01 April 2026

For the attention of: Superintendent Pharmacist

Service Level Agreement (the "Agreement") and Service Specification for Pharmacy Needle Syringe Provision- We Are With You Wigan & Leigh and Pharmacy (see page 2)

Review date: 31/03/26

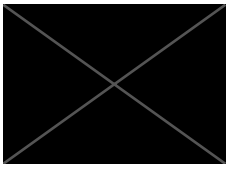
We refer to the above Agreement, commencing on 01/04/2022, which was extended and due to expire on the date indicated above.

This is to confirm We Are With You's intention to extend the above Agreement for a further period of 12 months to 31/03/2027, 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, 5th Floor, 79 Clerkenwell Road,, London EC1R 5AR

Yours sincerely



Kate Blazey
Executive Medical Director

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 We Are With You, 5th Floor, 79 Clerkenwell Road, London EC1R 5AR
2) 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
3) **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**)