COMMUNITY PHARMACY SOUTH WEST LONDON

Annual Report

April 2025 – March 2026

Chair: Mayank Patel
Vice Chairs: Chaitanyakumar J Patel and Jaymil Patel
Treasurer: Mansukh Sheth
Chief Executive Officer: Amit Patel

The South West London Local Pharmaceutical Committee, known as Community Pharmacy South West London (CPSWL)

Welcome from the Chair

This has been a year in which Community Pharmacy South West London has moved beyond the immediate work of bringing three former LPCs together and begun to operate with a clearer, more unified voice across the six boroughs we represent.

That distinction matters. Creating a single organisation was never the end point. The purpose was to give contractors stronger representation, better access to support and a more credible place in the decisions being made across South West London. During 2025–2026, the Committee has focused increasingly on making that purpose real.

The operating environment has remained extremely difficult. Contractors have continued to face cost pressures, workforce strain, growing service expectations and uneven referral volumes. At the same time, the NHS has been reshaping itself around neighbourhoods, place-based working and tighter financial control. In that context, our responsibility has been twofold: to protect contractors from arrangements that are not workable, and to ensure community pharmacy is not designed out of the future system.

We have strengthened our engagement with the ICB, local authorities, GP leaders and other primary care representatives. We have supported contractors with national services, local commissioning and operational change. We have also been prepared to challenge proposals where the funding, governance or delivery model did not properly reflect the realities of running a community pharmacy.

This report is therefore not a catalogue of everything the organisation has touched. It is an account of the work that has mattered most: consolidating the organisation, strengthening contractor representation, building system influence and preparing community pharmacy for the next phase of primary care reform.

I would like to thank our contractors for continuing to deliver for patients through a demanding year, our Committee members for their oversight and challenge, and the CPSWL team for the persistence required to represent community pharmacy properly across a complex system.

Mayank Patel
Chair, Community Pharmacy South West London

Chief Executive Officer's Reflection

The central task for CPSWL in 2025–2026 was not to launch the greatest possible number of projects. It was to build an organisation capable of representing contractors consistently, influencing the system earlier and making better choices about where to invest its limited time and resource.

The merger created the platform, but this year has been about turning that platform into a functioning South West London organisation. We have worked to create common governance, communications and contractor support across Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth, while recognising that each borough still has different relationships, services and pressures.

We have also had to respond to a rapidly changing NHS landscape. The development of neighbourhood models, the review of ICB operating arrangements and the increasing importance of borough-level primary care structures all carry the same risk for community pharmacy: decisions being made before our contribution has been properly understood. A significant amount of our work this year has therefore been about presence — getting community pharmacy into the right conversations early enough to shape them.

That has not meant accepting every opportunity offered to contractors. Representation must include the confidence to say when a service is not sufficiently funded, when responsibilities are unclear, or when a proposal transfers delivery risk to pharmacies without the necessary infrastructure. We have tried to bring that discipline to our commissioning discussions, alongside practical support for services that are viable and valuable.

Pharmacy First has remained a major area of focus. We have supported contractors with training, service interpretation and local engagement, while continuing to challenge the gap between national ambition and actual referral behaviour. We have also developed work with GP practices and primary care partners to improve understanding of pharmacy pathways, because the success of clinical services depends as much on relationships and workflow as it does on the service specification.

Alongside this, we have progressed work on vaccination confidence, smoking cessation and varenicline access, hypertension case finding, contraception, digital integration and neighbourhood health. Some of this work has produced immediate delivery; some has built the foundations for the next year. Both matter.

> *The shift this year has been from building the organisation to using it: to represent contractors more consistently, challenge more intelligently and shape the future of primary care earlier.*

The next phase is to convert stronger positioning into visible outcomes: better referral pathways, sustainable local commissioning, meaningful pharmacy involvement in neighbourhood teams and a clearer offer to contractors across all six boroughs.

Amit Patel
Chief Executive Officer, Community Pharmacy South West London

The Year in Context

A system being redesigned

During 2025–2026, South West London continued to move toward neighbourhood and place-based models of care while reviewing how commissioning and management functions should operate with reduced capacity. These changes are not abstract organisational developments. They determine who shapes pathways, where resources flow and whether community pharmacy is treated as part of core primary care or as an external service provider.

CPSWL has therefore focused on early engagement with the ICB, borough primary care structures and wider system partners. The objective has been to make pharmacy visible before new arrangements are fixed, not to seek retrospective inclusion once decisions have already been made.

A contractor network under pressure

The financial and operational pressures on contractors have remained severe. Rising employment and premises costs, workforce shortages, service complexity and uncertain volumes have continued to affect confidence and investment. Pharmacy First has created an important clinical platform, but referral levels and pathway restrictions have not consistently generated the activity anticipated.

Our role has been to combine ambition with realism: to support contractors to deliver and optimise available services, while not presenting every new initiative as an opportunity regardless of cost, workload or risk.

A changing clinical and digital environment

Independent prescribing, expanding clinical services and changes in pharmacy IT systems are altering how community pharmacy works with the rest of primary care. During the year, contractors experienced disruption arising from PMR system changes and inconsistent integration with GP workflows. CPSWL has raised this as a system design issue rather than allowing individual pharmacies to be blamed for problems created by fragmented infrastructure.

> *The question is not whether community pharmacy is valuable. The question is whether the system is being designed in a way that allows that value to be used.*

What We Focused On in 2025–2026

1. Consolidating one South West London LPC

The first priority was to continue the practical consolidation of CPSWL following the merger. This included aligning governance, Committee reporting, communications and contractor support across six boroughs; maintaining financial oversight; and establishing clearer organisational priorities.

A unified LPC has enabled South West London-wide issues to be handled once, with a single strategic position, while retaining borough-level intelligence and relationships. This has been particularly important as the ICB and primary care system have increasingly looked for partners able to work across the full footprint.

2. Strengthening system representation

CPSWL has maintained and deepened engagement with senior ICB leaders, primary care structures, local authorities, GP federations and wider representative bodies. We have contributed to discussions on the ICB target operating model, delegated functions, neighbourhood health and the future shape of primary care.

The purpose of this engagement has not simply been attendance. It has been to establish community pharmacy as a partner whose operational knowledge, contractor network and clinical reach should influence pathway and service design.

3. Supporting Pharmacy First and GP–pharmacy working

We continued practical support for Pharmacy First through contractor communications, training opportunities, interpretation of service requirements and local problem-solving. Training sessions were used to build confidence and consistency, including targeted work to fill remaining places and maximise contractor participation.

At the same time, we worked with GP and primary care partners to address the referral problem. The key learning has been that formal system endorsement is not enough: referral behaviour depends on practice-level understanding, reception and navigation workflows, confidence in eligibility criteria and reliable communication between teams.

Work in Croydon helped develop a more collaborative approach between general practice and community pharmacy. The value of that work was not a claim that every referral problem had been solved, but the creation of a more honest shared conversation about what was and was not working. That learning now provides a basis for wider borough-level engagement.

4. Protecting sustainable delivery

CPSWL has taken a more disciplined approach to local commissioning. We have supported proposals where the service model, governance and funding are workable, and challenged those where they are not. This includes asking clearer questions about the true cost of delivery, professional responsibility, training, data requirements, quality assurance and the impact on existing pharmacy teams.

This approach is not obstruction. It is necessary representation. A service that cannot be delivered safely and sustainably is not in the interests of contractors, patients or commissioners.

5. Building clinical credibility

We have continued to support delivery and development across Pharmacy First, hypertension case finding, contraception, smoking cessation and vaccination-related work. Our focus has been on translating national or

system priorities into practical delivery arrangements for contractors, while ensuring that local partners understand the support and infrastructure required.

The MMR vaccine hesitancy and recall work is a good example. CPSWL supported the development of a collaborative model with GP practices, focused on children and young people aged 5–19 whose records showed missing or incomplete vaccination. The approach was designed around trusted, non-confrontational conversations and appropriate pharmacy engagement, rather than a purely administrative recall exercise.

Key Work and Impact

Pharmacy First: support, challenge and pathway improvement

Pharmacy First remained one of the most significant areas of contractor support during the year. CPSWL provided updates, guidance and training support, and used contractor feedback to identify recurring operational barriers.

We have been clear that the service has established an important new role for community pharmacy, but that its potential is still constrained by inconsistent referrals, pathway eligibility rules and variation in GP practice workflows. Rather than masking those issues, we have raised them with system and national partners and used local engagement to improve understanding.

The year's work reinforced three practical lessons:

- practice reception and care-navigation teams are central to referral success;
- pharmacy and GP teams need a shared understanding of eligibility, escalation and feedback routes; and
- local relationships must be maintained consistently rather than activated only when performance falls.

MMR vaccine hesitancy and recall

CPSWL held and coordinated funding for an MMR vaccine hesitancy pilot designed to strengthen engagement with families of 5–19-year-olds whose GP records indicated missing or incomplete vaccination. The model brought together community pharmacy, participating GP practices and the ICB.

The work focused on call and recall from GP patient lists, supportive conversations and the option of a trusted discussion with a pharmacy professional. The design recognised that vaccine confidence is relational and that community pharmacy can add value because of its accessibility and familiarity within local communities.

The pilot also required the organisation to establish clear arrangements around roles, information handling, reimbursement and delivery expectations. That governance work is an important part of making pharmacy-led population health activity credible and scalable.

Smoking cessation and access to varenicline

CPSWL continued work with local authority and NHS partners on smoking cessation, including support for borough services and development of a stronger community pharmacy route to varenicline.

During the year, we developed the case for a patient group direction that would allow appropriately trained community pharmacists to supply varenicline as part of a commissioned cessation pathway. The work examined access, GP workload, pharmacy capacity, reimbursement, governance, medico-legal responsibility, training, quality assurance and performance management.

This was deliberately more than a clinical argument. The objective was to develop a deliverable commissioning model that could improve access without relying on unfunded pharmacy activity or unclear professional responsibilities.

Hypertension, contraception and wider CPCF services

Contractors continued to need practical support to interpret and deliver expanding national services. CPSWL used communications, meetings and direct engagement to support hypertension case finding, the Pharmacy Contraception Service and other CPCF requirements.

We also represented contractor concerns where service rules, caps, thresholds or digital processes created barriers to delivery. The aim has been to help contractors improve activity and quality without understating the operational burden involved.

Digital integration and PMR change

Changes in pharmacy PMR systems created disruption for some contractors and affected established GP–pharmacy workflows. CPSWL raised concerns about weak integration, variable API arrangements and the lack of equivalent NHS investment in pharmacy IT infrastructure.

Our position has been consistent: pharmacies should not be held responsible for system-wide interoperability failures. Digital change must be managed as a primary care transformation issue, with clear communication, testing and support across both pharmacy and general practice.

Representation, Partnerships and Influence

ICB and primary care engagement

CPSWL engaged with the ICB on strategic and operational issues including the target operating model, commissioning arrangements, delegated functions, neighbourhood development and service delivery. We have sought to move engagement away from isolated pharmacy agenda items and toward community pharmacy's role within the wider primary care model.

This has included building direct relationships with senior leaders and maintaining contact outside formal meetings. In a system where many decisions are shaped before they reach a board or committee, those relationships are essential.

Neighbourhood health

The movement toward integrated neighbourhood working has been one of the defining strategic issues of the year. CPSWL has argued that community pharmacy must be treated as part of neighbourhood infrastructure: a first-contact clinical access point, a trusted population health asset and a practical partner to general practice, dentistry, optometry and community services.

We have also been clear that representation at neighbourhood level cannot depend on individual goodwill. Pharmacy needs a structured route into borough and neighbourhood planning, supported by the LPC's system-wide coordination.

Working with other representative bodies

CPSWL has continued to work with LMC colleagues, Community Pharmacy London, national LPC networks and the NHS Confederation's primary care work. These relationships help connect local contractor experience to wider policy discussions and support a more joined-up primary care voice.

Joint working is particularly important where the issue is not profession-specific — for example digital interoperability, neighbourhood governance, workforce planning or the practical impact of ICB restructuring.

Local authorities and commissioned services

We maintained engagement with local authorities across South West London on public health services and commissioning. The variation between boroughs remains significant, and harmonisation is not straightforward. Our role has been to protect local relationships while making the case for more consistent standards, clearer specifications and sustainable remuneration.

Smoking cessation has been a particular area of focus, alongside wider public health opportunities. We have sought to ensure that local service development reflects the actual cost and operational requirements of delivery through community pharmacy.

External profile and credibility

CPSWL's external profile has continued to grow through system presentations, cross-primary-care work, London-level engagement and recognition of our programmes. This visibility is useful only where it strengthens influence for contractors, and that has remained the test applied to external activity.

The legacy of earlier work, including the South West London TympaHealth ear and hearing pathway, continues to provide strong evidence of what community pharmacy can deliver when pathways are properly designed and commissioned. It is important, however, to describe that work accurately: the pilot itself belonged to an earlier

period and was not a new 2025–2026 achievement. During this year, its value has been as evidence used in ongoing strategic conversations, not as a current commissioned service.

Supporting Contractors

Communications and practical guidance

A core part of CPSWL's work remains the timely interpretation of national and local change for contractors. During the year we issued communications on services, training, commissioning developments, operational changes and emerging risks.

The value of this work lies in judgement as much as volume: identifying what contractors genuinely need to know, explaining the implications clearly and avoiding unnecessary duplication of national communications.

Direct engagement

Contractor support has included direct conversations, borough-level engagement and help with individual service or system issues. A South West London-wide organisation must still remain accessible to individual contractors, particularly where a local commissioning or relationship problem cannot be resolved through generic guidance.

We have also used contractor feedback to inform our representation. This is especially important where published performance data or system assumptions do not reflect what pharmacy teams are experiencing in practice.

Representation when proposals are not workable

The Committee's responsibility is not to encourage participation in every service offered. Where the proposed funding, governance, indemnity, workforce requirement or workload is inadequate, CPSWL must say so clearly and seek changes.

This principle has increasingly shaped our approach to commissioning discussions. It gives commissioners a more accurate understanding of what delivery requires and gives contractors confidence that the LPC is testing proposals properly before promoting them.

Governance and organisational resilience

The organisation continued to strengthen internal governance, financial reporting and Committee oversight during the year. This included maintaining a zero-based approach to budgeting and making clearer links between expenditure and strategic priorities.

The year also tested organisational resilience, including a prolonged period of disrupted digital access. Recovery required rebuilding access, communications and working arrangements while continuing to represent contractors. The experience reinforced the need for stronger continuity arrangements and more resilient organisational systems.

Challenges and What We Learned

Referral behaviour remains the central Pharmacy First constraint

Contractor readiness alone cannot create activity. The service depends on GP practices, urgent care pathways and NHS navigation routes consistently identifying and referring eligible patients. Progress has been uneven, and the problem cannot be solved through contractor communications alone.

Our learning is that borough- and practice-level relationship work must sit alongside system escalation and national policy change.

Commissioning pressure can produce weak service models

Commissioners are operating under significant financial pressure. That can result in proposals built around a fixed funding envelope rather than the real cost of safe delivery. CPSWL must continue to distinguish between a strategically attractive service and a deliverable service.

Earlier engagement and more transparent costing are essential. By the time a specification is issued, the scope for meaningful change is often limited.

Digital fragmentation is undermining integration

The NHS expects community pharmacy and general practice to work as one primary care system, but their technology, funding and governance arrangements remain unequal. PMR changes and weak interoperability can quickly damage local relationships even when the underlying cause sits outside either provider.

This requires stronger system ownership, not repeated requests for individual teams to create workarounds.

Contractor fatigue is real

Contractors are being asked to absorb continual change while managing severe financial pressure. New services, training requirements and system ambitions compete with immediate business survival. Engagement must therefore be relevant, honest and respectful of time.

CPSWL must continue to prioritise rather than treat every request from the system as equally important.

A small organisation must make choices

The breadth of the LPC's remit is substantial. With limited staff resource, not every opportunity can receive the same attention. The Committee and executive team need to continue being explicit about priorities, trade-offs and the outcomes expected from major pieces of work.

Priorities for 2026–2027

Embed community pharmacy in neighbourhood working

Secure a defined and practical route for community pharmacy into neighbourhood and borough-level planning across all six South West London boroughs. The objective is not attendance for its own sake, but influence over pathways, access models, population health priorities and multidisciplinary working.

Build a repeatable GP–pharmacy collaboration model

Use the learning from Croydon and other local engagement to establish a structured model that can be adapted across each borough. This will include practice-level relationships, care-navigation support, shared pathway understanding and clearer feedback between GP and pharmacy teams.

Increase quality and appropriate activity in clinical services

Provide targeted support for Pharmacy First, hypertension case finding, contraception and emerging prescribing pathways. Use local intelligence and performance data to focus support where it can make the greatest difference.

Strengthen sustainable commissioning

Develop a consistent CPSWL approach to service costing, governance and quality assurance. Engage earlier with commissioners, challenge non-viable proposals and create clearer expectations about the infrastructure required for pharmacy delivery.

Progress workforce and independent prescribing

Support contractors to prepare for the expanding independent prescribing workforce, including supervision, service design, pharmacy technician development and access to appropriate training partnerships. The objective is to connect workforce development to real commissioned roles rather than training in isolation.

Improve digital integration

Continue to escalate interoperability and PMR integration issues, seek parity in digital investment and ensure system changes are planned with community pharmacy rather than imposed upon it.

Make impact more visible

Improve the way CPSWL captures and communicates contractor activity, patient impact and system value. Stronger local evidence will be essential as commissioning becomes increasingly focused on outcomes and financial return.

Strengthen the organisation

Continue to improve governance, business continuity, communications and organisational capacity so that CPSWL can sustain both contractor support and strategic influence. The next stage of the merged organisation must be judged by what it enables, not simply by the fact that the merger was completed.

Treasurer's Report

Community Pharmacy Southwest London (CPSWL)

Report on Committee Officers' Responsibilities to the Financial Statements

For the Year Ended 31 March 2026

1. Introduction

This report outlines the responsibilities of the Committee Officers of Community Pharmacy Southwest London (CPSWL) in relation to the preparation of the financial statements for the year ended 31 March 2026. It also summarises the governance framework, financial management processes, and sources of income.

2. Responsibilities for Financial Statements

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

The financial statements are prepared in accordance with United Kingdom Generally Accepted Accounting Practice (UK GAAP), including Financial Reporting Standard 102 (FRS 102), "The Financial Reporting Standard applicable in the UK and Republic of Ireland."

The Committee Officers must not approve the financial statements unless they are satisfied that they give a true and fair view of the financial position of CPSWL and of its surplus or deficit for the reporting period.

In preparing the financial statements, the Committee Officers are required to:

- Select appropriate accounting policies and apply them consistently
- Make reasonable and prudent judgements and accounting estimates
- Prepare the financial statements on a going concern basis unless it is inappropriate to presume continued operation

3. Accounting Records and Safeguarding of Assets

The Committee Officers are responsible for maintaining adequate accounting records that are sufficient to show and explain the committee's transactions and disclose, with reasonable accuracy, the financial position of CPSWL at any time.

They are also responsible for safeguarding the assets of CPSWL and for taking reasonable steps to prevent and detect fraud and other irregularities.

4. Governance and Compliance

CPSWL operates in accordance with accepted principles of good governance. The Committee:

- Prepares and publishes an annual budget
- Complies with the principles set out in "Guidance on LPC Governance" issued by Community Pharmacy England
- Adheres to corporate governance principles and a code of conduct

All Committee Members have complied with these governance requirements during the reporting period.

5. Budgeting Process

An annual budget is prepared to support financial planning and resource allocation. At the end of March 2025, CPSWL implemented a zero-based budgeting approach to ensure all expenditure is justified and aligned with organisational priorities.

6. Conclusion

The Committee Officers are responsible for ensuring that the financial statements are prepared in accordance with applicable standards and present a true and fair view of the organisation's financial position. Through effective governance, financial controls, and transparent reporting, CPSWL maintains accountability to its stakeholders.

Financial Report to Contractors

Year Ended 31 March 2026

Introduction

I am pleased to present the financial results for the year ended 31 March 2026. The Committee's objective remains to ensure that the statutory levy collected on behalf of pharmacy contractors is used effectively to represent and support members. The results demonstrate a significant improvement in the Committee's financial position compared to previous year.

Financial Performance

Total income for the year amounted to £480,000 compared with £396,389 in the previous year, an increase of £83,611 (21.1%). Total operating expenditure was £422,085 compared with £411,689 in 2024/25, an increase of £10,396 (2.5%). As a result, the Committee generated a surplus before other incomes of £57,915 compared with a deficit of £15,300 in the previous year. Additional income of £17,899 resulted in an overall operating surplus of £75,814 compared with a deficit of £6,602 in 2024/25.

Expenditure Review

The largest areas of expenditure were CEO remuneration (£120,000), Community Pharmacy England contribution (£100,456), consultancy services (£60,000), support staff costs (£35,000), and employers' National Insurance contributions (£22,798).

Financial Position

The Committee's financial performance strengthened considerably during the year. Increased levy income together with prudent expenditure management enabled the organisation to move from a deficit position to a healthy surplus.

CPSWL LPC has a treasurer and Finance and Governance sub- committee who regularly review the accounts against the budget to ensure that the financial governance is adhered to.

The LPC continues to work with commissioners supporting specific initiatives for improving or developing the roles of pharmacies in the provision of heath care. These funds are usually subject to a Memorandum of Understanding (MOU) which specifies the use to which funds can be applied and specifies the deliverables that are expected from their application. Such funds are not "income" and are ring fenced in a separate bank account denoted as a trust account.

CPSWL LPC keeps full records of all income and outgoings that pass through this trust account.

Closing Reflection

2025–2026 has been the year in which CPSWL began to turn organisational consolidation into a stronger model of representation.

The work has not been defined by one flagship service. It has been defined by a more mature combination of contractor support, strategic engagement and challenge: supporting Pharmacy First while being honest about referral failure; developing new public health and clinical pathways while testing whether they are deliverable; building relationships with the ICB and primary care partners while insisting that pharmacy is included early; and bringing six boroughs together without losing sight of local variation.

There is still a significant distance to travel. Community pharmacy's place in neighbourhood health is not yet secure. Referral pathways remain inconsistent. Digital integration is inadequate. Contractors continue to operate under financial pressure that local representation alone cannot resolve.

But CPSWL enters the next year with a clearer identity, stronger relationships and a more disciplined understanding of its role. The organisation's purpose is not simply to respond to what happens around community pharmacy. It is to help shape what happens next, while protecting the contractors whose daily work gives the profession its credibility.

We thank every contractor, Committee member and partner who has contributed during the year.

LPC Meeting Attendance 2025–2026

The following records attendance at formal LPC meetings, both face-to-face and virtual, during 2025–2026. Total meetings held: 6.

Member	Sector	Attendance
Mayank Patel	IPA	**6/6**
Jaymil Patel	Independent	**4/6**
Chaitanyakumar J Patel	Independent	**4/6**
Amish Patel	Independent	**6/6**
Beran Patel	Independent	**2/6**
Bola Sotubo	Independent	**2/6**
Devan Jethwa	Independent	**6/6**
Dipesh Shah	CCA (joined Dec 2025)	**2/2**
Jyoti Bakshi	CCA	**4/6**
Kishan Patel	Independent	**6/6**
Rachna Chhatralia	IPA	**1/6**
Radhika Amin	CCA	**2/2**
Ravi Vaitha	IPA	**4/6**
Rubena Munglah	CCA (joined Feb 2025)	**3/6**
Shahil Soni	Independent	**5/6**
Subha Subramanian	Independent	**5/6**
Umesh Amin	Independent	**5/6**