacy contractors and their teams for the incredible commitment, resilience and professionalism they demonstrate every day. Your dedication to patients, often under significant pressure, continues to showcase the true value of community pharmacy.

I would also like to thank my fellow committee members for their commitment, insight and willingness to give their time in supporting the organisation throughout the year.

Finally, I would like to extend my sincere thanks to our Chief Officer, Rajshri Owen, for her outstanding leadership, vision and unwavering commitment to advancing community pharmacy across Leicester, Leicestershire and Rutland. I would also like to thank our Service Development Lead, Vinay Mistry, whose expertise and dedication have been instrumental in supporting contractors and delivering local initiatives. Together, they have continued to strengthen the profile and impact of community pharmacy across our system.

Whilst challenges remain, I am optimistic about the future. By continuing to work together, embracing innovation and championing the value of community pharmacy, we are well placed to seize the opportunities that lie ahead.

Thank you for your continued support.”

# Treasurer's Report

## Community Pharmacy Leicestershire & Rutland

Financial year ended 31 March 2026

| £281,246 | £274,571 | £6,675 |
|---|---|---|
| INCOME | EXPENDITURE | SURPLUS |

Prepared and presented by

**Altaf Vaiya, Treasurer**

For presentation to contractors at the 2026 Annual General Meeting

## Treasurer's introduction

Dear Contractors,

On behalf of the Committee, I am pleased to present my report on the financial performance of Community Pharmacy Leicestershire & Rutland for the year ended 31 March 2026.

The purpose of this report is to explain, in straightforward terms, how contractor funds were managed during the year, why the financial result improved and what the year-end position means for the organisation.

The draft financial statements were prepared by Watergates Ltd and independently reviewed under International Standard on Review Engagements ISRE 2400 (Revised). This provides limited assurance rather than a full statutory audit. The accounts will be presented for formal approval and sign-off at the Annual General Meeting.

## Executive summary

| | 2025/26 | 2024/25 |
|---|---|---|
| **Total income** | £281,246 | £237,297 |
| **Total expenditure** | £274,571 | £262,819 |

| | 2025/26 | 2024/25 |
|---|---|---|
| **Surplus / (deficit)** | £6,675 | £(25,522) |
| **Cash at bank** | £161,756 | £195,988 |
| **Members' funds** | £86,408 | £79,733 |

**The Committee returned to a surplus of £6,675 after recording a deficit of £25,522 in the previous year. The improvement reflects higher statutory levy income, increased other operating income and a substantial reduction in consultancy expenditure.**

- Returned to surplus while continuing contractor support.
- Members' funds increased by £6,675.
- Total creditors reduced by £40,606.
- Cash remained strong despite settlement of historic liabilities.

# Income

Total income increased by £43,949, from £237,297 to £281,246.

## Statutory contractor levy

The statutory levy remains the Committee's principal source of income. Levy income increased from £192,000 to £216,000 during the year, providing the core funding for representation, contractor support, communications and service development.

## Deferred grant income

No new government grant was received during 2025/26. However, £50,760 of grant funding received in earlier years was recognised as income as the related projects and activities were delivered. This accounting treatment means grant income appears in the year's result even though the cash was received previously.

## Other operating income

Other operating income increased from £1,710 to £14,486. This helped diversify income and offset some of the cost of contractor activity.

# Expenditure

Total expenditure increased from £262,819 to £274,571. The largest costs continued to be national representation and staffing, alongside targeted investment in contractor services.

| Selected expenditure | 2025/26 | 2024/25 |
|---|---|---|
| **Community Pharmacy England levy** | £113,589 | £94,663 |
| **Wages and salaries** | £82,680 | £87,923 |
| **Consultancy** | £5,259 | £34,690 |
| **Contractor booking software** | £8,028 | - |
| **Campaign vouchers** | £6,000 | - |
| **Legal and professional fees** | £5,346 | - |

# Key expenditure movements

## Community Pharmacy England levy

The levy payable to Community Pharmacy England increased to £113,589, broadly tracking the increase in statutory levy income. This funds national negotiation, policy development and representation on behalf of contractors.

## Staffing

Wages and salaries reduced slightly to £82,680 from £87,923. Staff capacity continued to support contractor visits, training, communications, service implementation and local representation.

## Consultancy savings

Consultancy expenditure fell from £34,690 to £5,259 following organisational changes. The reduction of £29,431 was a major contributor to the return to surplus.

## New and one-off costs

- £8,028 for the Kaenect/Logifect contractor booking platform.
- £6,000 for gift and promotional vouchers supporting the waste campaign.
- £5,346 in legal and professional fees relating to an employment matter.

# Balance sheet and cash position

Cash at bank reduced from £195,988 to £161,756 even though the Committee reported a surplus. This is not a contradiction: profit and cash measure different movements.

**The principal explanation is that liabilities carried forward from the previous year were settled. Other creditors reduced from £133,341 to £80,528 - a fall of £52,813. Paying an existing liability reduces cash but does not create a new expense in the current year because the cost was recognised previously.**

## Year-end liabilities

| Creditors | 2025/26 | 2024/25 |
|---|---|---|
| **Trade creditors** | £1,040 | £1,140 |
| **Tax and social security** | £12,724 | £417 |
| **Other creditors** | £80,528 | £133,341 |
| **Total creditors** | £94,292 | £134,898 |

The increase in tax and social security liabilities is understood to be a year-end payroll timing issue, influenced by payroll coding corrections. The balance should be read as an amount outstanding at 31 March rather than, by itself, evidence of financial difficulty.

## Reserves and financial resilience

Members' funds increased from £79,733 to £86,408. This movement is equal to the year's surplus and strengthens the Committee's ability to manage future commitments and continue supporting contractors.

- Cash at bank remained £161,756.
- Total creditors reduced by more than £40,000.
- Members' funds increased by 8.4%.
- The Committee ended the year in surplus.

## Financial stewardship

The Committee recognises that the statutory levy is an important investment made by contractors. We remain committed to transparent reporting, appropriate oversight, prudent reserves and expenditure that supports contractor priorities. We will also continue seeking sponsorship and other external income where this can reduce pressure on levy funds.

## Closing statement

The return to surplus is an encouraging result. It was achieved while maintaining investment in representation, contractor support, training, digital tools and service development. The reduction in liabilities and increase in members' funds leave the organisation in a stronger position for the year ahead.

I would like to thank contractors, Committee members and staff for their continued support and engagement throughout the year.

**Altaf Vaiya**
Treasurer
Community Pharmacy Leicestershire & Rutland

# Financial Statements

**FINANCIAL STATEMENTS**

**FOR THE YEAR ENDED 31ST MARCH 2026**

**FOR**

**LEICESTERSHIRE & RUTLAND LPC**

**LEICESTERSHIRE & RUTLAND LPC**

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**FOR THE YEAR ENDED 31ST MARCH 2026**

**LEICESTERSHIRE & RUTLAND LPC**

**COMMITTEE INFORMATION**

**FOR THE YEAR ENDED 31ST MARCH 2026**

**ACCOUNTANTS:**

Watergates Ltd
109 Coleman Road
Leicester
LE5 4LE

# LEICESTERSHIRE & RUTLAND LPC
# REPORT OF THE COMMITTEE MEMBERS
# FOR THE YEAR ENDED 31ST MARCH 2026

## Principal Activities

Community Pharmacy Leicestershire & Rutland LPC is a Local Pharmaceutical Committee ("LPC") acting in the role of a local NHS representative organisations.

Our goal is to reinforce the importance and value provided by our profession, representing contractors in local and national consultations to NHS England, Health and Wellbeing Boards and Community Pharmacy England formally known PSNC. We are here to support, provide resources and guidance to our pharmacy contractors, support locally enhanced and commissioned services promoting our local pharmacies; with the aim to deliver quality healthcare and improved outcomes to our patients.

## The Committee

Community Pharmacy Leicestershire & Rutland LPC is an association whose functions and procedures are set out in our Constitution.

During the year ended 31st March 2026 Leicestershire & Rutland LPC had 10 members on its main committee as follows:

- 6 members from independent pharmacy
- 3 members from CCA
- 1 member from AIMp

Full details of these members can be found on Leicestershire & Rutland LPC website **https://leicestershire-rutland.communitypharmacy.org.uk**

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

## Overview

Over the past year, CPL&R has supported local contractors with various initiatives, including monthly surgeries on relevant topics and LLR pharmacist training, commissioning CPPE ENT skills training for 120 pharmacists. They developed Pharmacy First resources, provided CPCS toolkits, and conducted over 50 support visits. Collaborations include hospital partnerships for foundation pharmacist placements and facilitating ADHD medication supply. Monthly newsletters and deadline trackers were distributed, and a central resource hub was launched. Pilot programs such as Shared Care Records and appointment platforms were implemented. Additional sponsorships and grants were secured to expand staff capacity and contractor support.

This report was approved by the Leicestershire & Rutland LPC and signed on its behalf by:

.....

Chair of the Committee

Date: .....

*This page does not form part of the statutory financial statements*

## LEICESTERSHIRE & RUTLAND LPC

## STATEMENT OF COMMITTEE MEMBERS' RESPONSIBILITIES

## FOR THE YEAR ENDED 31ST MARCH 2026

The committee members are responsible for preparing the Report of the Committee Members and the financial statements in accordance with applicable law and regulations.

The committee members are required to prepare financial statements for each financial year. The committee members have elected to prepare the financial statements in accordance with United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standards and applicable law), including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland'. The committee members must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the LPC and of the surplus or deficit of the committee for that period.

In preparing these financial statements, the committee members are required to:

a) select suitable accounting policies and then apply them consistently;

b) make judgments and accounting estimates that are reasonable and prudent;

c) prepare the financial statements on the going concern basis, unless it is inappropriate to presume that the committee will continue in operation.

The committee members are responsible for keeping adequate accounting records that are sufficient to show and explain the committee's transactions and disclose with reasonable accuracy at any time the financial position of the committee. They are also responsible for safeguarding the assets of the committee and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The committee members are responsible for the maintenance and integrity of the financial information included on the committee website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

The committee members confirm that so far as they are aware, there is no relevant audit information of which the committee's auditors are unaware. They have taken all the steps that they ought to have taken as committee members in order to make themselves aware of any relevant audit information and to establish that the committee's auditors are aware of that information.

.....

Chair of the Committee

Date: .....

*This page does not form part of the statutory financial statements*

# INDEPENDENT CHARTERED CERTIFIED ACCOUNTANTS' REVIEW REPORT TO THE COMMITTEE MEMBERS OF

# LEICESTERSHIRE & RUTLAND LPC

We have reviewed the committee's financial statements for the year ended 31st March 2026, which comprise the Income and Expenditure Account, Balance Sheet and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

## Committee members' responsibility for the financial statements

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

## Accountants' responsibility

Our responsibility is to express a conclusion on the financial statements. We conducted our review in accordance with International Standard on Review Engagements (ISRE) 2400 (Revised) Engagements to review historical financial statements. ISRE 2400 (Revised) requires us to conclude whether anything has come to our attention that causes us to believe that the financial statements, taken as a whole, are not prepared, in all material respects, in accordance with United Kingdom Generally Accepted Accounting Practice. ISRE 2400 (Revised) also requires us to comply with the ACCA Code of Ethics.

## Scope of the assurance review

A review of financial statements in accordance with ISRE 2400 (Revised) is a limited assurance engagement. We have performed additional procedures to those required under a compilation engagement. These primarily consist of making enquiries of management and others within the entity, as appropriate, applying analytical procedures and evaluating the evidence obtained. The procedures performed in a review are substantially less than those performed in an audit conducted in accordance with International Standards on Auditing (UK). Accordingly, we do not express an audit opinion on these financial statements.

## Conclusion

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

- so as to give a true and fair view of the state of the committee's affairs as at 31st March 2026 and of its profit/(loss) for the year then ended;
- in accordance with United Kingdom Generally Accepted Accounting Practice.

## Use of our report

This report is made solely to the Committee's members, as a body, in accordance with the terms of our engagement letter dated 4 July 2022. Our review has been undertaken so that we may state to the committee's members those matters we have agreed to state to them in a reviewer's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Committee and the Committee's members as a body for our work, for this report or the conclusions we have formed.

Watergates Ltd
109 Coleman Road
Leicester
LE5 4LE

Date: .....

# LEICESTERSHIRE & RUTLAND LPC
## INCOME AND EXPENDITURE ACCOUNT
## FOR THE YEAR ENDED 31ST MARCH 2026

| | 31/3/26 | 31/3/25 |
|---|---|---|
| **Turnover** | | |
| Statutory levy | 216,000 | 192,000 |
| Deferred Gov grant b/f | 130,876 | 124,463 |
| Deferred Gov grant c/f | (80,116) | (130,876) |
| Government grants received | - | 50,000 |
| | 266,760 | 235,587 |
| **Other income** | | |
| Other operating income | 14,486 | 1,710 |
| | 281,246 | 237,297 |
| **Expenditure** | | |
| Rent | - | 3,015 |
| Wages and salaries | 82,680 | 87,923 |
| Social security | 8,607 | 3,497 |
| Staff pension contribution | 2,405 | 2,747 |
| Telephone, internet & computer | 922 | 2,352 |
| Advertising, promotions, stationery | 4,237 | 92 |
| Travel and subsistence | 1,533 | 1,867 |
| Locum expenses | 9,886 | 8,183 |
| Insurance | 489 | 500 |
| PSNC Levy | 113,589 | 94,663 |
| Staff training and welfare | 2,746 | - |
| Pharmaceutical & secretarial expenses | 14,339 | 18,426 |

| | | |
|---|---|---|
| Contractor booking software | 8,028 | - |
| Sundry expenses | 301 | - |
| Gift and promotion | 6,000 | - |
| Accountancy and book keeping | 3,260 | 3,170 |
| Subscriptions | 2,016 | 1,000 |
| Consultancy fees | 5,259 | 34,690 |
| Legal and professional fees | 5,346 | - |
| Depreciation of tangible fixed assets | | |
| Office equipment | 493 | 333 |
| Bank charges | 407 | 361 |
| Other similar charges | 2,028 | - |
| | 274,571 | 262,819 |
| **NET SURPLUS/(DEFICIT)** | **6,675** | **(25,522)** |

*The notes on pages 7 to 8 form part of these financial statements*

## LEICESTERSHIRE & RUTLAND LPC

## BALANCE SHEET

## 31ST MARCH 2026

| | Notes | 31/3/26 | 31/3/25 |
|---|---|---|---|
| **FIXED ASSETS** | | | |
| Tangible assets | 3 | 944 | 638 |
| **CURRENT ASSETS** | | | |
| Debtors | 4 | 18,000 | 18,005 |
| Cash at bank | | 161,756 | 195,988 |
| | | 179,756 | 213,993 |
| **CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR** | 5 | **(94,292)** | **(134,898)** |
| **NET CURRENT ASSETS** | | **85,464** | **79,095** |
| **TOTAL ASSETS LESS CURRENT LIABILITIES** | | **86,408** | **79,733** |
| **RESERVES** | | | |
| Income and expenditure account | | 86,408 | 79,733 |
| **MEMBERS' FUNDS** | | **86,408** | **79,733** |

The financial statements were approved by the committee members and authorised for issue on ..... and were signed by:

.....

Chair of the Committee

…….

LPC Treasurer

*The notes on pages 7 to 8 form part of these financial statements*

# LEICESTERSHIRE & RUTLAND LPC
# NOTES TO THE FINANCIAL STATEMENTS
# FOR THE YEAR ENDED 31ST MARCH 2026

## 1. ACCOUNTING POLICIES

### BASIS OF PREPARING THE FINANCIAL STATEMENTS

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

### JUDGEMENTS AND KEY SOURCES OF ESTIMATION UNCERTAINTY

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

### GOING CONCERN

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

### INCOME AND EXPENDITURE

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

### TANGIBLE FIXED ASSETS

Depreciation is provided at the following annual rates in order to write off the cost less estimated residual value of each asset over its estimated useful life.

Office equipment - 20% on cost

### TAXATION

Any surplus arising from the activities of the Leicestershire & Rutland LPC on its non-mutual activities is subject to corporation tax at the relevant rates.

### PENSION COSTS AND OTHER POST-RETIREMENT BENEFITS

The committee operates a defined contribution pension scheme. Contributions payable to the committee's pension scheme are charged to profit or loss in the period to which they relate.

### DEBTORS AND CREDITORS

Basic financial assets and liabilities, including trade debtors, other debtors and other creditors, are initially recognised at transaction price, unless the arrangement constitutes a financing transaction, where the transaction is measured at the present value of the future receipts discounted at a market rate of interest. Such assets and liabilities are subsequently carried at amortised cost using the effective interest method, less any impairment.

**FINANCIAL INSTRUMENTS**

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

## 2. EMPLOYEES

The average number of employees during the year was 3 (2025 - 3).

**LEICESTERSHIRE & RUTLAND LPC**

**NOTES TO THE FINANCIAL STATEMENTS - continued**

**FOR THE YEAR ENDED 31ST MARCH 2026**

## 3. TANGIBLE FIXED ASSETS

| | Office equipment £ |
|---|---|
| **COST** | |
| At 1st April 2025 | 1,667 |
| Additions | 799 |
| At 31st March 2026 | 2,466 |
| **DEPRECIATION** | |
| At 1st April 2025 | 1,029 |
| Charge for year | 493 |
| At 31st March 2026 | 1,522 |
| **NET BOOK VALUE** | |
| At 31st March 2026 | 944 |
| At 31st March 2025 | 638 |

## 4. DEBTORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

| | 31/3/26 | 31/3/25 |
|---|---|---|
| Other debtors | 18,000 | 18,005 |

## 5. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

| | 31/3/26 | 31/3/25 |
|---|---|---|
| Trade creditors | 1,040 | 1,140 |
| Taxation and social security | 12,724 | 417 |

| | 31/3/26 | 31/3/25 |
|---|---|---|
| Other creditors | 80,528 | 133,341 |
| | **94,292** | **134,898** |

# Chief Executive Officer's Annual Report 2025/26

Dear Colleagues, Contractors and Pharmacy Teams,

It is my pleasure to welcome you to the 2026 Annual General Meeting of Community Pharmacy Leicester, Leicestershire and Rutland (CPL&R).

As the NHS representative organisation for 222 community pharmacies across Leicester, Leicestershire and Rutland (LLR), our purpose remains clear: to represent contractors, support pharmacy teams and ensure that community pharmacy is recognised as an essential part of an integrated, accessible and sustainable NHS.

The past year has been one of significant progress, continued pressure and growing clinical opportunity. Pharmacy teams have expanded their contribution to primary care while managing workforce challenges, medicines shortages, rising operating costs and increasing contractual complexity.

Throughout this demanding period, LLR pharmacy teams have continued to deliver safe, accessible and high-quality care. Your professionalism, resilience and commitment to your communities remain exceptional, and I would like to thank every contractor and pharmacy team member for your contribution.

The wider NHS landscape is also undergoing significant structural change. The clustering of the LLR ICB with Northamptonshire, alongside wider changes to NHS England and the functions held nationally and locally, will reshape how decisions are made, services are commissioned and resources are allocated. During this period of transition, it is vital that community pharmacy retains a strong and visible voice. CPL&R will continue to represent contractors, build relationships across the emerging structures and ensure that community pharmacy is involved in shaping services from the outset.

## 2025/26: Building the Next Chapter

This year has reinforced the importance of community pharmacy as a front door to the NHS.

Pharmacy First, the Pharmacy Contraception Service, the Hypertension Case-Finding Service and the New Medicine Service have continued to develop and embed. Alongside these services, pharmacies have taken on an increasingly important role in vaccination, prevention and the management of long-term conditions.

Our AGM theme, **“The Next Chapter: Prescribing, Prevention and Patient Care,”** reflects the direction in which our profession is moving.

This next chapter brings genuine opportunities for community pharmacy, but it must be supported by sustainable funding, appropriate workforce investment, robust clinical governance and digital systems that

work across organisational boundaries. New services cannot simply be added to already stretched businesses without recognising the capacity and infrastructure needed to deliver them safely and successfully.

## A New Contractual Framework

The 2026/27 Community Pharmacy Contractual Framework represents an important development for the sector.

Core CPCF funding has increased to £3.636 billion, including an increase in retained medicines margin to £1.1 billion. The Pharmacy First funding envelope has also been incorporated into core contractual funding, helping to protect this investment for the sector. The Single Activity Fee has increased to £1.52 per item, and up to £239 million of historic margin overdelivery has been written off. Overall, the funding uplift is welcome, although it must be viewed in the context of the substantial financial and operational pressures pharmacies continue to face. **Community Pharmacy England's CPCF settlement summary**

A defining feature of the new framework is the planned introduction of independent prescribing into the CPCF from autumn 2026. Pharmacist independent prescribers will be able to prescribe within existing Pharmacy First clinical pathways and the Pharmacy Contraception Service. Subject to clinical approval, up to five additional prescribing-only Pharmacy First pathways may also be introduced.

This is a significant professional milestone. However, successful implementation will depend on access to Designated Prescribing Practitioners, appropriate training, protected development time, effective digital integration and clear clinical governance arrangements.

CPL&R will continue to represent contractors during this transition and help pharmacy teams understand what the changes mean in practice.

# Key Achievements in 2025/26

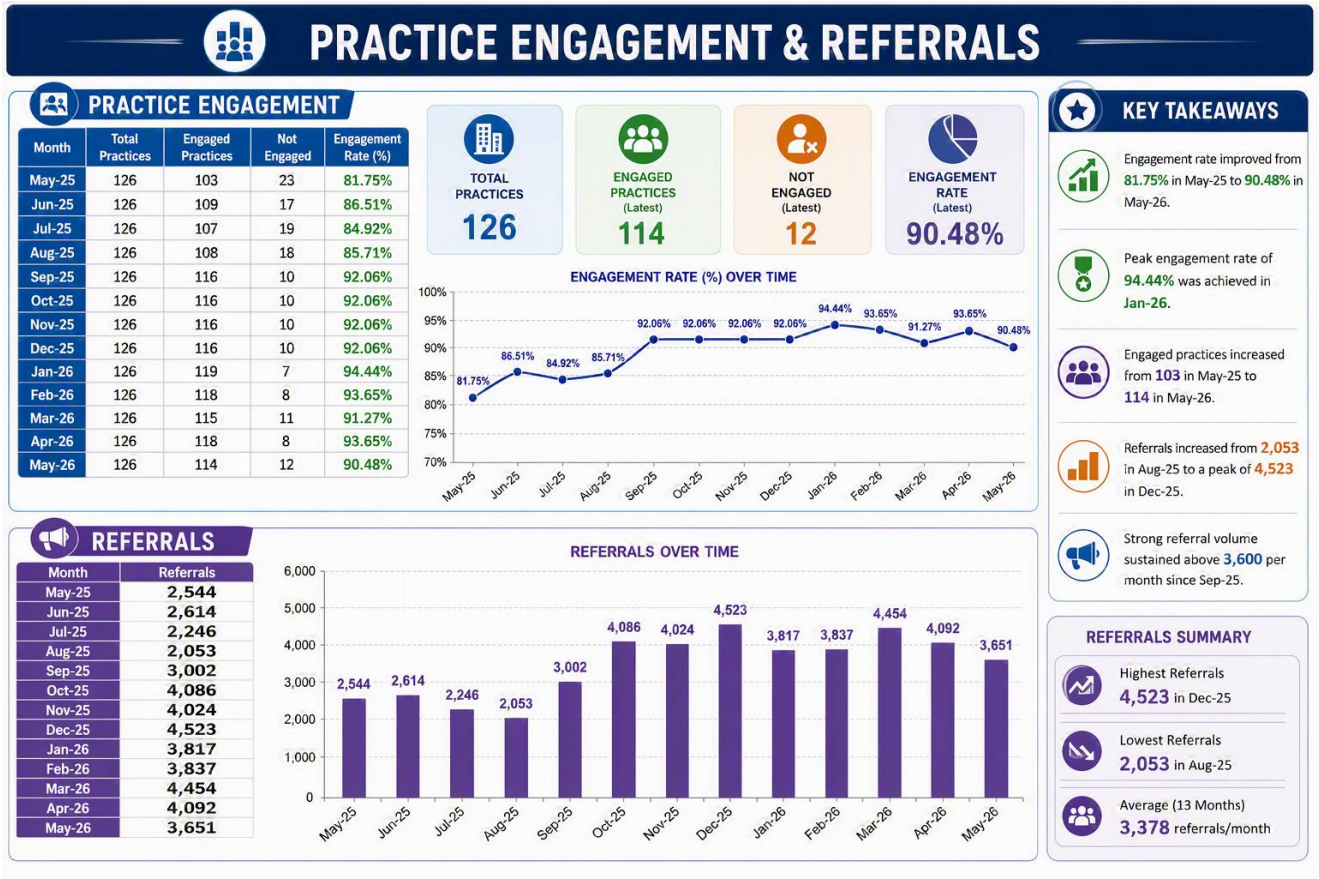
## 1. Strengthening GP Practice Engagement and Pharmacy First Referrals

Pharmacy First has remained a central focus of our work.

We have continued to work with the ICB, GP practices and other NHS partners to strengthen referral pathways, resolve operational issues and increase appropriate use of the service.

Over the past year, sustained engagement with GP practices has strengthened referral pathways into community pharmacy. The proportion of engaged practices increased from 81.75% in May 2025 to 90.48% in May 2026, representing 114 of the 126 practices across LLR.

Engagement peaked at 94.44% in January 2026, demonstrating the progress achieved through regular communication and relationship-building. This was reflected in referral activity, which increased from 2,544 in May 2025 to 3,651 in May 2026, a year-on-year rise of approximately 44% and reached a peak of 4,523 referrals in December 2025.



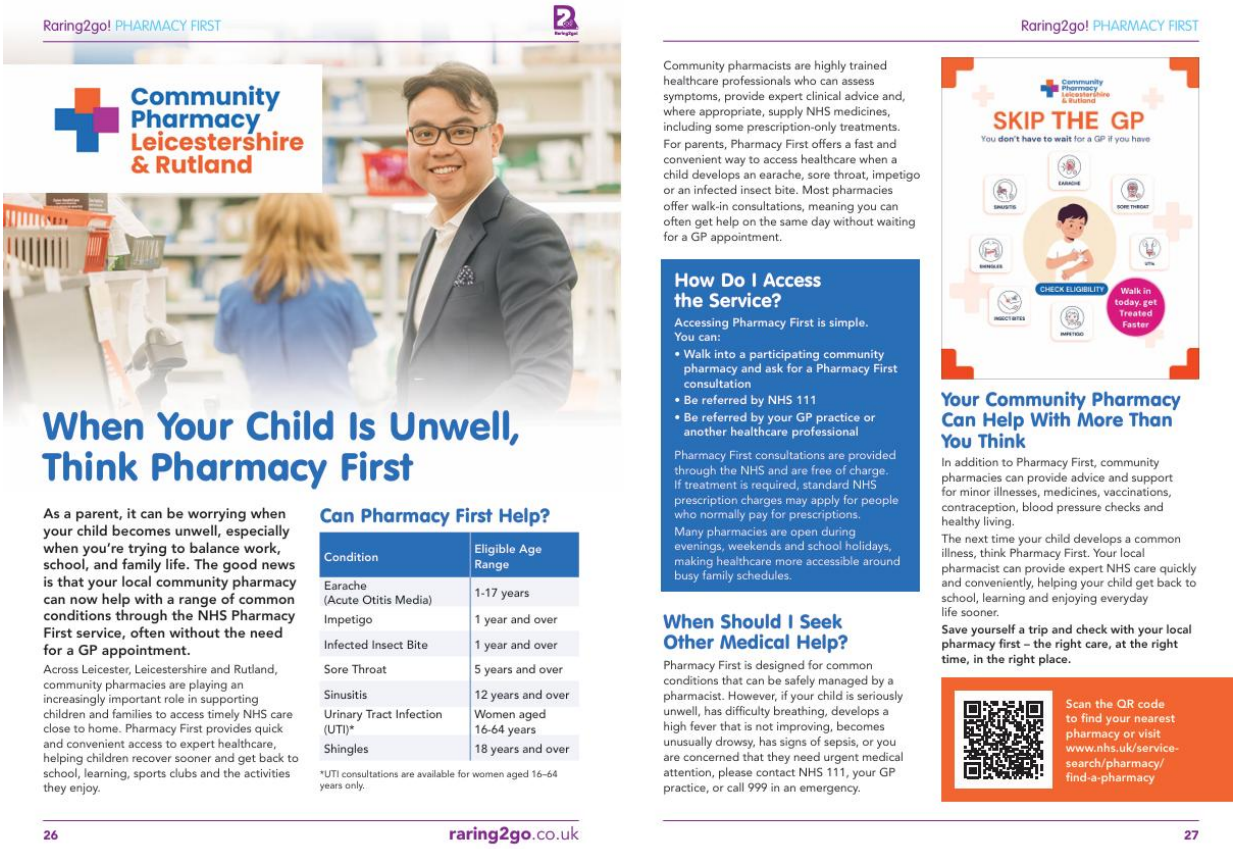

While some monthly variation remains, referral volumes have been consistently stronger since autumn 2025, illustrating the value of sustained practice engagement in improving patient access to community pharmacy services.

We have also supported pharmacies through:

- Bimonthly PCN managers focus groups to show a clear focus around referrals to pharmacies with ICB
- Regular contractor updates and service reminders
- Guidance on pathway and PGD changes
- Support with referral and IT issues
- Pharmacy First webinars and drop-in sessions to support referrals, claims and income optimisation. Watch here
- Practical resources to promote services to patients

We recognise that public awareness remains essential. During the year, we continued to develop our portfolio of Pharmacy First videos and promotional materials for contractors to use across their own social media channels.

To increase awareness of Pharmacy First among parents and families, I engaged with the local *Raring2go!* magazine, which is distributed through schools across Leicestershire and Rutland. This resulted in a two-page feature explaining how community pharmacies can support children with common conditions through Pharmacy First, including the eligible conditions and age criteria, how to access the service and when urgent medical help should be sought. The article also highlighted the wider range of support available from community pharmacy and encouraged families to consider their local pharmacy as a convenient first point of contact for healthcare advice and treatment.



Raring2go! PHARMACY FIRST

Community Pharmacy Leicestershire & Rutland

# When Your Child Is Unwell, Think Pharmacy First

**As a parent, it can be worrying when your child becomes unwell, especially when you're trying to balance work, school, and family life. The good news is that your local community pharmacy can now help with a range of common conditions through the NHS Pharmacy First service, often without the need for a GP appointment.**

Across Leicester, Leicestershire and Rutland, community pharmacies are playing an increasingly important role in supporting children and families to access timely NHS care close to home. Pharmacy First provides quick and convenient access to expert healthcare, helping children recover sooner and get back to school, learning, sports clubs and the activities they enjoy.

## Can Pharmacy First Help?

| Condition | Eligible Age Range |
|---|---|
| Earache (Acute Otitis Media) | 1-17 years |
| Impetigo | 1 year and over |
| Infected Insect Bite | 1 year and over |
| Sore Throat | 5 years and over |
| Sinusitis | 12 years and over |
| Urinary Tract Infection (UTI)* | Women aged 16-64 years |
| Shingles | 18 years and over |

*UTI consultations are available for women aged 16–64 years only.

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Raring2go! PHARMACY FIRST

Community pharmacists are highly trained healthcare professionals who can assess symptoms, provide expert clinical advice and, where appropriate, supply NHS medicines, including some prescription-only treatments.

For parents, Pharmacy First offers a fast and convenient way to access healthcare when a child develops an earache, sore throat, impetigo or an infected insect bite. Most pharmacies offer walk-in consultations, meaning you can often get help on the same day without waiting for a GP appointment.

## How Do I Access the Service?

**Accessing Pharmacy First is simple. You can:**

- **Walk into a participating community pharmacy and ask for a Pharmacy First consultation**
- **Be referred by NHS 111**
- **Be referred by your GP practice or another healthcare professional**

Pharmacy First consultations are provided through the NHS and are free of charge. If treatment is required, standard NHS prescription charges may apply for people who normally pay for prescriptions.

Many pharmacies are open during evenings, weekends and school holidays, making healthcare more accessible around busy family schedules.

## When Should I Seek Other Medical Help?

Pharmacy First is designed for common conditions that can be safely managed by a pharmacist. However, if your child is seriously unwell, has difficulty breathing, develops a high fever that is not improving, becomes unusually drowsy, has signs of sepsis, or you are concerned that they need urgent medical attention, please contact NHS 111, your GP practice, or call 999 in an emergency.



## Your Community Pharmacy Can Help With More Than You Think

In addition to Pharmacy First, community pharmacies can provide advice and support for minor illnesses, medicines, vaccinations, contraception, blood pressure checks and healthy living.

The next time your child develops a common illness, think Pharmacy First. Your local pharmacist can provide expert NHS care quickly and conveniently, helping your child get back to school, learning and enjoying everyday life sooner.

**Save yourself a trip and check with your local pharmacy first – the right care, at the right time, in the right place.**

Scan the QR code to find your nearest pharmacy or visit www.nhs.uk/service-search/pharmacy/find-a-pharmacy

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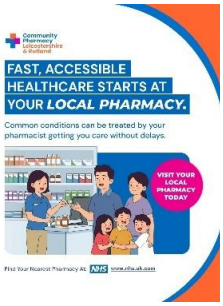
## 2. Digital Engagement and Public Awareness

This year, we strengthened our focus on raising public awareness of community pharmacy services through social media.

We developed a growing portfolio of ready-to-use social media cards and videos to help contractors promote Pharmacy First and other NHS pharmacy services within their local communities. These resources enable pharmacy teams to maintain an engaging online presence without having to invest additional time or money in creating their own content.

By providing contractors with consistent, professionally produced materials that can be shared across their own social media channels, we are helping more patients understand the clinical care available from their local pharmacy and when they can access it.

We will continue to expand this resource library and work directly with pharmacy teams to produce authentic content that showcases their expertise, services and contribution to patient care across LLR.





## 3. Introducing the MenB Vaccination Service

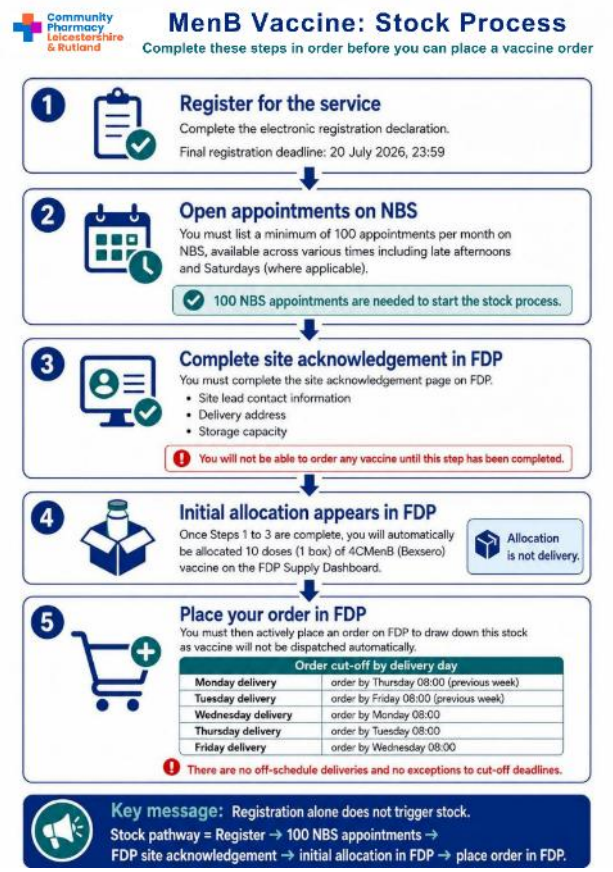
The launch of the NHS Meningococcal B Vaccination Advanced Service on 20 July 2026 marked a further expansion of the community pharmacy vaccination offer.

The one-off programme allows participating pharmacies to provide two doses of the MenB vaccine to eligible young people, including those preparing to enter university or residential further education. It provides another clear example of how community pharmacy can respond rapidly to an emerging public-health need and deliver convenient access to vaccination within local communities. **NHS England's MenB service specification**

CPL&R supported contractors ahead of implementation by:

- Sharing registration requirements and key deadlines
- Delivering a dedicated MenB webinar
- Providing updates on eligibility and service requirements
- Raising awareness of vaccine ordering and stock processes
- Helping contractors navigate the National Booking Service and associated digital platforms

The implementation timetable was extremely challenging. We recognise the considerable work undertaken by pharmacy teams to understand the requirements, complete registration, prepare their teams and establish appointment capacity within a very short period.




## 4. Contractor Training and Engagement

Throughout 2025/26, we continued to provide contractors with opportunities to learn, connect and prepare for changes in service delivery.

Our programme included webinars, face-to-face events and practical contractor briefings covering areas such as:

- Navigating the Numbers- Securing the Future
- Independent prescribing readiness
- Women's health and menopause
- Medicines shortages, price concessions and reimbursement risk
- The MenB Vaccination Service drop in sessions to support implementation and embedding of the service
- Pharmacy opening-hours requirements
- Service claiming and optimisation
- CP Technician Apprenticeship Programme (CPTAP) 2026 – support your application
- Clinical governance and regulatory requirements

Our events have brought together pharmacists, pharmacy technicians, NHS colleagues, commissioners and clinical experts. They have provided not only formal learning but also valuable opportunities for contractors to raise concerns, share experiences and learn from one another.

The strong attendance and engagement at these sessions demonstrate the commitment of LLR pharmacy teams to professional development and high-quality clinical care.

## 5. Practical Support for Pharmacy Teams

We recognise that contractors need more than written updates. They also need practical, tailored support that reflects the realities of delivering services in busy pharmacy environments.

During the year, we expanded our operational service support capacity with Saarah joining the CPL&R team. Saarah works alongside Vin to provide support with:

- Service implementation
- CPAF completion reminders and support
- PQS support
- Clinical pathways
- Service optimisation
- Data and performance reviews
- Claims and record-keeping
- Identifying barriers to delivery
- Developing practical improvement plans

Pharmacies can request a service-support visit through our online **form**. These visits allow us to understand the individual circumstances of each pharmacy and provide focused support based on its needs.

We have also developed monthly service trackers and strengthened our contractor deadline reminders, helping pharmacy teams monitor activity, claim correctly and avoid missing important contractual deadlines.

## 6. Workforce Development and Independent Prescribing

Preparing the workforce for independent prescribing remains a strategic priority.

CPL&R has continued to support cross-sector Foundation Trainee Pharmacist placements in partnership with University Hospitals of Leicester and Leicestershire Partnership NHS Trust. Ten cross-sector placements have helped provide access to Designated Prescribing Practitioners while giving trainees experience across different care settings.

Access to DPPs remains a significant challenge, particularly for experienced pharmacists who wish to undertake an independent prescribing qualification. We will continue to raise this issue and explore opportunities for collaboration across organisations.

The introduction of prescribing into the CPCF is a major opportunity, but it must be implemented safely and equitably. Pharmacies will need access to appropriate supervision, training, clinical systems and sustainable funding if prescribing is to become embedded successfully.

## 7. Representation and Advocacy

CPL&R has continued to ensure that contractor experiences influence local, regional and national discussions.

We have represented community pharmacy through ICB committees, medicines optimisation forums, primary care transformation discussions and neighbourhood integration work. Our focus has been to ensure community pharmacy is involved from the beginning of service design and strategic planning, not approached only when delivery is required.

We have also continued our engagement with parliamentarians and national pharmacy organisations, raising issues including:

- Pharmacy funding and financial sustainability
- Medicines shortages and reimbursement risk
- Pharmacy First thresholds and payment arrangements
- Workforce and DPP capacity
- Digital interoperability
- Referral pathways
- The practical impact of service implementation timescales

Our message remains consistent: community pharmacy is ready to do more, but expectations must be matched by appropriate funding, infrastructure and meaningful involvement in decision-making.

# Proposed Boundary Realignment

During early 2026, we began working with BLMK & Northamptonshire LPC on a proposal to realign LPC boundaries more closely with the wider NHS Integrated Care System footprint.

Under the proposal, Northamptonshire community pharmacies would transfer into an expanded Community Pharmacy Leicester, Leicestershire and Rutland organisation. The aim is to strengthen contractor representation, reduce duplication and enable a more coordinated approach to system engagement and commissioning.

We recognise that any organisational change raises important questions. We have therefore committed to an open and transparent process, supported by written information, regular updates and joint contractor drop-in sessions.

The proposal will be formally discussed and voted on at a Special General Meeting held alongside our AGM on 27 September 2026. Contractors are encouraged to review the information, attend a drop-in session, ask questions and participate in the vote.

Whatever the outcome, maintaining strong local engagement, contractor visibility and effective representation will remain central to our approach.

# Looking Ahead to 2026/27

The year ahead will bring considerable change.

The introduction of prescribing into the CPCF, continued development of Pharmacy First, further expansion of pharmacy vaccination services and the NHS focus on neighbourhood health will create new opportunities for the profession.

The Government's 10 Year Health Plan describes an expanded role for community pharmacy in prevention, vaccination, cardiovascular risk identification and access to joined-up patient information. This direction is encouraging, but its success will depend on pharmacies having the capacity and confidence to deliver it.
**Government's 10 Year Health Plan**

Our priorities for 2026/27 will include:

- Supporting the introduction of independent prescribing
- Increasing appropriate Pharmacy First referrals
- Helping contractors optimise clinical service delivery
- Expanding our programme of pharmacy visits and practical support
- Strengthening digital referral and booking pathways
- Promoting community pharmacy directly to the public
- Supporting the delivery of vaccination and prevention services
- Representing contractors through NHS neighbourhood developments
- Continuing to campaign for sustainable funding
- Ensuring contractors remain informed and involved throughout the proposed boundary realignment

# Closing Reflections

This has been another demanding year, but also one in which community pharmacy has demonstrated its value repeatedly.

To our 222 community pharmacies: thank you for your resilience, professionalism and commitment to patient care.

To our committee members and CPL&R team: thank you for your hard work, leadership and continued support for contractors.

To our NHS colleagues, partners and stakeholders: thank you for working with us to strengthen the contribution of community pharmacy across LLR.

The next chapter for community pharmacy will be shaped by prescribing, prevention and increasingly personalised patient care. CPL&R will continue to ensure that our contractors are supported through that transition and that community pharmacy has a strong voice in the decisions that affect its future.

Together, we must ensure that community pharmacy is not simply expected to deliver more, but is properly equipped, valued and funded to do so.

Warm regards,

**Rajshri Owen**
Chief Executive Officer
**Community Pharmacy Leicester, Leicestershire & Rutland**

# Service Support 2025/26

Prepared and presented by

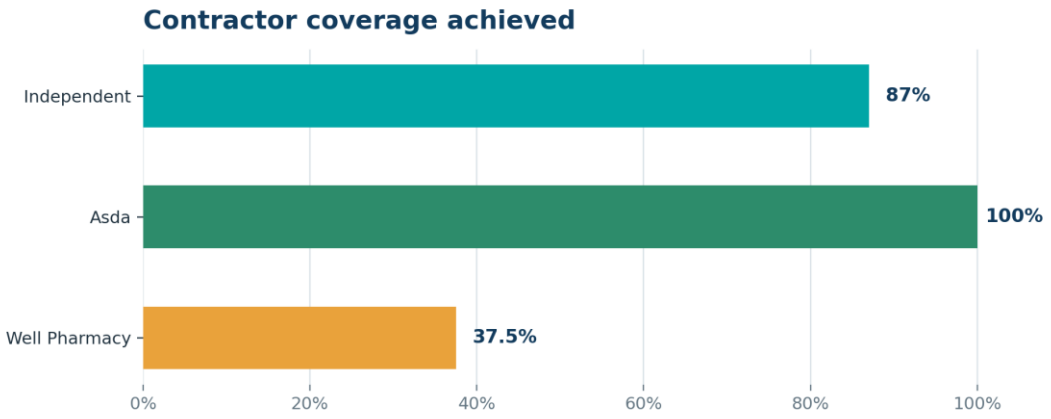
**Vinay Mistry, Service Support Lead**

## 1. Contractor Engagement and Reach

A structured timetable was developed with the ambition of reaching every eligible community pharmacy contractor over a 12-month period, including pharmacies that had previously had limited engagement. Visits were planned through a shared calendar and monitored using a contractor tracking system.

| 2.4 | 2.9 | 5.2 |
|---|---|---|
| VISITS PER WORKING DAY | CONTACT PER WORKING DAY | TOTAL INTERACTIONS PER DAY |


*Combined activity: 137 visits plus 164 other contractor contacts.*




## 2. Structured Support Conversation

A quarterly discussion agenda was shared with contractors ahead of visits, keeping each conversation focused on current contractual priorities while allowing support to be tailored to the individual pharmacy.

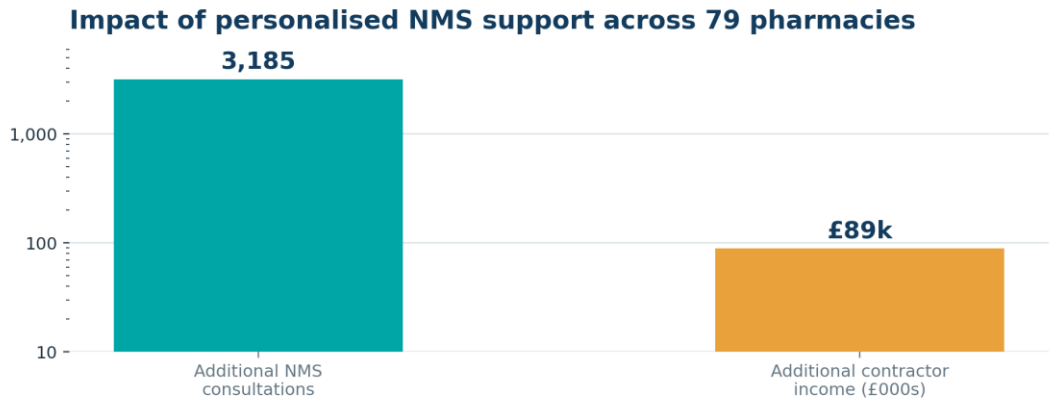
| Discussion area | Practical support provided |
|---|---|
| **PQS readiness** | Early enrolment, milestones, display resources and submission deadlines. |
| **NMS optimisation** | Review of pharmacy-level performance and agreement of achievable activity targets. |
| **Pharmacy Contraception** | Registration, training and readiness ahead of national deadlines. |
| **Hypertension Case-Finding** | Registration, equipment checks and understanding of service requirements. |
| **Contractual assurance** | Banding submissions, claims, evidence requirements and key dates. |
| **Resources and communications** | Signposting to the LPC website, newsletters, guidance and service tools. |

**Monthly Deadline Tracker:** Contractors were encouraged to print, share and display to plan submissions and protect service income.

Every visit combined national requirements with pharmacy-level data, turning general guidance into clear and achievable actions for the contractor.

## 3. Measurable Impact – New Medicines Service

Personalised NMS support was a major area of impact. Pharmacy-level performance was reviewed with contractors; barriers were discussed and realistic opportunities for growth were identified.




Support was practical and specific: review current activity, identify eligible opportunities, involve the wider pharmacy team, set a realistic target and revisit progress during future contact.

| 137 | 164 | £89k |
|---|---|---|
| PHARMACY VISITS | OTHER CONTACTS | ADDITIONAL NMS INCOME |

## 4. Pharmacy First and PCARP Services

Support also focused on increasing activity, improving service quality and strengthening referral pathways across the Primary Care Access Recovery Plan services.

- Proactively engaged pharmacies with little or no Pharmacy First activity, helping identify barriers and opportunities to increase delivery.
- Worked directly with Higham Pharmacy and Dr DeSousa to strengthen referral pathways and embed Pharmacy First more effectively within local primary care.
- Facilitated collaboration between contractors, GP practices and Paul Gilbert, ICB Pharmacist, to resolve referral issues and improve patient access to the service.
- Partnered with Healthwatch to raise public awareness of Pharmacy First, including presenting to an audience of more than 100 people in Ashby and promoting community pharmacy as an accessible first point of care.

## 5. Communication, collaboration and capability

### Collaborative working across LLR

- Participation in ICB Green Group discussions.
- Contractor intelligence and feedback shared with the LPC and wider system.
- Support for relationships between pharmacies, surgeries and the ICB to improve service delivery.

### Training needs identified

- Business-management support for new owners and contractors.
- Further training and confidence-building for the Pharmacy Contraception Service.
- Ongoing need for practical support as national service requirements change.

### Resource development

Service-support materials were reviewed and updated throughout the year so that contractors could access current guidance, supporting documents and practical tools aligned with changing national priorities.

### Order Only What You Need campaign

Contractors were encouraged to participate in the Order Only What You Need campaign. Support included promoting the campaign objectives, encouraging submission of pharmacy photographs and raising awareness of the available £100 participation incentive.

## 6. Priorities for the year ahead

The evidence from 2025/26 shows that proactive, pharmacy-specific support can improve engagement, service activity and contractor income. The next phase will build on this approach by expanding our capacity and providing more tailored support to pharmacies across LLR.

| Priority | Next step |
|---|---|
| **Expand the service-support team** | Saarah joined the team as Service Support Delivery Officer in July 2026. Working alongside Vin, this additional capacity will enable us to conduct more pharmacy visits and provide contractors with increased practical, tailored support. |
| **Deepen service optimisation** | Use pharmacy-level data to focus support on NMS, Pharmacy First, contraception and hypertension activity, PQS, CPAF and vaccination services. |
| **Strengthen referral pathways** | Continue working with practices, the ICB and system partners to reduce barriers and increase appropriate referrals. |
| **Build contractor capability** | Develop focused support for new owners, business management and clinical-service confidence. |
| **Improve evidence of impact** | Track agreed actions, changes in activity, income generated and recurring barriers following each intervention. |

# Minutes for Approval

### Annual General Meeting

Community Pharmacy Leicestershire & Rutland

Hilton Hotel

28th September 2025  9:30am–12:30pm

## Agenda

| Time | Item | Owner |
|---|---|---|
| **9:00** | **Registration**<br>**&**<br>**Exhibitors** | **All** |
| **9:30** | **Welcome**<br>**Chief Officer & Chair** | **Rajshri Owen &**<br>**Viral Patel** |
| **9:35** | **Titan** | **Sajid Raman** |
| **10:00** | **Chief Officer's**<br>**Report** | **Rajshri Owen** |
| **10:20** | **Minutes of previous AGM on 24/9/2024**<br>**Approval** | **Viral Patel** |
| **10:25** | **Treasurer's Report** | **Altaf Vaiya** |
| **10:35** | **Approval of Financial Statement**<br>**Contractor Vote**<br>**ODS code and Yes/No in comments** | **Altaf Vaiya** |
| **10:40** | **Shazia Patel**<br>**East Midlands**<br>**Primary Care Team** | **Shazia Patel** |
| **11:00** | **Henry Gregg**<br>**NPA**<br>**Chief Executive** | **Henry Gregg** |

| Time | Item | Owner |
|---|---|---|
| **11:30** | **Recognition & Celebration of Success** | **Rajshri Owen** |
| **11:45** | **Your opportunity to ask questions** | **Rajshri Owen** |
| **12:30** | **AOB**<br>**Close** | **Rajshri Owen**<br>**&**<br>**Committee** |

# Attendees

| Present: | Apologies: |
|---|---|
| Rajshri Owen (RO) – Chief Officer<br>Viral Patel (VP) – Chair and CCA representative<br>Satyan Kotecha – Vice Chair and Independent Contractor<br>Altaf Vaiya (AV) – Treasurer & Independent Contractor<br>Rahul Patel – Independent Contractor<br>Nadya Jethwa – Independent Contractor<br>Kishan Kotecha – Independent Contractor<br>Ron Gregson – CCA Representative<br>Aadil Mitha – Independent Contractor<br>Shoaib Haji (Independent Contractor)<br>Christian (Committee Member) | **Guests**<br>Shazia Patel (SP) – East Midlands Primary Care Team<br>Henry Gregg (HG) NPA Chief Executive |

# Meeting Minutes

## Welcome & Housekeeping

The meeting commenced with Rajshri Owen (Chief Officer) welcoming all attendees and expressing gratitude for their participation on a Sunday morning at Hilton. Rajshri highlighted the packed agenda and reminded the group about the car park QR code, urging everyone to validate their parking before leaving. She thanked the sponsors for making the event possible and mentioned that there would be no formal break, but the room would remain open for any necessary discussions or restrooms during the meeting.

## Introductions and Acknowledgements

Rajshri Owen introduced key members of the Community Pharmacy Leicestershire & Rutland (CPL&R) team, including the committee members:

Viral Patel (Chair)

Satyan Kotecha (Vice Chair)

Altaf Vaiya (Treasurer)

Committee members Nadya, Kishan, Ron, Rahul, Shoaib, and Aadil.

Rajshri also acknowledged the sponsors of the event, such as Titan, Novo Nordisk, Trudell Medical UK Ltd, and others. She emphasized that these sponsors had no influence on the meeting's content or agenda.

## Titan Presentation

The first presentation was from Titan PMR System. Nas, the Implementation Leader at Titan, introduced the company and its services. She described Titan as a game-changer for pharmacies, comparing it to the leap from old technology (e.g., Nokia 3210) to modern systems (e.g., iPhones). Nas highlighted how Titan's system helps pharmacies streamline operations and free up time for pharmacists to focus on patient care. She encouraged pharmacies to consider Titan, mentioning how the system has improved efficiency and productivity for those already using it.

Several pharmacy professionals shared their experiences with Titan, emphasizing the time-saving benefits and the system's ability to automate checks, allowing pharmacists to spend more time providing clinical services rather than performing administrative tasks. Rahul, another pharmacy professional, echoed these points, praising Titan's continuous updates and its positive impact on pharmacy operations.

## Chief Officer's Report – Rajshri Owen

RO presented the Chief Officer's Report, reflecting on the significant role of Community Pharmacy within the NHS over the past 12 months. She highlighted the increasing demand for services like Pharmacy First, ABPM (Ambulatory Blood Pressure Monitoring), and contraception services, which have helped solidify community pharmacies as a central part of primary care.

However, RO acknowledged the strain placed on pharmacies due to workforce shortages, rising costs, and delayed contract negotiations. Despite these challenges, she commended the professionalism, clinical excellence, and commitment of pharmacies across Leicestershire & Rutland (LLR).

The theme of this year's AGM was “Thrive to Survive,” with a focus on innovation, adaptation, and leadership to ensure that Community Pharmacy remains resilient and continues to shape the future of primary care.

## Financial / Treasurer Updates

AV (Treasurer) presented the Treasurer's Report, addressing the financial standing of CPL&R. He outlined the challenges faced with increased levy payments, which had risen from £45,000 to £95,000 over the past two

years. Despite these increases, Altaf reassured attendees that the LPC was in a stable position, noting a healthy balance of nearly £100,000 in the accounts. However, he also noted a £25,000 deficit for the year, primarily due to the loss of grants and increased costs for staffing and services.

Efforts to mitigate the deficit included reducing costs, such as staff reductions and the cancellation of the LPC office, and securing additional sponsors to support the LPC financially. The committee acknowledged the importance of maintaining a balance between funding for clinical services and covering the basic operational costs of CPL&R.

## Approval of Financial Statement

The committee discussed the approval of the financial statement. Viral Patel asked for any objections to the financial statement, and following a show of hands, the financial statement was approved by the contractors present.

## Guest Presentations

SP from the East Midlands Primary Care Team delivered a presentation on her team's work supporting community pharmacies in LLR. She highlighted a few incidents and discussed the role of community pharmacy in managing complex conditions, such as paediatric dosing errors and Mounjaro issues. SP also emphasized the importance of maintaining professional standards and the need for pharmacies to present themselves as clinical environments, especially when offering services like flu vaccinations.

HG, Chief Executive of the National Pharmacy Association (NPA), followed with his presentation, discussing the financial challenges community pharmacies face and the importance of campaigning for sustainable funding. He emphasized the need for pharmacies to speak with one voice to secure adequate funding and recognition from the government. Henry also mentioned the NHS's 10-year plan and how community pharmacies can play a central role in long-term condition management and prevention, such as asthma and COPD management.

## Recognition & Celebration of Success

A segment of the meeting was dedicated to recognizing and celebrating the success of key individuals in the community pharmacy sector. The following awards were presented:

- Hypertension Case Finding Champion (2025) – Vision Pharmacy
- Contraception Service Leader – Riverside Barns Pharmacy
- Pharmacy First Champion (2025) – Mary Dale at Morningside Pharmacy

These awards were presented for outstanding contributions to improving patient care and driving the success of LLR pharmacy services.

## Your Opportunity to Ask Questions

RO invited attendees to ask any questions. Topics raised included IT system limitations, data sharing between pharmacies, and challenges with urgent medication supply and emergency supply requests. Concerns were

raised about the difficulties in tracking multiple requests for the same medication across different pharmacies, particularly when patients visit several pharmacies in a short period to obtain supplies.

## Any Other Business (AOB)

The meeting concluded with the announcement of the new LPC app. Viral Patel shared the exciting news that Community Pharmacy Leicestershire & Rutland had developed an app for improved communication among pharmacy teams. The app would allow for push notifications, community discussions, and easy access to important resources. The app is currently available for download on Android and will soon be launched on iOS.

Attendees were encouraged to download the app and share feedback to ensure its effectiveness in meeting the needs of the community pharmacy sector.

# Committee Members – Attendance Report

Attendance recorded across the eight committee and executive meetings held between June 2025 and July 2026.

| Name | 20-June | 30-Sep | 03-Oct | 05-Dec | 06-Feb | 24-Apr | 01-July | 08-July |
|---|---|---|---|---|---|---|---|---|
| **Rajshri Owen (Chief Officer)** | Attended | Attended | Attended | Attended | Attended | Attended | Attended | Attended |
| **Viral Patel (Chair)** | Attended | Declined | Attended | Attended | Attended | Attended | Declined | Declined |
| **Altaf Vajiya (Treasurer)** | Attended | Attended | Attended | Attended | Attended | Attended | Attended | Attended |
| **Satyan Kotecha (Vice Chair)** | Attended | Attended | Attended | Attended | Attended | Attended | Attended | Attended |
| **Ron Gregson** | Attended | N/A | Attended | Attended | – | Attended | N/A | Attended |
| **Shoaib Haji** | Declined | N/A | Declined | Declined | Attended | Attended | N/A | Attended |
| **Nadya Jethwa** | Declined | N/A | Declined | Attended | Attended | Declined | N/A | Attended |
| **Kishan Kotecha** | Attended | N/A | Attended | Declined | – | – | N/A | Attended |
| **Rahul Patel** | Attended | N/A | Attended | Attended | Attended | Attended | N/A | Attended |
| **Aadil Mitha** | Attended | N/A | Attended | – | – | Declined | N/A | Declined |
| **Shezad Alimahomed** | Attended | N/A | Attended | Attended | – | Attended | N/A | Declined |
| **Gareth McCague (service support)** | Declined | N/A | – | – | – | – | N/A | – |
| **Vinay Mistry (service lead)** | Declined | N/A | – | – | Attended | – | N/A | Declined |
| **Kate Blockley-Smith (Admin)** | Attended | N/A | – | – | – | – | N/A | – |

**N/A** – Executive Committee meeting; not applicable to full committee members.

Not recorded in the minutes for that meeting.