



**Community
Pharmacy**
Arden



Annual Report and Statement of Accounts 2025-2026

The local voice of
Community Pharmacy

Forward from the CEO and Chair

CP Arden CEO and Chair look back over 2025/26 and look forward to 2026/ 2027 and beyond

Chief Executive - Fiona Lowe



The past year has brought significant change, with the shift towards Neighbourhood Health, the operationalisation of the NHS 10 Year Plan, and organisational change across the ICB through clustering and regional NHSE developments. Coventry & Warwickshire and Herefordshire & Worcester ICBs have formed a cluster and may eventually merge. This is fortunate for us as we already work closely with a shared team and CEO putting us in a good position should merger of the LPCs prove to be a consideration. However, as key stakeholders and trusted colleagues move on, we are mindful of the risk of losing valuable experience and expertise. Continued financial pressure and the delayed outcome of CPCF negotiations are likely to create further challenges. We have also seen pharmacy closures over recent years, with more contractors under strain, alongside ongoing changes of ownership. In this context, the LPC remains focused on supporting both existing and new contractors across our area.

We have continued to strengthen relationships with stakeholders at national, regional, system and neighbourhood level. All pharmacies have been mapped to neighbourhoods and PCNs, based on the main surgery served; internet pharmacies have been linked by postcode, recognising their national reach.

We have developed resources and events to support contractors, and have linked LPC Members to quarterly PCN meetings in H&W. This will be extended to include C&W as the cluster adopts the H&W quality LES with general practice. Using LPN funding, we have also appointed additional resource to support neighbourhood health liaison roles: INT Ambassadors for Coventry, N Warks & Rugby, S Warks, Worcestershire and Herefordshire for 12 months. This supports our ambition for community pharmacy to be recognised as a key primary care partner across the system and within neighbourhoods. We will continue to demonstrate the value and accessibility of community pharmacies to patients, commissioners and stakeholders, while regularly evaluating the benefits to contractors and the opportunities that neighbourhood health can offer.

Our INT Ambassadors are:

Sam Griffiths (in addition to role as CPA chair) – Warwickshire North and Rugby

Eva Cardall (in addition to LPC role) – South Warwickshire

Jas Heer (in addition to CPA LPC role) - Coventry

Gareth Lam (in addition to CPHW LPC role) – Herefordshire

Manisha Sharma – Worcestershire

On our website [Strategy and Operational Plans – Arden LPC](#) we share our standard workplan and additional priorities, which are kept under regular review to reflect a rapidly changing landscape. We have also set out our LPC strategy and an outline community pharmacy plan. This is being refreshed to align with the focus on neighbourhood health and the three shifts in the NHS Plan (analogue to digital; hospital to community; and treatment to prevention).

Forward from the CEO and Chair

CP Arden CEO and Chair look back over 2025/26 and look forward to 2026/27 and beyond

We support contractors individually and collectively on contractual matters, market entry, services, Pharmaceutical Needs Assessments, training and local problem-solving. Building on our change of ownership information, we are developing a clearer support package for contractors new to our area. LPC Members and the team visit pharmacies and practices during the year, on request and as part of our engagement programme. We would also welcome your attendance at LPC meetings.

This year we have partnered with CHS to strengthen social media and patient-facing websites, helping to promote your services to patients. We are also working with the ICB and wider system communications teams to share coordinated posts and campaigns that support community pharmacy. Through our links with CHS, we are exploring the benefits of a memorandum of understanding to strengthen the LPC's provider voice, including representation in emerging provider collaboratives.



We are also planning training sessions and short video clips to support service delivery and upcoming changes. Please do let us know what training and resources you would find helpful. We have shared e and hardcopies of a number of materials to help with delivering pharmacy services

I would like to thank outgoing LPC Member Caroline Harvey who left during the financial year and served on the LPC for many years. We welcome new Member Dr Steve Brown. I also want to thank our Treasurer Theresa Fryer who has supported the Committees and Executive for many years and plans to retire and handover during Autumn 2026.

I would also like to thank the LPC support team, who continue to work hard to represent and support you. This is my final year as CEO and I will be handing over to Conor Price in July, following a transition period from April. It has been a privilege to support the LPC, contractors and local relationships with stakeholders and commissioners over the last 10+ years, and I wish Conor and the wider team every success. Conor lives in Herefordshire and brings strong local experience working with general practice and other stakeholders, alongside business intelligence expertise and experience as CEO of Community Pharmacy London. We are also recruiting a deputy CEO to join the team.

Eva, Susan and Zoe will also be on hand to support.

Eva Cardall – Services (local and national) and clinical lead (Tuesday – Thursday)

Susan Karoyl-Smith – Leading on the LPC websites, social media and admin support (Tuesday, Thursday & Friday)

Zoe Ascott – Leading on governance, regulatory, communications and office administration (Monday, Wednesday and Thursday)

From July, I will remain involved in a very part-time capacity for 12–18 months as Treasurer of both LPCs, as our two longstanding Treasurers handover during the summer. This will provide stability during a significant period of change. Additionally, on an ad hoc basis providing Professional Advisory support, during recruitment and induction of the deputy CEO. **Wishing you every success for the future.**

Forward from the CEO and Chair

CP Arden CEO and Chair look back over 2025/26 and look forward to 2026/27 and beyond

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

We have developed a **Strategic Plan for the LPC** and wider Community Pharmacy to align with and be incorporated into the Primary Care Strategies across our Cluster. We have had very good engagement with stakeholders in ICB, local Commissioners LMCs and improving picture in local neighbourhood working. We have also been out visiting Contractors after LPC meetings and in between. As well as producing resources and training opportunities for pharmacy teams. We have also appointed Ambassadors to support INT and PLACE activity.

Workplan – additional Priorities for 25-26

All BAU activities are tracked and align in part with CPE – self assessment which we regularly review and publish on our LPC websites. We have additional priorities and review our progress during the year

Category	Activity	Lead	Outcomes Required	RAG
PNA	Review all PNAs in geography and border areas and feedback	FL / ZA	Full feedback on LPC area PNAs and key points for border ones especially looking at border pharmacies and impact on access	G
PNA	Ensure our PNAs have appropriate definitions of necessary vs desirable need vs want etc.	FL / ZA	Suitable definition based on reasonable geographical access, core hours and essential service provision but not advanced or local service provision - which can be managed by extending the range of services and number of pharmacies providing them as long as sufficiently well funded. Nor extended supplementary hours - any need can be managed by a commissioned rota	G
Self-assessment LPC	Finance checklist	Exec	Use checklist to confirm all in place quarterly	G
Self-assessment LPC	Skills & Capacity	FL / ZA	Undertake our version annually which includes capacity	G
Self-assessment LPC	BAU LPC RAG	Gov Group	Complete self-assessment when final version available - twice a year	G
Services	Promote OC Service	EC	Resources, marketing plan, events etc to increase awareness of service and contractors to sign up and deliver as part of bundle	G
Transition	CEO retirement - smooth transition in April - June 2026	Chair and VC of each LPC + CEO	Good progress and smooth transition	G
Transition	Assess capacity of team, skills, flexibility and roles	CEO and Execs	Team review of skills, flexibility and capacity undertaken and training needs identified	G
New CPCF	Actions following negotiations	All	This is being carried forward as only announced in May 2026	A
New CPCF	Implementation of service changes / extensions	EC & Team	This is being carried forward as only announced in May 2026	A

Forward from the CEO workplan

CP Arden CEO and Chair look back over 2025/26 and look forward to 2026/27 and beyond

Category	Activity	Lead	Outcomes Required	RAG
Integration into ICS	Representation on PC Collaborative - recognised as part of primary care	Exec & CEO	Write to Chief Exec to insist on input into PC Strategy and develop CP strategy to include within the current PC Strategy which is only focussed on GP and not been shared directly	G
Integration into ICS	Tim Sacks meetings and meetings with LRCs including LMC	Exec & CEO	Build on support from LMC, ensure not a tick box exercise – now invited to Primary Care Collaboratives at System and PLACE	G
Integration into ICS	Write CP strategy to include in PC Strategy	All	Link with PC Strategy, wider LRCs and other sectors and CPE vision and NHs Plan. Strategy written – during 2026 to be adapted to use the language of Primary Care Strategy and ensure included in updated version Cluster wide.	A

We have made great progress in most of the priority areas. Successfully ensure that no gaps were identified in the PNAs, met all the requirements of the finance and governance packages and planned for the transition from Aran at ICB to other colleagues with less experience. Further change across the LPC including smooth transition to new CEO has also been completed. Review of central team and LPC Members skills and capacity undertaken leading to some restructuring. Supported local and national services implementation, with training and resources. We have also undertaken work on Community Pharmacy Strategy and Resources to support inclusion within wider Primary Care Strategy. We are also building a library of Integrated Neighbourhood Team (INT) materials for our Ambassadors to use and LPC Members as part of the quarterly meetings along with a dashboard of services data designed by Conor. We are working hard to use the services and opportunities available to Community Pharmacy – mirroring the language used in NHS and to meet the three SHIFTs in the 10 Year Plan.

Work Plans - Additional non BAU priorities [LPC Constitution and Governance – Arden LPC](#)

Report from the Chair 2025-2026

Sam Griffiths



This year has seen unprecedented change and upheaval both within and without pharmacy. As we manage the pressures which have barely lifted even after last years contractual uplift, we see pharmacies operating above and beyond. The standards of patient care are increasing as we provide more clinical services to our patients and as ever demonstrate that we are the most accessible part of the NHS.

The LPC has continually tried to engage with an ever-changing primary care landscape. The relationships, so important to our ability to strengthen Community Pharmacies voice, continue to develop and improve. I want to extend my heartfelt thanks to a fantastic team at the LPC whom have supported our contractors with visits, providing the regular LPC update, events, lots of communication and much more.



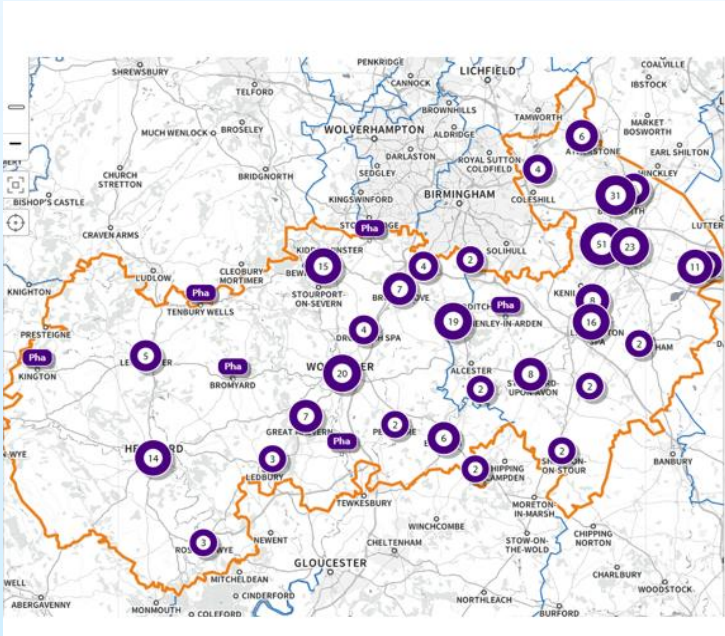
We are saying goodbye to our long-standing CEO Fiona Lowe who has led the LPC for over 10 years during significant period of change and retires at the end of June. On behalf of the whole committee, I want to thank her for her dedication and tireless efforts to successfully modernise and transform the LPC into what it is today, we owe her a debt of gratitude. Fiona built the foundations of great relationships across the area which the new CEO will be able to take forward into the new era. Fiona will still be with the LPC and taking over as Treasurer from Theresa Fryer during the summer..

And so, we now welcome our new CEO Conor Price. Conor brings an exciting approach to LPC development and overall primary care co-ordination. At a time when the NHS is becoming ever more data driven and relationships are fast becoming the currency of the day; he has already shown the drive and tenacity we need to help our contractors flourish.

It is still a challenging landscape out there; the national contracts and funding are improving but not by enough to undo years of neglect from successive governments. However, with challenges come opportunities and the year ahead promises to have plenty of scope for better partnerships with fellow healthcare professionals and contractors being rewarded for their efforts.



Neighbourhood Health – Conor Price



CPA and CPHW CLUSTER

- CPA: 181 Pharmacies
- CPHW: 113 Pharmacies
- PLACES: CPA – 4 and CPHW – 2 maybe 3
- PCNs: CPA – 20 and CPHW - 15
- INTs: Coventry 6; S Warks 4; Rugby 1; N Warks 3-4
- Herefordshire: 4 and Worcestershire 10 approximately

Neighbourhood Health and Community Pharmacy

Neighbourhood Health is becoming one of the biggest changes to the NHS operating model in a generation. Emerging from the NHS 10 Year Health Plan and NHS England Neighbourhood Health Guidance, the approach is designed to shift care closer to home, improve prevention, reduce health inequalities, and better join up services around local populations.

A neighbourhood is typically a local population footprint where health, care, voluntary sector and community services work together through Integrated Neighbourhood Teams (INTs). These teams bring together General Practice, Community Pharmacy, social care, mental health, community services, local authorities and the voluntary sector to proactively support people with the greatest need.

The ambition is to move away from fragmented and reactive care towards:

- Earlier intervention and prevention
- Better coordination of services
- More personalised care
- Reducing avoidable hospital admissions
- Supporting people to remain independent for longer
- Tackling wider determinants of health

Neighbourhood Health is now being accelerated nationally through the National Neighbourhood Health Implementation Programme (NNHIP). The programme supports selected systems and places across England to test and develop new neighbourhood models of care, share learning nationally, and shape the future NHS operating model.

Both Coventry and Herefordshire are part of the NNHIP programme, helping to lead and shape how neighbourhood working develops nationally.

For Community Pharmacy, neighbourhood working presents a significant opportunity. Pharmacies are highly accessible, embedded within communities, and already play a critical role in prevention, medicines optimisation, urgent care support and reducing pressure across the wider NHS.

Neighbourhood Health

As Integrated Neighbourhood Teams mature, Community Pharmacy has the opportunity to become a core partner in:

Prevention and population health management, Long term condition support, Medicines optimisation, Early intervention and proactive care, Health inequalities improvement, Supporting people closer to home and Reducing demand on General Practice and urgent care

Community Pharmacy Arden and Community Pharmacy Herefordshire and Worcestershire continue to support this agenda through engagement with neighbourhood development, leadership support, and the development of INT Ambassadors who are helping to strengthen pharmacy representation within emerging neighbourhood structures.

This work positions Community Pharmacy as a key partner in the future neighbourhood health model and supports stronger integration across primary, community and voluntary sector services.

Useful Links

NHS England Neighbourhood Health Guidance 2025/26:

<https://www.england.nhs.uk/long-read/neighbourhood-health-guidelines-2025-26/>

National Neighbourhood Health Implementation Programme:

<https://neighbourhood-health.co.uk/>

NNHIP Welcome Pack:

<https://cpe.org.uk/wp-content/uploads/2025/10/NNHIP-Local-Place-welcome-pack.pdf>

Coventry Neighbourhood Health Programme:

<https://www.uhcw.nhs.uk/our-services-and-people/our-departments/coventry-neighbourhood-health/>

Who We Are – Community Pharmacy

Accessible. Trusted. Essential.

Community pharmacy teams are embedded in every neighbourhood, delivering NHS services that improve health, prevent illness, reduce pressure on the system and keep people well.

One system, one team, one shared purpose

Working together for healthier communities, today and for the future.

COMMUNITY PHARMACY NATIONAL PICTURE

- ~10,000 community pharmacies across England
- ~1.6 million patient visits / interactions every day (estimated average)
- >1 BILLION prescriptions items dispensed every year (estimated)
- >90% of the population can access a pharmacy within a short walk

DELIVERING THE NHS 10 YEAR HEALTH PLAN AND NEIGHBOURHOOD HEALTH SERVICE

- Closer to Home: Care in local communities, or the high street, when people need it most.
- Proactive, Not Just Treat: Proactive services that prevent illness and detect problems early.
- Close to Prevention: Supporting the move from hospital to community.
- Support Neighbourhood Teams: Extending clinical capacity within integrated Neighbourhood Teams.
- Reduce Pressure on the System: Fewer GP visits, less demand on urgent care and hospital services.
- Improve Health Outcomes: Better medicines use, improved adherence and healthier communities.

WHAT COMMUNITY PHARMACY DOES

- Provide urgent advice and treatment for 7 common conditions (Pharmacy First)
- Support hospital discharge and prevent readmissions
- Detect and manage long-term conditions early
- Deliver vaccinations and public health services
- Support mental health and healthy lifestyle choices
- Ensure safe, effective use of medicines

KEY SERVICES WE DELIVER

- Pharmacy First
- Emergency Medicines Service
- New Medicines Service
- Hypertension Case Finding
- Smoking Cessation Service
- Pharmacy Continuation Service
- Urgent Medicines Supply
- Local Test Study Service

EVIDENCE BASED NHS VALUE

- Pharmacy First could help save up to 10 million GP appointments annually
- By treating more people for minor illness in community pharmacy
- Community pharmacy improves access closer to home, highly accessible NHS clinical support, or appointment needed
- Discharge Medicines Service can reduce hospital readmissions by up to 30% when fully utilized
- Community pharmacy supports prevention, medicines optimisation and population health, reducing pressure on day and night and expensive for longer
- Highly accessible NHS clinical support embedded in local communities
- Trusted, focused and used by millions every day

COMMUNITY PHARMACY IN THE NHS SYSTEM

- ~90% of all visits to the NHS are made by the community
- It is the closest link to all communities and patient care
- It is the most accessible for quality, safety and patient services
- It is the closest link to the high street, ensuring services are in local communities
- It is the most accessible for quality, safety and patient services
- It is the most accessible for quality, safety and patient services

OUR VALUES

- Access to care and advice
- Supporting the system
- Working together
- Improving health
- Reducing pressure
- Supporting the system

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Community Pharmacy Delivery Models

Scalable neighbourhood delivery through provider collaboratives and partnerships

One system, one team, one shared purpose

Working together for healthier communities, today and for the future.

PAGE 2 OF 3

Community pharmacy providers and collaboratives can enable groups of pharmacies to organise, mobilise and deliver services consistently across a geography.

1. WHAT PROVIDER COLLABORATIVES CAN ENABLE

- CONTRACT FLEXIBILITY**: Increase flexibility in service delivery and support of patients
- INTEGRATED SERVICES**: Integrate services, including GP and community pharmacy services
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2. HOW THIS ALIGNS TO NHS PRIORITIES

- NEIGHBOURHOOD HEALTH**: Delivering care closer to home, reducing pressure on the system
- LEFT SHIFT OF CARE**: Moving activity from hospital into community settings, where appropriate
- PREVENTION**: Earlier intervention, health promotion and prevention services
- CAPACITY RELEASE**: Reducing pressure on GP and community pharmacy services
- POPULATION HEALTH**: Working with local teams to improve health and reduce costs

3. FROM LOCAL PHARMACY TO SYSTEM IMPACT

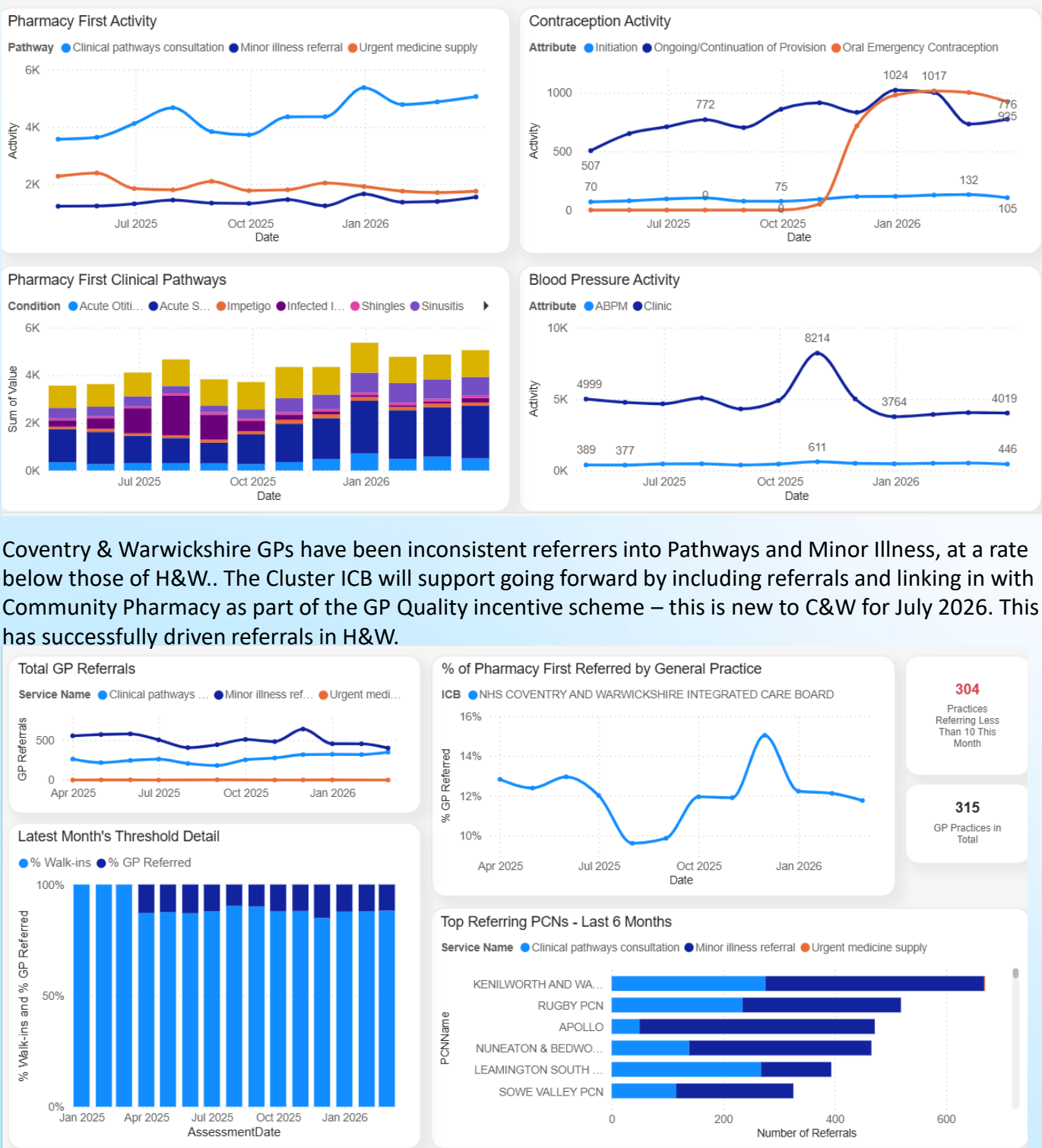
- COMMUNITY PHARMACY**: Local pharmacy services, including Pharmacy First, Hypertension Case Finding, etc.
- PROVIDER COLLABORATIVES**: Local provider collaboratives, including GP and community pharmacy services
- SYSTEM IMPACT**: Reducing pressure on the system, improving health outcomes, etc.

4. WHAT SYSTEMS CAN

- IMPROVED ACCESS**: Improving access to services, including GP and community pharmacy services
- INTEGRATED SERVICES**: Integrating services, including GP and community pharmacy services
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Services Report 2025/2026 - Overview

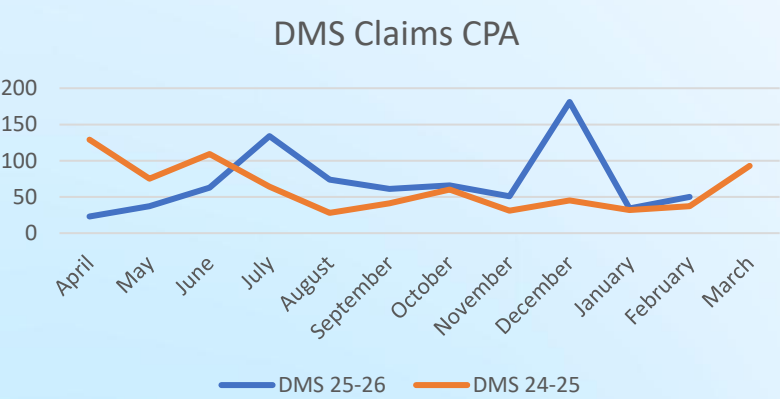
Conor has developed a dashboard which incorporates the available data, some referral data was unavailable for a few months. . Note EHC part of the Contraception Service only started mid year.



Services Report 2025/26 – Eva Cardall

Discharge Medicines Service – DMS – Essential Service

We have continued to use referral data over the past year to review outstanding services and notify contractors of outstanding referrals and claims. Completion rates at the pharmacy end are higher than ever but referral rates have been a challenge to maintain. Looking forward we are focussing on supporting our trust teams with increasing their referral numbers and IT improvements have made claim process much easier for pharmacies. Overall, we estimate the service has grown in claims by 10% (March 26 data pending). DMS is a real enabler for a priority INTs across our geographies share – reducing hospital readmissions and we hope the focus on this in the year ahead enables a real increase in referral numbers.



New Medicines Service – NMS – Advanced Service

NMS claims more than doubled in the past financial year. The addition of depression to the list of conditions increased eligible prescriptions and the removal of offsite service provision seemed to make no impact on service delivery. In 2024-2025 a total of 98977 NMS were claimed, a 40% increase on the previous year. This past year a total of 222,914 were claimed.

Pharmacy First Service, Pharmacy Contraception Service and Hypertension Case Finding Service – Dashboard

Incoming CEO, Conor Price, developed a dashboard for data on these three advanced services using the PCARP data we receive from the midlands team each month. The benefit of this data is that we get it for a month in the following month rather than three months behind. The data is not fully verified, i.e. may show some differences to that on the BSA, but differences are very small. Each month the full data set is sent and any changes to previous months are also updated. The dashboard is a brilliant tool and time saving, enabling us to pull the specific information we need for each task.

Services Report 2025 / 26

PCARP – Pharmacy First, Contraception and Hypertension Services

In terms of comparison to previous year, PFS

Service – service strand	24–25	25–26	% change
PFS – Clinical pathways	40,734	53,381	+31.0%
PFS – Minor illness referral	17,399	16,523	–5.0%
PFS – Urgent supply	20,898	21,078	+0.9%
PCS – Initiation	752	1,218	+62.0%
PCS – Continuation	4,162	9,606	+130.8%
PCS – EHC (new 10/25)	n/a	4,752	New service
HCFS – BP	54,248	58,895	+8.6%
HCFS – ABPM	3,940	5,753	+46.0%

- **PCS Continuation** more than doubled (+130.8%).
- **PCS Initiation** increased substantially (+62.0%).
- **PFS Clinical Pathways** grew strongly (+31.0%).
- **Minor Illness Referrals** were the only strand to decline (–5.0%).

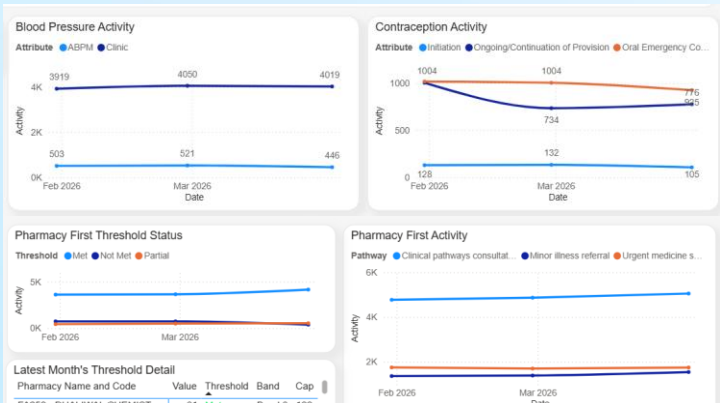
Vaccination Advanced Services

2025/26 saw the introduction of the NHS Childhood Seasonal Influenza Vaccination Service in community pharmacies. As part of a national pilot programme, participating pharmacies provided flu vaccinations to eligible children aged 2 and 3 years, increasing access to vaccination through convenient local appointments. The service enabled community pharmacy teams to support families, complement GP-led vaccination programmes and contribute to improving uptake of flu vaccination among young children, helping to protect both individual children and the wider community from seasonal influenza.

Services Report 2025/26

Data is routinely analysed to identify trends, variation in service delivery, and opportunities for development. Performance data is used to provide tailored support to individual pharmacies, helping them understand how their activity compares with local and national benchmarks. This enables targeted conversations around service uptake, workflow optimisation, patient engagement, and referral pathways. Through ongoing monitoring and feedback, pharmacies are supported to maximise opportunities within services such as Pharmacy First, Hypertension Case-Finding, Pharmacy Contraception Service and the Discharge Medicines Service, ultimately improving patient access to care and health outcomes

In Coventry and Warwickshire, the ambulatory conversion rate sits at 10%. We continue to work to support pharmacies with increasing the conversion rate to ABPM by contacting individual pharmacies with low conversion rates to ask about the process and any support we can offer. 62% of pharmacies achieved either the full Pharmacy First threshold payment (£1,000) or the partial threshold payment (£500) by April 2026. Work has been undertaken to support pharmacies with clarity on the changed thresholds introduced in October 2025 in an effort to maximise clinical pathway access and claims.



Local and Regional Services – ICB and Council Commissioned

The ICB has continued to contract pharmacies for both Palliative Care and Antiviral stock holding services. 25 pharmacies are contracted to provide the Palliative Care service across the ICB footprint to enable equitable access across the whole of the ICB.

Phlebotomy continues to be a popular service delivered through pharmacy and stop smoking services in Coventry. Substance misuse services continue to be contracted by the Council through CGL.

In our local service agreements and discusses we have emphasised the need for annual payment reviews. Details of these contracts and third party subcontractors can be found on our website. [Local Services – Arden LPC \(communitypharmacy.org.uk\)](https://communitypharmacy.org.uk)

CPA Annual Accounts 2025 / 2026

Coventry & Warwickshire LPC

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Accountants (or Auditors)	Cooper Parry Advisory Limited Sky View, Argosy Road East Midlands Airport, Castle Donington, Derby, DE74 2SA
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The Committee

Coventry & Warwickshire LPC is an association whose functions and procedures are set out in our Constitution [and rules].

During the year ended 31 March 2026 Coventry & Warwickshire LPC had 10 members on its main committee as follows:

- 3 members from CCA
- 6 members are Independent
- 1 member from IPA

Full details of these members can be found on Coventry & Warwickshire LPC website
<https://arden.communitypharmacy.org.uk/about-us/accounts-annual-reports/>

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

CPA Annual Accounts 2025/2026

Coventry & Warwickshire LPC

Income and Expenditure Account

Year ended 31 March 2026

	Notes	2026 £	2025 £
Income			
LPC Statutory Levies		198,367	108,200
Cross charges	2	38,655	28,253
HSBC MOU		45,508	37,541
BCB Refund		-	74
HMRC Refund		-	13
Bank fee compensation		75	-
Employment Allowance		10,500	-
Total Income		293,105	174,081
Expenditure			
PSNC		80,030	75,770
Training Costs		-	119
IT Support Costs		607	666
Chief Officer Salary		33,929	38,365
Employee Wages	3	74,578	57,834
PAYE & NI on all wages		43,730	27,297
Pension		6,907	6,665
ICO		47	35
DWP Debt Management		430	-
Meeting Rental		2,828	1,852
Office Equipment		365	225
Office Rent		11,289	10,989
Office stationery		43	174
Contractor Events		-	754
Members Expenses		635	374
Chief Officer Expenses		1,730	1,434
Bank Fees		65	55
Insurance		1,021	848
Refreshments		67	100
Telephone		545	440
Professional and payplus fees		1,037	991
Accountancy Fees		2,220	2,160
Xero Costs		331	373
Charity		50	-
Member Locum Cost		16,725	15,017
Total Expenditure		279,210	242,537
Surplus/(Deficit) Arising In The Year		13,894	(68,456)

CPA Annual Accounts 2025/26

Coventry & Warwickshire LPC

Balance Sheet

Year ended 31 March 2026

	Notes	2026 £	2025 £
Non-Current Assets			
Fixtures and Fittings		559	658
Computer Equipment		910	798
		<u>1,469</u>	<u>1,456</u>
Current Assets			
Bank Account		211,459	197,565
Petty Cash		100	100
		<u>211,559</u>	<u>197,656</u>
Current Liabilities			
Accruals		3,144	2,968
Pension		613	767
		<u>3,756</u>	<u>3,735</u>
Net Assets		<u>209,271</u>	<u>195,377</u>
General Fund			
Balance at 1 st April 2025		195,377	263,833
Surplus/(Deficit) Arising In The Year		13,894	(68,456)
		<u>209,271</u>	<u>195,377</u>

These financial statements were approved by the Coventry & Warwickshire LPC on 2 July 2026 and signed on its behalf by:

Fiona Lowe

.....

Chief Officer

Theresa Fryer

.....

LPC Treasurer

The notes on pages 6 to 9 form part of these financial statements

CPA Annual Accounts 2025/26

Coventry & Warwickshire LPC

Notes to the Financial Statements

Year ended 31 March 2026

2 Cross charges

This refers to income derived from cross charges to other LPC. These are charges to cover wage costs, office rent and other office costs. A breakdown is given below:

	2026 £	2025 £
HW LPC Office & Wages recharges	38,655	28,253
	<u>38,655</u>	<u>28,253</u>

3 Employees

	2026 £	2025 £
Employee wages consist of:		
Admin Net Wages	66,965	47,242
Engagement officer	-	-
Admin Digital Assistant	7,613	10,592
	<u>74,578</u>	<u>57,834</u>

4 Debtors

	2026 £	2025 £
Current Account	211,459	197,565
Petty Cash	100	100
	<u>211,559</u>	<u>197,665</u>

5 Creditors: amounts falling due within one year

	2026 £	2025 £
Accruals	3,144	2,968
Pension	612	767
	<u>3,756</u>	<u>3,735</u>

Treasurer's Report 2025/26

Community Pharmacy Arden (Coventry & Warwickshire LPC) Accounts voting 2025-2026

The CPA accounts balance at end of year 2025-2026 was **£209,271** (levy related funds including accruals), with an expenditure of **£279,210** against a planned budget of **£288,840** and income of **£293,105** (including **£198,367** Levy income, **£38,655** wages & office costs cross charges from CPHW and **£45,508** MOU NHS Funds subsidy for some staff, resources, training and events). This resulted in a surplus of £13,894 at end of March 2026. Note 1 month Levy holiday was provided in April 2025, to bring reserves down (usual annual LPC Levy £216,400). NB: Money in bank on 31st March 2026: £211,459.

We had some funding from NHSEI against MOUs – whilst much of this is for additional activities – some things such as Contractor engagement / training and service support activity would have been undertaken anyway at the CPA's own expense. An overview of NHS MOU funding allocation is shared separately within the Annual Report.

Budget for 2026-2027 £331,556.20 (monthly average £27,629.73) (including £84,852 Levy payable to CPE a 6% increase on 25-26) (including £16,000+ from NHS MOU Funds). NB: the staffing costs have increased as there is a period of handover from outgoing CEO and incoming CEO, a new deputy role and a member of staff returning from sabbatical, these have been partly offset by a member of the team leaving and not being replaced.

Contingency Held for 26-27 of £44,102 to mitigate risks (LPC closure costs, MOU contribution to staff costs)

Levy Accounts end March 2026: £209,271

Reserves are £209,271 – 44,102 contingencies = £165,169 Against a budget of £331,556.20

Reserves held are therefore at 50% of budget

(NB this budget assumes that £216,400 received in Contractor levies and approximately £83,000* in cross charges from CPHW and £16,000 from MOU Funds). NB: *CEO (contracted) and deputy (employed) will be funded by CPA and 45/40% cross charged to CPHW. Outgoing CEO was employed directly by each LPC separately.

Points of note on the accounts:

The employee wages line includes the joint team, 40% of which is cross charged to our partner CPL CPHW. Note the CPHW share of the rent and Office & Support team costs for 25-26 are shown as cross charge income.

To support the increased engagement and service support, we previously invested in a Services Lead, who is part funded by NHS Funds, which will be available for 2026-2027 and possibly some retained for 2027 – 2028. At this point the LPCs will have to cover the full cost from Levy funds.

There are some accruals and pre-payments remain on the 'books'

We hope that these suggestions meet with your approval if you have any queries, please contact the CPA office in the first instance and we will be happy to explain further. ahwlp@gmail.com

Community Pharmacy Arden – Budget 2026 - 2027

Coventry & Warwickshire LPC		Bank balance at 1st April 2026			£220,000.00			Estimated											
Budget for 2026 - 2027																			
	2026										2027								
	Apr Budget	May Budget	Jun Budget	Jul Budget	Aug Budget	Sep Budget	Oct Budget	Nov Budget	Dec Budget		Jan Budget	Feb Budget	Mar Budget			Total Budget			
	£	£	£	£	£	£	£	£	£		£	£	£			£			
Income																			
NHSBA Contractor	18,033.32	18,033.32	18,033.30	18,033.35	18,033.33	18,033.36	18,033.32	18,033.32	18,033.32		18,033.32	18,033.32	18,033.32			216,399.90			
Other Income(Crosscharges HWLPC)	6,100.00	6,100.00	7,100.00	7,100.00	7,100.00	7,100.00	7,100.00	7,100.00	7,100.00		7,100.00	7,100.00	7,100.00			83,200.00			
Other Income Cross charges H5BC MOU	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	0.00		0.00	0.00	0.00			16,000.00			
Meeting Sponsorship																-			
HMRC Refund																0.00			
SMP																0.00			
BCB Refund																0.00			
Employment Allowance	800.00	800.00	800.00	800.00	800.00	800.00	800.00	800.00	800.00		800.00	1,000.00	1,000.00			10,000.00			
Total Income	2,800.00	26,933.32	27,933.30	27,933.35	27,933.33	27,933.36	27,933.32	9,900.00	25,933.32		7,900.00	8,100.00	8,100.00			£325,599.90			
Expenditure																			
Staff Employment costs																			
Staff Salaries (gross)	6,665.96	6,665.96	9,320.96	9,320.96	9,320.96	9,320.96	9,320.96	9,320.96	9,320.96		9,320.96	9,320.96	9,320.96		see line 14 offset crosscharge 3 month CEO	106,541.52			
CEO Salary A-June / New CEO contract																			
Inc VAT April onwards	8,741.33	8,741.33	8,741.33	5,005.00	5,005.00	5,005.00	5,005.00	5,005.00	5,005.00		5,005.00	5,005.00	5,005.00			71,268.99			
Employee NI & pension	569.95	569.95	569.95													1,709.85			
Employers NI & pension	1272.77	1272.78	1,677.77	1,677.77	1,677.77	1,677.77	1,677.77	1,677.77	1,677.77		1,677.77	1,677.77	1,677.77			16,777.70			
Income Tax																0.00			
Auto Enrolment pensions															included with oncost	0.00			
Admin assistance																			
Locum cover	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00		1,500.00	1,500.00	1,500.00			16,500.00			
DWP debt management																0.00			
Petty Cash																0.00			
Training Costs																0.00			
Total for staff employment costs	17,477.24	£17,477.24	£21,810.01	£17,503.73	£17,503.73	£17,503.73	£17,503.73	£17,503.73	£17,503.73		£17,503.73	£17,503.73	£17,503.73			212,798.06			
Establishment Costs																			
Rent	950.00	950.00	950.00	950.00	950.00	950.00	950.00	950.00	950.00		950.00	950.00	950.00		offset by cross	11,400.00			
Cleaning																			
Office and Equipment repairs																0.00			
Office contents and equipment insurance																			
IT support costs	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00		20.00	20.00	20.00			240.00			
Software licenses incl Microsoft and we	50.00	50.00	50.00	50.00	50.00	50.00	50.00	50.00	50.00		50.00	50.00	50.00			600.00			
Depreciation of fixtures, fittings and IT																			
Total for Establishment costs	1,020.00	1,020.00	1,020.00	1,020.00	1,020.00	1,020.00	1,020.00	1,020.00	1,020.00		1,020.00	1,020.00	1,020.00			12,240.00			
Meeting Costs																			
PSNC Meeting costs and conferences		600.00			600.00			600.00				600.00				2,400.00			
Refreshments and catering for meetings			200.00		200.00				200.00							600.00			
Room Hire for Meetings	0.00	600.00	0.00	600.00	0.00	600.00	0.00	600.00	0.00		600.00	0.00	600.00			3,600.00			
Travel (Members)		150.00		150.00	150.00	150.00		150.00			150.00	150.00	150.00			1,200.00			
Travel and expenses (CEO & team)	300.00	300.00	300.00	300.00	300.00	300.00	300.00	300.00	300.00		300.00	300.00	300.00			3,600.00			
Total for meeting costs	300.00	1,650.00	500.00	1,050.00	1,250.00	1,050.00	300.00	1,650.00	500.00		1,050.00	1,050.00	1,050.00			11,400.00			
Insurance, PPS, Telephone etc.																			
Employers and Public liability insurance	750.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00			750.00			
Office stationery					43.51											43.51			
Postage and Carriage																			
Mobile charges	36.66	36.66	36.66	36.66	26.83											173.47			
Insurance /Legal Advice																			
Total for insurance, PPS, tel costs	786.66	36.66	36.66	36.66	70.34	0.00	0.00	0.00	0.00		0.00	0.00	0.00			966.98			
Levies and License fees																			
Pharmoutcomes Licenses																-			
PSNC Levy		42,500.00									42,500.00					85,000.00			
Accountancy Fees		2,500.00														2500.00			
ICO Fee																			
Professional Fees																-			
Total levies and license fee costs	0.00	45,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		42,500.00	0.00	0.00			87,500.00			

Community Pharmacy Arden – Budget 2026 – 2027 and MOU Funds Summary

[illegible]

NB: Expenditure is expected to exceed income, due to increased costs and reduced availability of MOU Funds to offset Service staff cost. We have additional costs in 26-27, due to handover period for CEO and a new role of Deputy CEO planned from Summer 2026. New CEO will be contracted by CPA and cross charged including VAT.

MOU Funds Summary end 2025-2026 and planned spend

LPC	Status for each pot of money remaining March 2026	End of 25-26 year	Allocated MOU general	LPN Allocated (needs to be cross sector)	Unallocated MOU (can just be CP related)	Any contingency?	LPN Funds due 26-27 (cross sector)	Balance May 2026
C&W	LPN remaining £15,000 INT Lead, £5,000 faculty website. MOU - services lead £16,000, £12,000 INT from non LPN, £5,000 visits and £12,000 website and social media for 26-end 2027. £25,000 unallocated - but more usually taken for services lead in previous years - so may need to increase that or hold some of the £25,000 for 27-28 services lead. No contingency	Balance £90,057.16	£16,000 Staff (note halved vs 25-26), £12,000 INT Leads, £5,000 Visits, £12,000 Website (patient) and social media	£15,000 INT Leads, £5,000 Faculty website careers	£25,000	None	£25,000	£111,000

£25,000 unallocated non recurrent (note want to save some for services staff in 27-28 ideally), £16,000 services staff (1/2 what usually use), £5,000 visits mileage and backfill, £27,000 INT Leads for 12 months inc travel, £5,000 Faculty website, £12,000 pf website and socials and video, £25,000 new LPN funds - ICB sign off required with Sat LPN chair

Community Pharmacy Arden

Governance & Market Entry - Zoe Ascott

Governance:

The Governance Subcommittee has undertaken a review of the Self-Assessment twice during the year and the most recent version is published on the LPC website.

The minutes are reviewed and signed off at each meeting and governance framework and ways of working shared regularly at LPC meetings and with all new members. The Expenses Policy has been updated to reflect the change in HMRC mileage recommendations. The day rate was unchanged following LPC decision not to increase it.

The workplan and strategies are regularly reviewed and financial position shared at each LPC Meeting and Executive Meeting.

The change imminent change in Executive Members is noted. New CEO Conor Price; New Treasurer Fiona Lowe (moving from CEO) will be in place by the end of August. New Vice Chair will be confirmed during the summer.

Market Entry:

It has been a particularly busy few months for the Market Entry team, with a significant number of change-of-ownership applications alongside several new pharmacy applications. This increase in activity has been particularly noticeable following the 2025 Distance Selling Pharmacy application cut-off as they work their way through.

To gain an accurate understanding of pharmacy closure rates across our area, we reviewed the current position against the baseline established in the 2025 Pharmaceutical Needs Assessments. There has been one increase (DSP). This is largely because many pharmacy closures were the result of consolidations and closures that took place during previous years and were therefore already reflected in the 2025 PNA.

Community Pharmacy Arden

2025: 180 pharmacies

2026: 181 pharmacies (an increase of one pharmacy, in Warwickshire since the 2025 PNA)

Current breakdown:

Coventry: 82 pharmacies

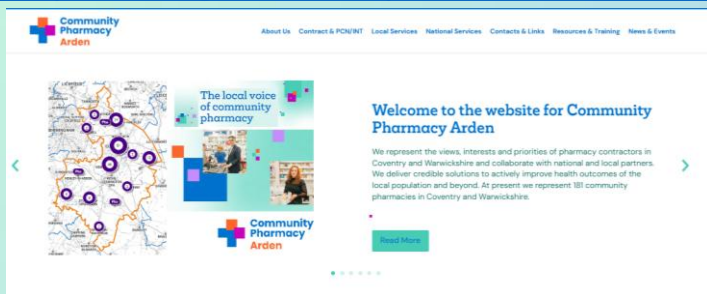
Warwickshire: 99 pharmacies

Contractor Support

Getting in touch

We would love to hear from you. The best way to contact us is by phone on 01386 897529 (Monday to Friday, 10:00–15:00 most weeks) or by email at ahwlpc@gmail.com. Also, by consulting our website where a wealth of information is available.

[Arden LPC – Representing Community Pharmacies in Coventry & Warwickshire](#)



We also use WhatsApp groups to share updates quickly, including a group for Covid vaccinations across the Midlands. We are also on Facebook and LinkedIn. [LINKS](#)

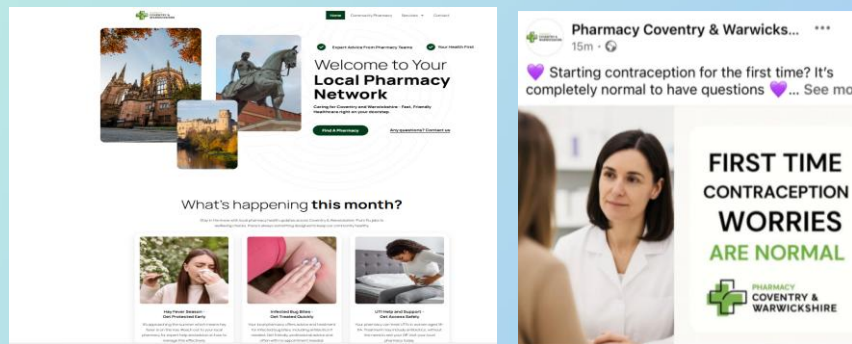
Links to join WhatsApp Groups:

Coventry: Follow this link to join my WhatsApp group: <https://chat.whatsapp.com/KIGQPXgs1jhHuQhR5bSUSD>

Warwickshire: Follow this link to join my WhatsApp group: <https://chat.whatsapp.com/HOR0mzvmbo7EUYexXnIBcZ>

Our patient facing websites and social media links:

[Pharmacy Coventry & Warwickshire – Pharmacy First](#)



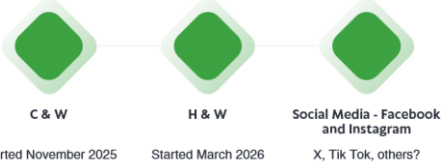
[Pharmacy Coventry & Warwickshire | Facebook](#)

[Pharmacy Coventry & Warwickshire \(@pharmacy.coventrywarwickshire\) • Instagram photos and videos](#)

Working with CHS



Websites and Social Media



Summary

Website reach has **increased** month by month in each area. Digital activity has **successfully increased awareness** of Pharmacy First and other community pharmacy services. Social reach and website engagement have **grown significantly** across both LPCs.

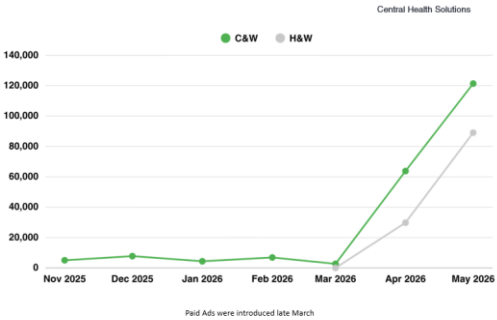


Campaign Activity



Campaigns included Pharmacy First, sore throat, bites & stings, contraception, and vaccination awareness delivered through Facebook, Instagram, and paid advertising

Social Media Reach



Website traffic is increasing, driven by improved awareness

- Users steadily increasing monthly
- Majority of users are new visitors
- Users are engaging with service-based pages

Social Media activity increased significantly in April

(organic social media posts to paid social media ads)

- Social views increased from 2.7k in March to 63k in April
- Facebook drives highest reach
- Instagram provides steady growth

Paid campaigns rapidly expanded reach and visibility

- C&W: 31k reach, 49k impressions
- H&W: 13k reach, 22k impressions
- Strong early results following launch

Key outcomes

- Significant growth in social media traffic
- Increased website traffic and user engagement
- Successful promotion of Pharmacy First and other pharmacy services
- Established platform for future pharmacy campaigns

Next steps

- Continue Pharmacy First promotion
- Seasonal vaccination campaigns
- Expand Contraception service awareness
- Use targeted paid campaigns to maximise reach:
 - consider more direct campaigns (although they may be more expensive, they may also be much more effective)

Community Pharmacy Arden Members and Team and PCN Links

Executive Team

Chief Executive Officer – Fiona Lowe outgoing (North Arden & Rural North & Apollo)

Chief Executive Officer – Conor Price from July 2026 (North Arden and Rural & Apollo)

Chair – Sam Griffiths (CCA Member) (Dene & Stour, Stratford) + N Warks Ambassador

Vice Chair – Sumeet Randhawa (Ind) (SOWE and Go West)

Treasurer – Theresa Fryer (Ind Member) (Leamington N and S) – **Fiona Lowe from Summer 2026**

Members:

Satyan Kothecha (Ind) (Nuneaton & Bedworth) + LPN Chair

Faye Owen (CCA) (Warwick & Kenilworth)

Baljit Chaggar (Ind) (GP Connect & Skyward)

Jas Heer (Ind) – CPE Regional Representative (Coventry Central and Navigation 1) +
Coventry Ambassador

Bal Heer (CCA) (Coventry North and Unity)

Dr Steve Brown (Ind) (Rugby)

Sumeet Randhawa (Ind) (SOWE and Go West)

Mike O Donnell (IPA) (North Arden & Rural)

Office Team:

Zoe Ascott – Administrator, Office Manager & Governance Lead (Alcester /
Arden)

Susan Karoly-Smith – Digital Administrative Assistant

Eva Cardall – Engagement & Services Officer + S Warks Ambassador

Contact Us:

Email: ahwlpc@gmail.com

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

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

CEO: conor.price@nhs.net

[About us – Arden LPC \(communitypharmacy.org.uk\)](http://communitypharmacy.org.uk)