Community Pharmacy Kent

Annual Report 2025-2026

Incorporating the Annual Accounts 2025/26

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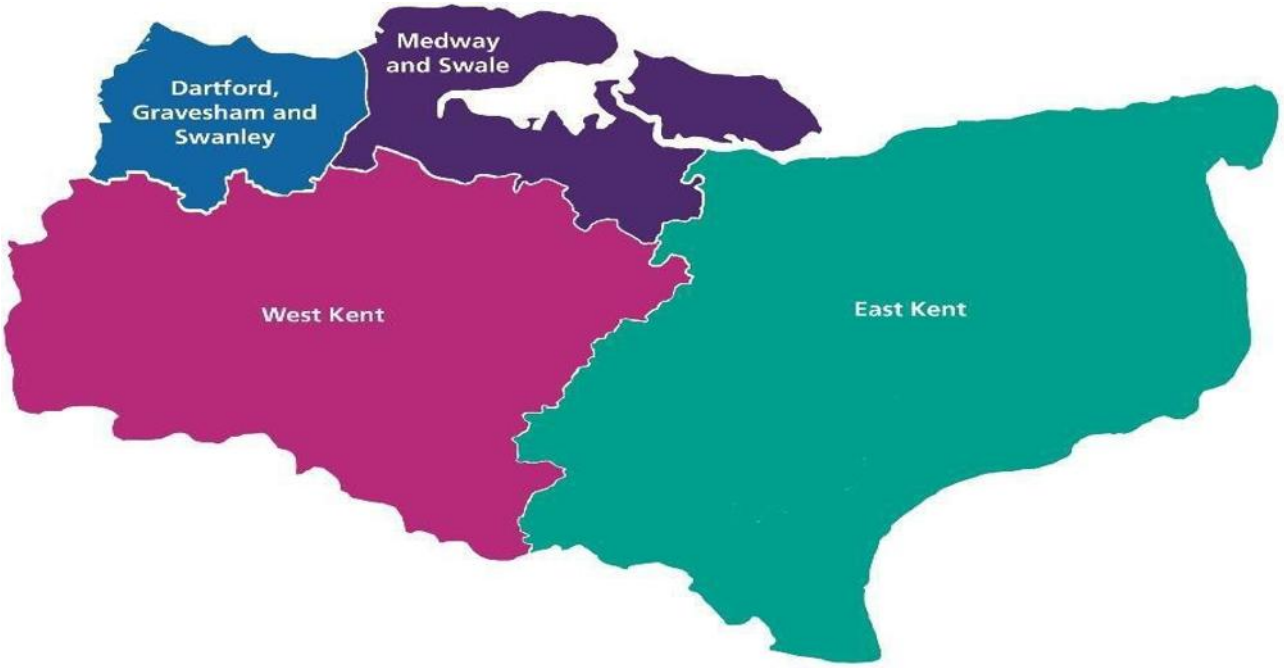
Introduction

Community Pharmacy Kent (Kent LPC) is the statutory body representing Community pharmacies contractors across Kent and Medway.

We have 300 Pharmacies spread across Four Health and Care Partnerships (HCPs) and 42 Primary Care Networks (PCNs).



Officers

Chair: Amish Patel

Vice Chair: David Entwistle

Treasurer: Samantha Greive

Chief Executive Officer: Mark Anyaegbuna Email: mark.anyaegbuna@kentlpc.org.uk

Subcommittee members 2025/26

- Governance subcommittee: Sunil Chopra, Shirley Walker and Mark Donaghy
- Finance subcommittee: Samantha Greive, Mike Rudkin and Maureen Aruede
- Performance subcommittee: David Entwistle, Sachin Mehta and Amish Patel

Membership and Attendance

Members of the committee are required to attend the LPC meetings regularly as well as provide input to their Local Pharmacy Groups and other roles. There is an open part of our meeting which observers are welcome to attend.

In the year ending 31st March 2026, our committee had 11 members who were nominated or elected to represent their sector

- 4 Independent contractors, elected by peers
- 3 members nominated by Independent Pharmacies Association (IPA)
- 4 members nominated by Company Chemists Association (CCA)

A breakdown of members' attendances is provided in the table below

	Representing	Meeting attendance
*Mark Donaghy	IPA (Kamsons)	2 out of 2
Sachin Mehta	IPA (Paydens)	6 out of 6
Mike Rudkin	IPA (Delmergate)	6 out of 6
Samantha Grieve	CCA (Boots)	6 out of 6
David Entwistle	CCA (Tesco)	4 out of 6
David Apata	CCA (Well)	6 out of 6
Shirley Walker	CCA (Boots)	4 out of 6
Maureen Aruede	Independent	4 out of 6
Sunil Chopra	Independent	4 out of 6
Amish Patel	Independent	6 out of 6
Olabimpe Kunlipe	Independent	6 out of 6

**From 20 January 2026, Mark Donaghy joined the LPC as an IPA representative*

Chair's Report

Welcome to the 2025–26 Annual Report for Community Pharmacy Kent

We are now in the fourth year of the current LPC committee cycle, and I would like to begin this annual report by thanking our dedicated LPC committee members and the Community Pharmacy Kent office team. I am immensely proud of the progress we have made together and grateful for the commitment and contribution of everyone involved.

As a second-generation community pharmacy business owner and Chair of Community Pharmacy Kent since 2022, I have continued to be a strong advocate for our sector. However, community pharmacy continues to face significant financial and operational pressures. Funding has remained largely stagnant while expectations of what community pharmacy can deliver have continued to increase, particularly as the NHS looks to the sector to help alleviate pressure on general practice and acute trusts.

While the recent increase in funding is welcome, I believe it represents only a sticking plaster over a much deeper financial challenge. It is simply not sustainable for pharmacies to dispense medicines at a loss. The continued prevalence of medicines being reimbursed below the cost of acquisition, together with the increasing number of price concessions, demonstrates the scale of the financial pressures contractors are having to navigate.

This is compounded by the increasing amount of time pharmacy teams spend sourcing medicines, managing shortages and trying to ensure that patients receive their medication. At the same time, the cost of running a pharmacy continues to rise, including increases in the National Living Wage, employer National Insurance contributions and energy costs. All of these factors have a direct impact on the viability of community pharmacies.

Like many contractors, I have increasingly had to develop private services to help sustain my business. Without this additional income, my pharmacy would be loss-making. This is not a sustainable position for a sector that is being asked to take on an increasingly important role within the NHS.

Despite these challenges, I remain optimistic about the future of community pharmacy.

The increasing recognition by government and the NHS of the role community pharmacy can play in the healthcare system represents an important step change. Community pharmacy is identified as an important strategic component of primary care within the NHS 10 Year Health Plan, while the

development of Integrated Neighbourhood Health provides further opportunities for our sector to become embedded within local models of care.

Community pharmacy remains under-utilised and has significant additional capacity to support the NHS. However, if we are expected to take on more responsibility, these services must be appropriately and sustainably remunerated.

As more community pharmacists become independent prescribers, there is a significant opportunity to develop and commission new prescribing services through community pharmacy. I hope the recent expansion of Pharmacy First clinical pathways will be the first of many further steps towards making better use of the clinical skills and accessibility of our sector.

Community Pharmacy Kent has continued to do a phenomenal job in integrating community pharmacy within the wider Kent and Medway health and care system.

I would like to extend my special thanks to Mark Anyaegbuna, CEO Community Pharmacy Kent, for his work in building and strengthening relationships with key stakeholders and ensuring that community pharmacy has effective representation within the system.

It has been particularly encouraging to see the new ICB Chief Executive and several senior ICB leaders attend our LPC meetings. These relationships provide an important opportunity for us to communicate the challenges facing contractors, demonstrate the contribution of community pharmacy and influence the development of future services.

I believe these relationships will be critical in advancing the priorities of our sector and ensuring that community pharmacy has a meaningful role in the future design and delivery of healthcare across Kent and Medway.

Our focus will remain on embedding community pharmacy as an integral part of Neighbourhood Health. We have also worked with Healthy Living Partnership to support the holding of commissioned service contracts for community pharmacies, while strengthening our position and representation as work progresses on the development of the Primary Care Provider Collaborative.

These developments provide an opportunity to strengthen the collective voice of community pharmacy and ensure that our sector is able to participate effectively in the changing structure of primary care.

I would encourage all contractors to make use of the opportunity to attend the open section of LPC meetings. These meetings provide valuable insight into the work being undertaken on behalf of the sector and an opportunity to hear directly about developments affecting community pharmacy.

Please also continue to share issues, concerns and local intelligence with the LPC office. The information contractors provide is essential in helping us understand what is happening on the ground and enables the committee to represent the sector effectively when engaging with the ICB, NHS and other stakeholders.

It has been my privilege to lead and support Community Pharmacy Kent. I would like to thank every contractor and pharmacy team for your resilience, dedication and commitment, particularly in continuing to keep your doors open and ensuring that patients have access to their medicines and pharmaceutical care.

Thank you for your continued support.

Amish Patel
Chair
Community Pharmacy Kent

Chief Executive Officer's Report

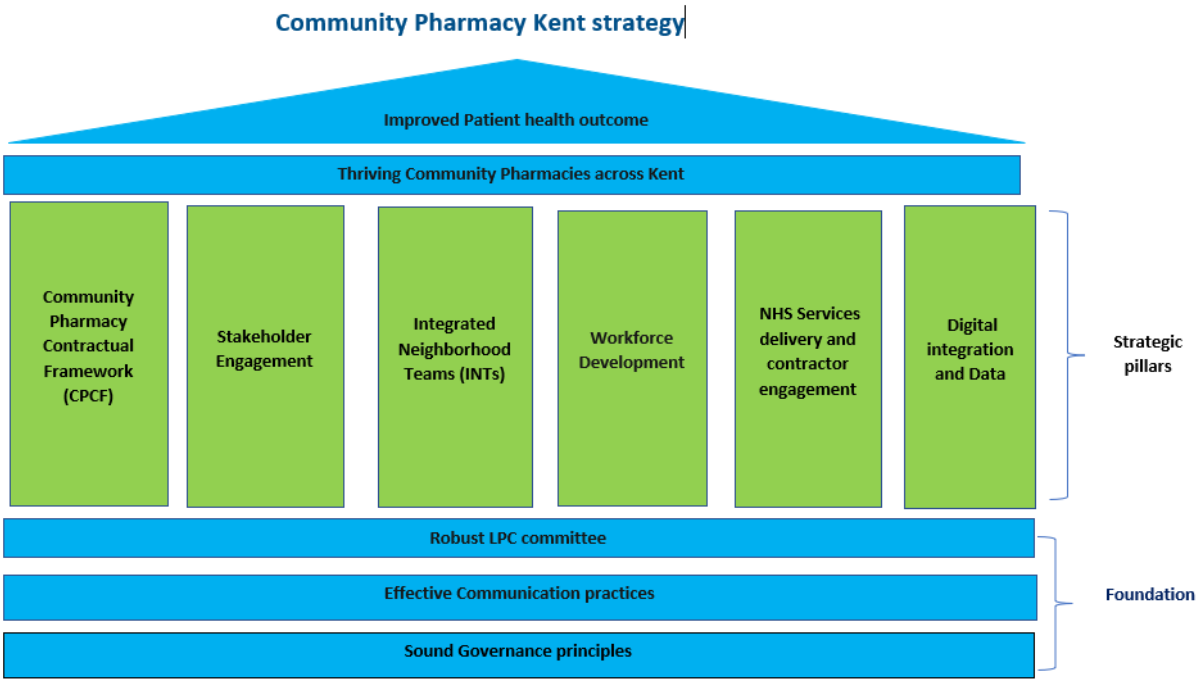
It is a great pleasure to present the Community Pharmacy Kent 2025/26 Annual Report, which provides an opportunity to reflect on the previous financial year, recognise the progress we have made, and consider the challenges and opportunities ahead.

The last financial year was marked by significant turbulence and transformation across the NHS. Changes included reductions in Integrated Care Board (ICB) staffing and the merger of some ICBs, the proposed integration of NHS England (NHSE) into the Department of Health and Social Care (DHSC), the introduction of Integrated Neighbourhood Teams (INTs), and a significant change in the political landscape. All of these developments required us to remain agile and adapt our approach to ensure that community pharmacy continued to have a strong and effective voice at every level of the health and care system.

Community pharmacy also faced significant financial and operational pressures. A substantial number of medicines were dispensed at prices above the Drug Tariff reimbursement value, alongside a significant increase in the number of products subject to price concessions. These pressures had a serious impact on the financial viability and sustainability of community pharmacies and reinforced the importance of strong representation, advocacy and support for contractors.

At the beginning of the financial year, the Community Pharmacy Kent strategy was reviewed to ensure that we had a clear and focused programme of work, with defined objectives and priorities for supporting contractors and strengthening the position of community pharmacy across Kent and Medway.

The emergence of Integrated Neighbourhood Teams (INTs) was also incorporated into our strategic priorities. Although the INT model was not fully defined at the start of the financial year, we recognised early on the importance of ensuring that community pharmacy was embedded within this new structure, as illustrated below. Our work therefore focused on establishing strong relationships and ensuring that the contribution of community pharmacy was recognised as an integral part of neighbourhood-based healthcare.



Good governance remains the foundation of our overall strategy. Our Governance Subcommittee, chaired by Shirley Walker, provides a clear framework for accountability, transparency and ethical conduct. It ensures that we continue to operate in accordance with sound governance principles and relevant regulatory requirements.

This strong governance framework enables Community Pharmacy Kent to operate effectively, make informed decisions and maintain the confidence of contractors and stakeholders while delivering against our strategic priorities.

Program of work completed in 2024/25

1. **PCN leads project**

As the NHS moves from the existing Primary Care Network (PCN) model towards Integrated Neighbourhood Teams (INTs), Community Pharmacy Kent recognised the importance of maintaining strong leadership and representation within primary care networks.

With funding support from NHS England Workforce, Training and Education (NHSEWT&E), we developed a programme to support the training and development of Community Pharmacy PCN Leads.

The programme was designed to establish a clear leadership structure within each PCN, strengthen relationships with primary care colleagues and ensure that community pharmacy was effectively embedded within local primary care networks.

Leadership Development Programme
The structured programme focused on developing the communication, leadership and interpersonal skills required for effective engagement with PCNs and other primary care stakeholders.

Community Pharmacy Kent collaborated with Captivating Training Solutions to deliver a blended learning programme comprising an online training course followed by a face-to-face development session.

Five modules were delivered as part of the Captivating Leadership Development Training Model:

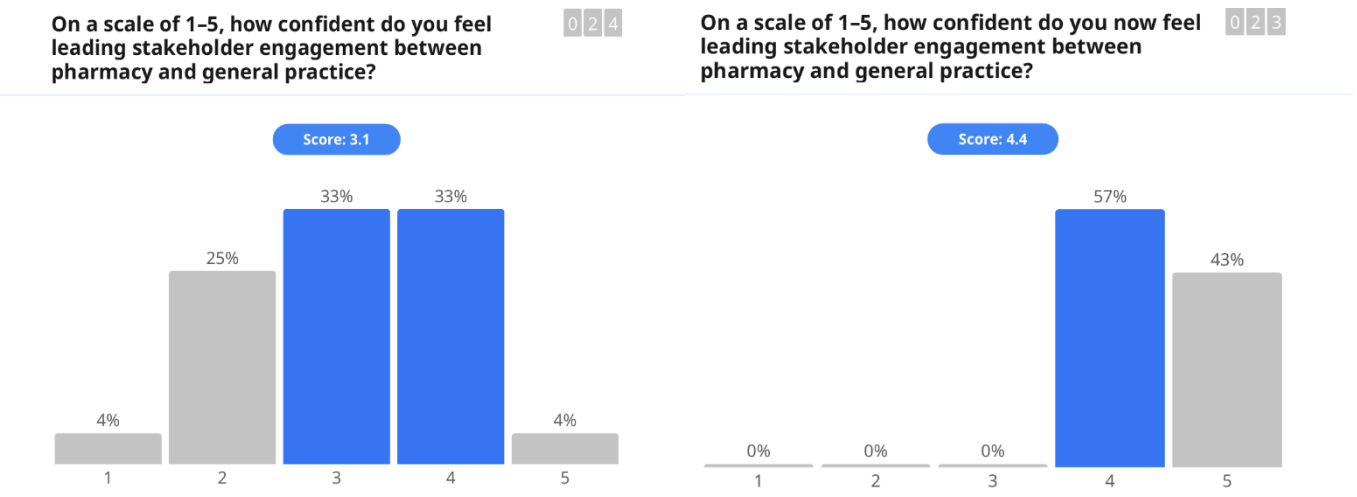
- Effective time management
- Building relationships and engagement
- Understanding surgery stakeholders
- Competitive collaboration
- Leading change

A total of 23 PCN Leads attended the face-to-face training session. Attendees actively participated in the activities and shared valuable insights and experiences from their local networks. Each participant was also provided with a workbook to support learning, note-taking and continued reflection following the session, see picture below.

Measuring Impact

Before commencing the programme, PCN Leads were asked to identify their key development needs. The most frequently reported theme was a desire to increase confidence in undertaking the PCN Lead role.

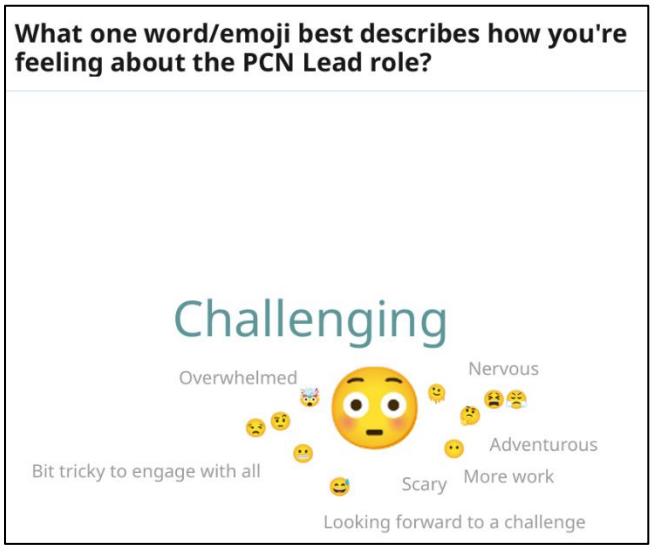
The pre- and post-training questionnaires demonstrated a marked improvement in participants' confidence following completion of the programme, as illustrated below. This provides encouraging evidence that the structured leadership development approach supported PCN Leads in feeling better equipped to undertake their role and engage effectively with their local primary care networks.



Participants were also asked to describe their perception of the PCN Lead role before and after the training. Analysis of the corresponding word clouds demonstrated a notable positive shift in attitudes.

Before the training, commonly reported themes included **"**worry" and "challenging". Following the intervention, Leads were more likely to describe themselves as "optimistic" and "prepared" for the role, as illustrated in the diagram below.

This change in perception is particularly important as PCN Leads are increasingly required to operate across organisational boundaries, build relationships with multiple stakeholders and articulate the contribution that community pharmacy can make to local healthcare delivery.



Outcomes

Service Sign-ups
The development of the PCN Lead network was also intended to strengthen engagement with locally commissioned and national community pharmacy services.

In March 2025, 280 of 306 contractors (92%) were signed up to provide the Hypertension Case-Finding Service, with 263 contractors (94% of those signed up) actively providing the service.

By November 2025, 291 of 300 contractors (97%) were signed up, with 274 contractors (94% of those signed up) actively providing the service.

This represents an improvement in overall access to the Hypertension Case-Finding Service across Kent and Medway and is likely to have contributed to the subsequent increase in the number of consultations delivered.

Both the Hypertension Case-Finding Service and the Pharmacy Contraception Service demonstrated increased levels of provision across the locality, with the most significant growth observed in the ongoing supply element of the Pharmacy Contraception Service, which increased by 73%, as illustrated in the table below.

Overall service provision

	Service/ consultation	March 2025	November 2025
Hypertension Case-finding Service	Clinic Blood Pressure Readings	6470	6491 (+<1%)
	Ambulatory Blood Pressure Monitoring	403	515 (+28%)
Pharmacy Contraception Service	Initiation	193	275 (+43%)
	Ongoing Supply	1191	2063 (+73%)
Pharmacy First	Clinical pathways Consultations	8305	6918 (-17%)

Comparison of activity between March 2025 (project initiation) and November 2025 shows a 17% reduction in clinical pathway consultations. However, this should be considered in the context of seasonal variation in demand for Pharmacy First services. A year-on-year comparison indicates an overall increase in activity, with consultations rising by 8% from November 2024 (6,401 consultations) to November 2025, suggesting a net growth in service provision over the duration of the project. It is also to be noted that the number of contractors across Kent and Medway reduced from 306 to 300 between March 2025 to November 2025, thus more consultations have been carried out by fewer pharmacies.

Next step

Funding has been secured to continue the Community Pharmacy PCN Lead Programme for a further two years, reflecting the value demonstrated during the initial phase.

As the NHS transitions from PCNs towards more neighbourhood-based models of care, the programme should now evolve from establishing relationships to embedding community pharmacy as a core partner within Integrated Neighbourhood Teams (INTs).

The next phase should therefore focus on:

- Strengthening the role of PCN Leads as community pharmacy representatives within emerging INT structures.
- Developing leadership and influencing skills to support effective engagement with wider system partners.
- Ensuring community pharmacy is represented in local neighbourhood planning and decision-making.

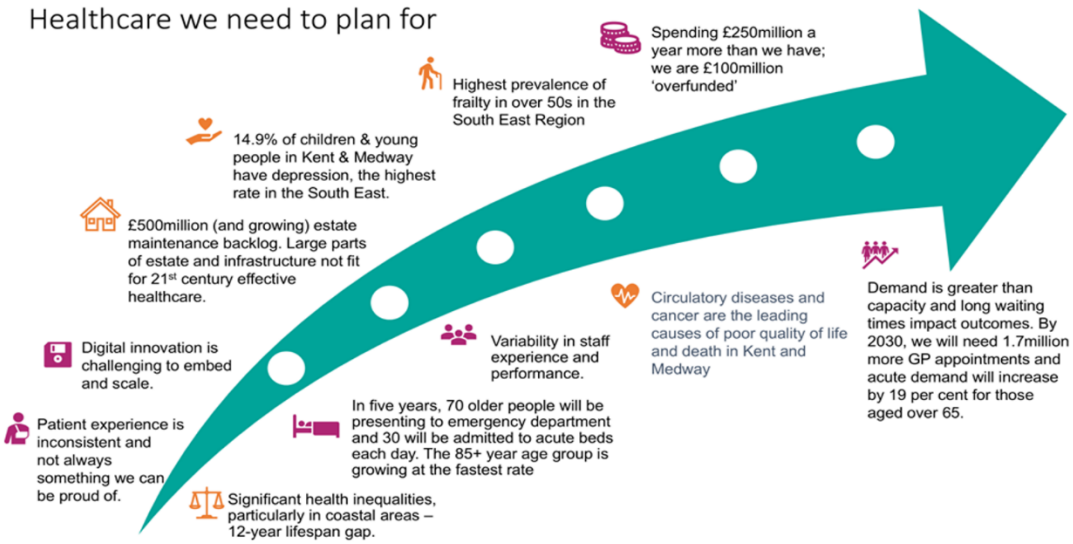
- Sharing best practice between PCN Leads and developing a stronger peer-support network.
- Using local data and service outcomes to demonstrate the contribution of community pharmacy.
- Supporting the transition from individual PCN relationships towards broader neighbourhood-based collaboration.
- Developing clear measures to demonstrate the impact of the programme on community pharmacy engagement, service delivery and patient outcomes.

The PCN Lead programme has established an important foundation for community pharmacy leadership. The next two years provide an opportunity to build on this foundation and ensure that community pharmacy is not simply represented within Integrated Neighbourhood Health but recognised as a core clinical partner in the delivery of neighbourhood-based care.

2. Integrated neighbourhood Health (INH)

The Integrated Care Board (ICB) has set out an ambitious programme to address some of the key challenges facing the health and care system across Kent and Medway, as illustrated in the diagram below. This programme aligns closely with the direction set out in the NHS 10 Year Health Plan, which identifies three fundamental shifts in the way healthcare is delivered:

- Hospital to community
- Analogue to digital
- Sickness to prevention

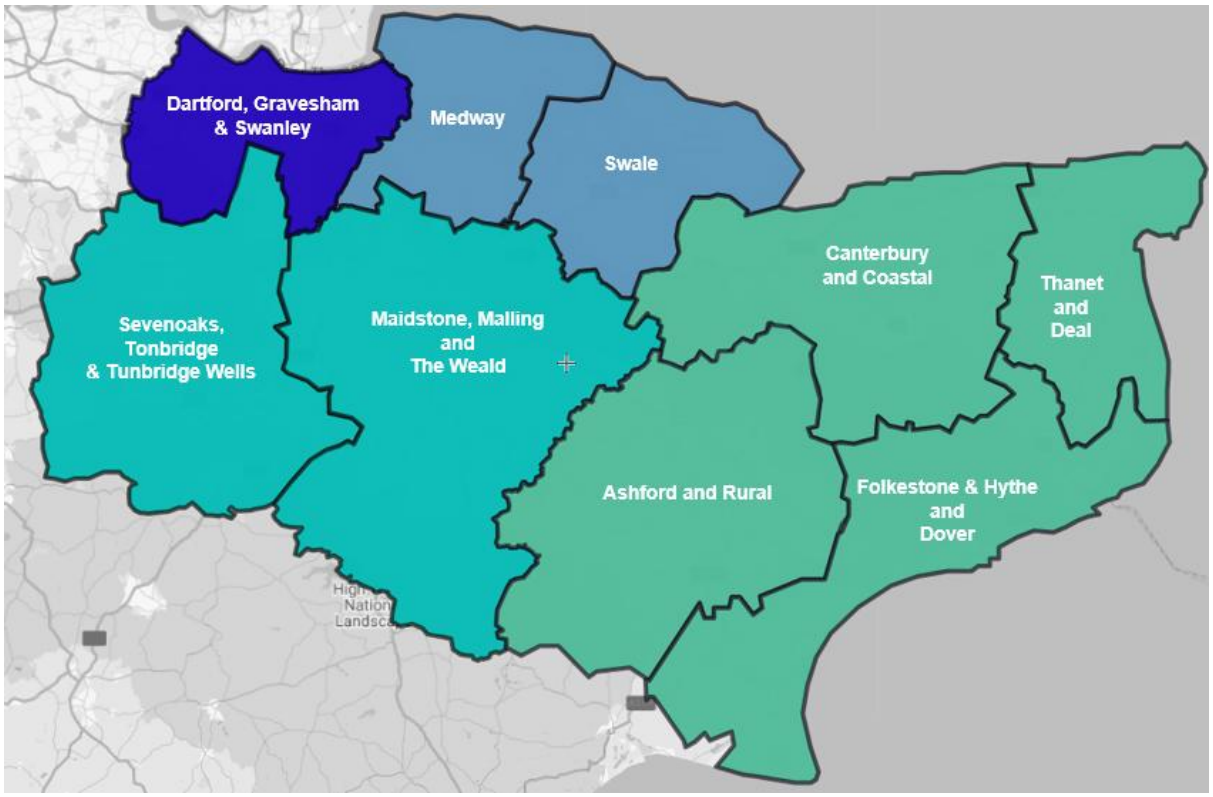


As the ICB began developing its Single Neighbourhood Health (SNH) and Multi-Neighbourhood Health (MNH) models, Community Pharmacy Kent secured representation as a core member of the Kent and Medway Neighbourhood Health Programme Board.

This representation is particularly important. It ensures that community pharmacy has a voice at the table as the new neighbourhood model is designed and provides an opportunity to influence how services are developed and delivered locally.

The SNH model is expected to broadly follow the existing PCN footprint, typically serving populations of approximately 30,000–50,000 residents. The Multi-Neighbourhood Health model, as illustrated in map below, covers a significantly larger population, ranging from approximately 109,000 to 338,000 residents.

This new structure represents a significant change in the way health and care services will be organised and provides an important opportunity to move beyond traditional organisational boundaries and develop genuinely integrated neighbourhood-based care.



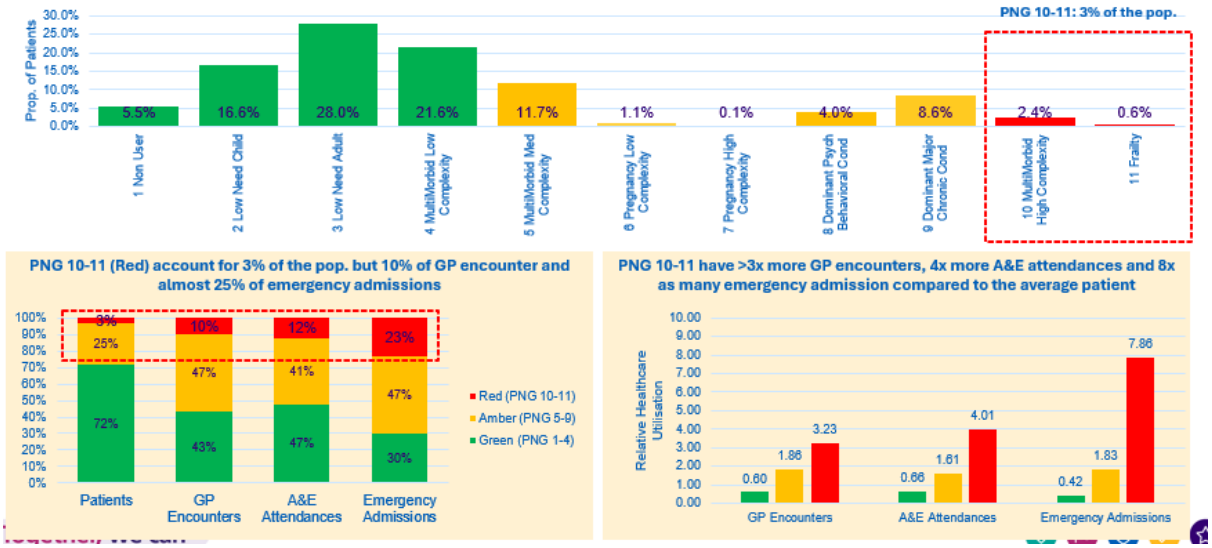
I am particularly pleased with the continued work undertaken by the LPC to engage with key stakeholders across Kent and Medway. Building and maintaining these relationships is essential to ensuring that community pharmacy has a strong and credible voice as the system continues to change.

During the year, we were pleased to welcome the new ICB Chief Executive Officer to an LPC meeting, providing an opportunity for contractors and LPC representatives to hear directly about his vision for the future of the Kent and Medway health and care system.

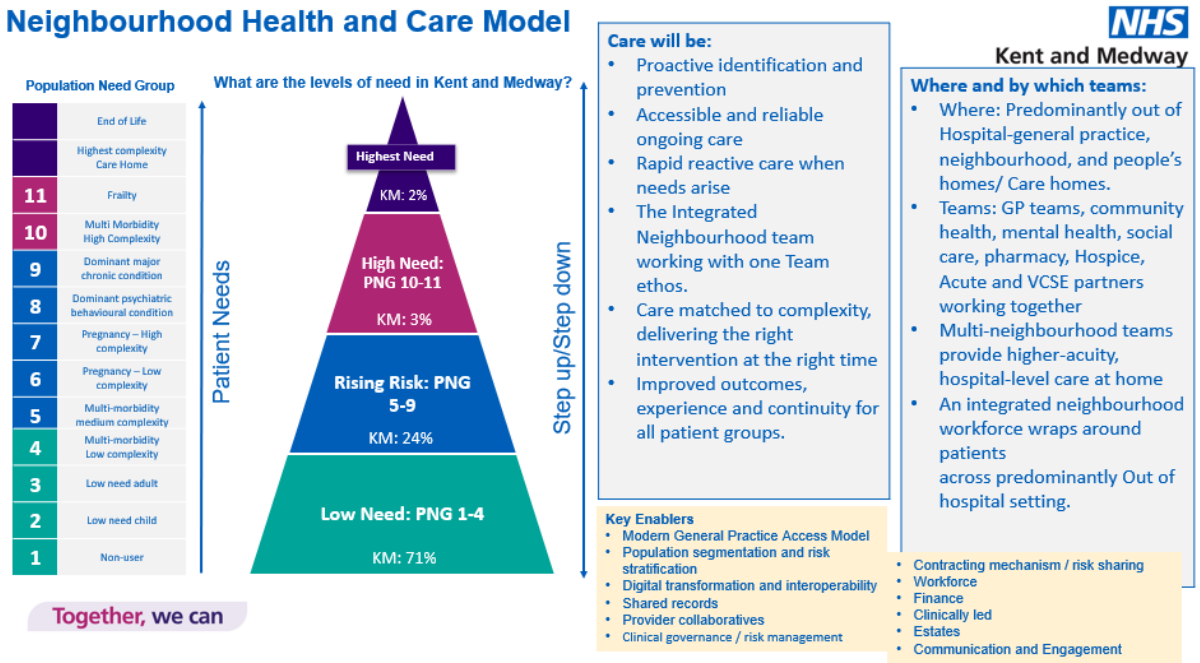
The emerging neighbourhood model also provides an opportunity to move towards a more proactive approach to population health.

Population segmentation using Patient Need Groups (PNGs), as illustrated in the accompanying chart, highlights the importance of proactively supporting those groups with the greatest and most complex needs, including PNGs 10 and 11 and people approaching the end of life.

The principle behind this approach is to identify and support patients earlier, helping to prevent deterioration and reduce avoidable demand on general practice and other parts of the health system.



The diagram below illustrates how this approach could operate at neighbourhood level, with services and professionals working together around the needs of local populations rather than operating in isolation.



As the neighbourhood model continues to develop, Community Pharmacy Kent has continued to work collaboratively with stakeholders across the system to identify where community pharmacy can contribute to the ICB's objectives.

One key area of work has been the development of a proposal for hypertension management through community pharmacy. The proposal seeks to make better use of the accessibility and clinical capability of community pharmacies to identify, assess and support patients with hypertension, while helping to release appointment capacity within general practice.

This is an important example of how community pharmacy can support the strategic shift from hospital to community and from treatment of sickness to prevention, while improving access for patients.

Supporting Contract Management and Delivery

Following a recommendation from Community Pharmacy England, Community Pharmacy Kent has also started working with Health Living Partnership Limited to support the holding and management of contracts for community pharmacies across Kent.

This arrangement provides additional capacity and support for the delivery of commissioned programmes while ensuring that contractual requirements and key performance indicators are appropriately monitored.

I would like to recognise and thank Priya Mattu, Project Manager at Community Pharmacy Kent, for her continued commitment and hard work in supporting the delivery of the programme and ensuring that we meet the KPIs associated with the funding we receive.

3. Community Pharmacy Independent Prescribing Workforce

The development of a strong Community Pharmacy Independent Prescribing (IP) workforce is crucial to building a sustainable sector that is fit for the future. As community pharmacy takes on a greater role in prevention, long-term condition management and neighbourhood-based care, having appropriately trained pharmacists with prescribing capabilities will be essential.

In a unique and pioneering NHSE W,T&E funding opportunity, which was the first time an LPC was able to submit a bid of this nature, Community Pharmacy Kent successfully secured funding to support the training of 15 community pharmacists to become Independent Prescribers, together with Designated Prescribing Practitioner (DPP) support.

The scope of practice for the programme was developed using the Pharmaceutical Needs Assessment (PNA) for Kent, ensuring that the training aligned with local population health needs, as illustration in the next diagram.

This approach was designed to ensure that the development of prescribing capability was closely aligned with local healthcare priorities and the future role of community pharmacy within neighbourhood-based care.

Strong governance was built into the programme from the outset. Learning agreements were established between the host organisation and the learner, as well as between the host organisation and Community Pharmacy Kent. These agreements provide clarity around roles, responsibilities, supervision and governance throughout the prescribing training.

A Super DPP model was also developed to provide additional support to existing DPPs where challenges or capacity issues arise. This provides greater resilience within the training model and supports the sustainability of future IP training.

We also strengthened our relationship with the Medway School of Pharmacy, securing university places for prospective independent prescribers. The university also supported the programme through a webinar involving the pharmacists and DPPs participating in the initiative.

One of the most encouraging aspects of the programme was the willingness of colleagues across different professions to support the development of the community pharmacy workforce. GPs, nurses, clinical pharmacists, community pharmacists and paramedics all expressed an interest in contributing to the training and development of our future independent prescribers.

This level of multidisciplinary engagement demonstrates the strength of partnership working across Kent and Medway and provides an excellent foundation for developing a more integrated workforce.

The expression of interest process attracted 40 pharmacists, demonstrating significant demand for independent prescribing development opportunities within the community pharmacy sector.

Following the selection process, 10 candidates are now enrolled on independent prescribing courses and are due to begin their studies within the next six months.

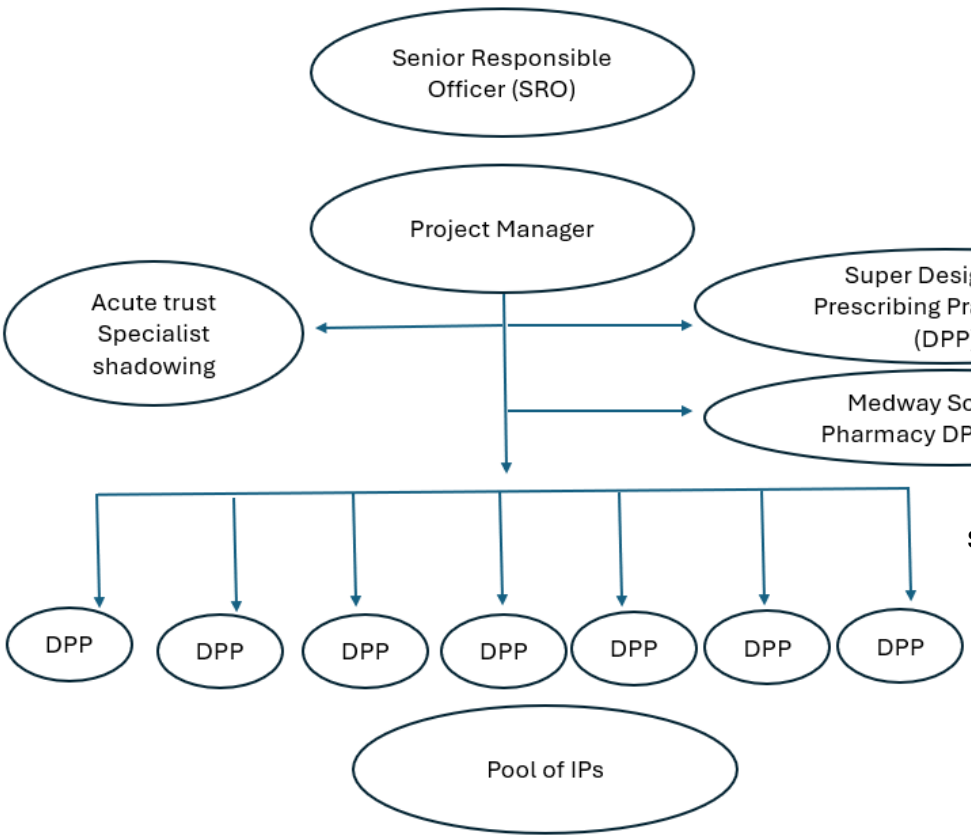
Importantly, pharmacists trained through this programme have agreed to become DPPs for future learners, helping to create a sustainable pipeline of prescribing supervisors and reducing reliance on a limited number of existing DPPs.

This creates a positive cycle of workforce development: today's trainees become tomorrow's supervisors, helping Community Pharmacy Kent build the capacity and resilience required to support further expansion of prescribing within the sector.

The development of community pharmacy independent prescribing is not simply about increasing the number of pharmacists with prescribing qualifications. It is about creating the clinical capability, governance infrastructure and multidisciplinary relationships required for community pharmacy to take a greater role in the future delivery of healthcare.

As the NHS moves towards neighbourhood-based care, prevention and management of long-term conditions closer to people's homes, this programme provides an important foundation for community pharmacy to become an increasingly integrated clinical partner.

Diagram or the Teach and treat programme



Scope of practice

- Hypertension and hypercholesterolemia
- Diabetes
- Asthma and COPD
- Minor illness
- Sexual Health
- Substance Misuse
- Weight Management

4. Discharge Medicines Service

The Discharge Medicines Service (DMS) is an essential community pharmacy service, with evidence demonstrating its ability to reduce medicines-related harm following hospital discharge and support patients to use their medicines safely. By providing structured follow-up after discharge, the service can help reduce avoidable medicines-related problems and the risk of hospital readmission.

Community Pharmacy Kent has continued to work closely with the four major acute trusts across Kent and Medway, meeting regularly to review DMS delivery, share best practice and identify and address barriers to referral.

This continued engagement has been important in strengthening relationships between hospitals and community pharmacies and ensuring that eligible patients are consistently referred to their community pharmacy following discharge.

Medway NHS Foundation Trust has demonstrated particularly strong performance, making 3058 referrals to community pharmacies, representing 8.07% of total discharged patients during the last financial year, illustrated in the table below.

This represents an excellent example of what can be achieved through effective system collaboration and referral processes. Community Pharmacy Kent has continued to work with the Trust to understand the factors contributing to this success and identify how the approach can be replicated across the other acute trusts in Kent and Medway.

Our aim is to ensure that the benefits of DMS are experienced consistently by patients across the whole system, rather than being dependent on which hospital they are discharged from.

Digital integration between hospital systems and community pharmacies is an important enabler for the future development of the service. Improving the flow of referrals can help ensure that community pharmacies receive information promptly and are able to provide timely follow-up to patients after discharge.

In addition to supporting referral generation, the LPC has continued to support pharmacies with DMS completion.

We have sent reminder communications to pharmacies where DMS referrals require action, including a breakdown of the relevant timescales and the stage at which each element of the service needs to be completed. This has helped reinforce the importance of completing referrals within the required timeframe and supports contractors in maximising the benefit of the service for patients.

We have also received referral data from **two of the four acute trusts**, providing valuable insight into referral patterns and enabling us to better understand where further improvement is required.

Discharge Medicines Service: Kent & Medway Roll-Out Progress for Financial Year 2025/26

Total DMS - 25/26													
Code	Name	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Total
RN7	DARTFORD AND GRAVESHAM NHS TRUST	30	40	27	47	21	42	47	42	38	50	49	33	466
RPA	MEDWAY NHS FOUNDATION TRUST	259	261	248	239	201	293	214	256	300	283	238	266	3058
RVV	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	0	1	1	1	0	0	1	0	0	0	0	0	4
RWF	MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST	19	15	25	31	21	28	31	26	27	22	31	15	291
RXY	KENT AND MEDWAY NHS AND SOCIAL CARE PARTNERSHIP TRUST	42	22	12	33	13	8	21	35	22	17	16	29	270
RYY	KENT COMMUNITY HEALTH NHS FOUNDATION TRUST	0	0	0	0	1	0	0	1	0	1	0	0	3
QKS	NHS KENT AND MEDWAY INTEGRATED CARE BOARD	350	339	313	351	257	371	314	360	387	373	334	343	4092

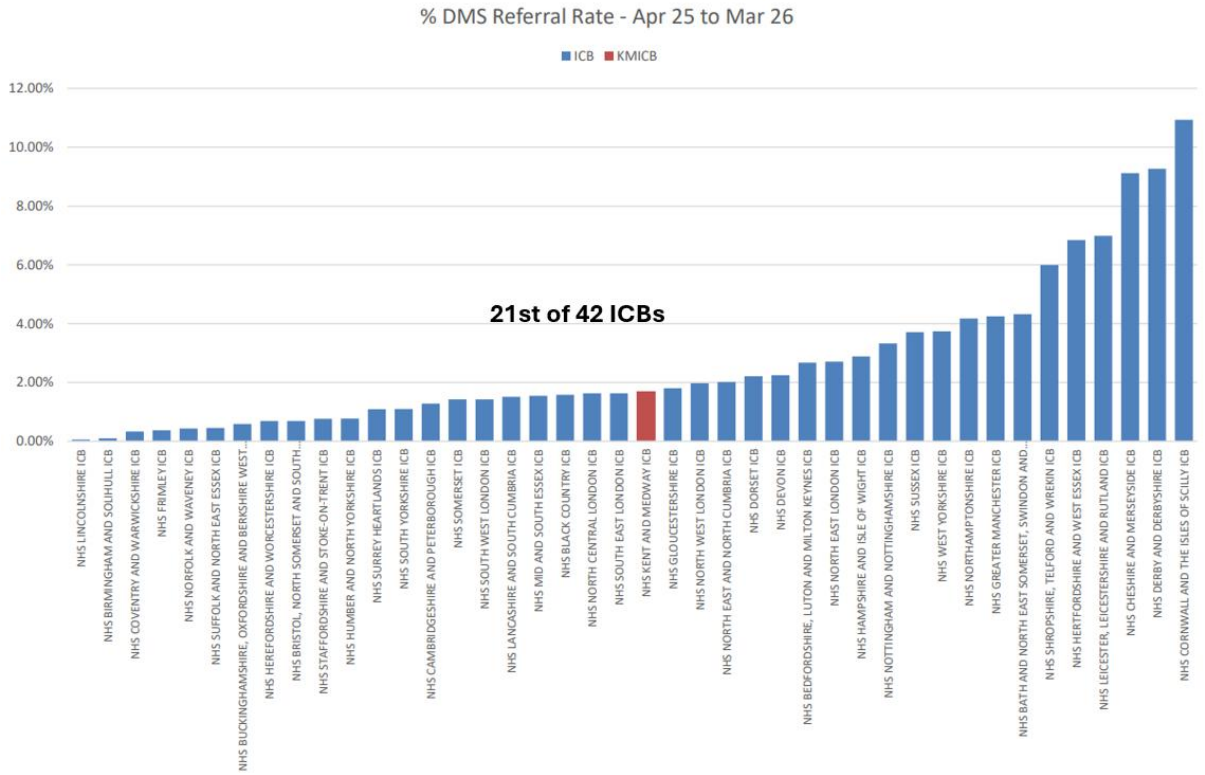
Total Hospital Discharge - 25/26													
Code	Name	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Total
RN7	DARTFORD AND GRAVESHAM NHS TRUST	4,589	4,877	4,640	5,939	5,585	5,094	5,382	5,009	5,122	5,056	4,853	5,598	61,744
RPA	MEDWAY NHS FOUNDATION TRUST	3,179	3,293	3,158	3,292	3,095	3,252	3,318	3,085	3,128	3,152	2,845	3,088	37,885
RVV	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	5,429	5,780	5,617	5,868	5,425	5,706	5,523	5,489	5,729	5,463	5,013	5,882	66,924
RWF	MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST	7,678	7,905	7,764	8,297	6,724	6,234	5,006	4,835	5,056	4,903	4,634	5,035	74,071
RXY	KENT AND MEDWAY NHS AND SOCIAL CARE PARTNERSHIP TRUST	185	0	170	190	160	150	175	155	170	165	145	180	1,845
RYY	KENT COMMUNITY HEALTH NHS FOUNDATION TRUST	187	179	182	166	140	160	156	151	181	152	156	178	1,988
QKS	NHS KENT AND MEDWAY INTEGRATED CARE BOARD	21,247	22,034	21,531	23,752	21,129	20,596	19,560	18,724	19,386	18,891	17,646	19,961	244,457

DMS Referral Rate - 25/26													
Code	Name	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Total
RN7	DARTFORD AND GRAVESHAM NHS TRUST	0.65%	0.82%	0.58%	0.79%	0.38%	0.82%	0.87%	0.84%	0.74%	0.99%	1.01%	0.59%	0.75%
RPA	MEDWAY NHS FOUNDATION TRUST	8.15%	7.93%	7.85%	7.26%	6.49%	9.01%	6.45%	8.30%	9.59%	8.98%	8.37%	8.61%	8.07%
RVV	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	0.00%	0.02%	0.02%	0.02%	0.00%	0.00%	0.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
RWF	MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST	0.25%	0.19%	0.32%	0.37%	0.31%	0.45%	0.62%	0.54%	0.53%	0.45%	0.67%	0.30%	0.39%
RXY	KENT AND MEDWAY NHS AND SOCIAL CARE PARTNERSHIP TRUST	22.70%	0.00%	7.06%	17.37%	8.13%	5.33%	12.00%	22.58%	12.94%	10.30%	11.03%	16.11%	14.63%
RYY	KENT COMMUNITY HEALTH NHS FOUNDATION TRUST	0.00%	0.00%	0.00%	0.00%	0.71%	0.00%	0.00%	0.66%	0.00%	0.66%	0.00%	0.00%	0.15%
QKS	NHS KENT AND MEDWAY INTEGRATED CARE BOARD	1.65%	1.54%	1.45%	1.48%	1.22%	1.80%	1.61%	1.92%	2.00%	1.97%	1.89%	1.72%	1.67%

At present, Kent and Medway is ranked 21st out of 42 ICBs nationally for DMS performance, as illustrated in the next chart below.

While there is significant opportunity for improvement, the programme of work undertaken during the year provides a strong foundation for further progress. Continued engagement with all four acute trusts, greater system integration, sharing of best practice and targeted support for community pharmacies should enable us to increase referral and completion rates.

Our ambition is to move beyond simply improving our national ranking and ensure that every eligible patient discharged from hospital has timely access to the medicines support available through their community pharmacy.



5. Pharmacy first

Pharmacy First has been a hugely successful service across Kent, demonstrating the important role of community pharmacy in improving access to care and reducing pressure on general practice and urgent care services.

Community Pharmacy Kent has continued to actively facilitate relationships between GP practices, the ICB and community pharmacies to support the effective delivery and ongoing development of the service.

Across Kent, community pharmacies have delivered over 400,877 Pharmacy First consultations, including 192,616 consultations for clinical conditions and 91,482 for minor ailments. These consultations represent approximately 66,812 hours of healthcare capacity released, with an estimated economic saving of £2.9 million. *(This is based on 10 minutes per appointment and an hourly value of £43.56, in line with the March 2025 Economic analysis of NHS pharmaceutical services in England).*

Month	Clinical Conditions	Minor Illness	Urgent Medicine Supply	Total
February 2024	4175	5171	3091	12437
March 2024	5202	4657	3656	13515
April 2024	5168	4549	3504	13221
May 2024	5602	3964	4327	13893
June 2024	5548	3603	3850	13001
July 2024	6213	3473	4732	14418
August 2024	5748	2748	5056	13552
September 2024	5753	2992	4676	13421
October 2024	6207	3690	4474	14371
November 2024	6401	3475	4204	14080
December 2024	8567	4218	4900	17685
January 2025	7597	4101	3922	15620
February 2025	7880	3461	3895	15236
March 2025	8305	3813	4323	16441
April 2025	7190	3574	5793	16557
May 2025	7430	3242	6101	16773
June 2025	7693	2869	4554	15116
July 2025	9275	2699	4853	16827
August 2025	7931	2411	5355	15697
September 2025	8000	2562	4380	14942
October 2025	8148	2965	4452	15565
November 2025	8110	2990	4586	15668
December 2025	10719	4025	4757	19501
January 2026	9343	3402	4603	17348
February 2026	9728	3082	4150	16960
March 2026	10683	3746	4585	19014
Total	**192616**	**91482**	**116779**	**400877**

Community Pharmacy Kent has played an active role in monitoring performance, resolving barriers and strengthening collaboration between primary care and community pharmacy. Key areas of work have included:

- Bi-weekly meetings with the ICB to review referrals, track collaboration between surgeries and pharmacies, improve engagement, identify training needs and address inappropriate referrals or claims.
- Monthly Clinical Services Steering Group meetings with key ICB stakeholders to review performance against NHS England targets, identify barriers and coordinate communications and digital developments.

- Development of a Pharmacy First Good Practice Guide with the ICB to promote effective utilisation of the service and support GP practices and pharmacies.
- Providing LPC input into complaints received by the ICB, ensuring a coordinated and wraparound approach to service monitoring and improvement.
- Playing an integral role in addressing issues associated with digital referral systems and supporting improvements to the referral pathway.
- Facilitating meetings between GP practice groups and local community pharmacies to discuss the provision and development of clinical services across their local areas.
- Presenting at Medway and Swale prescribing clerks' meetings, receiving excellent feedback, including: *"The Pharmacy First presentation was excellent."*
- Hosting Coffee and Questions sessions focused on how community pharmacies can support primary care during periods of winter pressure, with very good attendance.
- Providing monthly Pharmacy First referral reports to all GP practices by PCN, helping to facilitate local conversations between GP practices and community pharmacies and identify opportunities to improve referrals.

In January 2026, Community Pharmacy Kent visited Gravesham Urgent Treatment Centre (UTC) to understand its current processes and identify opportunities to reduce pressure on the service.

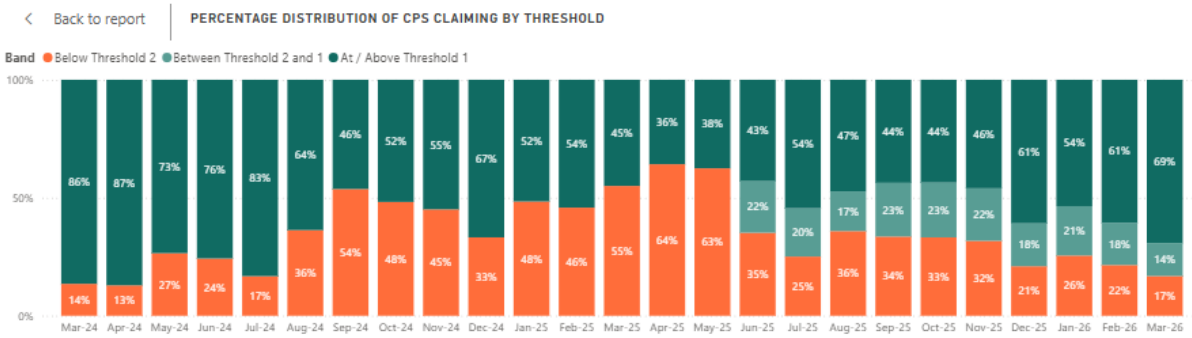
Working with the UTC, HCP and ICB teams, we explored both digital and low-cost approaches to directing appropriate patients to community pharmacies through Pharmacy First.

As part of this work, we developed a dedicated Pharmacy First leaflet for the UTC, outlining the service, relevant inclusion and exclusion criteria, and participating pharmacies located near the centre.

We subsequently engaged with Whitstable Urgent Treatment Centre and shared the Pharmacy First UTC resources to support wider adoption of this approach.

This programme of work has contributed to an improvement in referrals to community pharmacy. The proportion of contractors receiving an incentive payment increased from 65% in June 2025 to 83% in March 2026, demonstrating the positive impact of continued engagement between GP practices, urgent care services and community pharmacies, as illustrated in the diagram below.

The success of Pharmacy First reflects the collective efforts of community pharmacies, GP practices, the ICB and other system partners. We would particularly like to thank Adeyinka Jolaoso, Service Development Manager, for his continued work supporting contractors and helping to strengthen Pharmacy First delivery across Kent.



MMM-YY	Below Threshold 2	Between Threshold 2 and 1	At / Above Threshold 1
Feb-25	132		156
Mar-25	159		130
Apr-25	176		98
May-25	170		102
Jun-25	95	59	116
Jul-25	70	57	152
Aug-25	98	46	129
Sep-25	93	63	121
Oct-25	93	65	122
Nov-25	87	61	126
Dec-25	59	51	171
Jan-26	72	59	151
Feb-26	60	50	169
Mar-26	47	39	193

6. Oral contraception service

Over 23,000 oral contraception consultations have been completed by community pharmacies across Kent, as illustrated in table below. With Emergency Hormonal Contraception (EHC) becoming part of the national Pharmacy Contraception Service on 29th October 2025, the LPC worked closely with Kent Community Health NHS Foundation Trust (KCHFT) and Kent and Medway Council to facilitate the transition from the locally commissioned EHC service to the national service.

By Chlamydia screening remaining part of the locally commissioned service, patients can access a range of their sexual health needs in one location, further maximising the accessibility and convenience that community pharmacies provide.

The LPC continues to work closely with the ICB to review contraception service activity across community pharmacies and encourage collaborative working between pharmacies and general practice. A number of GP practices have proactively sent text messages to their patients encouraging them to utilise contraception services through community pharmacies. Communications have also been shared through various social media platforms to raise awareness of the service and encourage patient uptake

Month	Initiation	Ongoing Supply
Apr-25	221	1292
May-25	239	1507
Jun-25	261	1619
Jul-25	287	1890
Aug-25	227	1780
Sep-25	256	2091
Oct-25	252	1909
Nov-25	273	2029
Dec-25	304	2391
Jan-26	311	2325
Feb-26	332	1815
Mar-26	380	2096
Total	**3343**	**22744**

7. Hypertension Case Finding and Independent Prescribing Pathfinder

Hypertension remains one of the major contributory factors to cardiovascular disease (CVD) and early identification and effective management are critical to reducing the risk of cardiovascular events.

Community pharmacies across Kent and Medway continue to make a significant contribution through the Hypertension Case-Finding Service. During the year, community pharmacies delivered over 81,000 clinic blood pressure checks and 5,852 ambulatory blood pressure monitoring (ABPM) checks. These checks support the identification of undiagnosed hypertension and enable appropriate follow-up, including treatment optimisation, as illustrated in the table below.

Month	Clinical Blood Pressure	ABPM
Apr-25	6770	378
May-25	7738	506
Jun-25	6908	413
Jul-25	7648	458
Aug-25	6651	382
Sep-25	6874	482
Oct-25	9274	548
Nov-25	6460	512
Dec-25	5305	453
Jan-26	5607	513
Feb-26	5874	555
Mar-26	6307	652
Total	**81416**	**5852**

Independent Prescribing Pathfinder

Kent also played an important role in the national Independent Prescribing Pathfinder Programme, a proof-of-concept initiative designed to test how independent prescribing could be incorporated into clinical services delivered by community pharmacy and inform the development of future nationally commissioned services.

Two community pharmacies in Kent participated in the programme, which commenced in May 2025. In preparation for the pathfinder, the ICB focused on hypertension management, enabling the participating pharmacists to initiate and continue medicines and support patients diagnosed with hypertension.

This represented an important step forward in demonstrating how the accessibility of community pharmacy, combined with independent prescribing capability, could provide a more integrated pathway for patients with hypertension.

Outcomes

I am delighted with the results from the evaluation of the programme. The two participating pharmacies supported a combined 31 patients during the programme and delivered more than 50 clinical sessions.

By December 2025, 62 consultations had been completed, equating to approximately 35 hours of clinical care delivered through community pharmacy.

Importantly, these consultations enabled patients to receive hypertension management without needing to attend their GP practice for every aspect of their care. Based on the estimated GP appointment time, this potentially released approximately 35 hours of GP capacity, equivalent to around 210 ten-minute appointments.

Patient feedback was overwhelmingly positive, with high levels of satisfaction with the independent prescribing service.

Patients particularly valued the ability to have their hypertension managed conveniently through their community pharmacy, while the service also demonstrated its potential to reduce pressure on general practice.

The findings from the pathfinder provide encouraging evidence that **community** pharmacy independent prescribing can form an important part of future hypertension management pathways.

The programme demonstrates the potential to move beyond simply identifying patients with high blood pressure towards a pharmacy-led pathway encompassing diagnosis, treatment initiation, medicine optimisation and ongoing management.

This work aligns strongly with Community Pharmacy Kent's wider ambition to position community pharmacy as a key clinical partner in CVD prevention and neighbourhood-based healthcare, while releasing capacity across general practice and improving access for patients.

Final reflections

Community Pharmacy Kent has continued to work closely with partners across the health and care system to improve outcomes for patients and ensure that community pharmacy has a strong, credible and effective voice in system planning and decision-making.

The importance of this role was particularly evident during the Meningitis B (MenB) outbreak in Kent on 11 March 2026. The LPC worked closely with partners to ensure that community pharmacies across Kent received timely and relevant information about the local situation. We also supported the management of media interest while ensuring that the important role community pharmacy could play in responding to the outbreak was clearly communicated.

As part of this work, Community Pharmacy Kent submitted a proposal for the commissioning of MenB vaccination through community pharmacy, recognising the accessibility and reach of our sector and the potential contribution pharmacies could make to the vaccination response.

I was therefore delighted to see the subsequent announcement that, from 20 July 2026, community pharmacies across England were commissioned to provide MenB vaccination. This represents an important recognition of the role community pharmacy can play in protecting population health and delivering vaccination services closer to people's homes.

The year has demonstrated that community pharmacy is not simply a provider of medicines but an essential clinical and public health partner.

From Pharmacy First, hypertension case finding and contraception, through to discharge medicines support, vaccination, independent prescribing and the emerging Integrated Neighbourhood Health model, community pharmacy continues to demonstrate its ability to improve access, support prevention, reduce pressure on other parts of the NHS and deliver care within local communities.

Our role as an LPC is to ensure that this contribution is recognised, that contractors have a strong collective voice, and that community pharmacy is positioned at the heart of the future health and care system.

I would like to finish by saying a heartfelt thank you to all community pharmacy contractors and their teams across Kent and Medway.

Thank you for your continued commitment, professionalism and dedication to ensuring that people in our communities have access to their medicines, clinical services and the pharmaceutical care they need.

It is your hard work every day that makes the contribution of community pharmacy possible.

Mark Anyaegbuna

Chief Executive Officer
Community Pharmacy Kent

Community Pharmacy Kent – Treasurer's Report

Financial Year 2025–2026

I am pleased to present the Treasurer's Report for Community Pharmacy Kent (CPK) for the financial year 2025 to 2026.

The organisation has successfully managed its finances within the agreed budget for the year, concluding with a budget surplus of £16,631. This positive outcome reflects careful financial management with all budgeted categories being on-track or under budget.

The Community Pharmacy England levy saw a slight decrease from £170,556 to £169,990 being the second largest expense behind the staff salaries. The salary cast was an increase verses the previous year although this was in line with the budgeted cost and agreed as a committee. The continued investment in the team has led to strong consistent contractor representation and significant progress in the project delivery.

Regarding the Project delivery, the Accounts have been updated to highlight the Allocated Funds which are held in a separate account. The Project Funds have been used across the last 12 months in line with their associated memorandums of understanding (MOU'S) and the holdings have reduced from £123,333 to £66,591. The reduction in the allocated funds is shown in the total balance as a deficit. Due to the successful organisation and delivery of the projects the committee voted to join with a Provider Company and appoint a Project Manager to the team. To ensure this role is not funded from the Contractor Levy, the budget includes the additional income required to cover the employment costs.

For the financial year 2025 to 2026, there is an increase in the budget although due to the addition of the Project Manager role in the team as described above, there is effectively a flat budget for the core costs. The budget for 25/26 has been set at £464,839. This budget was finalised by building on the zero-based budgeting principles used last year, with adjusted and aligned spending across the categories considering the strategic priorities and expected costs for the upcoming year. The budget accounts for increased salary costs due to annual pay rises and the additional 2% increase in the CPE Levy.

The full prepared accounts have been independently examined by Bayer Hughes & Co, Chartered Accountants which are available to view at the end of this report.

Thank you to the committee and wider team for their continued support and stewardship over the past year.

I invite any questions that you may have relating to the accounts.

S.Grieve

Samantha Greive

Treasurer Community Pharmacy Kent

KENT LOCAL PHARMACEUTICAL COMMITTEE

FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2026

CONTENTS OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2026

Accountants

Bayar Hughes & Co
Chartered Certified Accountants
4 Green Lane Business Park
238 Green Lane
New Eltham
London
SE9 3TL

KENT LOCAL PHARMACEUTICAL COMMITTEE

REPORT OF THE COMMITTEE MEMBERS
FOR THE YEAR ENDED 31 MARCH 2026

PRINCIPAL ACTIVITIES

Kent LPC is a Local Pharmaceutical Committee ("LPC") acting in the role of a local NHS representative organisations.

Our Goal is: To Maximise Community Pharmacy contribution to health and wellbeing of people living in Kent and Medway by effectively engaging, supporting and representing community pharmacists, promoting best practice, and developing service opportunity for the benefit of all contractors.

THE COMMITTEE

Kent LPC is an association whose functions and procedures are set out in our Constitution [and Rules].

During the year ended 31 March 2026 Kent LPC had 11 (2025: 11) members on its main committee as follows:

4 (2025: 4) members from Company Chemist Association (CCA)
3 (2025: 3) members from Independent Pharmacy Association (IPA)
4 (2025: 4) members from Independent Pharmacies

Full details of the members can be found on Kent LPC website Committee members – Community Pharmacy Kent (Kent LPC)

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

OVERVIEW

For full details of the Kent LPC's activities, please refer to the Chairman's and Chief Executive Officer's report in the full Annual Report.

This report was approved by the Kent LPC on 27 April 2026 and signed on its behalf by:

…….

Amish Patel – Chair of the Committee

STATEMENT OF COMMITTEE MEMBERS' RESPONSIBILITIES FOR THE YEAR ENDED 31 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 company 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.

KENT LOCAL PHARMACEUTICAL COMMITTEE

INCOME AND EXPENDITURE ACCOUNT
FOR THE YEAR ENDED 31 MARCH 2026

	2026		2025	
	£	**£**	£	£
Income				
Prescription Pricing Division				
Statutory Levy	**326,453**		305,922	
Sponsorship	**750**		-	
Bank Interest	**-**		44	
		327,203		305,966
Expenditure				
Staff Wages	**200,519**		165,385	
Employers NIC	**16,428**		13,485	
Employers Pension Contributions	**3,976**		3,271	
Project Expenses - 2	**48,415**		1,985	
Chairman's Honorarium	**2,000**		2,000	
Consultancy Fees	**4,346**		4,260	
Meeting Room Hire	**2,645**		2,390	
Members Expenses	**16,839**		16,983	
Treasurer Honorarium	**-**		1,000	
Staff Travel	**968**		2,070	
Contractors Meetings	**-**		2,000	
Office Rent	**15,840**		14,538	
Office Expenses	**1,048**		1,007	
Office Equipment	**1,331**		-	
Telephone & Broadband	**515**		317	
Information Technology	**1,522**		1,230	
Accountancy	**1,500**		1,440	
Bank Charges	**204**		189	
Public Relations & Campaigns	**648**		3,825	
PSNC Levy - 30 Sep 2025	**84,995**		86,751	
PSNC Levy - 31 Mar 2026	**84,995**		83,805	
		488,734		407,931
Deficit		**(161,531)**		(101,965)
Project Income - 2		**56,266**		50,742
Surplus Brought Forward		**310,280**		361,503
Surplus Carried Forward		**205,015**		310,280

The notes form part of these financial statements

KENT LOCAL PHARMACEUTICAL COMMITTEE

BALANCE SHEET
31 MARCH 2026

		2026	2025
CURRENT ASSETS	Notes	**£**	£
Debtors	2	**1,100**	1,100
Cash at bank		**139,292**	191,044
Cash at bank allocated funds		**66,591**	123,333
		206,983	315,477
CURRENT LIABILITIES			
Amounts falling due within one year	3	**1,968**	5,197
NET CURRENT ASSETS		**205,015**	310,280
TOTAL ASSETS LESS CURRENT LIABILITIES		**205,015**	310,280
NET ASSETS		**205,015**	310,280
REPRESENTED BY:			
GENERAL FUND			
BALANCE AT 01 APRIL 2025		**310,280**	361,503
DEFICIT FOR THE YEAR		**(105,265)**	(51,223)
BALANCE AT 31 MARCH 2026		**205,015**	310,280

These financial statements were approved by the Kent LPC 27 April 2026 and signed on its behalf by:

……..
Amish Patel - Chair of the Committee

S.Grieve

……..
Samantha Grieve - LPC Treasurer

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2026

1 **Accounting Policies**

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:

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.

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.

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 company becomes a party to the contractual provisions of the instruments.

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.

2 **DEBTORS: AMOUNTS FALLING DUE WITHIN ONE YEAR**

	2026	2025
	£	£
Rent Deposit	**1,100**	1,100

3 **CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR**

	2026	2025
	£	£
Paye Creditor	**-**	3,995
Other Creditors & Accruals	**1,968**	1,202
	1,968	5,197

INDEPENDENT CHARTERED CERTIFIED ACCOUNTANTS' REVIEW REPORT TO THE COMMITTEE MEMBERS FOR THE YEAR ENDED 31 MARCH 2026

We have reviewed the committee's financial statements for the year ended 31 March 2026, which comprises 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 2, 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.

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 31 March 2026, and of its surplus for the year then ended;
- in accordance with United Kingdom Generally Accepted Accounting Practice.

INDEPENDENT CHARTERED CERTIFIED ACCOUNTANS REVIEW REPORT
TO THE COMMITTEE MEMBERS
FOR THE YEAR ENDED 31 MARCH 2026

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. 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.

Bayar Hughes & Co
Chartered Certified Accountants
4 Green Lane Business Park
238 Green lane
New Eltham
London
SE9 3TL

27 April 2026