



05 March 2025

For the attention of: Superintendent Pharmacist

Wigan & Leigh NSP Service Level Agreement (the "Agreement") – We Are With You and Pharmacy (see page 2)

expiry date:31/03/2025

We refer to the above Agreement, commencing on 01/04/2022 which is due to expire on the date indicated above.

This is to confirm We Are With You's intention to extend the above Agreement for a further period of 12 months until 31/03/2026, under the same terms and conditions as are currently in force, and as agreed on the date of the Agreement, as above.

We would like to thank you for the continued assistance and support that you have given to We Are With You during the period of the above Agreement, and look forward to an enduring business relationship with your Pharmacy.

In order for our Service Level Agreement to continue in force without interruption, please sign and return the enclosed **"Extension of Service Level Agreement"** as soon as possible, by way of acceptance of the extension, to: pharmacycontracts@wearewithyou.org.uk Alternatively, please post to: We Are With You, Lower Ground Floor, Gate House, 1-3 St Johns Square, London EC1M 4DH.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Kate Blazey', is positioned above the printed name.

Kate Blazey
Executive Medical Director

A handwritten signature in black ink, appearing to read 'Alexandra Borghesi', is positioned above the printed name.

Alexandra Borghesi
**Executive Director, Governance and Corporate Services,
Company Secretary & DPO**

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Extension of Service Level Agreement

Date: [ADD DATE]

Please complete:

I/We, [ADD NAME/SURNAME], of [NAME AND ADDRESS OF PHARMACY & ODS CODE],

- 1) **AGREE** to this Extension of Service Level Agreement with We Are With You, of Part Lower Ground Floor, Gate House, 1-3 St. John's Square, London, England, EC1M 4DH, whereas the Service Level Agreement was signed on [ADD DATE WHEN SLA WAS SIGNED], for a further 12 months from the date of this Extension of Service Level Agreement; and
- 2) **AGREE** that, except as otherwise expressly supplemented, amended or consented to with We Are With You in writing, all of the representations, warranties, terms, covenants, and conditions of the Service Level Agreement signed on the date indicated in point 1) above remain unchanged and apply in full force and effect in all respects in respect of this Extension of Service Level Agreement.

Signed by way of acceptance,

Signed:

[add name and surname], [add job title/position]

(On Behalf of the Pharmacy)

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