COMMUNITY PHARMACY CHESHIRE & WIRRAL

ANNUAL REPORT

2025-2026

Chairman's Report

As I reflect on the past year, one word immediately comes to mind: resilience.

It has undoubtedly been another challenging year for community pharmacy. Whilst the announcement of the latest Community Pharmacy Contractual Framework represented a positive step in recognising the value of our sector, it is no secret that contractors continue to face significant financial pressures. Delays to funding settlements, rising operating costs, medicines shortages and continued political change have all contributed to an environment where many pharmacy businesses are still having to make incredibly difficult decisions simply to continue serving their communities.

Despite these challenges, what continues to inspire me is the unwavering commitment shown by community pharmacy teams every single day.

Community pharmacy remains the true front door to the NHS. Long before patients consider attending an urgent care centre or their GP practice, they walk through our doors seeking advice, reassurance and treatment. They do so because they trust the knowledge, compassion and professionalism of the teams who welcome them. That trust has been earned over many years and, despite the pressures placed upon the sector, it has never wavered.

Every contractor, pharmacist, pharmacy technician, dispenser, medicines counter assistant and delivery driver should be incredibly proud of the contribution they make. Whilst discussions around funding, policy and system reform rightly dominate many conversations,

we must never lose sight of the thousands of patient interactions taking place every day across Cheshire and Wirral. Behind every prescription dispensed, every clinical consultation, every home delivery and every reassuring conversation is a pharmacy team committed to doing the right thing for their patients.

That dedication deserves recognition.

Throughout the year, your LPC has continued to represent contractors across every level of the healthcare system. Whilst much of this work takes place behind the scenes, the objective has remained simple: to ensure that community pharmacy has a strong voice, that contractor concerns are heard, and that opportunities to develop the sector are not missed. The excellent report from our LPC team demonstrates the breadth of that work, from supporting contractors' day to day through to influencing commissioners and system leaders across Cheshire and Merseyside.

I would like to place on record my sincere thanks to our LPC team.

Adam continues to provide outstanding leadership and unwavering advocacy for community pharmacy, ensuring our profession is represented with credibility and influence at local, regional and national level. Suzanne's professionalism, knowledge and ability to build trusted relationships with commissioners continues to strengthen pharmacy's position within the wider healthcare system. Alison's meticulous attention to detail and analytical expertise often goes unseen, yet her work protects contractor income and provides the evidence that underpins so much of our influence. Sara's enthusiasm, accessibility and practical support for contractors have helped countless pharmacy teams navigate the day-to-day challenges they face. Together, they are an exceptional team, and I am enormously grateful for everything they continue to do on behalf of our contractors.

I would also like to thank every member of our LPC Committee. Committee members give their time voluntarily alongside demanding professional roles, bringing experience from across every sector of community pharmacy. Their willingness to challenge, contribute and support the work of the LPC ensures that the decisions we make always remain grounded in the realities of frontline pharmacy practice.

Whilst funding remains my greatest concern for the profession, I genuinely believe there are reasons to be optimistic.

For the first time in many years, it feels as though the national conversation around community pharmacy is beginning to shift. The continued development of Pharmacy First, the expansion of clinical services and, most significantly, the commitment towards independent prescribing represent an opportunity to evolve our profession in ways many of us have long advocated for. This year's contractual settlement should not be viewed as the destination, but as an important stepping stone towards a stronger, more clinically focused future for community pharmacy.

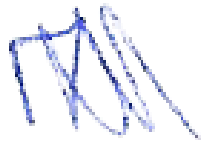
There remains a great deal of work to do. Sustainable funding remains essential if community pharmacy is to realise its full potential and continue supporting the wider NHS in the way we all know it can. However, I remain optimistic because I have seen first-hand the professionalism, innovation and determination that exists across our contractor base. If that same momentum continues to be matched by meaningful investment and genuine partnership across the healthcare system, I believe the future for community pharmacy can be incredibly positive.

Finally, to every contractor and every member of your pharmacy teams across Cheshire and Wirral, thank you.

Thank you for your resilience. Thank you for your professionalism. Thank you for continuing to put patients first, even on the most difficult days. Your commitment to your communities does not go unnoticed, and it is a privilege to represent you as Chair of Community Pharmacy Cheshire and Wirral.

Please be assured that your LPC will continue to champion community pharmacy, continue to fight your corner, and continue to ensure that your voice is heard wherever decisions about the future of our profession are made.

Kind regards



Dane Stratton-Powell

Chairman

Employee Report

Context of the year

This year saw continued pharmacy pressures hit contractors hard. The new Community Pharmacy Contractual Framework (CPCF) settlement was announced the day before the year began and whilst it was a significant rise, taking us from £2,592m to £3,073m in the global sum, it did not close the gap the independent economic analysis had displayed – it moved us from £2.5 billion away from the cost of operating the service to roughly £2 billion away.

This set the tone for another challenging year for contractors, with rising financial and operational pressures taking a significant toll. Many faced increased workloads due to changes in pharmacy ownership, alongside a continued reduction in pharmacy numbers. Despite these difficulties, our contractors and their teams responded with absolute professionalism and served their patients admirably under trying circumstances.

The major service change was that the Pharmacy Contraception Service was expanded to include Emergency Hormonal Contraception, widening the access for patients and making the service more uniformly available across the contractor network. This had a big effect on our local contraception schemes and work during and following the year to replace the local funding continues for our pharmacy services managers with the local authorities and their service lead providers.

The other service changes included some additional gateway points into the Pharmacy First clinical conditions as well as existing gateway points moved earlier, with an aim of recognising the advice and expertise of community pharmacy by allowing more “advice only” provisions of service to be counted both for item of service fee as well as part of the monthly total counting towards the monthly fixed payment.

The Pharmacy Pressures Survey told us broadly what anyone working in the sector knows. However, the separate, focused releases on Medicines Supply, Funding and Sustainability as well as Staffing and Morale did allow us to have focused discussions with the different parts

of the system to help them understand what we are going through, the impact on patients as well as impacts elsewhere in the system. It also helped land the media and public image appropriately.

People

The LPC team continued to assist contractors with queries and practicalities. Our Pharmacy Services Manager, Suzanne, and Chief Executive Officer (CEO), Adam, were both involved in informing the local systems about the service changes – including medicines optimisation teams, Primary Care Network (PCN) or clinical leads, practice managers and sexual health services. Our Engagement Officer Sara continued with her drive to assist contractors to develop their service offering and also helped with some relationship management and face-to-face training for surgeries. This is ongoing and still forms our core offer to practices helping them increase the amount of patients they can refer through the Pharmacy First service.

Our Business Support Officer, Alison, produces several dashboards for our services to aid Sara in helping pharmacies understand where things went wrong and assiduously auditing any services using our PharmOutcomes license to be able to identify and rectify underpayments made due to concession pricing. Alison also continues to provide dashboards to the commissioning team and other local LPCs which enable us to interrogate the data, highlight areas of focus to potentially improve contractor delivery.

At the end of the year, various reforms to the NHS – both NHS England and the Integrated Care Board (ICB) meant we wished a huge number of colleagues a fond farewell. Some of whom we have worked with for many years and we wish them well as they go on to either retirement or to find their future opportunities elsewhere.

Community Pharmacy England

Our links with Community Pharmacy England (CPE) remain strong with one of our committee members, Stephen Thomas, a Company Chemists' Association (CCA) representative on the committee and we regularly welcome our North West Regional Representative, Fin McCaul, to our committee meetings. We also have Adam, as a national voice on the CPE-LPC

Operations Team. CPE held their June meeting in Liverpool and Adam and Dane attended part of this meeting and were able to feed into discussions.

CPE's incoming chair, Dame Jenny Harries was welcomed into post during this year and Adam was part of a small subset of LPCs to be involved with her induction to the world of LPCs and we have invited Jenny to visit a pharmacy within our geography once she is more settled into her new role.

CPE held a regional event in Wigan which included a future of pharmacy contractor event which we attended and engaged with several of our contractors.

Stakeholder Engagement

Our MP engagement included helping one of our MPs post a series of supplementary questions to DHSC around hub and spoke which they asked us to help them form. We also engaged with all of our MPs around the ongoing funding deficit of community pharmacy, using the independent economic review and encouraged them to ask pertinent questions in parliament and committees to support our cause.

Our strong links with Healthwatch were maintained. Adam presented to all of the Healthwatches across the North West about community pharmacy, the context of the pharmacy market and the effects this has had. We also fed into several Healthwatch reports which are then used to influence commissioners ongoing.

We have strong links with the other disciplines within primary care, in particular some great working relationships with the Wirral Local Representative Committee (LRC), Local Optical Committees (LOCs) and Cheshire Local Medical Committee (LMC).

Our GPhC local link is maintained and we discuss potential hot topics and support for contractors through the year.

Contractor Support

Contractor support is at the heart of what we do as a team. This takes many forms – it can be delicate work as it often deals with pressured relationships locally with different types of contractors and stakeholders under immense pressure, whether that be workload demand, workforce availability, or funding. All of this can sometimes lead to increased tensions which need a hand to be dealt with.

Alongside the National Pharmacy Association (NPA) and Eli Lilly, we planned and ran contractor support workshops around the geography to help contractors look at novel business ideas as well as going through the changes to the CPCF. Whilst the number of attendees was not huge, those who did attend rated the events very highly and we were able to engage with those contractors ongoing to assist them in managing the changes to the NHS services and put some of the learnings into practice.

We supported contractors with the Community Pharmacy Assurance Framework (CPAF) process, ensuring that as many contractors as possible successfully completed CPAF-lite as well as the full-CPAF for those that were required to do so. Our team were available to support any contractors who needed it with visits or attending inspection visits.

We also worked with the pharmacy commissioning team to ensure that the locally directed public health campaigns were appropriate, the materials accessible to pharmacies and the assurance reporting as simple as possible.

We met with several new field managers working within our geography to ensure they were aware of the activity of the LPC as well as locally commissioned arrangements. We linked our Business Support and Engagement Officers up with them appropriately and ensured they were setup on our communications.

Flu groups were attended across the area to ensure people were aware of the community pharmacy offer and to make sure we could address any reports of protectionist behaviours coming in from competing services at an early stage.

Medicines shortages were a constant problem throughout the year, and we raised awareness and concerns around several of these shortages and the management of them within the prescribing teams. The issues around proposed felodipine-amlodipine switches, co-codamol issues, aspirin shortages and apixaban availability and pricing are examples of what we raised following contractor feedback. We continued to advise contractors to utilise the mechanic CPE make available to report shortages or pricing issues so that remuneration and concessions representations can be utilised.

For the Covid-19 vaccination service we helped to guide contractors as well as helped resolve some intra-professional complaints. We also made strong representations to the national team about the lack of public facing communications on the change in eligibility criteria which cause contractors and their teams a lot more work handling patient queries and frustrations that could easily have been avoided.

By sharing Protected Learning Time (PLT) dates as they became available, we enabled contractors to plan and manage their workload more effectively.

CPCW was also able to fund a survey with a payment designed to help offset the increasing cost of GPhC registrations. We distributed £3,567 in funds to contractors for this support.

During the year, the collapse of the Jhoots chain of pharmacies was well publicised. This came to a head for us in West Kirkby where we had to ensure that relevant stakeholders were aware and offered support to the contractors remaining who did a phenomenal job at picking up the pieces as the two businesses struggled. There were operational issues to resolve both at the closure as well as novel issues on the start up at the end of the year which we were able to express and ensure that the relevant commissioners/contract managers were fully sighted upon to action.

Our Business Support Officer, Alison, and Engagement Officer, Sara, welcomed our new contractors following some change of ownerships. All were offered a store visit by Sara and

appropriate links to services and information by Alison. We assisted with accreditations, local service knowledge and key contact details for these contractor groups.

The year had a Pharmacy Quality Scheme (PQS) in effect and assisted contractors around claiming their aspiration payments and information to help them meet the domains where required

Our smart card support carried on and especially with the newer card model introduction this was vital.

Our continued work on dashboards helped us guide our work where help was needed and worked closely with our ICB colleagues to support and steer where necessary.

Commissioner Relationships

NHS Cheshire & Merseyside (the ICB)

Our relationship with the ICB is strong. We have the continued involvement on the board of our CEO, Adam, and we also work closely with the ICB team at an operational level. Adam's board representation includes System Primary Care committee which is a useful conduit where the four disciplines of primary care come together to discuss issues with the formal committee of the ICB.

We have had success with our work with the ICB commissioning intentions document, gaining some key commitments for community pharmacy commissioning and support and our good relationship with the ICB board and team is welcome as we bring these to bear over the coming years.

The ICB listened to our strong case to review rota arrangements – they were reviewed early in 2026 with a substantial improvement to the payment structure with fewer pharmacies commissioned in each area introduced. This should make a rota provision more meaningful to deliver, with a larger number of patients likely to attend and funding that makes it feel a worthwhile delivery. We also took on the formation of the rota proposal on behalf of the ICB

to ensure that fairness and regularity of contractors directed to open is more controlled and appropriate, including those who voluntarily wish to be directed to open where it fits with the ICB capacity.

The ICB went through significant leadership changes, even before the larger reforms announced by government later in the year. We continued to engage with new leaders and offered challenge and encouragement around the ICB's commitment to developing primary care, specifically community pharmacy.

During the year, the Primary Care Forum was formed – this is co-chaired by Adam and the GP Primary Care Partner Naomi and for our discipline it keeps the strong link with the C&M Local Professional Network intact and forms the governance arrangement into the clinical directorate.

We raised several contractor issues with the ICB team – these were a combination of performance, governance and operational issues.

We joined the Virtual Wards task and finish group – which was formed to prepare the principles of medicines in virtual wards to ensure that community pharmacy is represented and considered. We also hosted the virtual wards lead at the LPC to speak with the committee.

We attended the Pharmacy First Implementation Group to ensure that the joint plan for increasing referrals and pathways across Cheshire and Merseyside was supportive for our contractors.

The ICB harmonised the Palliative Care Service across the entirety of Cheshire and Merseyside and we worked with them to model the service, ensure it is as simple as possible to operate and guide the ICB on what contractor’s need in the support elements of the service.

Regional Work

Adam attends the NW CD Local Intelligence Network to answer any community pharmacy queries and to be able to pick up any pertinent information or learnings to communicate to contractors.

We also meet with NHS England monthly at a regional level to cascade crucial information and implementation of national programmes.

We work with our other C&M LPCs locally at a Regional Joint Working Group where shared tasks can be organised to keep all the LPCs as efficient and effective as possible.

We have a relationship with the LPCs of the wider region covering Greater Manchester and Lancashire and South Cumbria also.

ICB Place Teams

The four places we cover within the ICB all have Place directors and various work strands. Adam, as CEO, holds the relationship with each of the four Place directors and Suzanne, our Pharmacy Service Manager and/or members of the committee are part of the Place primary care groups, liaise with the local teams and manage the relationships with our contractors, services, and commissioners in each place. As we write this report, this is all under flux as the place-structure of the ICB will not quite be the same and we expect that workplans will be held at an ICB level, however local implementation will be important.

Cheshire East and Cheshire West

Our long-established relationship with the medicines management team in Cheshire continued. The post of Head of Medicines Management Cheshire (for both East and West Places) is now shared between Janet Kenyon and Andrea Lunt.

We held a series of meetings with the GP clinical lead to discuss future work on initiation of hypertension medication following the case-finding service as well as what could be done with lipid management.

We met and presented to the Prescribing leads in the area with an aim of encouraging Pharmacy First referrals and stoking interest in the service.

Warrington

We attended the Warrington practice managers group to speak about Pharmacy First – including how to deliver referrals via SystmOne's new referral platform and ongoing support was offered through our Engagement Officer Sara.

We had a new Meds optimisation lead appointed in Warrington. We were able to setup regular meetings with Adam to update on key issues and feedback any concerns. We also arranged for a "walk in my shoes" style experience with a local independent contractor.

We contributed to the Warrington ICB design accelerator project on weight management. The final design presented to national had a strong showing for community pharmacy as they consider how to commission access in the future.

We made strong links with the emerging neighbourhood oversight group, however the ability for neighbourhoods to commission or influence local commissioning within community pharmacy is not yet clear. We will continue to engage at a place level (or Multi-Neighbourhood level as the model matures).

We also continued to engage at the Warrington Place Primary Care Group and Clinical and Care Advisory Group to ensure that community pharmacy has a voice in the place clinical leadership.

Wirral

On the Wirral, we worked with Wirral Meds Optimisation leads to express any contractor concerns on prescribing schemes and ensure that where schemes are planned, these are communicated by the team to pharmacies as implementation in each area progresses.

We continue to be involved in the Wirral Place Primary Care Council and other supporting structures. The council is key to ensure we are linked in with key strategic plans in the area as the system evolves.

We have a good oversight of the neighbourhood developments as they progress and we have also discussed with several stakeholders how we can be involved at the larger neighbourhood collaborative body (200-250k population size) which is likely to be trust-led.

Local Authorities

We work alongside our Local Authorities (councils) on many issues surrounding public health. This can be a complex arena as some services are commissioned directly, others sub-commissioned from other lead organisations and this can vary between localities.

Cheshire East

The SLA for Axcess EHC service was renewed ahead of the national service, we negotiated and reviewed this along with offering implementation support to contractors to sign up. Later in the year, we worked with colleagues in Axcess and brought a proposal to committee for a chlamydia treatment and testing service which will be going out to contractors shortly into 26/27.

We met with CGL over the Needle Exchange service and concerns regarding the PharmOutcomes template were shared and resolved.

We were able to continue the Flu vaccination offer for Cheshire East staff and an SLA for autumn was negotiated.

Our Sharps service increased from £200 to £250 per year following representations made. Commissioners released the SLA which is a potential 3-year contract to pharmacies directly.

Cheshire West & Chester (CWAC)

We engaged with the Pharmaceutical Needs Assessment (PNA) steering group which involved both consultation and further review of the PNA as it formed.

We were able to continue the Flu vaccination offer for CWAC staff and an SLA for autumn was negotiated with an EoI shared for contractors to deliver on-site vaccination also.

As the national Pharmacy Contraception Service went live, Adam spoke alongside ICB colleagues at the sexual health marketplace event for providers to ensure that relevant stakeholders were aware of what community pharmacy could offer so they can signpost in appropriately.

The sharps service was recommissioned, we expressed our disappointment in the lack of a fee uplift due to budgetary restrictions in the council, however have agreed a Pharmoutcomes platform to support and make it easier and a commitment to review the fee next year.

Warrington

We worked with the council to develop their PNA. This included attending the formal meeting of the HWB where it was considered and we were able to answer queries posed by elected members and board members on the pharmacy market and detail of the CPCF.

As the national Pharmacy Contraception Service expanded, we spoke with local commissioners about protecting the budget spent on our local emergency contraception service and worked with colleagues in Axcess to bring a proposal to committee for a chlamydia treatment and testing service which will be going out to contractors shortly into 26/27.

We attend the Health Protection Board in this locality and ensured they are sighted on the upcoming changes to vaccinations that the NHS Medium term planning framework have heralded to ensure that local plans incorporate community pharmacy as a pathway.

Wirral

Like in other areas, we assisted with the formation and steering group of the PNA. We did not agree with the outcome of the PNA and made this very clear. We have engaged with Wirral place to potentially meet the identified need via an agreed rota, however funding for this within the place is as of yet unidentified.

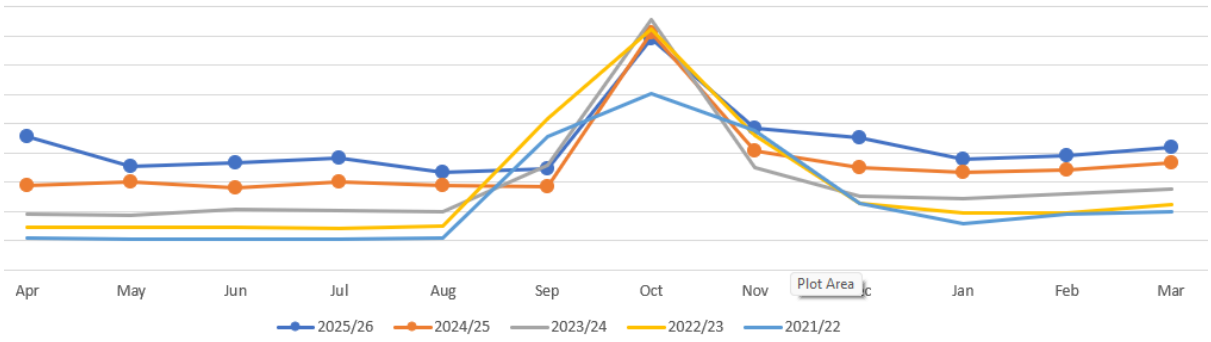
We encouraged Wirral Community Trust to use Pharmacy First in their Urgent and Emergency Care (UEC). They are still looking for IT budget to allow referrals to be generated, however awareness is high of the 7 clinical conditions.

Our Wirral Sharps Service fee renegotiation went live, increasing the fee from £200 per year to £250 per year for those pharmacies who take part. This is commissioned via the council's portal.

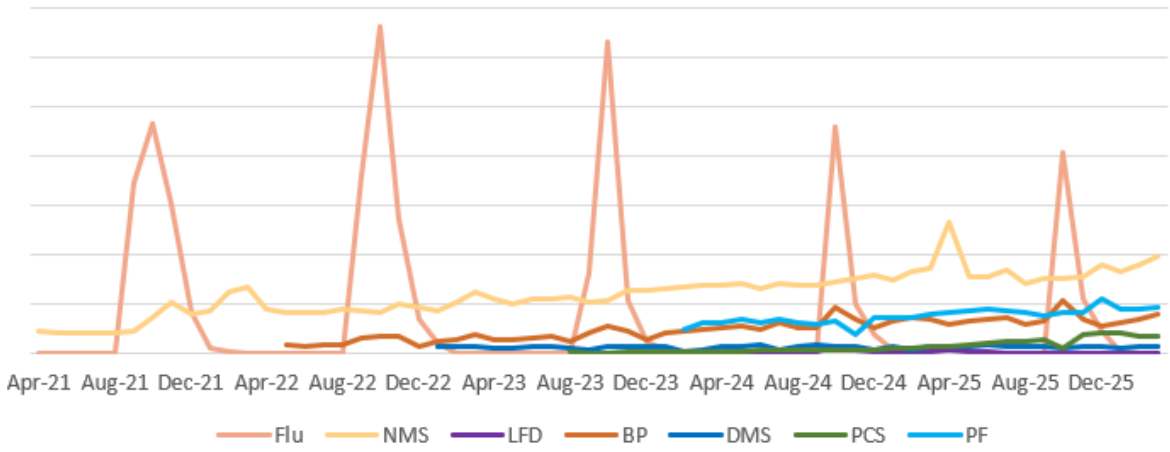
Services

Total income increased by approximately 19% in 2025–2026 compared to the previous year, rising from £8.70m to £10.31m. This growth was driven entirely by a 21% increase in national income, which reached £9.98m. In contrast, local income continued to decline, falling by 27% to £327k.

Over the longer term, national income has shown strong recovery and sustained growth since 2021–2022, whereas local income has followed a downward trajectory from its peak in 2019–2020. As a result, the overall funding profile has become increasingly weighted towards national income streams.



National Services



During 2025/26, National Services continued to demonstrate strong performance, with growth increasingly driven by year-round clinical services rather than seasonal programmes. The most notable development was the continued expansion of New Medicine Service (NMS), which reached its highest levels to date. Monthly income increased steadily throughout the year, ending at approximately £400k per month, representing a clear improvement on 2024/25 and continuing the sustained upward trend seen over recent years. NMS is now the largest consistent contributor to National Services income outside seasonal vaccination programmes.

Pharmacy First (PF) became an established and significant service during 2025/26. Following its introduction and rapid growth in 2024/25, activity remained consistently high throughout the year, providing a stable and recurring income stream. This represents a marked change from previous years, when the service did not contribute to the overall portfolio.

Blood Pressure (BP) services also continued to expand during 2025/26, with monthly income increasing compared with the previous year and reaching its highest recorded levels by year end. PCS maintained steady growth, while DMS and LFD remained broadly stable, continuing to make smaller but consistent contributions.

As expected, Flu services continued to show significant seasonal variation. The 2025/26 vaccination campaign generated a substantial winter peak, although this was lower than the

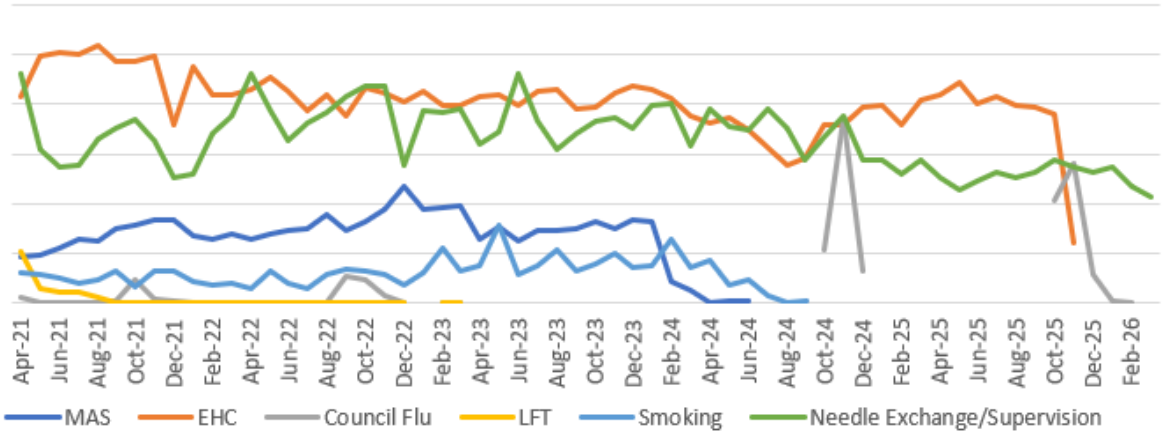
exceptionally high peaks recorded in 2022/23 and 2023/24. This resulted in a more balanced overall income profile, with less reliance on a single seasonal programme and greater contribution from year-round commissioned services.

Overall, 2025/26 represents a shift in the composition of National Services income. Compared with previous years, a larger proportion of activity is now generated through ongoing clinical services—including NMS, Pharmacy First and Blood Pressure services—creating a more diversified and sustainable service portfolio while maintaining strong seasonal Flu delivery.

Key changes from 2024/25

- NMS continued to grow and achieved its highest monthly income to date.
- Pharmacy First transitioned from a newly introduced service to a mature, stable contributor throughout the year.
- Blood Pressure services recorded further year-on-year growth.
- Flu remained a significant seasonal service, although peak income was lower than the highest levels seen in earlier years.
- The overall service mix became more balanced, with a greater proportion of income generated from year-round clinical services rather than seasonal activity.

Local Services



During 2025/26, the Local Services portfolio underwent significant change as a result of national commissioning reforms, with several locally commissioned services ending during the year.

Emergency Hormonal Contraception (EHC) remained the largest locally commissioned service for the first half of the year. However, the service ceased locally during the year following the transition to the National Pharmacy Contraception Service, resulting in the loss of this local income stream for the remainder of the reporting period.

Minor Ailment Service (MAS) activity also came to an end during the year following the introduction of Pharmacy First, which replaced many of the conditions previously managed under the local scheme. This reflects the continued shift from locally commissioned services to nationally commissioned clinical services.

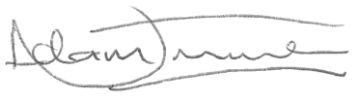
Needle Exchange/Supervised Consumption remained the principal ongoing locally commissioned service throughout 2025/26. While activity was lower than in previous years, it continued to provide a consistent level of service delivery and became an increasingly important component of the remaining Local Services portfolio.

Council Flu continued to generate seasonal activity during the autumn vaccination campaign, while LFT services remained negligible following the withdrawal of COVID-19 testing programmes.

Overall, 2025/26 marks a significant transition for Local Services. Compared with previous years, the services have reduced substantially as services have either ceased or been incorporated into nationally commissioned programmes. This reflects a broader strategic shift in commissioning, with activity increasingly delivered through National Services such as Pharmacy First and the Pharmacy Contraception Service, rather than through local contracts.
Key changes from 2024/25

- EHC ceased in 2025 following the introduction of the National Pharmacy Contraception Service.
- MAS ended as activity transferred to Pharmacy First.
- Needle Exchange/Supervised Consumption became the primary ongoing locally commissioned service.
- Council Flu continued to provide seasonal activity.

- The Local Services offer reduced significantly, reflecting the continued transition from local to nationally commissioned pharmacy services.

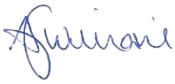


Adam Irvine

Chief Executive Officer

Suzanne Austin

Pharmacy Services Manager



Alison Williams

Business Support Officer

Sara Davies

Engagement Officer

LPC MEMBER AND LPC MEETING ATTENDANCE – 1 APRIL 2025 TO 31 MARCH 2026

Member	Address	Sector	Attendance
Dane Stratton-Powell ***Chairman***	RB Healthcare Ltd Unit 20 Brookfield Trade Centre Aintree L9 7AS	IPA	5 of 5 meetings
Stuart Dudley ***Vice Chairman***	Treetops Pharmacy 49 Bridle Road Eastham CH62 6EE	Independent	4 of 5 meetings
Ian Cubbin ***Treasurer***	Galen Pharmacy 10-12 Liverpool Road Neston L64 9TZ	Independent	5 of 5 meetings
Samual Arnold	L Rowland & Co (Retail) Ltd Rivington Road Runcorn WA7 3DJ	CCA	3 of 5 meetings
Paul Barry	Well Pharmacy Merchants Warehouse 21 Castle Street Manchester M3 4LZ	CCA	3 of 5 meetings
David Crosbie	Morrisons Pharmacy Hilmore House, 71 Gain Lane Bradford BD3 7DL	CCA	4 of 5 meetings
Jack Eckersley	Rydale Pharmacy 18 North Street Coppenhall CW1 4NL	Independent	4 of 5 meetings
Andrew Hodgson	Andrews Pharmacy 71 Kennedy Avenue Macclesfield SK10 3DE	Independent	5 of 5 meetings
Prakash Jha	Dallam Pharmacy Unit 1 Longshaw Street Warrington WA5 0FF	Independent	5 of 5 meetings
Wesley Jones	Boots D90 EF08 1 Thane Road Nottingham NG90 1BS	CCA	4 of 5 meetings
Stephen Thomas	L Rowland & Co (Retail) Ltd Rivington Road Runcorn WA7 3DJ	CCA	3 of 5 meetings

CCA - Company Chemists Association

IPA – Independent Pharmacies Association