



DRAFT Pharmaceutical Needs Assessment 2025

Wandsworth
Health and Wellbeing Board

This Pharmaceutical Needs Assessment (PNA) has been produced by Soar Beyond, contracted by Wandsworth London Borough Council. The production has been overseen by the PNA Steering Group for Wandsworth Health and Wellbeing Board with authoring support from Soar Beyond Ltd. All information is correct at the time of writing in June 2025.

Contents

Contents	3
List of tables.....	7
List of figures	8
Abbreviations.....	9
Executive summary	11
Section 1: Introduction.....	12
1.1 Background and context	12
1.2 Important changes since the last Pharmaceutical Needs Assessment (PNA)	13
1.3 Key upcoming changes	15
1.4 Purpose of the PNA	15
1.5 Scope of the PNA	16
1.5.1 Pharmacy contractors	17
1.5.2 Dispensing Appliance Contractors (DACs)	19
1.5.3 Dispensing GP practices.....	19
1.5.4 Other providers of pharmaceutical services in neighbouring areas	20
1.5.5 Pharmaceutical services	20
1.5.6 Other services.....	25
1.6 Process for developing the PNA	25
1.7 Localities for the purpose of the PNA	26
Section 2: Context for the PNA.....	28
2.1 NHS Long Term Plan.....	28
2.2 Core20PLUS5.....	29
2.3 The 10 Year Health Plan	29
2.4 Neighbourhood health guidelines	29
2.5 Pioneers of reform – Strategic commissioning	30
2.6 South West London (SWL) Integrated Care Strategy	30
2.7 SWL Joint Forward Plan (2023-2028).....	31
2.8 Wandsworth Joint Strategic Needs Assessment (JSNA).....	31
2.9 Wandsworth Joint Local Health and Wellbeing Strategy (JLHWS).....	32
2.10 Wandsworth the place	32
2.10.1 Population characteristics	33
2.10.2 Predicted population growth	34

2.10.3	Number of households.....	36
2.10.4	Planned developments	37
2.10.5	Ethnicity	38
2.10.6	Religion.....	39
2.10.7	Household languages	40
2.10.8	Specific population groups.....	40
2.11	Deprivation	41
2.12	Health of the population	43
2.12.1	Life and healthy life expectancy.....	44
2.12.2	Health behaviours.....	45
2.13	Burden of disease	47
2.13.1	Long term conditions	47
2.13.2	Mental health	49
Section 3: NHS pharmaceutical services provision, currently commissioned		51
3.1	Overview.....	51
3.2	Community pharmacies	53
3.3	Distance-Selling Pharmacies (DSPs)	54
3.4	Dispensing Appliance Contractors (DACs)	54
3.5	Dispensing GP practices	54
3.6	Local Pharmaceutical Service (LPS) providers.....	54
3.7	Pharmacy Access Scheme (PhAS) pharmacies	54
3.8	Pharmaceutical service provision provided from outside Wandsworth	54
3.9	Access to community pharmacies	55
3.9.1	Travel analysis.....	57
3.9.2	Weekend and evening provision	60
3.10	Advanced Services provision from community pharmacy.....	64
3.11	Enhanced Services provision from community pharmacy	65
Section 4: Other services that may impact on pharmaceutical services provision...		66
4.1	SWL Integrated Care Board (ICB) commissioned services	66
4.2	Wandsworth Council commissioned services	66
4.3	Other services provided from community pharmacies	67
4.3.1	Collection and delivery services.....	67
4.3.2	Services for people with disability	67

4.3.3	Language services	67
4.4	Other providers that reduce the need for pharmaceutical service provision	67
4.4.1	NHS hospitals	68
4.4.2	Personal administration of items by GP practices	68
4.4.3	Vaccination services by GP Practices	68
4.4.4	Prison pharmacies	68
4.4.5	Substance misuse services	68
4.5	Other services that may increase the demand for pharmaceutical service provision	68
4.5.1	Urgent care centres	68
4.5.2	Extended hours provided by Primary Care Networks (PCNs)	68
4.5.3	Community nursing prescribing	68
4.5.4	Dental services	69
4.5.5	End of life services	69
4.5.6	Sexual health centres	69
4.6	Other services	69
Section 5: Findings from the public questionnaire		70
5.1	Demographic analysis	70
5.2	Visiting a pharmacy	71
5.3	Reason for visiting a pharmacy	71
5.4	Choosing a pharmacy	71
5.5	Access to a pharmacy	72
5.6	Other comments	72
5.7	Additional insights from SWL ICS community engagement: winter 2024/25	72
Section 6: Analysis of health needs and pharmaceutical service provision		74
6.1	Pharmaceutical services and health needs	74
6.2	Wandsworth current and future health needs	74
6.3	Pharmaceutical service provision	75
6.3.1	Necessary Services: essential services current provision across Wandsworth	76
6.3.2	Necessary Services: essential services gaps in provision across Wandsworth	77
6.3.3	Other relevant services: current provision	78
6.4	Improvements and better access: gaps in provision across Wandsworth	79

Section 7: Conclusions	80
7.1 Statements of the PNA	80
7.1.1 Current provision of Necessary Services	80
7.1.2 Future provision of Necessary Services.....	81
7.1.3 Other relevant services – gaps in provision	81
7.1.4 Improvements and better access – gaps in provision	82
Section 8: Future opportunities for possible community pharmacy services in Wandsworth	83
8.1 Introduction	83
8.2 Further considerations	83
Appendix A: List of pharmaceutical services providers in Wandsworth.....	86
Appendix B: PNA project plan.....	91
Appendix C: PNA Steering Group terms of reference	92
Appendix D: Public questionnaire	96
Appendix E: Travel analysis methodology.....	104

List of tables

Table 1: Timeline for PNAs	12
Table 2: Total population by age group	34
Table 3: Predicted population growth (%) across the next 5 years across Wandsworth ...	35
Table 4: Population projections by age groups per year	35
Table 5: Net units with planning permission, commenced or completed by ward in 2023/24	36
Table 6: Ethnicity diversity, 2021	38
Table 7: Religion comparison, 2021	39
Table 8: Number of households with English as their main language.....	40
Table 9: Household in temporary accommodation.....	40
Table 10: Children population	41
Table 11: Less able/ disabled populations, 2021	41
Table 12: Percentage of Wandsworth LSOAs by IMD- quintile.....	43
Table 13: Life expectancy at birth (years), 2021-2023	44
Table 14: Healthy life expectancy at birth (years), 2021-2023	44
Table 15: Lifestyle information	45
Table 16: Sexual health in Wandsworth.....	46
Table 17: Percentage of patients recorded on GP practice disease registers for long term conditions (2023/24)	47
Table 18: Percentage of patients recorded on GP Practice disease registers for conditions that affect mental health (2023/24)	49
Table 19: Contractor type and number in Wandsworth.....	51
Table 20: Number of community pharmacies in Wandsworth	53
Table 21: Number of community pharmacies per 100,000 population	53
Table 22: Percentage of households across Wandsworth with access to at least one car or van	57
Table 23: Time to pharmacy and population coverage (%) with various methods of transportation across Wandsworth	57
Table 24: Number and percentage (including the DSP) of community pharmacies open Monday to Friday (excluding bank holidays) beyond 6:30 pm and on Saturday and Sunday	61
Table 25: Summary of Advanced and Enhanced Services provision by community pharmacy	64
Table 26: Summary of local authority-commissioned services provision by community pharmacy across Wandsworth.....	66

List of figures

Figure 1: Map of Wandsworth HWB area	27
Figure 2: Map to show population density across Wandsworth	33
Figure 3: Map of residents from Asian, Black, Mixed/ Multiple and Other ethnic groups across Wandsworth.....	39
Figure 4: Map to show Index of Multiple Deprivation (IMD) score by Lower Super Output Area (LSOA) across Wandsworth	42
Figure 5: Map of pharmacies in Wandsworth and surrounding areas	52
Figure 6: Map of pharmacies in Wandsworth with population density by LSOA	55
Figure 7: Map of pharmacies in Wandsworth with IMD score by LSOA.....	56
Figure 8: Average walk times to community pharmacies in Wandsworth	58
Figure 9: Time to the nearest pharmacy with private transport in Wandsworth (off peak) .	58
Figure 10: Time to the nearest pharmacy with private transport in Wandsworth (peak)	59
Figure 11: Public transport times to the nearest pharmacy in Wandsworth (off peak)	59
Figure 12: Public transport times to the nearest pharmacy in Wandsworth (peak)	60
Figure 13: Community pharmacies open beyond 6:30 pm on weekdays across Wandsworth	61
Figure 14: Community pharmacies open on Saturday until 1 pm in Wandsworth	62
Figure 15: Community pharmacies open on Saturday after 1 pm in Wandsworth	62
Figure 16: Community pharmacies open on Sunday in Wandsworth	63

Abbreviations

AS – Advanced Service
AUR – Appliance Use Review
BSA – Business Services Authority
CHD – Coronary Heart Disease
COPD – Chronic Obstructive Pulmonary Disease
CP – Community Pharmacy
CPCF – Community Pharmacy Contractual Framework
CPCS – Community Pharmacist Consultation Service
CPE – Community Pharmacy England
DAC – Dispensing Appliance Contractor
DHSC – Department of Health and Social Care
DMS – Discharge Medicines Service
DSP – Distance Selling Pharmacy
EHC – Emergency Hormonal Contraception
ES – Essential Service
GLA – Greater London Authority
GP – General Practitioner
HIV – Human Immunodeficiency Virus
HLP – Healthy Living Pharmacy
HWB – Health and Wellbeing Board
ICB – Integrated Care Board
ICS – Integrated Care System
IMD – Index of Multiple Deprivation
JLHWS – Joint Local Health and Wellbeing Strategy
JSNA – Joint Strategic Need Assessment
LARC – Long-Acting Reversible Contraception
LAS – Local Authority-commissioned Service
LCS – Locally Commissioned Services
LES – Local Enhanced Service
LFD – Lateral Flow Device
LPC – Local Pharmaceutical Committee

LPS – Local Pharmaceutical Service
LSOA – Lower-layer Super Output Area
LTC – Long Term Condition
MMR – Measles, Mumps and Rubella
NES – National Enhanced Service
NHS – National Health Service
NHSE – NHS England
NMS – New Medicine Service
NPA – National Pharmacy Association
ONS – Office for National Statistics
PAD – Peripheral Arterial Disease
PhAS – Pharmacy Access Scheme
PHOF – Public Health Outcomes Framework
PNA – Pharmaceutical Needs Assessment
PCN – Primary Care Network
PCS – Pharmacy Contraception Service
PCT – Primary Care Trust
PGD – Patient Group Direction
PLPS – Pharmaceutical and Local Pharmaceutical Services
PPV – Pneumococcal Polysaccharide Vaccine
PQS – Pharmacy Quality Scheme
QOF – Quality and Outcomes Framework
RSV – Respiratory Syncytial Virus
SAC – Stoma Appliance Customisation
SCS – Smoking Cessation Service
STI – Sexually Transmitted Infection
SWL – South West London

Executive summary

Purpose of the PNA

Every Health and Wellbeing Board (HWB) in England is legally required to publish a Pharmaceutical Needs Assessment (PNA) every three years. This 2025 PNA for Wandsworth updates the 2023 version and ensures local commissioning decisions are supported by robust and up-to-date evidence. The assessment identifies current provision of National Health Service (NHS) pharmaceutical services and whether this meets the population's needs. It also considers future needs based on projected changes in health and demographics.

Local context and health needs

Wandsworth has an estimated population of 331,456 (2023 mid-year estimate). Compared to national averages, the borough has a higher proportion of adults aged 25-39 and a lower proportion of adults aged 66 and over. Life expectancy is higher than both the London and England averages, reflecting a relatively healthy and stable population.

Residents in Wandsworth generally have healthier lifestyles than the averages across London and England, with lower rates of behaviours that can harm health, such as smoking, physical inactivity and poor diet.

However, there are areas of deprivation which contribute to rising demand for long-term condition management and preventative healthcare services.

Pharmaceutical services provision in Wandsworth

As of May 2025, Wandsworth has 60 [community pharmacies](#) (including one [distance selling pharmacy](#)) equating to 18.1 pharmacies per 100,000 people, similar to the national average.

Pharmacy access across the borough is good. On Saturday, 75% of pharmacies are open, and 53% provide evening services on weekdays. Sunday access is more limited, with 15% of pharmacies open, reflecting wider patterns in healthcare availability on weekends.

Travel analysis shows that 99.8% of residents can reach a pharmacy by private transport within 20 minutes, 99.7% can do so on foot, and 99.4% using public transport.

Uptake of key Advanced Services is high, particularly for Pharmacy First, flu vaccination, the New Medicine Service (NMS), and Hypertension Case-Finding, supporting access to timely, community-based care.

Conclusions

NHS pharmaceutical services are well distributed across Wandsworth. There is good access to a range of NHS services commissioned from pharmaceutical service providers.

Current and anticipated future needs are being met. The borough is well-positioned to continue using community pharmacies to deliver preventative care, support long-term conditions, and address local health inequalities.

As part of this assessment no gaps have been identified in provision either now or in the next three years for pharmaceutical services deemed necessary by Wandsworth HWB.

Section 1: Introduction

1.1 Background and context

The Health Act 2009, implemented in April 2010, mandated Primary Care Trusts (PCTs) in England to undertake and publish Pharmaceutical Needs Assessments (PNAs) within specific timeframes. These PNAs:

- Inform local commissioning decisions regarding pharmaceutical services. They provide evidence of the current and future needs for pharmaceutical services in the area, helping NHS England (NHSE), local authorities, and Integrated Care Boards (ICBs) make informed decisions about service provision and commissioning.
- Are a key tool in determining market entry for new pharmaceutical services. They identify any gaps in service provision and help decide whether new pharmacies or service providers are needed to meet the pharmaceutical needs of the population.
- Can contribute to public health strategies by assessing how pharmaceutical services can support broader health initiatives, such as reducing hospital admissions, promoting healthy lifestyles, and improving access to services for vulnerable populations.
- Help plan for future pharmaceutical service provision, ensuring the area's needs are met as the population grows or change by assessing upcoming developments such as housing projects or demographic changes.

The Health and Social Care Act 2012 transferred responsibility for developing and updating PNAs to Health and Wellbeing Boards (HWBs). PNAs are a statutory requirement, and they must be published in accordance with the NHS (Pharmaceutical and Local Pharmaceutical Services (PLPS)) Regulations 2013 (hereafter referred to as the PLPS Regulations 2013).

The PLPS Regulations 2013 (SI 2013/349)¹, came into force on 1 April 2013.

The initial PNAs were published in 2011 (see Table 1 for timelines).

Table 1: Timeline for PNAs

2009	2011	2013	2015	Ongoing
Health Act 2009 introduces statutory framework requiring Primary Care Trusts (PCTs) to prepare and publish PNAs	PNAs to be published by 1 February 2011	The PLPS Regulations 2013 outline PNA requirements for HWB	HWB required to publish own PNAs by 1 April 2015	PNAs reviewed every 3 years* *Publication of PNAs was delayed during COVID-19 pandemic and PNAs were published by October 2022

¹ UK Statutory Instruments. The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. July 2017. [Accessed May 2025] <https://www.legislation.gov.uk/ukSI/2013/349/contents>

This document should be revised within three years of its previous publication. The last PNA for Wandsworth HWB was published in June 2023. This PNA for Wandsworth HWB fulfils this regulatory requirement.

A strategic decision was made to bring forward publication to align with the timelines of the other five PNAs within the South West London (SWL) ICB footprint. As a result, publication, originally scheduled for March 2026, was brought forward to October 2025.

1.2 Important changes since the last Pharmaceutical Needs Assessment (PNA)

- There was an **update to the PLPS Regulations 2013 in May 2023** which in the main was in response to the number of requests for temporary closures. Key changes were made for:
 - Notification procedures for changes in core opening hours.
 - Notification procedures for 100-hour pharmacies to be able to reduce their hours to no less than 72 hours per week.
 - Local arrangements with ICBs for the temporary reduction in hours.
 - All pharmacies requiring a business continuity plan that allows them to deal with temporary closures.
- **Clinical Commissioning Groups (CCGs)** are now replaced by **Integrated Care Boards (ICBs)** as part of the move to establish Integrated Care Systems (ICSs). In an ICS, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards and improving the health of the population they serve.
- **Integrated Care Boards** took on the delegated responsibility for the commissioning of pharmacy services from NHS England from 1 April 2023.
- **Independent Prescribing 'Pathfinder' Programme** – NHSE has developed a programme of pilot sites, referred to as 'pathfinder' sites, across integrated care systems enabling an independent community pharmacist prescriber to support primary care clinical services. This presents a unique opportunity for community pharmacy to redesign current pathways and play an increasing role in delivering clinical services in primary care. This is in readiness for when all pharmacy graduates from September 2026 will be qualifying as independent prescribers.
- **Pharmacy First Service²** – The Pharmacy First service builds upon the NHS Community Pharmacist Consultation Service (CPCS) and enables community pharmacies to provide care for seven common conditions following defined clinical pathways. The initiative encourages patients to obtain treatment for the conditions directly from community pharmacies without needing a GP appointment.

² Community Pharmacy England (CPE). Pharmacy First Service. March 2025 [Accessed May 2025] <https://cpe.org.uk/national-pharmacy-services/advanced-services/pharmacy-first-service/>

- **Hypertension Case-Finding Service³** requirements were updated from 1 December 2023 and means the service can be provided by suitably trained and competent pharmacy staff; previously, only pharmacists and pharmacy technicians could provide the service.
- **Hepatitis C testing service** was decommissioned from 1 April 2023.
- **New Community Pharmacy Contract 2025/26:** A new national contract has been agreed and is currently in review and discussion for 2026 onwards.
- **Pharmacy quality scheme (PQS) 2025/26⁴:** As part of the new contract, the 2025/26 PQS focuses on enhancing clinical services in community pharmacy to support safer, more accessible and integrated care. Key requirements include:
 - Registration for NHS Pharmacy First and Contraception Services.
 - Updated plans and profiles for palliative and end of life care medicines.
 - Referrals for asthma patients at risk due to spacer absence or inhaler overuse.
 - Training for pharmacists ahead of New Medicine Service expansion to include depression.
 - Clinical audits and sepsis training to support safe antibiotic prescribing.
 - Emergency contraception training for expanded free provision from October 2025.
 - Enhanced Disclosure and Barring Service (DBS) checks for all registered pharmacy professionals.

The community pharmacy sector is experiencing increasing pressures. Reports from the National Pharmacy Association (NPA)⁵ and Healthwatch England⁶ highlight that more community pharmacies closed in 2024 than in previous years, mainly due to workforce and funding challenges.

A recent report commissioned by NHS England also found that around 47% of pharmacies did not make a profit in their most recent accounting year⁷. These challenges form part of the backdrop to ongoing regulatory and service developments.

³ Community Pharmacy England. Hypertension Case-Finding service. March 2025. [Accessed May 2025]. <https://cpe.org.uk/national-pharmacy-services/advanced-services/hypertension-case-finding-service/>

⁴ NHS England. Pharmacy quality scheme 2025/26. [Accessed May 2025] <https://www.england.nhs.uk/primary-care/pharmacy/pharmacy-quality-payments-scheme/>

⁵ InPharmacy NPA warns that pharmacy closures are at record high levels. May 2024. [Accessed May 2025] <https://www.inpharmacy.co.uk/2024/05/14/npa-warns-pharmacy-closures-are-record-high-levels>

⁶ Healthwatch. Pharmacy closures in England. September 2024. [Accessed May 2025] <https://www.healthwatch.co.uk/report/2024-09-26/pharmacy-closures-england>

⁷ Economic Analysis of NHS Pharmaceutical Services in England. March 2025 [Accessed May 2025] <https://www.frontier-economics.com/media/aazb0awt/frontier-igvia-economic-analysis-pharmacy-final-report-web.pdf>

1.3 Key upcoming changes

An announcement was made in March 2025 which included changes to some of the services and changes to the Pharmaceutical and Local Pharmaceutical Services Regulations (PLPS). Some of the key changes are listed below:

- Regulation Change: Ability to change core opening hours - amendments to the PLPS Regulations are being introduced to give pharmacy owners greater flexibility to adjust their opening hours. The goal is to help pharmacies better meet the needs of their patients and local communities. Although these changes have not yet come into effect, they are expected to be implemented during the timeframe covered by this PNA.
- Distance Selling Pharmacies (DSPs) will no longer be permitted to provide Advanced and Enhanced services on their premises, though remote provision will still be allowed where specified.
- From 23 June 2025, no new applications for DSPs will be accepted, following amendments to the PLPS Regulations 2013 which close entry to the DSP market.
- Funding and fees: Additional funding has been allocated and agreed for the Community Pharmacy Contractual Framework for 2025/2026.
- Service developments:
 - From October 2025 the Pharmacy Contraception Service (PCS) will be expanded to include Emergency Hormonal Contraception (EHC).
 - New Medicine Service will be expanded to include depression from October 2025.
 - National smoking cessation service will have Patient Group Directions (PGDs) introduced to enable provision of Varenicline and Cytisinicline (Cytisine). No dates have been given for this.

In March 2025, the government decided to merge NHS England into the Department of Health and Social Care (DHSC), aiming to reduce bureaucracy and improve the management of health services. A timeline for this is still being developed.

1.4 Purpose of the PNA

The ICB through their delegated responsibility from NHSE is required to publish and maintain pharmaceutical lists for each HWB area. Any person wishing to provide NHS pharmaceutical services is required to be included on the pharmaceutical list. The ICB must consider any applications for entry to the pharmaceutical list. The PLPS Regulations 2013 require the ICB to consider applications to fulfil unmet needs determined within the PNA of that area or applications for benefits unforeseen within the PNA. Such applications could be for the provision of NHS pharmaceutical services from new premises or to extend the range or duration of current NHS pharmaceutical services offered from existing premises. This function is carried out by the Dentistry, Optometry and Pharmacy Commissioning Hub hosted by NHS North East London on behalf of all London ICBs.

The PNA is the basis for the ICB to make determinations on such applications, it is therefore prudent that the PNA is compiled in line with the regulations and with due process, and that the PNA is accurately maintained and up to date, with a system in place to identify any changes to the need for pharmaceutical services that arise during the three-year lifetime of the pharmaceutical needs assessment and then determine whether or not these changes require a new assessment or the issuing of a supplementary statement.

Although decisions made by the ICB regarding applications to the pharmaceutical list may be appealed, the final published PNA cannot be appealed. It is likely the only challenge to a published PNA will be through an application for a judicial review of the process undertaken to conclude the PNA.

The PNA should be read alongside other Joint Strategic Need Assessment (JSNA) products. The JSNA is available on the Wandsworth London Borough Council (WLBC) website and is updated regularly. The JSNA informs Wandsworth's Joint Local Health and Wellbeing Strategy (JLHWS).

The PNA assesses how pharmaceutical services meet the needs of the local population, both now and in the future. By informing decisions made by the local authority and the ICB, these documents work together to improve the health and wellbeing of the local population and reduce inequalities.

For the purpose of this PNA, at the time of writing, only services commissioned by NHSE as per the regulations have been considered as 'NHS pharmaceutical services'.

1.5 Scope of the PNA

The PLPS Regulations 2013 detail the information required to be contained within a PNA. A PNA is required to measure the adequacy of pharmaceutical services in the HWB area under five key themes:

- Necessary Services: current provision.
- Necessary Services: gaps in provision.
- Other relevant services: current provision.
- Improvements and better access: gaps in provision.
- Other services.

In addition, the PNA details how the assessment was carried out. This includes:

- How the localities were determined.
- The different needs of the different localities.
- The different needs of people who share a particular characteristic.
- A report on the PNA consultation.

Necessary Services – The PLPS Regulations 2013 require the HWB to include a statement of those pharmaceutical services that it identifies as being necessary to meet the need for pharmaceutical services within the PNA. There is no definition of Necessary Services within the regulations and the HWB therefore has complete freedom in the matter.

Other relevant services – These are services that the HWB is satisfied are not necessary to meet the need for pharmaceutical services but their provision has secured improvements or better access to pharmaceutical services.

To appreciate the definition of ‘pharmaceutical services’ as used in this PNA, it is important to understand the types of NHS pharmaceutical providers comprised in the pharmaceutical list maintained by the ICB on behalf of NHSE. They are:

- Pharmacy contractors
 - Community Pharmacies (CPs).
 - Local Pharmaceutical Service (LPS) providers.
 - Distance-Selling Pharmacies (DSPs).
- Dispensing Appliance Contractors (DACs).
- Dispensing GP practices.

For the purposes of this PNA, ‘pharmaceutical services’ has been defined as those services that are/may be commissioned under the provider’s contract with NHSE. A detailed description of each provider type, and the pharmaceutical services as defined in their contract with NHSE, is set out below.

1.5.1 Pharmacy contractors

Pharmacy contractors comprise both those located within the Wandsworth HWB area as listed in Appendix A, those in neighbouring HWB areas and remote suppliers, such as DSPs.

There were 10,394 community pharmacies in England in April 2025 (this includes DSPs).⁸ This number has decreased from 11,071 community pharmacies since the previous PNA was published.

1.5.1.1 Community Pharmacies (CPs)

Community pharmacies are the most common type of pharmacy that allows the public to access their medications and advice about their health. Traditionally these were known as a chemist.

The NHS is responsible for administering opening hours for pharmacies, which is handled locally by ICBs through the delegated responsibility. A pharmacy normally has 40 core contractual hours or 72+ for those that opened under the former exemption from the control of entry test. These hours cannot be amended without the consent of the ICB. All applications for the amendment of hours are required to be considered and outcomes determined within 60 days and if approved may be implemented 30 days after approval.⁹ This is due to change as mentioned in [Section 1.3](#).

⁸ National Health Service Business Services Authority (NHS BSA). Pharmacy Openings and Closures. March 2025. [Accessed May 2025] <https://opendata.nhsbsa.net/dataset/pharmacy-openings-and-closures>

⁹ Community Pharmacy England. Changing Core Opening Hours. June 2024. [Accessed May 2025] <https://cpe.org.uk/changing-core-opening-hours/>

1.5.1.2 Distance-Selling Pharmacies (DSPs)

A DSP is a pharmacy contractor that works exclusively at a distance from patients. This includes mail order and internet pharmacies that remotely manage medicine logistics and distribution. Previously, the PLPS Regulations 2013 state that DSPs must not provide Essential Services face to face, but they may provide Advanced and Enhanced Services on the premises, as long as any Essential Service that forms part of the Advanced or Enhanced Service is not provided in person on the premises. From the 1 October 2025, DSPs will no longer be able to deliver Advanced or Enhanced services face to face with patients, onsite.

As part of the terms of service for DSPs, provision of all services offered must be offered throughout England. It is therefore possible that patients within Wandsworth will receive pharmaceutical services from a DSP outside Wandsworth.

Figures for 2023-24 show that in England there were 409 DSPs¹⁰, accounting for 3.4% of the total number of pharmacies. This has increased slightly from 2020-21, when there were 372 DSPs, accounting for 3.2% of all pharmacy contractors.

The PLPS Regulations 2013 have been amended to close entry to the DSP market, meaning no new applications will be accepted. This amendment comes into force on 23 June 2025¹¹.

1.5.1.3 Pharmacy Access Scheme (PhAS) providers¹²

The PhAS provides additional NHS funding to community pharmacies that are identified as most important for patient access, specifically those pharmacies where patient and public access would be materially affected should they close. The PhAS takes isolation and need levels into account.

Pharmacies in areas with dense provision of pharmacies remain excluded from the scheme. In areas with high numbers of pharmacies, public access to NHS pharmaceutical services is not at risk. The scheme is focused on areas that may be at risk of reduced access, for example, where a local population relies on a single pharmacy.

DSPs, DACs, LPS contractors and dispensing GP practices are ineligible for the scheme.

From 1 January 2022, the revised PhAS is to continue to support patient access to isolated, eligible pharmacies and ensure patient access to NHS community pharmaceutical services is protected.

¹⁰ NHS BSA. General Pharmaceutical Services in England 2015-16 – 2023-24. October 2024. [Accessed May 2025] [NHS BSA General Pharmaceutical Services in England 2015-16 - 2023-24](#)

¹¹ UK Legislation. The National Health Service (Charges, Remission of Charges and Pharmaceutical Services etc.) (Amendment and Transitional Provisions) Regulations 2025 [Accessed May 2025] <https://www.legislation.gov.uk/uksi/2025/636/body/made>. Community Pharmacy England. Distance selling pharmacies. [Accessed May 2025] <https://cpe.org.uk/quality-and-regulations/terms-of-service/distance-selling-pharmacies/>

¹² Department of Health and Social Care (DHSC). 2022 Pharmacy Access Scheme: guidance. May 2023. [Accessed May 2025] <https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024/2021-to-2022-pharmacy-access-scheme-guidance>

1.5.1.4 Local Pharmaceutical Service (LPS) providers

A pharmacy provider may be contracted to perform specified services to their local population or a specific population group.

This contract is locally commissioned by the ICB and provision for such contracts is made in the PLPS Regulations 2013 in Part 13 and Schedule 7. Such contracts are agreed outside the national framework although may be over and above what is required from national contract. Payment for service delivery is locally agreed and funded.

1.5.2 Dispensing Appliance Contractors (DACs)

DACs operate under the Terms of Service for Appliance Contractors as set out in Schedule 5 of the PLPS Regulations 2013. They can supply appliances against an NHS prescription such as stoma and incontinence aids, dressings, bandages etc. They are not required to have a pharmacist, do not have a regulatory body and their premises do not have to be registered with the General Pharmaceutical Council.

DACs must provide a range of Essential Services such as dispensing of appliances, advice on appliances, signposting, clinical governance and home delivery of appliances. In addition, DACs may provide the Advanced Services of Appliance Use Review (AUR) and Stoma Appliance Customisation (SAC). As of January 2025,¹³ there were a total of 111 DACs in England.

Pharmacy contractors, dispensing GP practices and LPS providers may supply appliances, but DACs are unable to supply medicines.

1.5.3 Dispensing GP practices

The PLPS Regulations 2013, as set out in Part 8 and Schedule 6, permit GPs in certain areas to dispense NHS prescriptions for defined populations.

These provisions are to allow patients in rural communities, who do not have reasonable access to a community pharmacy, to have access to dispensing services from their GP practice. Dispensing GP practices therefore make a valuable contribution to dispensing services although they do not offer the full range of pharmaceutical services offered at community pharmacies. Dispensing GP practices can provide such services to communities within areas known as 'controlled localities' which is generally a rural area with limited pharmacy access.

GP premises for dispensing must be listed within the pharmaceutical list held by NHSE and patients retain the right of choice to have their prescription dispensed from a community pharmacy if they wish.

¹³ NHS BSA. Dispensing contractors' data. [Accessed May 2025] <https://www.nhsbsa.nhs.uk/prescription-data/dispensing-data/dispensing-contractors-data>

1.5.4 Other providers of pharmaceutical services in neighbouring areas

There are seven other Health and Wellbeing Boards (HWBs) that border Wandsworth:

- Hammersmith and Fulham.
- Kensington and Chelsea.
- Kingston upon Thames.
- Lambeth.
- Merton.
- Richmond upon Thames.
- Westminster.

In determining the needs for pharmaceutical service provision to the population of Wandsworth, consideration has been made to the pharmaceutical service provision from the neighbouring HWB areas. Although Wandsworth pharmacies also serve residents from other boroughs, this determination will be considered within the neighbouring boroughs PNAs specifically.

1.5.5 Pharmaceutical services

The Community Pharmacy Contractual Framework (CPCF), last agreed in 2019,¹⁴ is made up of three types of services:

- Essential Services.
- Advanced Services.
- Enhanced Services.

Underpinning all the services is a governance structure for the delivery of pharmacy services. This structure is set out within the PLPS Regulations 2013 and includes:

- A patient and public involvement programme.
- A clinical audit programme.
- A risk management programme.
- A clinical effectiveness programme.
- A staffing and staff programme.
- An information governance programme.

It provides an opportunity to audit pharmacy services and to influence the evidence base for the best practice and contribution of pharmacy services, especially to meeting local health priorities within Wandsworth.

¹⁴ DHSC. Community Pharmacy Contractual Framework: 2019 to 2024. May 2023. [Accessed May 2025.] www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024

1.5.5.1 Essential Services (ES)¹⁵

The Essential Services of the community pharmacy contract **must** be provided by all contractors:

- **ES1: Dispensing medicines** – The supply of medicines and appliances ordered on NHS prescriptions, together with information and advice, to enable safe and effective use by patients and carers, and maintenance of appropriate records.
- **ES2: Repeat dispensing/electronic repeat dispensing (eRD)** – The management and dispensing of repeatable NHS prescriptions for medicines and appliances, in partnership with the patient and the prescriber.
- **ES3: Disposal of unwanted medicines** – Acceptance, by community pharmacies, of unwanted medicines from households and individuals which require safe disposal.
- **ES4: Public health (promotion of healthy lifestyles)** – Each financial year (1 April to 31 March), pharmacies are required to participate in up to six health campaigns defined by NHS England. This generally involves the display and distribution of leaflets provided by NHSE. In addition, pharmacies are required to undertake prescription-linked interventions on major areas of public health concern, such as encouraging smoking cessation.
- **ES5: Signposting** – The provision of information to people visiting the pharmacy who require further support, advice or treatment that cannot be provided by the pharmacy, on other health and social care providers or support organisations who may be able to assist them. Where appropriate, this may take the form of a referral.
- **ES6: Support for self-care** – The provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families.
- **ES7: Discharge Medicines Service (DMS)** – From 15 February 2021, NHS trusts are able to refer patients who would benefit from extra guidance around new prescribed medicines for provision of the DMS at their community pharmacy. The service has been identified by NHSE's Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital.
- **ES8: Healthy Living Pharmacy (HLP)** – From 1 January 2021, being a HLP is an essential requirement for all community pharmacy contractors in England. The HLP framework is aimed at achieving consistent provision of a broad range of health promotion interventions through community pharmacies to meet local needs, improving the health and wellbeing of the local population and helping to reduce health inequalities.

¹⁵ Community Pharmacy England (CPE). Essential Services. April 2024. [Accessed May 2025] <https://cpe.org.uk/national-pharmacy-services/essential-services/>

- **ES9: Dispensing Appliances** – Pharmacists may regularly dispense appliances in the course of their business, or they may dispense such prescriptions infrequently, or they may have taken a decision not to dispense them at all. Whilst the Terms of Service requires a pharmacist to dispense any (non-Part XVIII A listed) medicine ‘with reasonable promptness’, for appliances the obligation to dispense arises only if the pharmacist supplies such products ‘in the normal course of business’.

Wandsworth HWB through the steering group designated that all Essential Services are to be regarded as Necessary Services for the purposes of the Wandsworth PNA.

1.5.5.2 Advanced Services (AS)¹⁶

There are nine Advanced Services within the Community Pharmacy Contractual Framework (CPCF). Advanced Services are not mandatory for providers to provide and therefore community pharmacies can choose to provide any of these services as long as they meet the requirements set out in the Secretary of State Directions. The Advanced Services are listed below and the number of pharmacy participants for each service in Wandsworth can be seen in [Section 3.10](#) and in [Section 6.3](#).

- **AS1: Pharmacy First service** – The Pharmacy First service builds upon the NHS Community Pharmacist Consultation Service (CPCS) which has run since October 2019 and enabled patients to be referred into community pharmacy for a minor illness or an urgent repeat medicine supply. The new Pharmacy First service, launched 31 January 2024, adds to the Consultation Service and enables community pharmacies to provide care for seven common conditions following defined clinical pathways. The initiative encourages patients to obtain treatment for the conditions directly from community pharmacies without needing a GP appointment. These conditions are sinusitis, sore throat, earache, infected insect bites, impetigo, shingles, and uncomplicated urinary tract infections in women. Pharmacists can now provide prescription-only medicines, including antibiotics and antivirals, where clinically appropriate, after a consultation held in a private consultation room or area. More than 10,000 pharmacies, covering over 95% of England, have signed up to Pharmacy First and patients can find their nearest pharmacy offering the service online. An improvement requested by GP practices is to remove any need for a referral from a GP practice to the service and allow all patients, both minor illness and common conditions, to self-refer to a pharmacy with appropriate remuneration arrangements in place.
- **AS2: Flu vaccination service** – A service to sustain and maximise uptake of flu vaccine in at-risk groups by providing more opportunities for access and improve convenience for eligible patients to access flu vaccinations. This service is commissioned nationally.

¹⁶ Community Pharmacy England (CPE). Advanced Services. February 2025. [Accessed May 2025] <https://cpe.org.uk/national-pharmacy-services/advanced-services/>

- **AS3: Pharmacy Contraception Service (PCS)** – The PCS started on 24 April 2023, allowing the on-going supply of oral contraception from community pharmacies. From 1 December 2023, the service included both initiation and on-going supply of oral contraception. The supplies are authorised via a PGD, with appropriate checks, such as the measurement of the patient's blood pressure and body mass index, being undertaken, where necessary. From October 2025 the Pharmacy Contraception Service (PCS) will be expanded to include Emergency Hormonal Contraception (EHC).
- **AS4: Hypertension case-finding service** – This service was introduced in October 2021. The service has two stages – the first is identifying people at risk of hypertension and offering them blood pressure measurement (a 'clinic check'). The second stage, where clinically indicated, is offering ambulatory blood pressure monitoring. The blood pressure and ambulatory blood pressure monitoring results will then be shared with the GP practice where the patient is registered.
- **AS5: New Medicine Service (NMS)** – The service provides support to people who are prescribed a new medicine to manage a Long Term Condition (LTC), which will generally help them to appropriately improve their medication adherence and enhance self-management of the LTC. Specific conditions/medicines are covered by the service. New Medicine Service will be expanded to include depression from October 2025.
- **AS6: National Smoking Cessation Service (SCS)** – This service is commissioned as an Advanced service from 10 March 2022. It enables NHS trusts to refer patients discharged from hospital to a community pharmacy of their choice to continue their smoking cessation care pathway, including providing medication and behavioural support as required, in line with the NHS Long Term Plan care model for tobacco addiction.
- **AS7: Appliance Use Review (AUR)** – To improve the patient's knowledge and use of any 'specified appliance' by:
 - Establishing the way the patient uses the appliance and the patient's experience of such use.
 - Identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient.
 - Advising the patient on the safe and appropriate storage of the appliance.
 - Advising the patient on the safe and proper disposal of appliances that are used or unwanted.
- **AS8: Stoma Appliance Customisation (SAC)** – This service involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste.

- **AS9: Lateral Flow Device (LFD) service** – The lateral flow device tests supply service for patients potentially eligible for COVID-19 treatments (LFD service) is commissioned as an Advanced service from 6 November 2023. The objective of this service is to offer eligible at-risk patients access to LFD tests to enable testing at home for COVID-19, following symptoms of infection. A positive LFD test result will be used to inform a clinical assessment to determine whether the patient is suitable for and will benefit from NICE recommended COVID-19 treatments.

All Advanced Services are considered other Relevant Services for the purpose of this PNA.

Both Essential and Advanced Services provide an opportunity to identify issues with side effects or changes in dosage, confirmation that the patient understands the role of the medicine or appliance in their care, and opportunities for medicine optimisation. Appropriate referrals can be made to GPs or other care settings, resulting in patients receiving a better outcome from their medicines and, in some cases, cost-saving for the commissioner.

Advanced services look to reduce the burden on primary care by allowing easier access to a healthcare professional in a high street setting.

1.5.5.3 Enhanced Services

Under the pharmacy contract, National Enhanced Services (NES) are those directly commissioned by NHS England (NHSE) as part of a nationally coordinated programme. There are currently two National Enhanced Services commissioned, one is currently being provided, and the other one is undergoing national procurement.

- **NES1: COVID-19 vaccination service:** provided from selected community pharmacies who have undergone an Expression of Interest Process and commissioned by NHSE. Pharmacy owners must also provide the Flu Vaccination Service and is provided for a selected cohort of patients.
- **NES1: Respiratory Syncytial Virus (RSV) vaccination and Pertussis vaccination service:** currently under procurement, is due to go live in autumn 2025.

Local Enhanced Services (LES) are developed and designed locally by NHS England, in consultation with Local Pharmaceutical Committees (LPCs), to meet local health needs. There are four services commissioned regionally by NHS London as coordinated by the Dentistry, Optometry and Pharmacy Commissioning Hub or by the North East London ICB on behalf of all London ICBs through the delegated authority by NHSE.

- **LES1: Bank Holiday Service:** provides coverage over Bank Holidays, Easter Sunday, and Christmas Day, to ensure that there are pharmacies open on these days so patients can access medication if required.
- **LES2: Measles, Mumps and Rubella (MMR) vaccination service:** pharmacies are commissioned by direct award based on areas of low uptake and proven experience and success of running similar schemes. This service is commissioned to deliver by the currently selected sites until end of March 2026.
- **LES3: Pneumococcal Polysaccharide Vaccine (PPV) service:** was issued in April 2025 as currently commissioned. Pharmacies can sign up to provide this service.

- **LES4: London Flu:** the specifications for this vaccination service is currently being drawn up for 2025/26 and will come into effect from 1 September 2025. Pharmacies that are already providing the national Flu advanced service can sign up to provide this local service. The London Flu service runs in parallel to the national Flu programme, with cohorts that sit outside of the Flu advanced service as described in [Section 1.5.5.2](#).

Enhanced Services are all considered relevant for the purpose of this PNA.

1.5.6 Other services

As stated in [Section 1.4](#), for the purpose of this PNA 'pharmaceutical services' have been defined as those which are or may be commissioned under the provider's contract with NHSE.

[Section 4](#) outlines services provided by NHS pharmaceutical providers in Wandsworth commissioned by organisations other than NHSE or provided privately, and therefore out of scope of the PNA. At the time of writing the commissioning organisations primarily discussed are the local authority and the ICB.

1.6 Process for developing the PNA

Wandsworth HWB has statutory responsibilities under the Health and Social Care Act to produce and publicise a revised PNA at least every three years. Public Health in Wandsworth has a duty to complete this document on behalf of Wandsworth HWB.

The last PNA for Wandsworth was published in June 2023 and is therefore due to be reassessed and published by June 2026. However, to support a collaborative approach, the London Boroughs of Croydon, Merton, Sutton, Richmond, and Wandsworth agreed to jointly develop their Pharmaceutical Needs Assessments (PNAs) with a common publication date by October 2025.

Soar Beyond Ltd was selected to support the production of the PNAs based on their extensive experience.

- **Step 1: Project set up** and governance established between Wandsworth Public Health and Soar Beyond Ltd.
- **Step 2: Steering Group established** – On 7 April 2025, a joint South West London (SWL) PNA Steering Group was established to oversee the production of the five PNAs across South West London; Sutton, Croydon, Merton, Richmond and Wandsworth. The terms of reference and membership of the group can be found in Appendix C.
- **Step 3: Project management** – At this first meeting, Soar Beyond Ltd and the steering group agreed the project plan and ongoing maintenance of the project plan. Appendix B shows an approved timeline for the project.
- **Step 4: Review of existing PNA and Joint Strategic Needs Assessment (JSNA)** – Through the project manager, the PNA Steering Group reviewed the existing PNA and JSNA, as well as the lessons learned from the previous PNA.

- **Step 5a: Public questionnaire on pharmacy provision** – A public questionnaire to establish views about pharmacy services was agreed by the Steering Group and circulated to residents via various channels from 1 May to 1 June. A total of 237 responses were received. See [Section 5](#) for further details. A copy of the public questionnaire can be found in Appendix D with detailed responses.
- **Step 5b: Pharmacy contractor questionnaire** – The Steering Group agreed a questionnaire to be distributed to the local community pharmacies to collate information for the PNA. A total of four responses were received. Due to the low response rate, the Steering Group agreed for these not to be included in the PNA.
- **Step 6: Mapping of services** – Details of services and service providers were collated and triangulated to ensure the information that the assessment was based on was the most robust and accurate. The Pharmacy Contracting function within the ICB, as the commissioner of service providers and services classed as necessary and relevant, was predominantly used as a base for information due to its contractual obligation to hold and maintain pharmaceutical lists on behalf of NHSE. Information was collated, ratified and shared with the Steering Group before the assessment was commenced. The pharmaceutical list dated May 2025 was used for this assessment.
- **Step 7: Preparing the draft PNA for consultation** – The Steering Group reviewed and revised the content and detail of the draft PNA. The process took into account the demography, health needs of residents in the local area, JSNA and other relevant strategies in order to ensure the priorities were identified correctly. As the PNA is an assessment taken at defined moment in time, the Steering Group agreed to monitor any changes and, if necessary, to update the PNA before finalising or publish with accompanying supplementary statements as per the regulations, unless the changes had a significant impact on the conclusions. In the case of the latter the group were fully aware of the need to reassess.

1.7 Localities for the purpose of the PNA

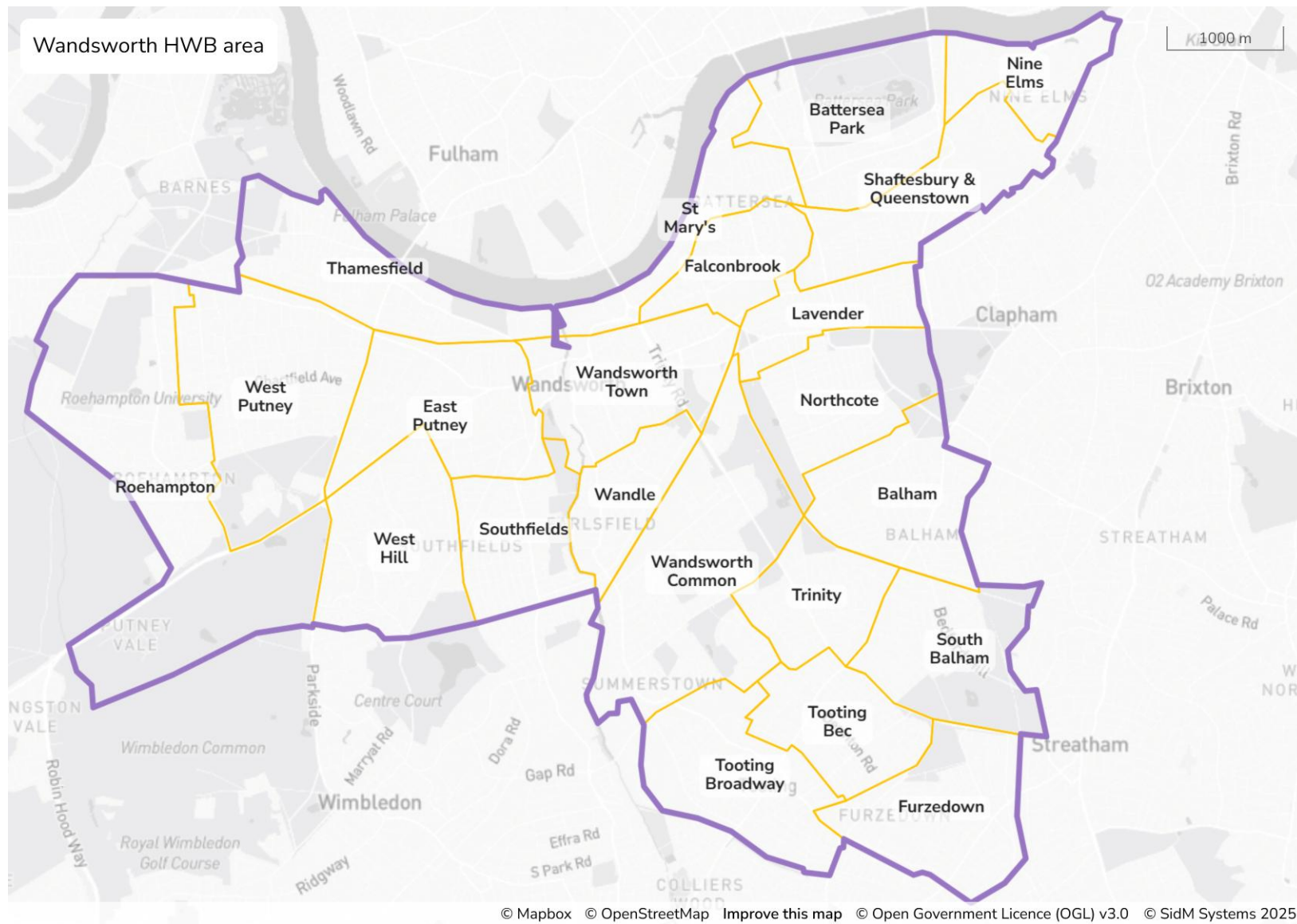
The PNA Steering Group, at its first meeting, considered how the localities within Wandsworth borough geography would be defined.

The majority of health and social care data is available at borough level and at this level provides reasonable statistical rigour. It was agreed that the borough as a whole would be used as a single locality for the purpose of assessment for the 2025 PNA. Figure 1 shows the Wandsworth area and the wards therein.

The wards boundaries are the same as in the last PNA for Wandsworth, however the data for the analysis in 2022/23 was taken from the previous ward division.

A list of providers of pharmaceutical services within these localities is found in Appendix A. The information contained in Appendix A has been provided by the South West London ICB, and Wandsworth council. Once collated, it was ratified by the steering group during the second steering group meeting.

Figure 1: Map of Wandsworth HWB area



Boundaries :  Local Authority  Wards 2024

Section 2: Context for the PNA

The PNA is undertaken in the context of the health, care and wellbeing needs of the local population. These are usually laid out in the JSNA of the local area. The strategies for meeting the needs identified in JSNAs are contained in the Joint Health and Wellbeing Strategies.

This section aims to present health needs data that might be of relevance to pharmacy services. It is not an interpretation of pharmaceutical service provision requirements for Wandsworth. This section should be read in conjunction with the JSNA and other documents. Appropriate links have been provided within each subsection. There are opportunities for the ICB and HWB to maximise Community Pharmacy Contractual Framework (CPCF) services to support the Wandsworth Health and Wellbeing Strategy.

2.1 NHS Long Term Plan¹⁷

The NHS long term plan, published in 2019, outlines the priorities for the NHS and the ways in which it will evolve to best deliver services over a ten-year period. These include themes such as prevention and health inequalities, care quality and outcomes, and digitally enabled care, which are approached within the context of an ageing population, funding changes and increasing inequalities.

The report places a specific focus on prevention and addressing inequalities in relation to smoking, obesity, alcohol and anti-microbial resistance and on better care for specific conditions such as cancer, cardiovascular disease, stroke, diabetes, respiratory disease and mental health.

The role of community pharmacy within the NHS Long Term Plan is an important one, and one which is focussed on prevention at its core. In section 4.26 of the plan, pharmacists are described as “an integral part of an expanded multidisciplinary team”. Pharmacists “have an essential role to play in delivering the Long Term Plan”. The plan states that “...in community pharmacy, we will work with government to make greater use of community pharmacists’ skills and opportunities to engage patients...” (section 4.21).

The plan identifies that community pharmacists have a role to play in the provision of opportunities for the public to check on their health (section 3.68), and that they will be supported to identify and treat those with high-risk conditions, to offer preventative care in a timely manner (section 3.69).

Pharmacists will also be expected to perform medicine reviews and to ensure patients are using medication correctly, specifically in relation to respiratory disease (3.86), which leads into the wider role that pharmacists have to play in working with general practice to help patients to take and manage their medicines, reducing wastage and reducing the likelihood of unnecessary hospital admissions (section 6.17.v).

¹⁷ NHS Long Term Plan. [Accessed May 2025] www.longtermplan.nhs.uk/

2.2 Core20PLUS5¹⁸

'Core20PLUS5 is a national NHSE approach to support the reduction of health inequalities at both national' and ICS level. The targeted population approach focuses on the most deprived 20% of the national population (CORE20) as identified by the Index of Multiple Deprivation and those within an ICS who are not identified within the core 20% but who experience lower than average outcomes, experience or access i.e. ethnic minorities, people with a learning disability and those experiencing homelessness (PLUS). Additionally, there are five key clinical areas:

- Maternity.
- Severe mental illness.
- Chronic respiratory disease.
- Early cancer diagnosis.
- Hypertension case-finding.

2.3 The 10 Year Health Plan

The NHS 10 Year Health Plan is set to outline three significant shifts that the government wants to make in health and care, from an analogue system to a digital one, from care in hospitals to care in the community, and from a system that treats sickness to one that prevents ill health.¹⁹ The plan, due to be published in July 2025, is expected to have implications for community pharmacy, although these remain unclear at present. However, there is a clear opportunity for community pharmacy to play a key role in supporting the proposed 'left shift'²⁰.

2.4 Neighbourhood health guidelines²¹

In January 2025, NHS England published the Neighbourhood health guidelines 2025/26 to assist Integrated Care Boards (ICBs), local authorities, and health and care providers in advancing neighbourhood health initiatives ahead of the forthcoming 10-Year Health Plan. There are six core components:

- Population health management.
- Modern general practice.
- Standardising community health services.
- Neighbourhood multidisciplinary teams (MDTs).
- Integrated intermediate care with a 'Home First' approach.
- Urgent neighbourhood services.

¹⁸ NHSE. Core20PLUS5 (adults) – an approach to reducing healthcare inequalities. [Accessed May 2025] www.england.nhs.uk/about/equality/equality-hub/core20plus5/

¹⁹ NHS. Three shifts. [Accessed May 2025] <https://change.nhs.uk/en-GB/projects/three-shifts>

²⁰ NHS Confederation. Is the left shift mission impossible? March 2025. [Accessed May 2025] <https://www.nhsconfed.org/long-reads/left-shift-mission-impossible>

²¹ NHSE. Neighbourhood health guidelines 2025/26. March 2025. [Accessed May 2025] <https://www.england.nhs.uk/long-read/neighbourhood-health-guidelines-2025-26/>

This strongly aligns with the evolving role of community pharmacy as an accessible, community-based provider of healthcare services.

An operating model for London has been developed in partnership between London's five ICBs, NHS England London Region and the London Health and Care Partnership (London Councils, Greater London Authority, UK Health Security Agency, and the Office for Health Improvement and Disparities in London), with support from Londonwide Local Medical Committees.²²

2.5 Pioneers of reform – Strategic commissioning²³

In March 2025, the Secretary of State called for ICBs to become "pioneers of reform" through a strengthened focus on strategic commissioning, in line with the government's three core healthcare shifts:

- From hospital to community.
- From illness to prevention.
- From analogue to digital.

This is set against the backdrop of NHS England moving into the Department of Health and Social Care (DHSC), alongside reductions in ICB running costs and provider corporate budgets.

The report notes that a shared national vision and an updated strategic commissioning framework from NHS England will be essential to support this shift, which will require new capabilities and leadership at all system levels.

2.6 South West London (SWL) Integrated Care Strategy²⁴

In an Integrated Care System (ICS), NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards and improving the health of the population they serve. The ICS is responsible for setting the strategy and goals for improving health and care for residents in an area and overseeing the quality and safety, decision-making, governance and financial management of services. The goal is to create a health and care system fit for the future, with transformed services that join up around the people who use them.

Priorities set up in the South West London Integrated Care Partnership Strategy 2023-2028:

- Tackling and reducing health inequalities.
- Preventing ill-health, promoting self-care and supporting people to manage their long-term conditions.

²² NHSE. A neighbourhood Health Service for London: The targeted Operating Model. <https://www.england.nhs.uk/london/our-work/a-neighbourhood-health-service-for-london/a-neighbourhood-health-service-for-london/>

²³ NHS Confederation. Strategic Commissioning – what does it mean? March 2025. [Accessed May 2025] <https://www.nhsconfed.org/system/files/2025-03/Pioneers-of-reform-summary.pdf>

²⁴ SWL ICB. SWL Integrated Care Partnership Strategy 2023-2028. August 2023. [Accessed May 2025] <https://www.southwestlondonics.org.uk/wp-content/uploads/2023/08/15856-SWL-NHS-SWL-Integrated-Care-Strategy-Document-Summer-23.pdf>

- Supporting the health and care needs of children and young people.
- Positive focus on mental well-being.
- Community based support for older and frail people.

ICBs have been asked to reduce operating costs by 50% by October 2025. At the time of writing, it is unclear what impact this may have on the commissioning of local services.

2.7 SWL Joint Forward Plan (2023-2028)²⁵

The plan sets out priorities to improve health outcomes, reduce inequalities, and support integrated care across South West London. Key points include:

- A growing and ageing population, with varying life expectancy and health needs across boroughs.
- A focus on prevention, early diagnosis, and better management of long-term conditions.
- Targeted actions to reduce health inequalities using the Core20PLUS5 framework.
- Greater integration of primary and community care, with an increasing role for pharmacy services.
- Continued engagement with local communities to ensure accessible, culturally appropriate care.

This context supports planning and commissioning of pharmaceutical services aligned with population needs.

2.8 Wandsworth Joint Strategic Needs Assessment (JSNA)

The JSNA and related strategies aim to improve health and wellbeing and reduce inequalities across all ages through ongoing, evidence-based planning. Their findings guide local authorities, the NHS, and partners in commissioning services and addressing wider health determinants.²⁶ The PNA should be considered alongside the JSNA, which in Wandsworth²⁷ includes a Borough Profile and Integrated Neighbourhood Team Profiles, with reports regularly updated.

²⁵ NHS SWL. Joint Forward Plan, June 2023. [Accessed June 2025]
<https://www.southwestlondon.icb.nhs.uk/publications/joint-forward-plan/#:~:text=Our%20Joint%20Forward%20Plan%20describes%20how%20we%20and,South%20West%20London%20over%20the%20next%20five%20years>

²⁶ Gov.uk. Department of Health. JSNAs and JHWS statutory guidance. August 2022. [Accessed May 2025]
<https://www.gov.uk/government/publications/jsnas-and-jhws-statutory-guidance>

²⁷ Wandsworth's Strategic Needs Assessment (JSNA) [Accessed July 2025]
<https://www.wandsworth.gov.uk/JSNA>

2.9 Wandsworth Joint Local Health and Wellbeing Strategy (JLHWS)

The Joint Local Health and Wellbeing Strategy 2024–2029²⁸ sets out Wandsworth’s comprehensive, collaborative five-year plan to improve resident health and wellbeing through a life course approach, Start Well, Live Well, and Age Well. Developed from the Joint Strategic Needs Assessment, the strategy identifies 19 priority areas addressing issues such as mental health, obesity, long-term conditions, and social isolation, with a firm emphasis on prevention, equity, and integrated community support. It is underpinned by five guiding principles:

- Tackling inequalities.
- Focus on prevention.
- Empowering our communities.
- Holistic approach to individuals and families.
- Place integration.

2.10 Wandsworth the place

Wandsworth is located in southwest inner part of London. It covers approximately 13.2 square miles and features over 30 parks accounting for nearly a fifth of the borough’s area. It borders the London boroughs of Hammersmith and Fulham, Kensington and Chelsea, Kingston, Lambeth, Merton, Richmond and Westminster. The Thames acts as a natural boundary to certain areas; however, they remain well connected via road networks and London Underground services.

It has excellent transport connections into central London. Around two-thirds of residents take public transport to work. Less than one in six drive to work and car ownership has been decreasing in the borough, with almost half of households not having access to a car²⁹.

Wandsworth is classed as urban with major conurbation.³⁰

An understanding of the size and characteristics of Wandsworth population, including how it can be expected to change over time, is fundamental to assessing population needs and for the planning of local services. This section provides a summary of the demographics of Wandsworth residents, how healthy they are, and what changes can be expected in the future.

²⁸ Wandsworth Borough Council. Joint Local Health and Wellbeing Strategy [Accessed May 2025] <https://www.wandsworth.gov.uk/health-and-social-care/public-health/public-health-publications/joint-local-health-and-wellbeing-strategy/>

²⁹ Wandsworth Borough Council. JSNA Place. [Accessed May 2025] <https://www.wandsworth.gov.uk/health-and-social-care/public-health/public-health-publications/jsna/jsna-place/>

³⁰ Gov.uk - Department for Environment, Food & Rural Affairs. 2011 Local Authority Rural Urban Classification. August 2021. [Accessed May 2025.] <https://www.gov.uk/government/statistics/2011-rural-urban-classification-of-local-authority-and-other-higher-level-geographies-for-statistical-purposes>

2.10.1 Population characteristics

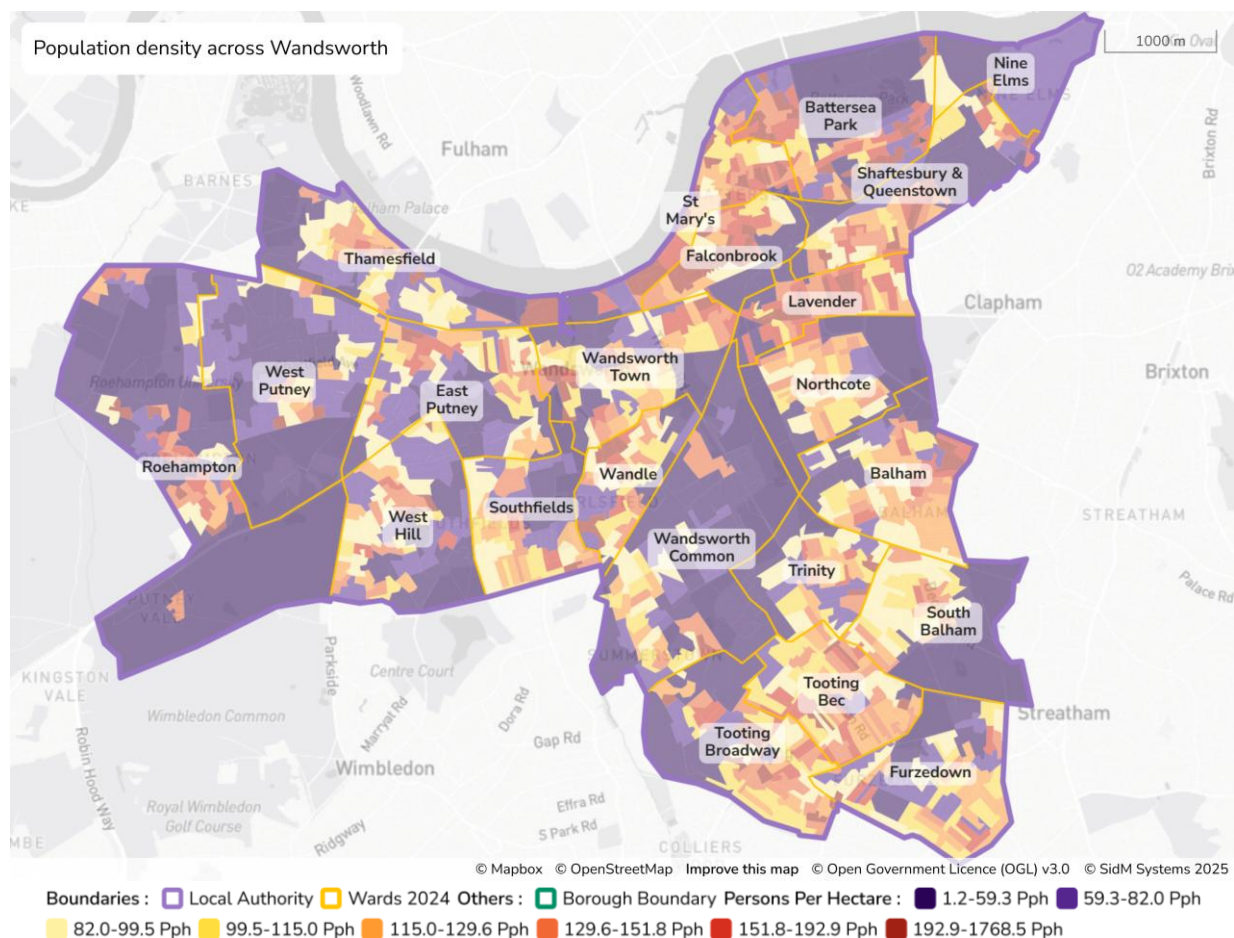
According to the most recent estimate from the Office for National Statistics (ONS),³¹ Wandsworth has a population of 331,456.

Figure 2 shows how the population spread across Wandsworth, measured in persons per hectare. Areas with more people living in close proximity are shaded in darker red, while areas with fewer people per hectare are shown in purple. Areas of high population density are often some of the more deprived areas also.

The most densely populated areas, shown in deep red and brown, include Lavender, Shaftesbury & Queenstown, Tooting Broadway, Falconbrook and parts of Balham, indicating over 192.9 persons per hectare. In contrast, areas such as Nine Elms, Roehampton, and parts of West Hill, Putney and Wandsworth Common exhibit lower density, suggesting varied demand for health and pharmaceutical services across the borough.

Understanding where people live more densely helps ensure that services are located where they are most needed and accessible to all residents.

Figure 2: Map to show population density across Wandsworth



³¹ Office for National Statistics (ONS). Mid-2023 population estimate. [Access April 2025]

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/dataset/estimatesofthepopulationforenglandandwales>

Table 2 shows the population distribution by age across the localities in Wandsworth.

Table 2: Total population by age group³²

Age group	Wandsworth	London	England
0-4 years	5.5%	5.9%	5.3%
5-17 years	12.1%	15.4%	15.5%
18-24 years	8.7%	9.2%	8.3%
25-39 years	35.7%	26.2%	20.4%
40-54 years	19.0%	20.4%	19.1%
55-65 years	9.7%	11.6%	13.8%
66-79 years	6.7%	8.6%	13.2%
80+ years	2.6%	2.8%	4.4%
Total population	331,456	8,945,309	57,690,323

Wandsworth has a notably younger population profile compared to London and England overall. The borough has a much higher proportion of residents aged 25–39 years (35.7%) than both London (26.2%) and England (20.4%). Conversely, Wandsworth has lower proportions of children aged 5–17, older adults aged 55 and over, and particularly those aged 66–79 (6.7%) and 80+ (2.6%), compared to both regional and national figures. This indicates a younger, working-age demographic.

This age profile suggests higher demand for accessible, preventative services focused on young working-age adults.

2.10.2 Predicted population growth

Population projections are an indication of the future trends in population over the next 25 years. They are trend-based projections, which means assumptions for future levels of births, deaths and migration are based on observed levels mainly over the previous five years. They show what the population will be if recent trends continue. They are not forecasts and do not attempt to predict the impact that future government or local policies, changing economic circumstances or other factors might have on demographic behaviour.

Please note the population projections for 2025 may differ from the population figure being used for the current PNA, which is based on the latest ONS estimate (mid-year 2023).

Wandsworth borough's population is expected to increase by 1.57% from 2025 to 2030. Its most rapid population increase is expected to occur between 2029 and 2030 (0.36% increase).

³² ONS. Mid-2023 population estimate. [Access April 2025]

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/dataset/estimatesofthepopulationforenglandandwales>

Table 3: Predicted population growth (%) across the next 5 years across Wandsworth³³

Area	2025	2026	2027	2028	2029	2030	Total 2025-2030
Wandsworth	335,950	0.30%	0.29%	0.30%	0.32%	0.36%	1.57%
England	58,254,937	0.44%	0.43%	0.42%	0.41%	0.40%	2.10%

The table below shows the projected population changes across all age groups in Wandsworth over the five-year period from 2025 to 2030.

Table 4: Population projections by age groups per year³⁴

Age groups	2025	2026	2027	2028	2029	2030	Growth from 2025 to 2030
0-4	17,343	17,193 (-0.9%)	17,257 (0.4%)	17,417 (0.9%)	17,546 (0.7%)	17,649 (0.6%)	306 (1.8%)
5-17	39,376	38,723 (-1.7%)	37,910 (-2.1%)	37,113 (-2.1%)	36,446 (-1.8%)	35,752 (-1.9%)	-3,625 (-9.2%)
18-24	31,137	31,940 (2.6%)	32,547 (1.9%)	32,909 (1.1%)	33,111 (0.6%)	33,491 (1.1%)	2,354 (7.6%)
25-39	119,256	119,281 ($<0.05\%$)	119,466 (0.2%)	119,724 (0.2%)	120,077 (0.3%)	120,422 (0.3%)	1,166 (1.0%)
40-55	66,459	66,088 (-0.6%)	65,828 (-0.4%)	65,574 (-0.4%)	65,480 (-0.1%)	65,499 ($<0.05\%$)	-960 (-1.4%)
56-65	30,586	31,190 (2.0%)	31,535 (1.1%)	31,953 (1.3%)	32,218 (0.8%)	32,313 (0.3%)	1,727 (5.6%)
66-79	23,053	23,614 (2.4%)	24,053 (1.9%)	24,656 (2.5%)	25,290 (2.6%)	26,058 (3.0%)	3,005 (13.0%)
80+	8,740	8,921 (2.1%)	9,339 (4.7%)	9,600 (2.8%)	9,864 (2.8%)	10,060 (2.0%)	1,320 (15.1%)

Between 2025 and 2030 the population of Wandsworth is projected to grow by 5,293 (1.57%). The largest growth is expected to be in those aged 80+, with an increase of 1,320 (15.1%). In contrast, the population change for children aged 5-17 is expected to be a reduction of 9.2%.

³³ Greater London Authority (GLA). Trend-led population projections – 2022-based 10-year trend central fertility. [Accessed May 2025] . <https://data.london.gov.uk/dataset/trend-based-population-projections>

³⁴ GLA. Trend-led population projections – 2022-based 10-year trend central fertility. [Accessed May 2025] . <https://data.london.gov.uk/dataset/trend-based-population-projections>

2.10.3 Number of households

There was a 13.2% increase in the number of households between 2021 and 2024 in Wandsworth from 137,400³⁵ to 155,490³⁶.

In 2043, the projected number of households in Wandsworth was expected to be 154,097, which is a 12.2% increase from the 2021 value. One person households will account for 33.5% and households with dependent children will account for 22.1%. This is the total projected number of households in the reference year based on the 2018-based projections.³⁷

Household projections are not an assessment of housing need and do not take account of future policies. They are an indication of the likely increase in households given the continuation of recent demographic trends.

Table 5: Net units with planning permission, commenced or completed by ward in 2023/24³⁸

Wards	Not started	Under construction	Completions
Balham	30	13	8
Battersea Park	131	148	2
East Putney	56	50	3
Falconbrook	1,681	137	1
Furzedown	60	56	20
Lavender	10	328	-73
Nine Elms	3,416	2,514	1,747
Northcote	10	17	6
Roehampton	800	64	7
Shaftesbury & Queenstown	15	78	5
South Balham	61	6	6
Southfields	47	11	6

³⁵ Wandsworth Borough Council. Census Data 2021 Wandsworth – p7. April 2023. [Accessed May 2025] <https://www.datawand.info/wp-content/uploads/2023/05/Census-2021-results-Wandsworth-APRIL-23-PUB.pdf>

³⁶ Wandsworth Borough Council. Housing Report for Wandsworth. [Accessed May 2025] <https://www.datawand.info/housing/#/view-report/85fe651fd2af40e0bf133770aaa91687/iaFirstFeature/G3>

³⁷ Local Government Association (LGA). Understanding Planning in Wandsworth. [Accessed May 2025] https://lginform.local.gov.uk/reports/view/lga-research/lga-research-report-understanding-planning-in-parent-area-label?mod-area=E09000032&mod-group=AllBoroughInRegion_London&mod-type=namedComparisonGroup#text-17

³⁸ Wandsworth Borough Council. Authority Monitoring Reports (AMRs) – Housing Trajectory and Summary Tables 2023/24. [Accessed May 2025] <https://www.wandsworth.gov.uk/planning-and-building-control/planning-policy/local-plan-monitoring/authority-monitoring-reports/>

Wards	Not started	Under construction	Completions
St Mary's	242	523	643
Thamesfield	154	10	31
Tooting Bec	29	11	-39
Tooting Broadway	129	68	36
Trinity	11	20	-3
Wandle	466	195	18
Wandsworth Common	93	370	215
Wandsworth Town	536	58	20
West Hill	27	19	1
West Putney	40	5	2
Total	8,044	4,701	2,662

2.10.4 Planned developments

The deliverable number of dwellings expected to complete over five years from March 2024 to 2029 is 12,056.

Wards	2024/25	2025/26	2026/27	2027/28	2028/29	Total 2024-29
Balham	19	7	8	8	2	43
Battersea Park	15	121	9	9	66	220
East Putney	53	22	9	13	6	102
Falconbrook	136	2	243	560	602	1,543
Furzedown	27	16	12	48	13	116
Lavender	22	1	318	3	2	346
Nine Elms	389	574	410	1,529	1,529	4,431
Northcote	10	12	3	3	1	27
Roehampton	47	17	16	271	277	627
Shaftesbury & Queenstown	63	22	4	37	34	160
South Balham	10	5	5	47	4	70
Southfields	13	13	8	13	6	53
St Mary's	539	16	97	76	116	844
Thamesfield	10	16	10	47	59	141
Tooting Bec	14	7	6	7	4	38
Tooting Broadway	65	63	27	32	13	201
Trinity	8	17	3	3	0	31

Wards	2024/25	2025/26	2026/27	2027/28	2028/29	Total 2024-29
Wandle	100	25	7	153	230	514
Wandsworth Common	58	107	239	30	29	463
Wandsworth Town	59	13	144	518	314	1,048
West Hill	19	5	3	12	46	84
West Putney	14	11	10	10	1	46
(blank)	177	177	177	177	199	907
Total	1,864	1,267	1,766	3,605	3,554	12,056

To note the largest number of developments planned for completion over the next five years (4,431) are located in Nine Elms. A new health centre is also planned to open in January 2026 within the ward.

2.10.5 Ethnicity

Table 6 shows the March 2021 ONS data for ethnicity.

Table 6: Ethnicity diversity, 2021³⁹

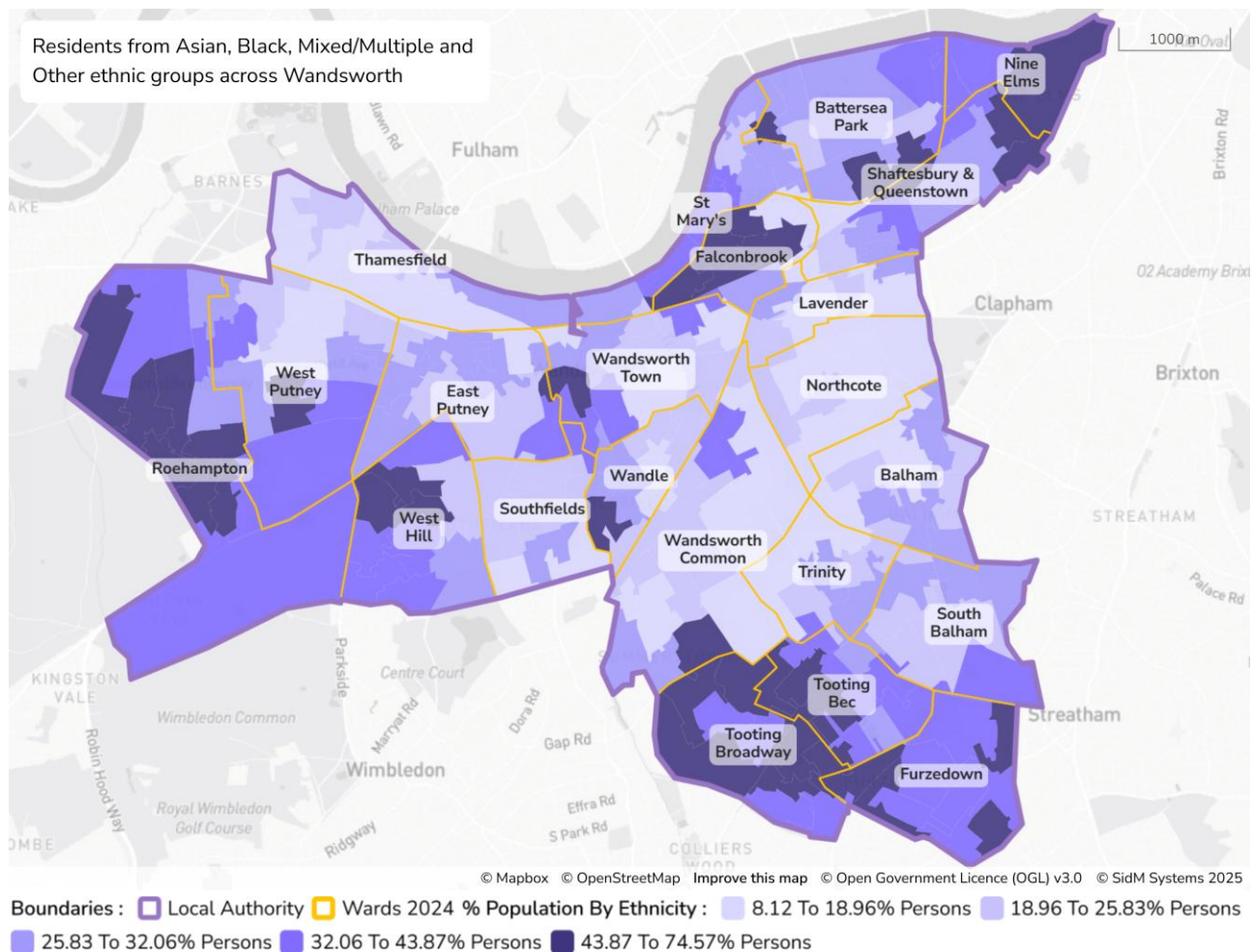
Area	White (%)	Asian (%)	Black, Black British, Black Welsh, Caribbean or African (%)	Mixed or Multiple ethnic groups (%)	Other ethnic group (%)
Wandsworth	67.8%	11.7%	10.1%	6.3%	4.1%
London	53.8%	20.7%	13.5%	5.7%	6.3%
England	81.7%	9.3%	4.0%	2.9%	2.1%

Wandsworth is less ethnically diverse than other London boroughs on average, but more diverse when compared to England.

- Compared to England, Wandsworth has a much lower proportion of White residents. Asian, Black, Black British, Black Welsh, Caribbean or African, mixed and other ethnic groups are all higher than the England average.
- Compared to London, Wandsworth has a higher proportion of White residents and a lower proportion of Asian, Black and Other ethnic groups. London has the highest levels of ethnic diversity in the country.

³⁹ ONS. TS021 – Ethnic group. March 2023. [Accessed May 2025]
<https://www.ons.gov.uk/datasets/TS021/editions/2021/versions/3>

Figure 3: Map of residents from Asian, Black, Mixed/ Multiple and Other ethnic groups across Wandsworth



2.10.6 Religion

Religious affiliations for Wandsworth are shown in Table 7 with the percentage of people who identified with a particular religious group, as defined by a set of census categories. The largest religious group in Wandsworth is Christian (42.6%), with 36.2% marking no religion.

Table 7: Religion comparison, 2021⁴⁰

Religion	Wandsworth	England
No religion	36.2%	36.7%
Christian	42.6%	46.3%
Buddhist	0.7%	0.5%
Hindu	2.0%	1.8%
Jewish	0.5%	0.5%

⁴⁰ ONS. TS030 – Religion. March 2023. [Accessed May 2025]
<https://www.ons.gov.uk/datasets/TS030/editions/2021/versions/3>

Religion	Wandsworth	England
Muslim	9.9%	6.7%
Sikh	0.3%	0.9%
Other religion	0.6%	0.6%
Not answered	7.2%	6.0%

Religion data supports culturally sensitive pharmaceutical services and helps ensure all communities have fair and appropriate access.

2.10.7 Household languages

Table 8 shows the proportion of households who have English as their main language across Wandsworth.

Table 8: Number of households with English as their main language⁴¹

Category	Count	Percentage
All adults in household	107,645	78.3%
At least one adult in household	13,023	9.5%
No people in household	3,148	2.3%
One person 3-15 years in household	13,577	9.9%

This data is a reflection of geographic variation in English language proficiency across the borough, which may be relevant when considering the accessibility of pharmaceutical and wider health services, particularly in wards with higher concentrations of households that do not use English as their main language.

2.10.8 Specific population groups

Table 9: Household in temporary accommodation⁴²

Area	Households in temporary accommodation (count and crude rate per 1,000) (June 2024)
Wandsworth	3,383 (21.76)
London	68,940 (18.84)
England	123,030 (5.08)

In June 2024, Wandsworth's temporary accommodation rate (21.76 per 1,000) was above both England's and London's. This group represents a vulnerable population whose circumstances may limit access to consistent care.

⁴¹ ONS 2021 Census through Nomis. TS025 - Household language. [Accessed May 2025]

<https://www.nomisweb.co.uk/datasets/c2021ts025>

⁴² GOV.UK. Tables on homelessness – Detailed local authority level tables: April to June 2024 (revised). [Accessed May 2025] <https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness>

Table 10: Children population⁴³

Area	Children (0-17 years) (count and percentage)
Wandsworth	58,342 (17.6%)
London	1,899,880 (21.2%)
England	11,998,646 (20.8%)

Children made up 17.6% of Wandsworth's population for the 2023 population estimate, lower than both London (21.2%) and England (20.8%). A lower than average child population lowers demand for pharmaceutical services related to vaccinations, minor ailments, oral health etc, however, the need will still be present.

Table 11: Less able/ disabled populations, 2021⁴⁴

Area	Disabled under the Equality Act population (count and percentage) (2021)
Wandsworth	37,444 (11.4%)
London	1,164,456 (13.2%)
England	9,774,510 (17.3%)

The 2021 census compared disability status, with respondents stating if they were disabled under the Equality Act 2010⁴⁵, with their day-to-day activities limited a little, or a lot.

In 2021, 11.4% of Wandsworth's population were disabled, lower than both London (13.2%) and England (17.3%). Individuals with disabilities often face barriers in accessing physical premises and services.

2.11 Deprivation

Deprivation is influenced by a range of factors including income, education, employment and access to services. People living in more deprived areas are more likely to experience poorer health outcomes such as low birthweight, cardiovascular disease, diabetes and cancer.

Index of Multiple Deprivation (IMD) data (2019) combines socioeconomic indicators to produce a relative socioeconomic deprivation score and include the domains of:

- Income.
- Employment.
- Health deprivation and disability.

⁴³ ONS. Mid-2023 population estimate. [Accessed April 2025]

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/dataset/estimatesofthepopulationforenglandandwales>

⁴⁴ ONS 2021 Census through Nomis. TS038-Disability. [Accessed May 2025]

<https://www.nomisweb.co.uk/datasets/c2021ts038>

⁴⁵ Legislation. Equality Act 2010. February 2025. [Accessed April 2025]

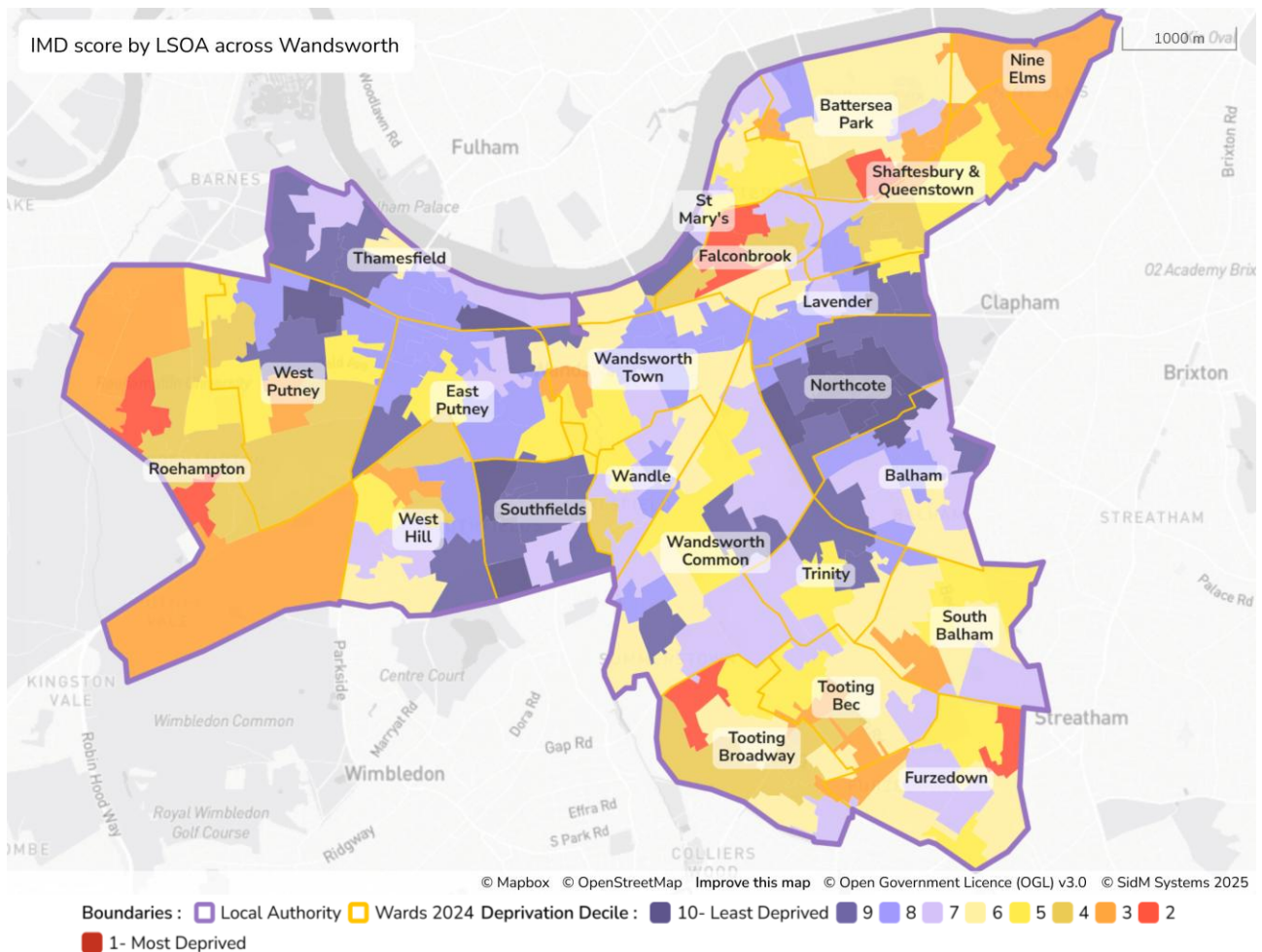
<https://www.legislation.gov.uk/ukpga/2010/15/contents>

- Education, skills and training.
- Barriers to housing and services.
- Crime.
- Living environment.

Income and employment domains carry the most weight in the overall IMD rank.

Wandsworth is ranked 167th out of a total of 317 local authorities in England, where 1 is the most deprived and 317 is the least deprived⁴⁶.

Figure 4: Map to show Index of Multiple Deprivation (IMD) score by Lower Super Output Area (LSOA) across Wandsworth



⁴⁶ Ministry of Housing, Communities & Local Government. IoD2019 Interactive Dashboard – Local Authority Focus. [Accessed May 2025]

<https://app.powerbi.com/view?r=eyJrIjoiTdJYzlyNTMtMTcxNi00YmQ2LWI1YzgtMTUyYzZMxOWQ3NzQ2liwiLCI6ImMzQ2ODEwLTljN2QtNDNkZS1hODcyLTl0YTJIZjM5OTVhOCJ9>

Table 12: Percentage of Wandsworth LSOAs by IMD- quintile ⁴⁷

Area	1 (Most deprived)	2	3	4	5 (Least deprived)
Wandsworth	5%	19%	31%	28%	18%
London	16%	30%	23%	18%	13%
England	20%	20%	20%	20%	20%

Overall, people living in Wandsworth borough experience relatively low levels of deprivation. 18% of the LSOAs in Wandsworth borough are in the least deprived 20% in England. Roehampton (especially west and southwest parts), Falconbrook, Shaftesbury & Queenstown, Parts of Nine Elms, areas within Tooting Broadway and Furzedown have the highest levels of deprivation. The least deprived areas consist of Northcote, Wandsworth Common, parts of Balham, Southfields, and West Putney and areas within Thamesfield and Trinity.

However, it is known that there are hidden pockets of deprivation existing within the borough. Deprivation is not experienced equally by different groups of people living in the same neighbourhood, for example between people of different ethnic groups. Residents that experience higher deprivation may have higher rates of long-term conditions, hospital admissions and preventable deaths, and a lower overall life expectancy.

2.12 Health of the population

Population health indicators provide a broad overview of health outcomes at national, regional and local levels. They are useful for identifying trends, making comparisons between areas and highlighting where further investigation may be needed. However, these indicators can lack detail by demographic or social group meaning that underlying health inequalities can be overlooked. Even at a local level, borough wide averages can mask significant variation between neighbourhoods. In addition, comparisons with national averages can be misleading. Performing better than the England average does not necessarily indicate good population health or suggest that no action is needed.

⁴⁷ Ministry of Housing, Communities & Local Government (2018 to 2021). English indices of deprivation 2019. September 2019. [Accessed May 2025] <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>

2.12.1 Life and healthy life expectancy

Life expectancy is a key measure of overall population health. It highlights health inequalities, supports planning of services, helps track progress, and guides where resources should be focused to improve outcomes.

Table 13: Life expectancy at birth (years), 2021-2023

Area	Male ⁴⁸	Female ⁴⁹
Wandsworth	80.3	84.6
London	79.8	84.1
England	79.1	83.1

Between 2021 and 2023, male and female life expectancy in Wandsworth was slightly higher than both London and England averages. Healthy life expectancy, as shown in Table 14, also showed values higher for both males and females when compared to London and national averages.

Healthy life expectancy measures how many years people are expected to live in good health. It helps identify health inequalities, supports planning for care and prevention, and shows how long people can live without serious illness or disability.

Table 14: Healthy life expectancy at birth (years), 2021-2023

Area	Male ⁵⁰	Female ⁵¹
Wandsworth	65.9	66.4
London	63.9	64.0
England	61.5	61.9

⁴⁸ DHSC. Life expectancy at birth (Male, 3 year range). 2021-23. [Accessed June 2025] <https://fingertips.phe.org.uk/search/life%20expectancy#page/1/gid/1/pat/6/ati/502/are/E09000032/iid/90362/age/1/sex/1/cat/-1/ctp/-1/yr/3/cid/4/tbm/1>

⁴⁹ DHSC. Life expectancy at birth (Female, 3 year range). 2021-23. [Accessed June 2025] <https://fingertips.phe.org.uk/search/life%20expectancy#page/1/gid/1/pat/6/ati/502/are/E09000032/iid/90362/age/1/sex/1/cat/-1/ctp/-1/yr/3/cid/4/tbm/1>

⁵⁰ DHSC. Healthy life expectancy at birth (Male). 2021-23. [Accessed June 2025] <https://fingertips.phe.org.uk/search/life%20expectancy#page/1/gid/1/pat/6/ati/502/are/E09000032/iid/90362/age/1/sex/1/cat/-1/ctp/-1/yr/3/cid/4/tbm/1>

⁵¹ DHSC. Healthy life expectancy at birth (Female). 2021-23. [Accessed June 2025] <https://fingertips.phe.org.uk/search/life%20expectancy#page/1/gid/1/pat/6/ati/502/are/E09000032/iid/90362/age/1/sex/1/cat/-1/ctp/-1/yr/3/cid/4/tbm/1>

2.12.2 Health behaviours

Table 15: Lifestyle information⁵²

Indicator	Wandsworth	London	England
Smoking (PHOF Smoking Prevalence in adults (aged 18 and over) – current smokers (APS) 2023 ⁵³	7.8%	11.7%	11.6%
Overweight (including obesity*) (PHOF Overweight prevalence in adults, (using adjusted self-reported height and weight) 2023/24 ⁵⁴	56.0%	57.8%	64.5%
Alcohol misuse: Hospital admissions from alcohol-related conditions (broad) (persons) (standardised rate per 100,000) 2023/24 ⁵⁵	1,762	1,724	1,824
Substance misuse: Deaths from drug misuse (standardised rate per 100,000) 2021-23 ⁵⁶	2.8	3.8	5.5
Dental caries: Hospital admissions for dental caries (0-5 years) (crude rate per 100,000) 2020/21 - 2022/23 ⁵⁷	230.5	290.5	207.2

*Obesity is defined as a person with a BMI greater than or equal to 30 kg/m² (27.5 kg/m² for those of the following family background: South Asian, Chinese, other Asian, Middle Eastern, Black African or African – Caribbean).

Summary of health behaviour indicators:

- Smoking: Wandsworth's smoking prevalence (12.3%) is lower than England (14.7%).

⁵² DHSC. Quality and Outcomes Framework (QOF) data via Fingertips. [Accessed May 2025] <https://fingertips.phe.org.uk/>

⁵³ Office for Health Improvement & Disparities. Public Health Outcomes Framework (PHOF) – at a glance summary. May 2025. [Accessed June 2025] <https://fingertips.phe.org.uk/static-reports/public-health-outcomes-framework/at-a-glance/E09000027.html?area-name=Richmond%20upon%20Thames>

⁵⁴ DHSC. Obesity. PHOF Overweight (including obesity) prevalence in adults, (using adjusted self-reported height and weight). [Accessed May 2025] <https://fingertips.phe.org.uk/static-reports/public-health-outcomes-framework/at-a-glance/E09000027.html?area-name=Richmond%20upon%20Thames>

⁵⁵ DHSC. Admission episodes for alcohol-related conditions (Broad) (Persons) Directly standardised rate – per 100,000. [Accessed May 2025] <https://fingertips.phe.org.uk/search/alcohol#page/4/gid/1/pat/15/ati/502/are/E09000032/iid/93765/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

⁵⁶ DHSC. Deaths from drug misuse (Persons) Directly standardised rate -per 100,000. [Accessed May 2025] <https://fingertips.phe.org.uk/mortality-profile#page/4/gid/1938133058/pat/6/ati/502/are/E09000032/iid/92432/age/1/sex/4/cat/-1/ctp/-1/yr/3/cid/4/tbm/1>

⁵⁷ DHSC. Hospital admissions for dental caries (0-5 years) Crude rate – per 100,000. [Accessed May 2025] <https://fingertips.phe.org.uk/search/Hospital%20admissions%20for%20dental%20caries#page/4/gid/1/pat/6/ati/501/are/E09000032/iid/93479/age/247/sex/4/cat/-1/ctp/-1/yr/3/cid/4/tbm/1>

- Overweight (including obesity): At 56.0%, Wandsworth's obesity rate is much lower than both London (57.8%) and England (64.5%).
- Alcohol-related hospital admissions: Wandsworth's rate (1,762 per 100,000) is similar to London (1,724) and lower than England (1,824).
- Drug misuse deaths: Wandsworth reports 2.8 per 100,000, lower than London (3.8) and England (5.5).
- Dental caries (ages 0–5): Wandsworth's admission rate (230.5 per 100,000) is lower than London (290.5), but higher than England (207.2).

Wandsworth generally performs better than national and regional averages on these indicators.

Table 16: Sexual health in Wandsworth

Indicator	Wandsworth	London	England
Chlamydia detection rate per 100,000 (aged 15-24) (Persons) (2024) ⁵⁸	1,742	1,457	1,250
HIV diagnosed prevalence rate per 1,000 (aged 15-49) (2024) ⁵⁹	4.67	5.25	2.40
New STI diagnoses (excluding chlamydia, under 25 years) per 100,000 (2024) ⁶⁰	1,605	1,182	482
Rate of total prescribed Long-Acting Reversible Contraception (LARC) (excluding injections) rate per 1,000 (2023) ⁶¹	42.9	33.6	43.5
Under-18 conception rate per 100,000 (2021) ⁶²	7.7	9.5	13.1

The following was noted for Wandsworth:

- Has much higher chlamydia detection rates per 100,000 compared to England.

⁵⁸ DHSC. Chlamydia detection rate per 100,000 (aged 15-24) (Persons). 2023. [Accessed May 2025]
<https://fingertips.phe.org.uk/search/chlamydia#page/4/gid/1/pat/6/ati/502/are/E09000032/iid/91514/age/156/sx/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

⁵⁹ DHSC. HIV diagnosed (excluding chlamydia under 25 years) per 100,000. 2023 [Accessed May 2025]
<https://fingertips.phe.org.uk/search/hiv#page/4/gid/1/pat/6/ati/501/are/E09000032/iid/90790/age/238/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

⁶⁰ DHSC. New STI diagnoses (excluding chlamydia under 25 years) per 100,000. 2023 [Accessed May 2025]
<https://fingertips.phe.org.uk/search/New%20STI%20diagnoses#page/4/gid/1/pat/6/ati/501/are/E09000032/iid/91306/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

⁶¹ DHSC. Rate of total prescribed Long-Acting Reversible Contraception (LARC) (excluding injections) rate per 1,000. 2023 [Accessed May 2025]
<https://fingertips.phe.org.uk/search/contraception#page/1/gid/1/pat/6/ati/502/are/E09000032/iid/91819/age/1/sex/2/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

⁶² DHSC. Under-18 conception rate per 100,000 (2021). 2021 [Accessed May 2025]
<https://fingertips.phe.org.uk/search/conception#page/4/gid/1/pat/6/ati/501/are/E09000027/iid/20401/age/173/sex/2/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

- Human Immunodeficiency Virus (HIV) diagnosed prevalence rate per 1,000 is also higher than the England's average, but lower than London's.
- Sexually Transmitted Infections (STIs) diagnosis was much higher than the England level and higher than the London level.
- The rate of Long-Acting Reversible Contraception (LARC) prescribing per 1,000 was slightly lower compared to the level in England, but higher than that in London.
- Under-18 conception per 100,000 was lower than the national and regional rates.

Data demonstrates higher levels of sexual health service usage than national average.

2.13 Burden of disease

Nationally, long-term conditions are more prevalent in people over the age of 60 (58%) compared with people under the age of 40 (14%), and in people in more deprived groups, with those in the poorest social class having a 60% higher prevalence than those in the richest social class and 30% more severity of disease.⁶³

Table 17 and Table 18 show the Quality and Outcomes Framework (QOF) prevalence for Wandsworth. QOF data shows recorded prevalence, therefore the anticipated prevalence may be higher with unmet need for the conditions which contribute to premature mortality. For example, low rates may mean good health and health outcomes or poor case finding, reporting and coding at GP Practice level.

2.13.1 Long term conditions

Wandsworth's GP practice disease register data shows that the borough generally has lower or significantly lower prevalence rates of long-term conditions than London and than the national averages, in line with a younger population.

Table 17: Percentage of patients recorded on GP practice disease registers for long term conditions (2023/24)⁶⁴

Condition	Wandsworth	London	England
Heart failure ⁶⁵	0.5%	0.6%	1.1%
Stroke ⁶⁶	0.9%	1.1%	1.9%

⁶³ The King's Fund. Long-term conditions and multi-morbidity. 2012-2013. [Accessed May 2025] <https://www.kingsfund.org.uk/insight-and-analysis/articles/time-to-think-differently-disease-disability#long-term-conditions-and-multi-morbidity>

⁶⁴ NHSE. Quality and Outcomes Framework guidance for 2024/25 (QOF). April 2024. [Accessed May 2025] <https://www.england.nhs.uk/publication/quality-and-outcomes-framework-guidance-for-2024-25/>

⁶⁵ DHSC. Fingertips Public health profiles – Heart Failure: QOF prevalence (All ages). [Accessed May 2025] <https://fingertips.phe.org.uk/search/Heart%20Failure#page/4/gid/1/pat/6/ati/502/are/E09000032/iid/262/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

⁶⁶ DHSC. Fingertips Public health profiles – Stroke: QOF prevalence Proportion - %. [Accessed May 2025] <https://fingertips.phe.org.uk/search/stroke#page/4/gid/1/pat/6/ati/501/are/E09000032/iid/212/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

Condition	Wandsworth	London	England
CHD ⁶⁷	1.4%	1.9%	3.0%
Atrial fibrillation ⁶⁸	1.0%	1.1%	2.2%
Hypertension ⁶⁹	8.7%	11.1%	14.8%
PAD ⁷⁰	0.2%	0.3%	0.6%
Asthma ⁷¹	4.5%	4.7%	6.5%
COPD ⁷²	0.8%	1.0%	1.9%
Diabetes ⁷³	4.7%	7.0%	7.7%
Rheumatoid arthritis ⁷⁴	0.5%	0.5%	0.8%

Summary of long-term conditions indicators across Wandsworth:

- Heart failure: Wandsworth (0.5%) has a similar value as to the regional value and a lower prevalence to the England average (1.1%).
- Stroke: Slightly lower at 0.9% than the region (1.1%) and lower than the England average (1.9%).
- Coronary Heart Disease (CHD): Wandsworth (1.4%) is lower than both the London (1.9%) and the England average (3.0%).

⁶⁷ DHSC. Fingertips Public health profiles – CHD: QOF prevalence. [Accessed May 2025]

<https://fingertips.phe.org.uk/search/CHD#page/4/gid/1/pat/6/ati/501/are/E09000032/iid/273/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

⁶⁸ DHSC. Fingertips Public health profiles – Atrial Fibrillation: QOF prevalence (All ages). [Accessed May 2025]

<https://fingertips.phe.org.uk/search/Atrial%20fibrillation#page/4/gid/1/pat/6/ati/502/are/E09000032/iid/280/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

⁶⁹ DHSC. Fingertips Public health profiles – Hypertension: QOF prevalence. [Accessed May 2025]

<https://fingertips.phe.org.uk/search/hypertension#page/4/gid/1/pat/6/ati/502/are/E09000032/iid/219/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

⁷⁰ DHSC. PAD: Quality and Outcomes Framework (data downloaded for all area types for PAD: QOF prevalence) NHS England via Department for Health & Social Care (2024). [Accessed May 2025]

<https://fingertips.phe.org.uk/search/PAD#page/9/gid/1/ati/15/iid/92590/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

⁷¹ DHSC. Fingertips Public health profiles – Asthma: QOF prevalence (6+ yrs). [Accessed May 2025]

<https://fingertips.phe.org.uk/search/Asthma#page/4/gid/1/pat/6/ati/501/are/E09000032/iid/90933/age/314/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

⁷² DHSC. Fingertips Public health profiles – COPD: QOF prevalence. [Accessed May 2025]

<https://fingertips.phe.org.uk/search/COPD#page/4/gid/1/pat/6/ati/501/are/E09000032/iid/253/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/eng-vo-1>

⁷³ DHSC. Fingertips Public health profiles – Diabetes: QOF prevalence. [Accessed May 2025]

<https://fingertips.phe.org.uk/search/diabetes#page/4/gid/1/pat/6/ati/502/are/E09000032/iid/241/age/187/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

⁷⁴ DHSC. Fingertips. Public health profiles – Rheumatoid Arthritis: QOF prevalence Crude rate - %. [Accessed May 2025]

<https://fingertips.phe.org.uk/search/Rheumatoid%20Arthritis#page/4/gid/1/pat/6/ati/501/are/E09000029/iid/91269/age/164/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

- Atrial fibrillation: Prevalence in Wandsworth (1.0%) is similar to the regional value (1.1%) and lower than the England value (2.2%).
- Hypertension: Wandsworth (8.7%) is lower than both the London average (11.1%) and lower than the national (14.8%) average.
- Peripheral Arterial Disease (PAD): Prevalence (0.2%) is similar to the regional (0.3%) and lower than the national average (0.6%).
- Asthma: Wandsworth (4.5%) is slightly lower than the regional value (4.7%) and lower than the national average (6.5%).
- Chronic Obstructive Pulmonary Disease (COPD): Prevalence is lower in Wandsworth (0.8%) compared to the national average (1.9%), but equal to the regional average.
- Diabetes: Wandsworth (4.7%) is lower than both the England value (7.7%) and the regional average (7.0%).
- Rheumatoid Arthritis: Wandsworth (0.5%) is higher than the regional average (0.5%) and slightly lower than the England average (0.8%).

Cancer data is not available for 2023/24 period. The latest data is from 2018, where Wandsworth's rate of cancers diagnosed at stages 1 and 2 was 60.8%, which was the highest in London and also above the national average. More recent data for 2020/21 is only available at SWL ICB level.⁷⁵

The lower percentages of patients on GP disease registers for long-term conditions compared to both London and England averages is likely influenced by the borough's younger age profile, which results in a lower burden of age-related conditions such as coronary heart disease, hypertension, stroke, and diabetes. These trends suggest current demand for long-term condition management may be lower than elsewhere, but also the importance of prevention and early detection as the population ages.

2.13.2 Mental health

Wandsworth has a lower recorded prevalence of several mental health-related conditions compared to both regional and national averages.

Table 18: Percentage of patients recorded on GP Practice disease registers for conditions that affect mental health (2023/24)

Condition	Wandsworth	London	England
Learning disability: QOF prevalence ⁷⁶	0.4%	0.5%	0.6%

⁷⁵ Wandsworth Borough Council. JSNA Live Well – Long term conditions [Accessed June 2025] <https://wandsworth.gov.uk/health-and-social-care/public-health/public-health-publications/jsna/jsna-live-well-long-term-conditions/#3. Cancer>

⁷⁶ DHSC. Fingertips Public health profiles – Learning disability: QOF prevalence (All ages). [Accessed May 2025] <https://fingertips.phe.org.uk/search/learning%20disability#page/4/gid/1938132702/pat/6/ati/502/are/E09000032/iid/200/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

Condition	Wandsworth	London	England
Depression: QOF incidence ⁷⁷	1.3%	1.3%	1.5%
Epilepsy: QOF prevalence ⁷⁸	0.5%	0.5%	0.8%
Dementia: QOF prevalence ⁷⁹	0.4%	0.5%	0.8%
Mental health (all ages): QOF prevalence ⁸⁰	1.0%	1.1%	1.0%

Summary of mental health indicators across Wandsworth:

- Learning disability: Wandsworth (0.4%) is lower than the national average (0.6%) and the regional average (0.5%).
- Depression: Wandsworth (1.3%) is lower than both the national (1.5%) and regional average (1.3%).
- Epilepsy: The rate (0.5%) is the lower than the national average and the same as the regional average.
- Dementia: Wandsworth (0.4%) has a value lower than the national (0.8%), and the regional average (0.5%).
- Mental health (all ages): All have similar prevalences, (1.0% for Wandsworth, 1.0% for England and 1.1%, for London).

Overall, while age-linked conditions like dementia are less prevalent, there remains a steady need for accessible mental health support, particularly for younger adults.

⁷⁷ DHSC. Fingertips Public health profiles – Depression: QOF incidence – new diagnosis (18+ yrs) Crude rate -%. [Accessed May 2025]

<https://fingertips.phe.org.uk/search/Depression#page/4/gid/1938132915/pat/6/ati/502/are/E09000032/iid/90646/age/168/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

⁷⁸ DHSC. Fingertips Public health profiles – Epilepsy: QOF prevalence (18+ yrs) Proportion - % (data downloaded for all area types for Epilepsy: QOF prevalence). [Accessed May 2025]

<https://fingertips.phe.org.uk/search/qof%20epilepsy#page/9/gid/1/pat/159/par/K02000001/ati/15/are/E92000001/iid/224/age/168/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

⁷⁹ DHSC. Fingertips Public health profiles – Dementia QOF prevalence Proportion - %. [Accessed May 2025]

<https://fingertips.phe.org.uk/search/dementia#page/4/gid/1/pat/6/ati/502/are/E09000032/iid/247/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

⁸⁰ DHSC. Fingertips Public health profiles – Mental health (all ages) Proportion - %. [Accessed May 2025]

<https://fingertips.phe.org.uk/search/mental%20health#page/4/gid/1/pat/6/ati/502/are/E09000032/iid/90581/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

Section 3: NHS pharmaceutical services provision, currently commissioned

3.1 Overview

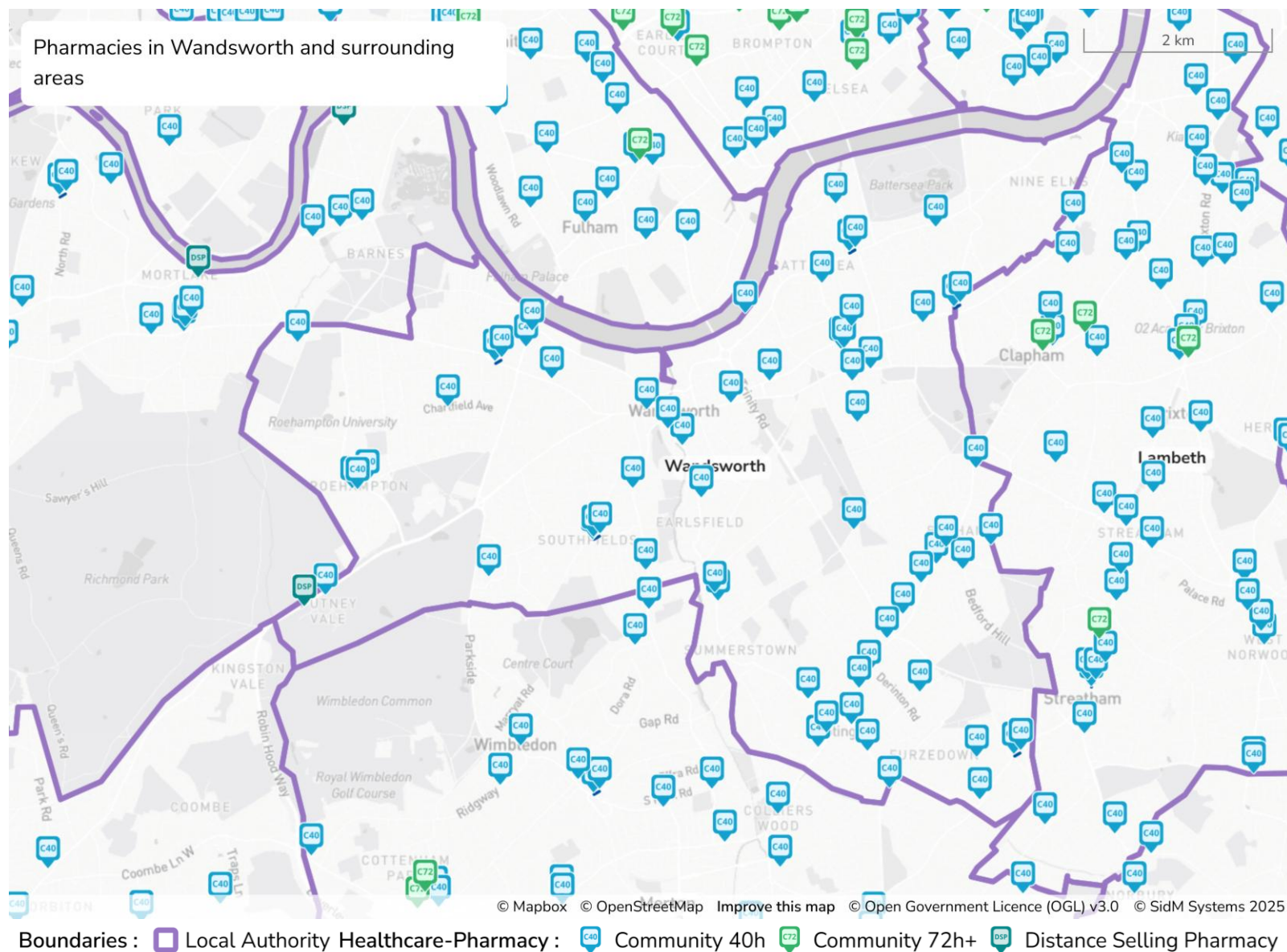
There are a total of 60 pharmacy contractors in Wandsworth.

Table 19: Contractor type and number in Wandsworth

Type of contractor	Number
40-hour community pharmacies (including the PhAS)	59
72-hour plus community pharmacies	0
Distance Selling Pharmacies (DSPs)	1
Local Pharmaceutical Service (LPS) providers	0
Dispensing Appliance Contractors (DACs)	0
Dispensing GP Practices	0
Total	60

A list of all contractors in Wandsworth and their opening hours can be found in Appendix A. Figure 5 below shows all contractor locations within Wandsworth.

Figure 5: Map of pharmacies in Wandsworth and surrounding areas



3.2 Community pharmacies

Table 20: Number of community pharmacies in Wandsworth

Number of community pharmacies	Population of Wandsworth	Ratio of pharmacies per 100,000 population*
60 (includes 1 DSP)	331,456	18.1

Correct as of May 2025.

Community pharmacies are described in [Section 1.5.1.1](#). There are 60 community pharmacies in Wandsworth. Although the overall number remains unchanged from the previous PNA, there is now one fewer 40-hour contract community pharmacy, while Wandsworth has gained an additional distance-selling pharmacy.

The Wandsworth average of 18.1 community pharmacies per 100,000 population is slightly higher than the England rate of 18.0, and is in line with the average amongst the South West London boroughs.

Both the national and local averages have reduced in the last few years due to a combination of increasing population growth and closures nationwide, although only one closure has happened in Wandsworth since the previous PNA.

[Section 1.2](#) noted the level of national community pharmacy closures due to funding challenges and workforce pressures.

Table 21 below shows the change in the numbers of pharmacies over recent years compared with regional and national averages.

Table 21: Number of community pharmacies per 100,000 population

Area	2022	2025
Wandsworth	18.3	18.1
England	20.6	18.0

Source for England data: ONS 2023 mid-year population estimate and NHS Business Services Authority (BSA) for number of pharmacies.

[Section 1.5.5.1](#) lists the Essential Services of the pharmacy contract. It is assumed that provision of all these services is available from all contractors. Further analysis of the pharmaceutical service provision and health needs is explored in [Section 6](#).

Analysis of dispensing data has highlighted out approximately 357,529 prescription items dispensed each month (between September 2024 – January 2025), accounting for an average of 5,959 items per community pharmacy in Wandsworth.⁸¹ This is lower than the England average of 7,109 items per pharmacy monthly.⁸²

⁸¹ NHS Business Services Authority (BSA). Dispensing Contractors' Data Sept 24 – Jan 25. [Accessed May 2025] <https://www.nhsbsa.nhs.uk/prescription-data/dispensing-data/dispensing-contractors-data>

⁸² NHS BSA. General Pharmaceutical Services in England 2015-16 – 2023-24. October 2024. [Accessed May 2025] <https://www.nhsbsa.nhs.uk/statistical-collections/general-pharmaceutical-services-england/general-pharmaceutical-services-england-2015-16-2023-24>

3.3 Distance-Selling Pharmacies (DSPs)

Distance-Selling Pharmacies are described in [Section 1.5.1.2](#). There is one DSP in Wandsworth, which is an increase of one when compared to the 2023 PNA. Full details can be found in Appendix A.

3.4 Dispensing Appliance Contractors (DACs)

Dispensing Appliance Contractors are described in [Section 1.5.2](#). There are no DACs in the area.

As part of the Essential Services of appliance contractors, a free delivery service is available to all patients. It is therefore likely that patients will obtain appliances delivered from DACs outside Wandsworth.

There are 111 DACs in England⁸³.

3.5 Dispensing GP practices

Dispensing GP practices are described in [Section 1.5.3](#).

There are no dispensing GP practices in Wandsworth.

3.6 Local Pharmaceutical Service (LPS) providers

LPS providers are described in [Section 1.5.1.4](#).

There are no LPS pharmacies in Wandsworth.

3.7 Pharmacy Access Scheme (PhAS) pharmacies

The Pharmacy Access Scheme is described in [Section 1.5.1.3](#).

There is one PhAS provider in Wandsworth and details can be found in Appendix A.

3.8 Pharmaceutical service provision provided from outside Wandsworth

London has a transient population with good transport links therefore populations may therefore find community pharmacies in the neighbouring seven boroughs more accessible and/ or more convenient. Neighbouring areas include Merton, Lambeth, Westminster, Kensington and Chelsea, Hammersmith and Fulham, Richmond and Kingston. The Thames acts as a natural boundary to certain areas; however, they remain well connected via road networks and London public transport services.

It is not practical to list here all those pharmacies outside Wandsworth area by which Wandsworth residents will access pharmaceutical services. A number of providers lie within close proximity to the borders of Wandsworth area boundaries as shown in Figure 5 in [Section 3.1](#). Further analysis of cross-border provision is undertaken in [Section 6](#).

Total items dispensed by Wandsworth GPs between March 2024 and February 2025 (financial period) was 5,401,166. Of these items, 86% were dispensed by pharmacies in Wandsworth, and 14% dispensed in pharmacies outside Wandsworth.

⁸³ NHS BSA. Dispensing contractors' data. [Accessed May 2025] <https://www.nhsbsa.nhs.uk/prescription-data/dispensing-data/dispensing-contractors-data>

It should also be noted that Wandsworth pharmacies can be accessed by residents in neighbouring boroughs, and a total of 600,625 items were prescribed outside Wandsworth and dispensed by Wandsworth pharmacies in the same period 2024/25.

3.9 Access to community pharmacies

Community pharmacies in Wandsworth are particularly located around areas with a higher density of population and higher levels of deprivation, as seen in the maps below. Many also provide extended opening hours and/ or open at weekends.

Figure 6: Map of pharmacies in Wandsworth with population density by LSOA

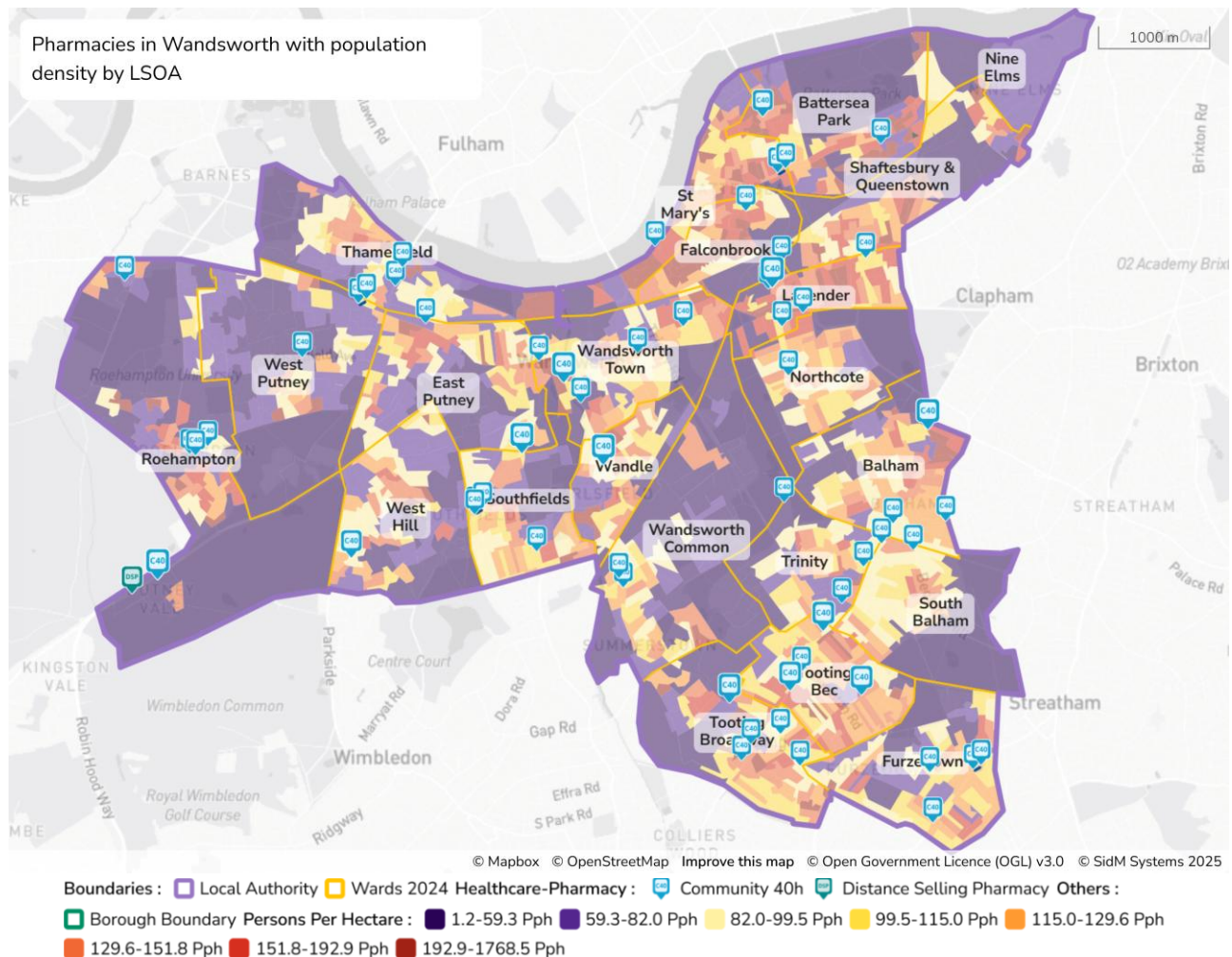
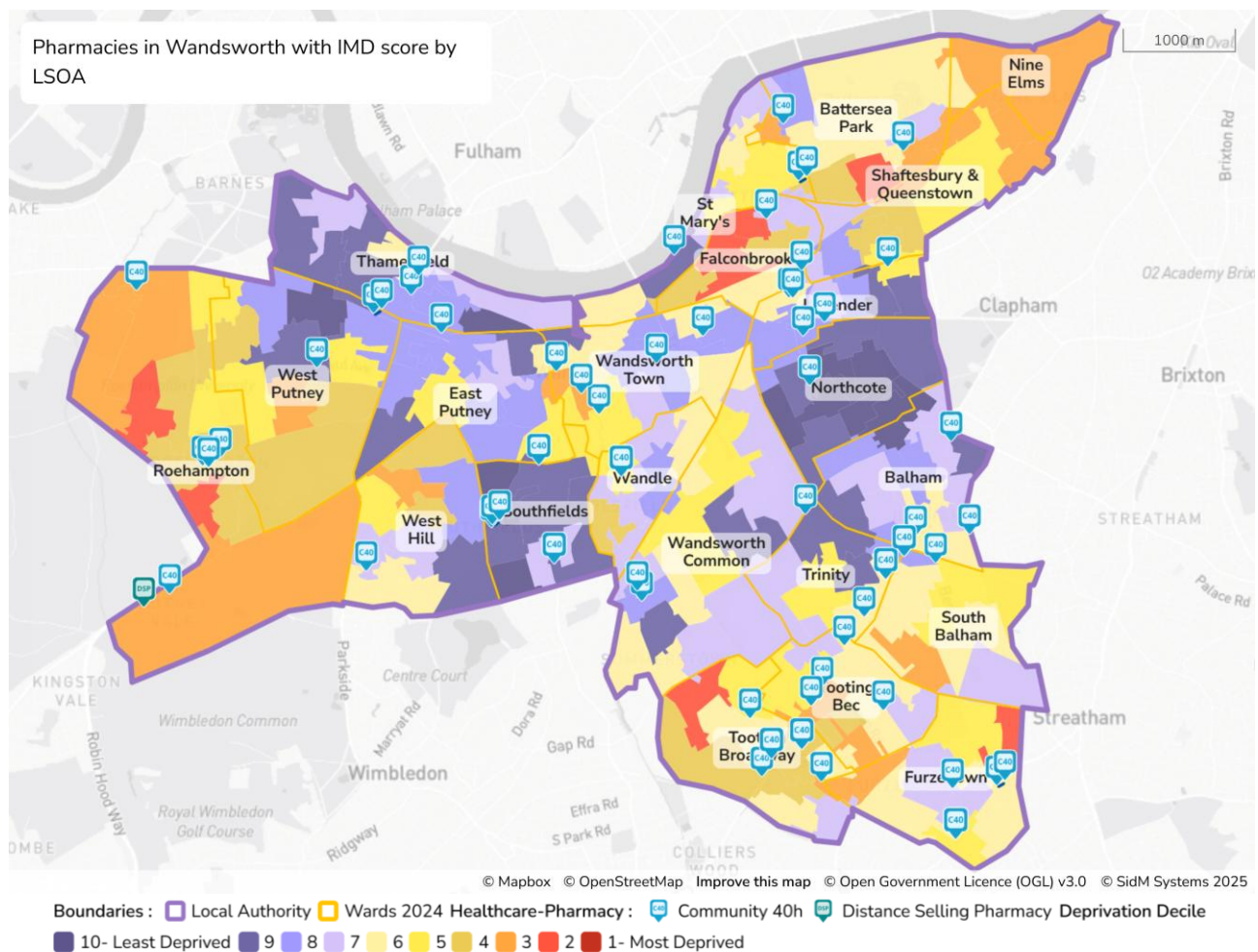


Figure 7: Map of pharmacies in Wandsworth with IMD score by LSOA



A previously published article⁸⁴ suggests:

- 89% of the population in England has access to a community pharmacy within a 20-minute walk.
- This falls to 14% in rural areas.
- Over 99% of those in areas of highest deprivation are within a 20-minute walk of a community pharmacy.

The same study found that access is greater in areas of high deprivation. Higher levels of deprivation are linked with increased premature mortality rates and therefore greater health needs.

While this is based on a relatively old publication, it still remains a useful reference in the absence of more recent data.

A list of community pharmacies in Wandsworth and their opening hours can be found in Appendix A.

⁸⁴ Todd A, Copeland A, Husband A. The positive pharmacy care law: an area-level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England. BMJ Open 2014, Vol. 4, Issue 8. <http://bmjopen.bmj.com/content/4/8/e005764.full.pdf%20html>

3.9.1 Travel analysis

3.9.1.1 Car or van availability

Census 2021 data shows that the overall percentage of households who have access to at least one car or van is 52.1% in Wandsworth compared to 57.9% in London and 76.5% in England.⁸⁵

Table 22: Percentage of households across Wandsworth with access to at least one car or van

Area	% of households with access to at least one car or van
Wandsworth	52.1%
London	57.9%
England	76.5%

3.9.1.2 Travel time to pharmacy

The following maps and table below show travel times to community pharmacies using a variety of options. The methodology is described in Appendix E. Please note that some areas on the maps may appear in white, indicating travel times of over 30 minutes. However, many of these areas where more than 20 minutes of travel is required are non-residential, such as parks and green open spaces.

Table 23: Time to pharmacy and population coverage (%) with various methods of transportation across Wandsworth

Transport	0-10 minutes	0-20 minutes	0-30 minutes
Walking	77.6%	99.7%	99.8%
Driving (peak)	99.7%	99.8%	100%
Driving (off-peak)	99.7%	100%	100%
Public transport (peak)	78.4%	99.4%	100%
Public transport (off-peak)	79.1%	99.8%	100%

⁸⁵ ONS. 2021 Census Profile for areas in England and Wales. [Accessed May 2025] [2021 Census Profile for areas in England and Wales - Nomis \(nomisweb.co.uk\)](https://nomisweb.co.uk)

Figure 8: Average walk times to community pharmacies in Wandsworth

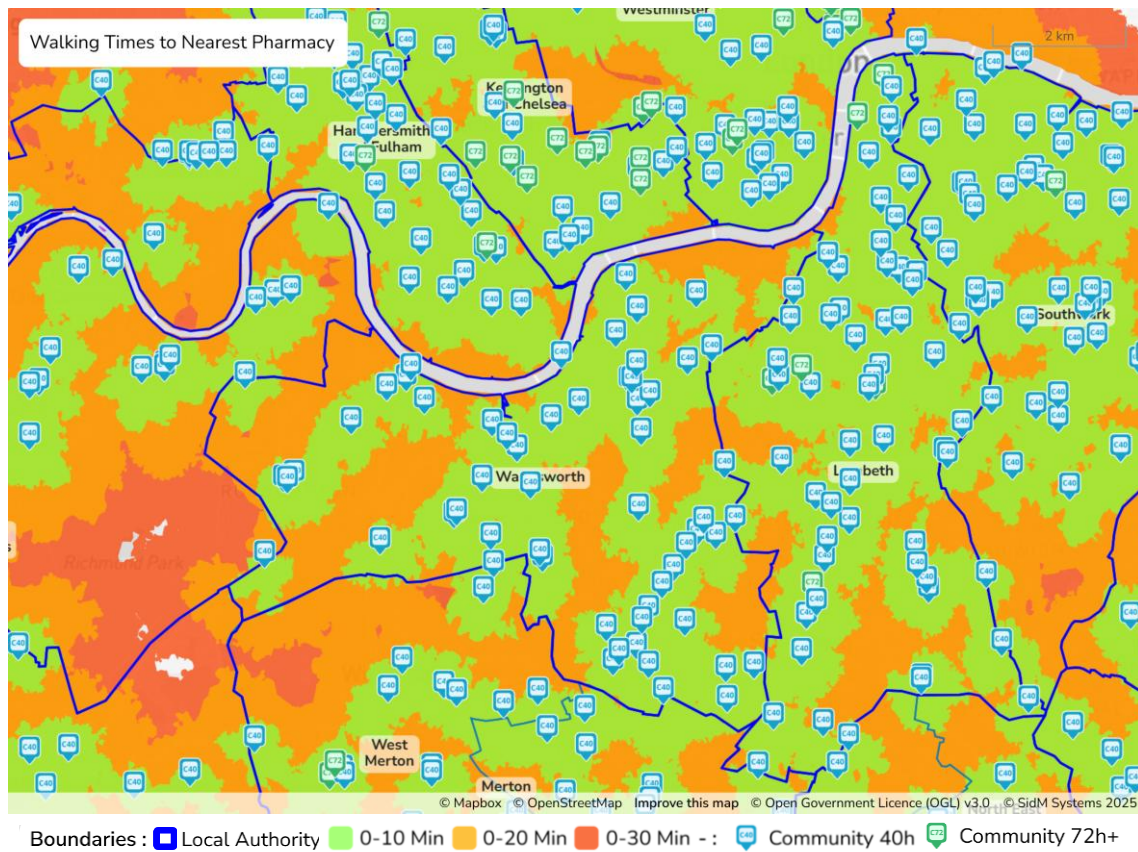


Figure 9: Time to the nearest pharmacy with private transport in Wandsworth (off peak)

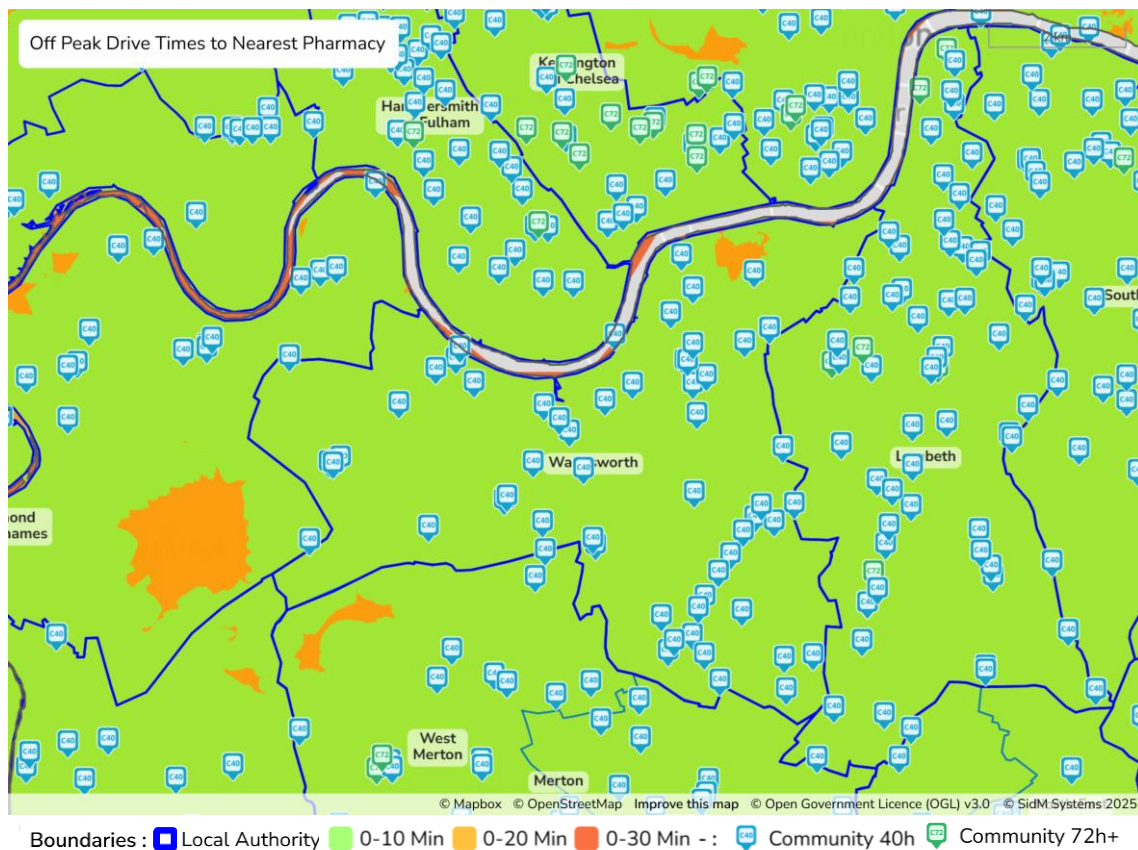


Figure 10: Time to the nearest pharmacy with private transport in Wandsworth (peak)

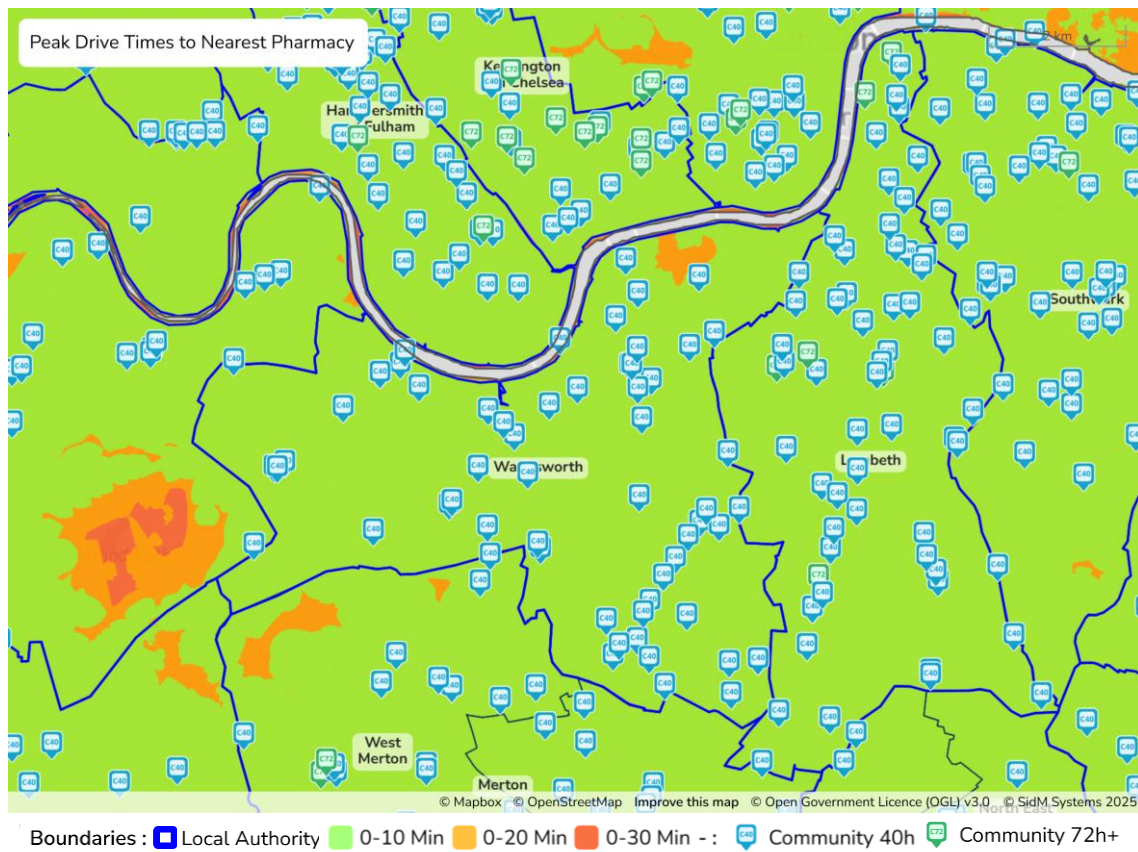


Figure 11: Public transport times to the nearest pharmacy in Wandsworth (off peak)

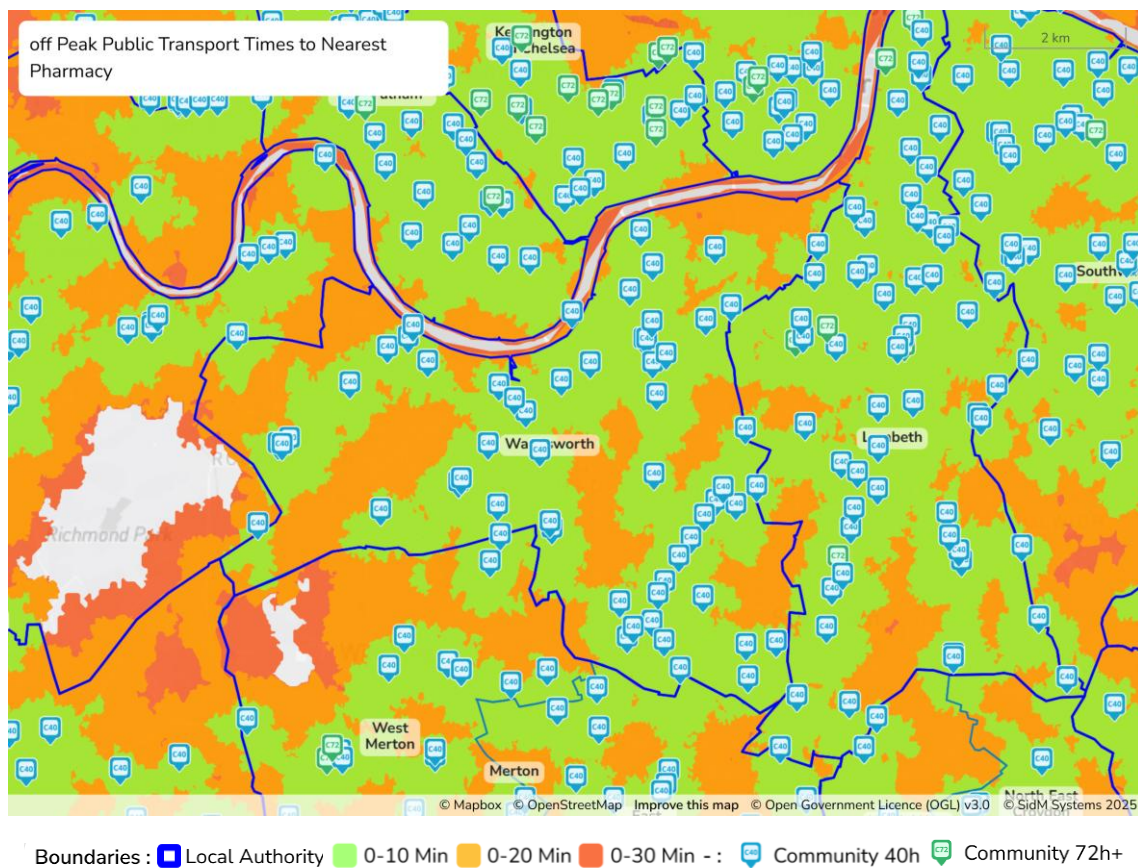
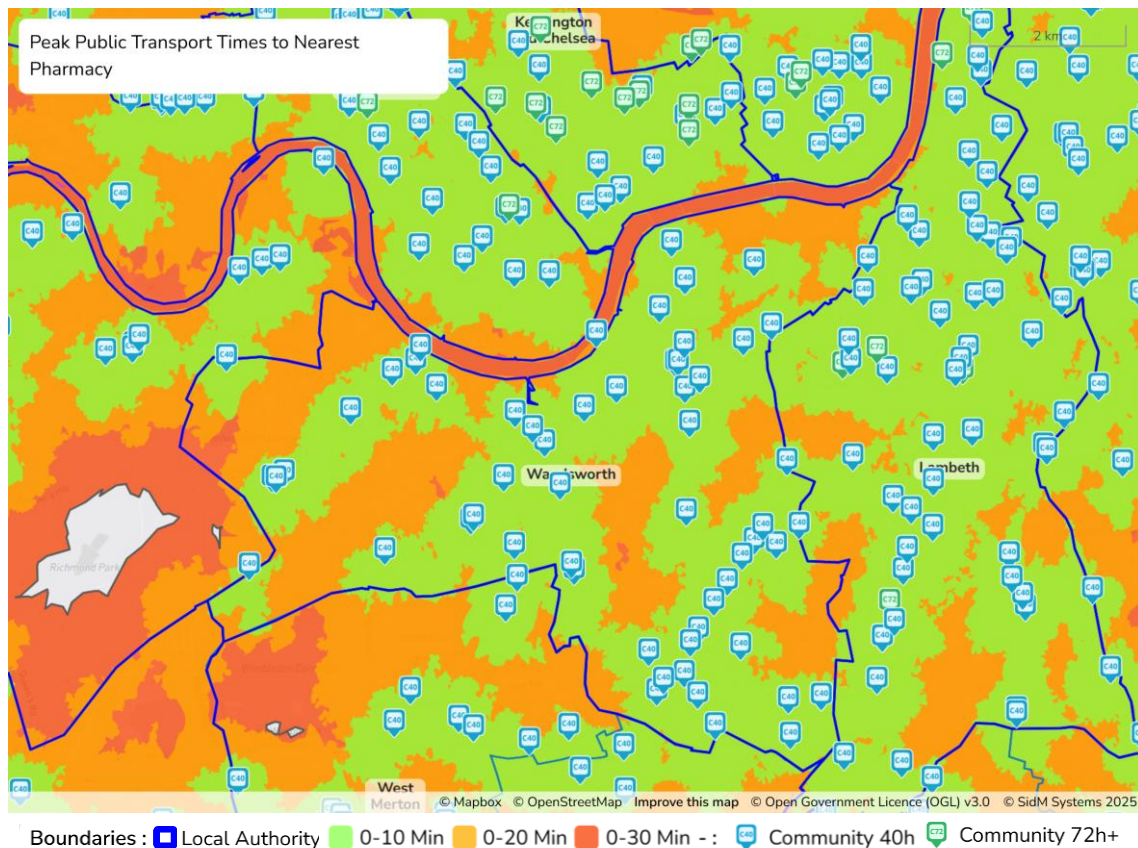


Figure 12: Public transport times to the nearest pharmacy in Wandsworth (peak)



In summary, for Wandsworth:

- 99.7% of the population are able to walk to a pharmacy within 20 minutes.
- 99.8% of the population that have access to private transport in Wandsworth can get to a pharmacy within 20 minutes driving at peak times, and 100% off peak.
- Between 99.4-99.8% can get to a pharmacy using public transport within 20 minutes depending on the time of the day.

3.9.2 Weekend and evening provision

In May 2023 the PLPS Regulations 2013 were updated to allow 100-hour pharmacies to reduce their total weekly core opening hours to no less than 72 hours, subject to various requirements.

There are currently no pharmacies under this provision in Wandsworth and there is no requirement to either. Nationally there has been a decline, with number of 100-hour community pharmacies in England open in 2022 being 9.4% and now for 72-hours or more per week being 7.5%.

Community pharmacies under a 40-hour contract may supplement their hours to open beyond their current contracted hours.

3.9.2.1 Routine weekday evening access to community pharmacies

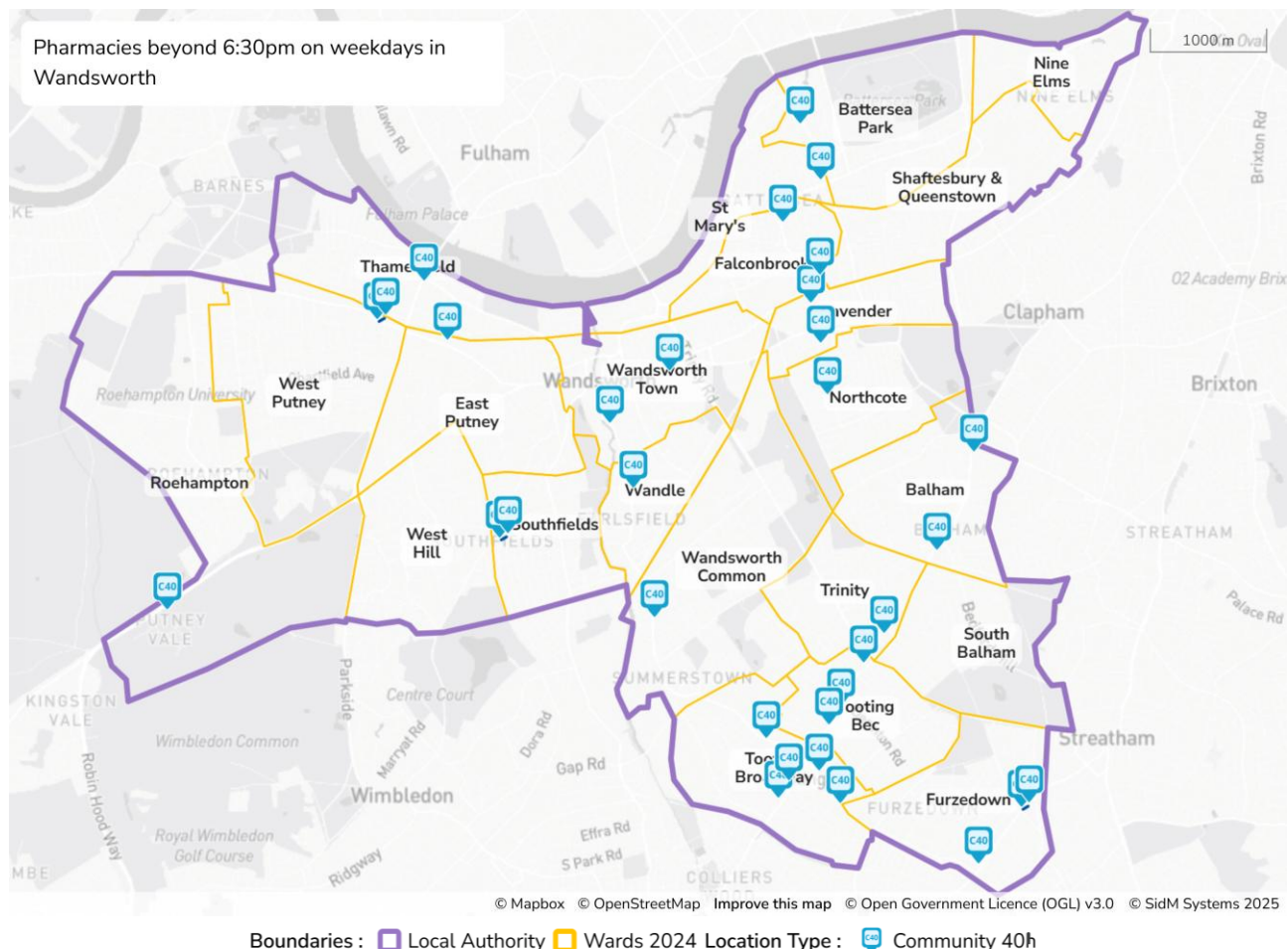
The number, location and opening hours of community pharmacy providers open beyond 6:30 pm, Monday to Friday (excluding bank holidays), are listed in Table 24 below. Full details of all pharmacies' opening hours can be found in Appendix A.

Table 24: Number and percentage (including the DSP) of community pharmacies open Monday to Friday (excluding bank holidays) beyond 6:30 pm and on Saturday and Sunday

Area	Number (%) of pharmacies open beyond 6:30 pm	Number (%) of pharmacies open on Saturday (until 1 pm)	Number (%) of pharmacies open on Saturday (after 1 pm)	Number (%) of pharmacies open on a Sunday
Wandsworth	32 (53%)	45 (75%)	31 (52%)	9 (15%)

The location of community pharmacies with their opening hours is shown in the maps below.

Figure 13: Community pharmacies open beyond 6:30 pm on weekdays across Wandsworth



3.9.2.2 Routine Saturday daytime access to community pharmacies

Of the pharmacies in Wandsworth, 45 (75%) are open on Saturdays, and the majority of pharmacies, 31 (52%) remain open after 1 pm. Full details of all pharmacies open on Saturday can be found in Appendix A and they show in the maps below.

Figure 14: Community pharmacies open on Saturday until 1 pm in Wandsworth

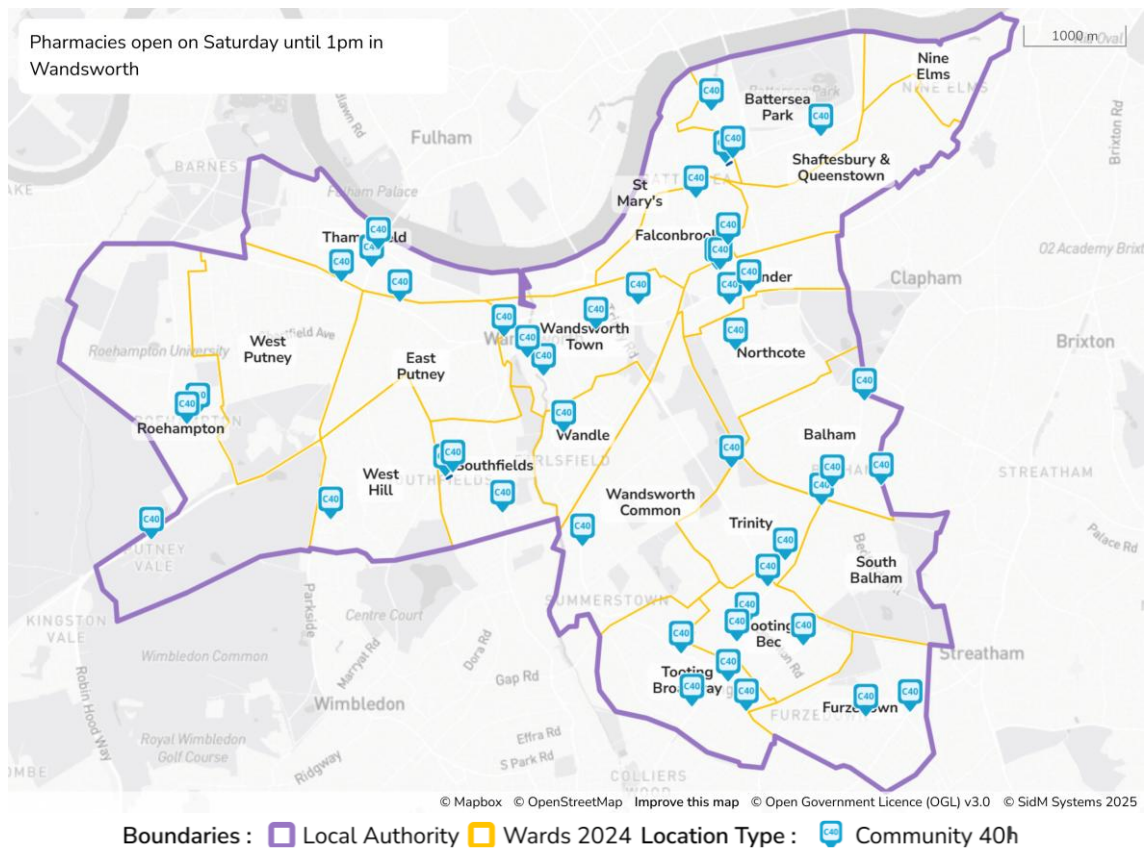
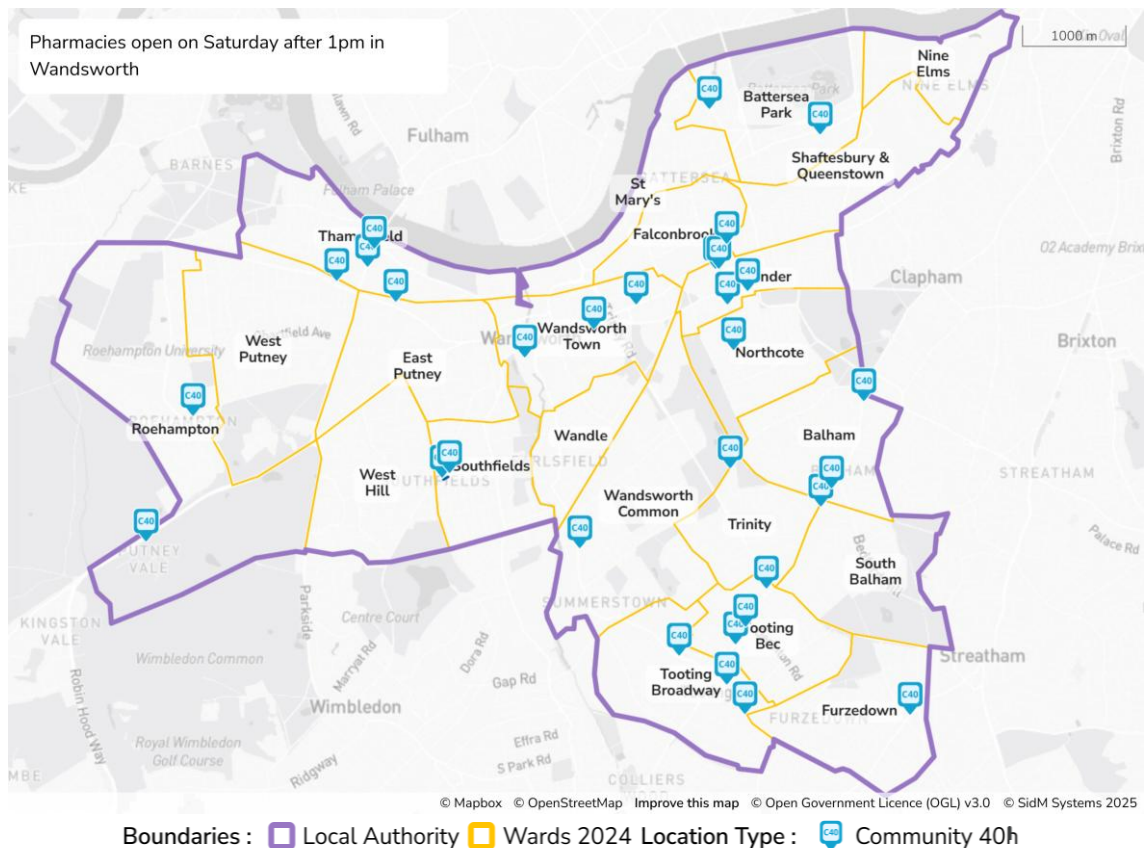


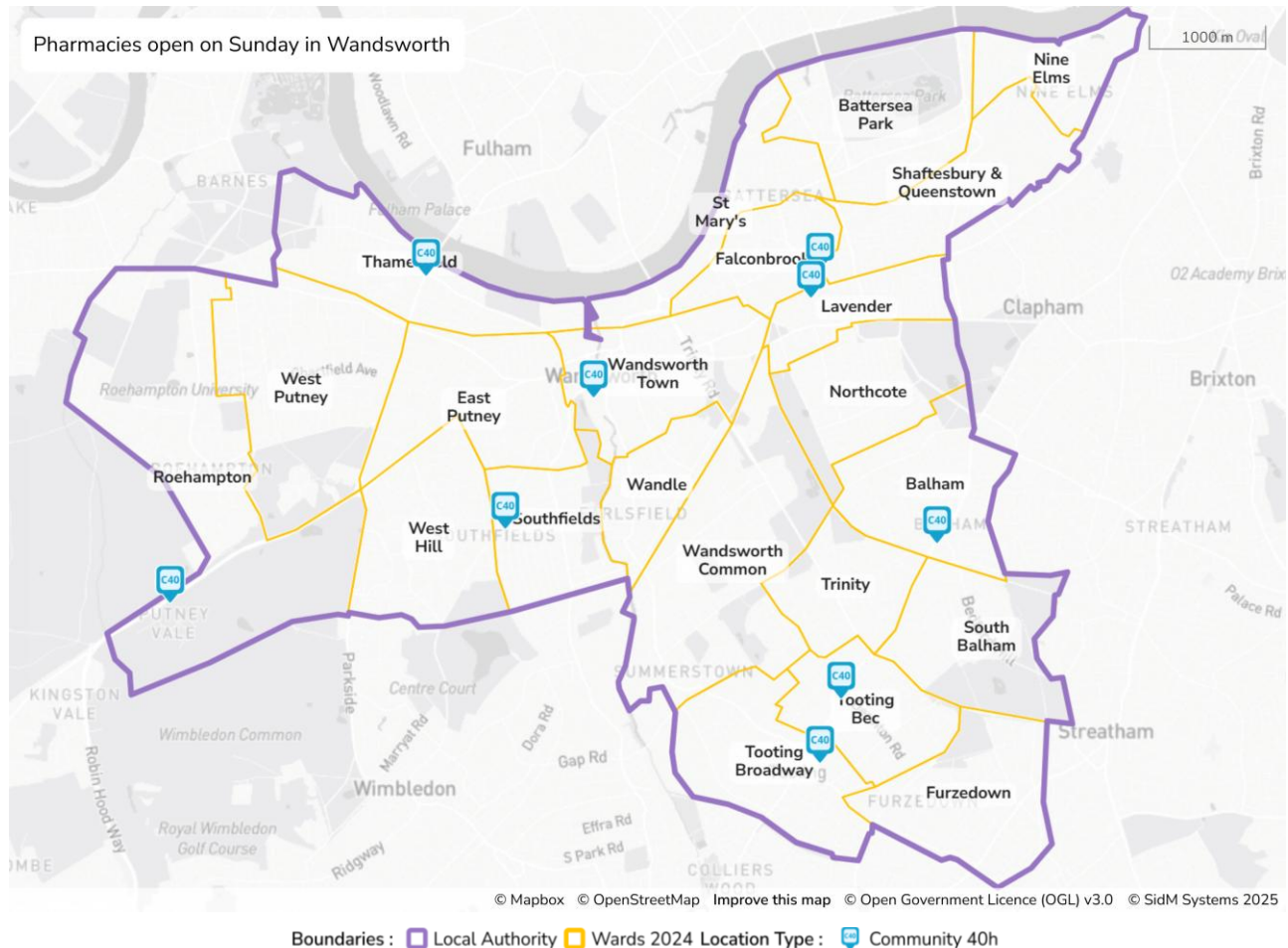
Figure 15: Community pharmacies open on Saturday after 1 pm in Wandsworth



3.9.2.3 Routine Sunday daytime access to community pharmacies

Fewer pharmacies (9, 15%) are open on Sundays than any other day in Wandsworth, which typically mirrors availability of other healthcare providers open on a Sunday. Full details of all pharmacies open on a Sunday can be found in Appendix A. Please see Figure 16 below.

Figure 16: Community pharmacies open on Sunday in Wandsworth



3.9.2.4 Routine bank holiday access to community pharmacies

Community pharmacies are not obliged to open on nominated bank holidays. While many opt to close, a number of pharmacies (often those in regional shopping centres, retail parks, supermarkets and major high streets) opt to open – often for limited hours.

The ICB has commissioned an enhanced service to provide coverage over Bank Holidays, Easter Sunday, and Christmas Day, to ensure that there are pharmacies open on these days so patients can access medication if required. This is coordinated by the local Dentistry, Optometry and Pharmacy Team across London. However, any pharmacy may apply to open or be directed to open depending on need. It may also not be the same pharmacies on each bank holiday. Details of which pharmacies are open can be found on the NHSE website: <https://www.nhs.uk/service-search/pharmacy/find-a-pharmacy>.

3.10 Advanced Services provision from community pharmacy

Advanced Services look to ease the burden on primary care services by providing access to a healthcare professional in a high street setting.

[Section 1.5.5.2](#) lists all the Advanced Services that may be provided under the pharmacy contract. As these services are discretionary, not all providers will provide them all of the time. To understand provision across all districts data has been sourced by various methods to populate Table 25 below.

Data supplied from the ICB has been used to demonstrate how many community pharmacies have signed up to provide the Advanced Services and data from NHS Business Services Authority (NHS BSA) demonstrates whether the service has been provided, based on pharmacies claiming payment. Details of individual pharmacy providers can be seen in Appendix A.

It is important to note a discrepancy, where the percentage of pharmacies claiming payment exceeds those officially listed as signed up for the service. This may be due to pharmacies not informing the ICB of their enrolment, with the payment claim serving as a clear indication that the service is being delivered.

It should be noted that services, such as AUR and SAC have lower dispensing through Community Pharmacies as DACs (a specialised supplier of medical appliances and devices) provides these services.

The numbers in the table below represent the number and percentage of providers who have signed up to the service, where information is available, and those that are providing it (based on pharmacies claiming payment from September 2024 to January 2025).

Table 25: Summary of Advanced and Enhanced Services provision by community pharmacy

Service	Pharmacies signed up (count and %)	Pharmacies providing and claiming payment (count and %)
Pharmacy First	58 (97%)	59 (98%)
Flu Vaccination service	10 (17%)	60 (100%)
Pharmacy Contraception Service	41 (68%)	43 (72%)
Hypertension Case Finding Service	55 (92%)	53 (88%)
New Medicine Service	N/A	59 (98%)
Smoking Cessation Service	1 (2%)	0
Appliance Use Review*	N/A	0
Stoma Appliance Customisation*	N/A	0
LFD Service	50 (83%)	23 (38%)
COVID-19 Vaccination Service**	33 (55%)	N/A

* This service is typically provided by the DACs.

** Pharmacies signed up for the Autumn 2024 campaign.

Newer advanced services are increasing in activity based on activity recorded in the 2023 PNA. The Hypertension case finding service previously had low uptake however data suggests very good uptake by contractors in Wandsworth.

The Flu Vaccination Service can be provided by any pharmacy that fulfils the criteria.

The national Smoking Cessation Service currently has very low uptake, following the national trend. Only one pharmacy has signed up to deliver the service and there has been no activity⁸⁶. This service relies on a referral from secondary care, therefore, numbers should be interpreted with care. The HWB would encourage the local community pharmacy network to sign up to provide the services even though referral for residents is via the local trust.

3.11 Enhanced Services provision from community pharmacy

There are currently two National Enhanced Services and four Local Enhanced Services commissioned through community pharmacies in Wandsworth.

The National Enhanced Services are the COVID-19 vaccination service and the RSV and Pertussis vaccination services.

- COVID-19 vaccination service: Actual provision numbers are not available at the time of writing, as this activity is seasonal, but number of pharmacies signed up is available in Table 25 above and details of individual pharmacies signed up for the last campaign can be found in Appendix A, although service provision can change each campaign. This service is also accessible from other healthcare providers.
- The RSV vaccination and Pertussis vaccination service is currently under procurement and due to go live in autumn 2025.

The Local Enhanced Services are the bank holiday opening, MMR vaccination, Pneumococcal vaccination and London Flu vaccination.

- Bank holidays: As discussed in [Section 3.9.2.4](#) there is a local enhanced service to ensure that there are pharmacies open on these days so patients can access medication if required. Providers typically changes each bank holiday, however provision is spread across the area and details can be found on the NHSE website: <https://www.nhs.uk/service-search/pharmacy/find-a-pharmacy>.
- The Measles, Mumps and Rubella (MMR) vaccination service is currently commissioned in one pharmacy in Wandsworth until end of March 2026: Pearl Chemist at 136-138 Mitcham Road, Tooting, SW17 9NH.
- Details of pharmacies signed up for the Pneumococcal Polysaccharide Vaccine (PPV) service were not available at the time of writing.
- The London Flu vaccination service will come into effect from 1 September 2025. In previous campaigns, one of the requirements for eligibility was for pharmacies to be providing the national Advanced Flu service first.

Any Locally Commissioned Services commissioned by the ICB or the local authority are not considered here. They are outside the scope of the PNA but are considered in [Section 4](#).

⁸⁶ This refers to the national smoking service. Details of the local smoking service are available in [Section 4.2](#).

Section 4: Other services that may impact on pharmaceutical services provision

Community pharmacies and GP practices provide a range of other services. These are not considered 'pharmaceutical services' under the PLPS Regulations 2013 and may be either free of charge, privately funded or commissioned by the local authority or ICB. These services are listed for information only and would not be considered as part of a market entry determination. Examples of such services include delivery services, allergy testing, care home services and sexual health services, although this is not an exhaustive list. Some of these services are also not exclusive to community pharmacies and are often commissioned through a range of providers.

4.1 SWL Integrated Care Board (ICB) commissioned services

There are currently two services commissioned by SWL ICB:

- End of life care service*
- Independent Prescribing Pathfinder Scheme.

*This service will be decommissioned 1 April 2025 and replaced with an ICB wide service.

No pharmacies in Wandsworth are currently part of these schemes.

Although the end of life care service is being replaced by an ICB-wide service, support is available through the Pharmacy Quality Scheme (PQS) for community pharmacies that have signed up and registered to deliver the Pharmacy First and Pharmacy Contraception Services.⁸⁷

4.2 Wandsworth Council commissioned services

There are currently seven services commissioned across Wandsworth by the local council and are shown in Table 26 below.

Table 26: Summary of local authority-commissioned services provision by community pharmacy across Wandsworth

Service	Pharmacies signed up (count and %)
Emergency Hormonal Contraception	36 (60%)
Chlamydia Screening	34 (57%)
Chlamydia Treatment	6 (10%)
NHS health checks	4 (7%)
Needle Syringe Programme	11 (18%)
Supervised Consumption	21* (35%)
Stop Smoking	25 (42%)

*This is also provided by one pharmacy located in Lambeth HWB area.

⁸⁷ NHS England. Pharmacy quality Scheme 2022. [Accessed May 2025]. <https://www.england.nhs.uk/primary-care/pharmacy/pharmacy-quality-payments-scheme/>

These services may also be provided from other providers, for example GP practices and community health services. A full list of community pharmacy providers for each service in Wandsworth can be found in Appendix A. The public health team are aware that although community pharmacies may be commissioned to provide, some are currently inactive.

These services are listed for information only and would not be considered and used as part of a market entry determination.

With the anticipated changes to the Advanced Services from October 2025, specifically the Pharmacy Contraception Service, local commissioners should review existing locally commissioned services once service specifications are available.

4.3 Other services provided from community pharmacies

4.3.1 Collection and delivery services

The delivery services offered by pharmacy contractors are not commissioned services and is not part of the community pharmacy contractual terms of service. There has been a recommendation from the NPA that services like these should be stopped and no longer be available free of charge.

This would not be considered as part of a determination for market entry.

Free delivery is required to be offered without restriction by all DSPs to patients who request it throughout England. There is one DSP based in Wandsworth, and there are 409 throughout England. Free delivery of appliances is also offered by DACs, and there are 111 DACs throughout England.

4.3.2 Services for people with disability

There are different ways that contractors can make their community pharmacies accessible and, under the Equality Act 2010,⁸⁸ community pharmacies are required to make 'reasonable adjustments' to their services to ensure they are accessible by all groups, including persons with a disability.

From the 237 responders to the public questionnaire, 63% have identified that they have a disability. It should be noted that 18% stated they have a physical impairment affecting their mobility.

4.3.3 Language services

There are no national or local language interpretation services commissioned in community pharmacies in Wandsworth.

4.4 Other providers that reduce the need for pharmaceutical service provision

The following are providers of pharmacy services in Wandsworth but are not defined as pharmaceutical services under the PLPS Regulations 2013, however reduce the need for pharmaceutical service provision, in particular the dispensing service.

⁸⁸ Legislation. Equality Act 2010. October 2024. [Accessed May 2025]
www.legislation.gov.uk/ukpga/2010/15/contents

4.4.1 NHS hospitals

Pharmaceutical service provision is provided to patients by the hospital:

- St George's Hospital, Blackshaw Road, Tooting, SW11 0QT.

4.4.2 Personal administration of items by GP practices

GPs are able to personally administer certain items such as vaccines and certain injectable medications for reimbursement from the NHS.

4.4.3 Vaccination services by GP Practices

GPs provide access to Flu and COVID-19 vaccination additionally to the service commissioned in pharmacies through the NHS Enhanced service.

4.4.4 Prison pharmacies

There is a men's prison in Wandsworth with a pharmacy that provides various services, including dispensing prescriptions, and medicines administration and management:

- HMP Wandsworth, Heathfield Road, London, SW18 3HU.

4.4.5 Substance misuse services

WCDAS, Wandsworth Community Drug and Alcohol Service, is a consortium led by South London and Maudsley Mental Health Trust that offers free and professional treatment for people living in Wandsworth who are wanting to change their use of drugs and alcohol.

Support for younger residents is also available from Wandsworth Young People's Health Agency. Getting It On also includes services for young people in South West London.

There are also lots of other national support services available for Wandsworth residents.

4.5 Other services that may increase the demand for pharmaceutical service provision

4.5.1 Urgent care centres

Residents of Wandsworth have access to urgent treatment at:

- St George's Hospital, Blackshaw Road, Tooting, SW11 0QT.

For minor injuries there is an Enhanced Primary Care Hub:

- Queen Mary's Hospital, Roehampton Lane, Roehampton, SW15 5PN.

4.5.2 Extended hours provided by Primary Care Networks (PCNs)

PCNs are required to provide enhanced access to appointments outside of the standard opening hours for most GPs to accommodate those who may need appointments outside typical opening working times.

4.5.3 Community nursing prescribing

Community nurses work in a variety of settings providing care to individuals outside of a normal acute or general practice setting. This can range from community-based clinics offering specialist services to directly visiting patients in their home.

4.5.4 Dental services

Dentists are able to prescribe through their dental practices and may issue prescriptions for their patients when necessary.

4.5.5 End of life services

Palliative care services are provided by other providers such as hospices and specialist nurses.

4.5.6 Sexual health centres

Wandsworth jointly commission integrated sexual health services with Richmond and Merton local authorities. This is a hub and spoke model with the hub clinic being in Clapham Junction. A spoke clinic is located at Patrick Doody clinic in Wimbledon and provides advice and information, contraception, testing for sexually transmitted infections (STIs) and a specialist drop-in clinic for those 19 and under. Residents are directed to the hub for treatment of STIs and complex contraception.

Provision is also available from Getting It On, that provides information and a range of sexual health services for young people in South West London, and the Sexual Health London (SHL) programme, which provides free online access to STI testing kits.

Local hospitals and other providers are accessible for a number of sexual health services.

4.6 Other services

The following are services provided by NHS pharmaceutical providers in Wandsworth, commissioned by organisations other than NHSE or provided privately, and therefore out of scope of the PNA.

Privately provided services – most pharmacy contractors and DACs will provide services by private arrangement between the pharmacy/ DAC and the customer/patient. Community pharmacies are contractually obliged to clarify on their patient leaflet which services are NHSE-funded, local authority-funded and privately funded.

The following are examples of services and may fall within the definition of an Enhanced Service. However, as the service has not been commissioned by the NHS and is funded and provided privately, it is not a pharmaceutical service. Services will vary between providers and are occasionally provided free of charge, e.g. home delivery:

- Care home service, e.g. direct supply of medicines/appliances and support medicines management services to privately run care homes.
- Home delivery service, e.g. direct supply of medicines/appliances to the home.
- Patient Group Direction (PGD) service, e.g. hair loss therapy, travel clinics.
- Screening service, e.g. skin cancer.

Section 5: Findings from the public questionnaire

A public questionnaire about pharmacy provision was developed by the steering group to understand the views of the public in Wandsworth. This questionnaire was available online through the Wandsworth Council Consultation and Engagement Hub website, between 1 May and 1 June 2025. Paper copies and an easy read version were also available.

The questionnaire was circulated by the PNA Steering Group to engage stakeholders through various routes:

- Social media channels.
- Posters displayed in pharmacies, GP surgeries and libraries.
- Newsletters to residents, members and council staff.
- Wandsworth Council network.
- Healthwatch SWL network.
- Healthwatch Wandsworth network.
- SWL ICB network.

There were 237 responses, all to the online survey, from a population of 331,456 (0.07%), so the findings should be interpreted with some care regarding the representation of the community as a whole. It should also be noted that the demographics of responders do not fully reflect population demographics with certain groups not adequately represented limiting how generalisable the findings are. A report of the results can be found in Appendix D.

5.1 Demographic analysis

- 66% of the responders identified themselves as female, 32% as male, 2% preferred not to say.
- The age groups that submitted most responses were 65-74 and 75+ (29% each), followed by the 55-64 (16%), and the 45-54 (13%) age groups. There were no responses for the under 19 group and just one from those aged 20-24.
- 63% identified themselves as having a physical or mental health condition or illness lasting or expecting to last 12 months or more.
- The majority of responders came from a White background (87%).
- Responders from other ethnic backgrounds were Mixed or multiple ethnic groups (3%), Asian or Asian British (3%), and other ethnic groups were 1% or less. A further 4% preferred not to say.
- For religion, most of the responders identified as Christian (52%), followed by 37% with no religion; other religions were 2% or less and 7% preferred not to say.
- The sexual orientation of responders was predominantly heterosexual (87%), whilst 7% preferred not to say, and the remaining 6% identified themselves as gay man or lesbian.

A detailed report of the results can be found in Appendix D.

When reporting of details of responses to the public questionnaire, some figures may not add up to 100% due to rounded numbers, multiple choice or some options not being included in a detailed report (e.g. "Prefer not to say", "N/A" etc).

5.2 Visiting a pharmacy

- 91% had a regular or preferred local community pharmacy. Only 1% stated that they exclusively used an online pharmacy and 3% said that they used a combination of both.
- Most of the responders (35%) visited a pharmacy a few times a month, closely followed by those going to the pharmacy once a month (33%). A further 19% responded that they go once every few months. Only 8% went once a week or more and 3% did it once every six months. 1% of the responders stated that they had not visited/ contacted a pharmacy in the last six months.
- There was not a clear preference in which days responders found convenient to use a pharmacy. Percentages for Monday to Saturday ranged from 17% on Tuesday to 20% on Thursday and 71% of respondents said that their preference varied. However, fewer respondents chose Sunday as their preferred day (10%). Responder could select multiple days for this question.
- The most convenient time also showed no clear preference with nearly half of respondents (47%) picking it varies, and when choosing a specific time 30% of responders selected between 9 am - 1 pm. Before 9 am was only chosen by 6% and after 7 pm was only chosen by 8% of respondents. Multiple selection was also available for this question.

5.3 Reason for visiting a pharmacy

- The main reason for visiting a pharmacy for most (91%) was to collect prescriptions for themselves and 31% went to collect prescriptions for someone else.
- 48% went to buy over the counter medicines.
- 46% were seeking advice from a pharmacist.

Numbers add to more than 100% because multiple options were available for selection by each responder.

- Of the 31 responders that stated other reasons, the main reason for usually going to a pharmacy was to get vaccinations.

5.4 Choosing a pharmacy

79% reported that they use the most convenient or closest pharmacies.

Responders were also asked to evaluate the importance of certain factors when choosing a pharmacy.

The responses show that availability of medication and quality of service (expertise) were extremely important factors, both selected by 70%. Also extremely important were customer service for 55%, location of pharmacy for 47% and services provided for 41% of the 237 people that submitted their responses. Opening times were extremely important for 35%.

Parking, communications (languages/ interpreting service), accessibility (wheelchair/ buggy access) and public transport were considered as not important at all by 61%, 53%, 52% and 44% respectively however this may be due to the demographics of the responders.

5.5 Access to a pharmacy

- The main way patients reported to access a pharmacy was walking (85%). The next most common method for getting to the pharmacy was car (14%). A further 11% used public transport.
- Only 4% indicated that they do not travel to a pharmacy but instead use a delivery service or an online pharmacy.
- 87% reported that they were able to travel to a pharmacy in less than 20 minutes and overall, 97% being able to get to their pharmacy within 30 minutes. 1% stated that it took them longer, between 30-40 minutes, to get to their pharmacy and 2% said that they do not usually travel to the pharmacy.

5.6 Other comments

When asked about any other comments about pharmaceutical services, 34 pharmacy users expressed their satisfaction with the pharmacy provision and services, and a further 10 praised the role of pharmacies in the community, highlighting the importance of being able to seek advice from a pharmacist for minor ailments before making an appointment with their GP. On the other hand, nine responders commented about receiving poor service from their pharmacy.

A need for longer opening hours outside normal working hours was mentioned by 16 comments.

Other common themes were concerns longer waiting times, concerns about pharmacy closures and capacity and about pharmacy pressures, and issues with accessibility or parking. Specific requests for a pharmacy opening in Lower Richmond Road (in the neighbouring borough of Richmond) were mentioned by four responses.

5.7 Additional insights from SWL ICS community engagement: winter 2024/25

Between October 2024 and February 2025, South West London Integrated Care System conducted extensive community engagement to understand residents' experiences and challenges in accessing urgent care services during the winter months. This initiative was part of the Winter Engagement Fund, which awarded 115 small grants to voluntary and community sector (VCSE) organisations across the region, including Wandsworth.⁸⁹

Approximately 350 activities and events were organized, reaching around 10,000 residents. These events aimed to disseminate information on key health campaigns, including the use of the NHS App to alleviate pressure on primary care, promoting pharmacy services to reduce strain on urgent care, and encouraging vaccinations to decrease hospital admissions.

⁸⁹ Insights from communities winter 2024/25 - South West London ICS [Accessed May 2025]
<https://www.southwestlondonics.org.uk/publications/insights-from-communities-winter-2024-25>

Key findings from this engagement were:

- Access to services: Residents reported difficulties in accessing urgent care services, citing long waiting times and limited availability, particularly during peak winter periods.
- Awareness and utilisation: There was a general lack of awareness about the NHS App and its functionalities, leading to underutilisation. Similarly, many were unaware of the range of services pharmacies could provide, especially in managing minor ailments.
- Vaccination hesitancy: Some communities expressed hesitancy towards vaccinations due to misinformation and lack of culturally appropriate information.
- Digital exclusion: Digital literacy and access issues were prominent, with some residents unable to benefit from online health resources and services.

The insights highlighted the need for targeted interventions in Wandsworth to:

- Address need for advocacy during appointments; reduce delays in surgery and improve post-surgery follow-up; improve digital booking systems to prevent inappropriate A&E use.
- Increase ethnic minority representation in services to improve accessibility and comfort, especially in dementia services.
- Maintain positive practice in supporting people with learning disabilities.
- Reduce waiting times for mental health referrals and appointments; improve communication with schools about children with special education needs; expand wellbeing support options through voluntary and community groups.

Incorporating these findings into the PNA will ensure that pharmaceutical services in Wandsworth are responsive to the identified needs and barriers, thereby improving access and health outcomes for the community.

Section 6: Analysis of health needs and pharmaceutical service provision

The purpose of the analysis of health needs and pharmaceutical service provision is to establish if there is a gap or potential future gap in the provision of pharmaceutical services in Wandsworth.

6.1 Pharmaceutical services and health needs

Pharmaceutical services in Wandsworth contribute to the delivery of priorities set out in the Wandsworth Joint Strategic Needs Assessment (JSNA), the Joint Local Health and Wellbeing Strategy (JLHWS), other local policies, strategies and health needs as described in [Section 2](#). These include addressing issues such as mental health, obesity, long-term conditions, and social isolation, with a firm emphasis on prevention, equity, and integrated community support.

Community pharmacy in Wandsworth plays a key role in delivering the aims of the South West London Integrated Care Strategy and other initiatives. Through essential services such as dispensing, public health advice, and health promotion campaigns, pharmacies help tackle health inequalities and support priorities around mental wellbeing, cost of living, and healthy neighbourhoods. Their strong local presence ensures equitable access to care, particularly for deprived and underserved populations.

Advanced services including the New Medicine Service (NMS), Community Pharmacist Consultation Service (CPCS), and Hypertension Case-Finding directly support long-term condition management and early intervention, core objectives of both the ICS and JLHWS strategies. Services like flu vaccination and smoking cessation also support older people and reduce preventable illness, aligning with the prevention-first approach across all plans.

By supporting medicines adherence, self-care, and public health initiatives, community pharmacies reduce pressure on GPs and urgent care services. This is especially valuable given the ICS's drive to reduce system costs while maintaining high-quality care. As trusted health hubs embedded in neighbourhoods, pharmacies help realise the vision of joined-up, community-based support for residents across all ages and needs.

6.2 Wandsworth current and future health needs

Wandsworth HWB area has a population of 331,456 (2023 mid-year estimate). The population age profile indicates a higher proportion of adults aged 25-39 and a lower proportion of children aged 5-17 and of adults aged 55 and over compared to national averages. The borough has a relatively low level of deprived areas, although there are hidden pockets of deprivation within the borough. Life expectancy and healthy life expectancy are above the national average. These indicators reflect a relatively stable and established population, with implications for longer-term condition management, preventive services, and healthy ageing.

According to 2021 Census data, 67.8% of usual residents in Wandsworth identified as white British and 32.2% identified as being from an ethnic minority group. Excluding those who identify as White British, the most common ethnic groups were Asian (11.7% of total residents) and Black (10.1% of total residents).

The majority of Wandsworth residents speak English as their main language (all adults in 78.3% of the households and at least one adult in 9.5% of households). However, there are pockets within the borough where language diversity is more pronounced, particularly in urban and more densely populated wards.

Population projections indicate a 1.57% increase by 2030, with an extra 12,056 new units planned by 2029.

Prevalence data from GP practice disease registers shows that for all of the long-term conditions considered, Wandsworth has lower rates than national and regional averages. These include hypertension (8.7%), diabetes (4.7%), COPD (0.8%), heart failure (0.5%), stroke (0.9%), CHD (1.4%), atrial fibrillation (1.0%), PAD (0.2%), Asthma (4.5%) and rheumatoid arthritis (0.5%).

In some case, low rates on some of these registers, particularly hypertension, can indicate lower rates of case finding, as well as lower than average population prevalence. However, in this case, based on the demographics (age) of the population, it is probably reflective of a true lower prevalence than national averages.

The prevalence of mental health conditions (1.0%), learning disability (0.5%), depression (0.3%), epilepsy (0.5%) and dementia (0.4%) are also lower than both the London rates and England rates.

In relation to lifestyle choices and behaviours, Wandsworth shows lower levels compared to the national figures for smoking prevalence (12.3%), overweight including obesity (56.0%), hospital admissions from alcohol-related conditions (1,762 per 100,000) and deaths from drug misuse (2.8 per 100,000). These are all also lower than the London rates.

Sexual health indicators show higher number of diagnosis for Chlamydia (1,742 per 100,000), other new STIs (1,605 per 100,000) and HIV (4.67 per 100,000) than England, although HIV prevalence is also lower in Wandsworth compared to London. The number of LARC prescriptions is lower (42.9 per 1,000) than England but higher than London.

6.3 Pharmaceutical service provision

There are 60 community pharmacy contractors across the area who provide a range of services as part of the contractual obligations and a number on a voluntary basis, commissioned either through NHSE as Advanced or Enhanced Services or through local commissioners based on local needs.

The Advanced and Enhanced Services support the needs of alleviating the burden on primary care services and improving access. These services support by helping residents to manage their long-term conditions, reduce hospital admissions by early intervention and prevention, and improve quality of life by providing advice.

The locally commissioned services support the specific local needs and public health challenges and help address health inequalities. They target the needs to address health issues such as unplanned or unwanted pregnancies, STIs, smoking and substance misuse. Community pharmacies are often found in areas of population density and / or high deprivation and allow for ease of access in these areas and making services more accessible.

The following have been considered as part of the assessment for Wandsworth to understand the needs of the population:

- National priorities as set out by the NHS Long Term Plan and Core20PLUS5.
- The local strategies across the area for the health needs of the population of Wandsworth from the JSNA, JLHWS and the Integrated Care Strategy.
- Population changes and housing developments across the next three years.
- IMD and deprivation ranges compared with the relative location of pharmacy premises.
- Demographic profile of the borough based on ONS data.
- The burden of disease and the lifestyle choices people make across Wandsworth.
- The health profile of the population based on QOF data.

The following have been considered to understand pharmaceutical service provision and access:

- The number and location of pharmacy contractors.
- What choices do individuals have regarding which pharmacy they visit.
- Weekend and evening access.
- How long it takes to travel to the nearest pharmacy based on various transportation methods.
- What services are provided.
- The views of the public on pharmaceutical service provision.

For the purpose of this PNA, all essential services have been designated as Necessary Services and Advanced and Enhanced Services are considered relevant.

6.3.1 Necessary Services: essential services current provision across Wandsworth

Essential Services must be provided by all community pharmacies. There are 60 community pharmacies (including one DSP) in Wandsworth. The estimated average number of community pharmacies per 100,000 population is 18.1. There are 59 pharmacies that hold a standard 40-core hour contract and one DSP. There are no 72-hour pharmacies and no DACs or dispensing GP practices in Wandsworth.

Wandsworth has many pharmacies open on weekday evenings and weekends. The majority of community pharmacies 45 (75%) are open on Saturdays, 31 (52%) remain open on Saturday after 1 pm and 53% of community pharmacies open after 6:30 pm on weekdays. There are also nine pharmacies (15%) open on Sundays in Wandsworth.

Residents also have access to one DSP within Wandsworth and also those operating nationally outside of the borough.

There are also a number of accessible providers open in the neighbouring HWB areas of Hammersmith and Fulham, Kensington and Chelsea and the south of Westminster to the north, Lambeth to the east, Merton to the south, the north-east of Kingston to the south-west and Richmond to the west.

6.3.2 Necessary Services: essential services gaps in provision across Wandsworth

Based on the spread and number of community pharmacies across Wandsworth, there is good access to the essential services provided by all community pharmacies.

This conclusion is based on:

- Comprehensive coverage across the borough: There are 60 community pharmacies across Wandsworth, with an average of 18.1 community pharmacies per 100,000 population, in line with national average. The existing network ensures geographic coverage, including provision in areas of higher population density and support via DSPs in the area and nationally.
- Adequate access during normal and extended hours: The majority of community pharmacies 45 (75%) are open on Saturdays, 31 (52%) remain open on Saturday after 1 pm and 32 (53%) are open after 6:30 pm on weekdays. There are also nine pharmacies (15%) open on Sundays in Wandsworth. These opening patterns ensure that access is maintained during and outside of normal working hours.
- Accessibility via transport:
 - 52.1% of households have access to a car or van, significantly below the national average (76.7%) but the borough has excellent transport connections with central London.
 - 99.7% of the population are able to walk to a pharmacy within 20 minutes
 - 99.8% of the population that have access to private transport in Wandsworth can get to a pharmacy within 20 minutes driving at peak times.
 - 99.4% can get to a pharmacy using public transport within 20 minutes at peak times.
 - Individuals are able to travel to a pharmacy within reasonable times. Although it may take longer for some residents in less populated areas, this would be similar to accessing other healthcare services or out of hours services in person at evenings and weekends.
- Utilisation of pharmacies in bordering areas: Residents are able to access services from pharmacies across the border in each direction.
- Public feedback confirms adequate access: Most people walked to their pharmacy (85%) and could get there in under 20 minutes (87%). Almost everyone (99%) who responded and travelled to the pharmacy could reach it within 30 minutes.

Future need

The borough population growth is expected to increase over the next five years to 2030 by 1.57%, in parallel with housing growth. There is significant housing growth in the Nine Elms ward with a health centre approved for opening in January 2026.

The current community pharmacy network across Wandsworth is well placed to meet the predicted population and housing growth across Wandsworth for the lifetime of this PNA. The Nine Elms area of Wandsworth (North East of the borough), where the larger number of developments are planned, has a pharmacy within the ward and is supported by several across the border. No new or future gaps in provision have been identified as a result of planned developments during the lifetime of this PNA.

With projected increases in population and housing growth, there will be an increased corresponding demand. Pharmacies, particularly sole providers, may experience increased footfall and service pressures.

However, the current assessment concludes that the community pharmacy network is currently able to accommodate this growth, supported by pharmacies' ability to adjust staffing levels and service delivery models where necessary. Measures such as internal system reviews, workforce development, digital solutions, workflow improvements, and innovations like automation and hub-and-spoke dispensing models will help maintain service quality and resilience.

The number of community pharmacies is aligned with the national average and residents also have access to a large number across the border.

Wandsworth HWB will continue to assess pharmaceutical service provision in response to changes in access and demand, ensuring current provision can accommodate potential increases. Commissioners should carefully consider the needs in the 2028 PNA for the residents in the Nine Elms area.

No gaps in the provision of Necessary Services have been identified for Wandsworth HWB.

6.3.3 Other relevant services: current provision

Other relevant services are services that the HWB is satisfied are not necessary to meet the need for pharmaceutical services but their provision has secured improvements or better access to pharmaceutical services.

Table 25 in [Section 3.10](#) shows the pharmacies providing Advanced and Enhanced Services in Wandsworth HWB area.

Regarding access to **Advanced** services, it can be seen that there is very good availability of Flu vaccination (100%), Pharmacy First (98%), NMS (98%), hypertension case-finding (92%) and LFD tests (85%). There is currently a lower number of providers of pharmacy contraception (72%). There is a very low number of providers of the national smoking cessation service (2%), however this is due to the reliance of secondary care referral as explained in [Section 3.10](#). The HWB would encourage the local community pharmacy network to sign up to provide the services even though referral for residents is via the local trust.

It should be noted that patients in Wandsworth can access AUR and SAC services from DACs outside of the borough.

Regarding access to **Enhanced** Services, 33 pharmacies (55%) offer the COVID-19 vaccination service. Providers for this service can change with each campaign, and the Bank Holiday opening service can change for each bank holiday. There is also one pharmacy commissioned for the MMR vaccination service as detailed in [Section 3.11](#).

Advanced and Enhanced Services look to ease the burden on primary care services by providing access to a healthcare professional in a high street setting. However, the absence of a service due to a community pharmacy not signing up does not result in a gap due to availability of similar services from other healthcare providers.

Based on the information available, there is good access to the other relevant services across Wandsworth through the existing community pharmacy network.

No gaps in the provision of Relevant Services have been identified for Wandsworth HWB.

6.4 Improvements and better access: gaps in provision across Wandsworth

No gaps have been identified in either the necessary services or any other relevant services that if provided either now or in the future (next three years) would secure improvements or better access to the essential or specified advanced and enhanced services across Wandsworth.

Section 7: Conclusions

The Steering Group provides the following conclusions on the basis that funding is at least maintained at current levels and/or reflects future population changes.

There is a wide range of pharmaceutical services provided in Wandsworth to meet the health needs of the population. The provision of current pharmaceutical services and locally commissioned services are well-distributed, providing good access throughout Wandsworth.

As part of this assessment, no gaps have been identified in provision either now or in the future (over the next three years) for pharmaceutical services deemed Necessary. Factors such as population growth and pharmacy closures have resulted, and will result, in a reduction of the number of pharmacies per population in the area. With future housing growth in Wandsworth, it is imperative that accessibility to pharmacy services is monitored, and the considerations actioned to ensure that services remain appropriate to the needs. Any required amendments should be made through the three-year life cycle of this PNA.

7.1 Statements of the PNA

The PNA is required to clearly state what is considered to constitute Necessary Services as required by paragraphs 1 and 3 of Schedule 1 to the PLPS Regulations 2013.

For the purposes of this PNA, Essential Services for Wandsworth HWB are to be regarded as Necessary Services.

Other Advanced and Enhanced Services are considered relevant as they contribute toward improvement in provision and access to pharmaceutical services.

Locally Commissioned Services (LCS) have been considered and reviewed for provision across Wandsworth however, as they are not NHS commissioned services and are outside of the scope for market entry decisions, they have been excluded in the final analysis of service provision and adequacy. Local commissioners should review and consider these locally.

7.1.1 Current provision of Necessary Services

Necessary Services – gaps in provision

Essential services are Necessary Services, which are described in [Section 1.5.5.1](#). Access to Necessary Service provision in Wandsworth is provided in [Section 6.3](#)

In reference to [Section 6](#), and required by paragraph 2 of schedule 1 to the PLPS Regulations 2013:

Necessary Services – normal working hours

There is no gap in the provision of Necessary Services during normal working hours across Wandsworth to meet the needs of the population.

Necessary Services – outside normal working hours

There are no gaps in the provision of Necessary Services outside normal working hours across Wandsworth to meet the needs of the population.

7.1.2 Future provision of Necessary Services

No gaps have been identified in the need for pharmaceutical services in specified future (next three years) circumstances across Wandsworth.

7.1.3 Other relevant services – gaps in provision

Advanced and Enhanced Services are considered relevant as they contribute toward improvement in provision and access to pharmaceutical services.

7.1.3.1 Current and future access to Advanced Services

Details of the Advanced Services are outlined in [Section 1.5.5.2](#) and the provision in Wandsworth discussed in [Section 3.10](#) and [6.3](#).

[Section 6.4](#) discusses improvements and better access to services in relation to the health needs of Wandsworth.

Based on the information available at the time of developing this PNA, no gaps in the current provision of Advanced Services or in specified future circumstances have been identified in Wandsworth.

[Section 8](#) discusses the opportunities that may be available for expansion of existing services or delivery of new services from community pharmacies that may benefit the population of Wandsworth.

There are no gaps in the provision of Advanced Services at present or in the future (next three years) that would secure improvements or better access to services in Wandsworth.

7.1.3.2 Current and future access to Enhanced Services

Details of the Enhanced Services are outlined in [Section 1.5.5.3](#) and the provision in Wandsworth discussed in [Section 3.11](#) and [6.3](#).

[Section 6.4](#) discusses improvements and better access to services in relation to the health needs of Wandsworth.

Based on the information available at the time of developing this PNA, no gaps in the current provision of Enhanced Services or in specified future circumstances have been identified in Wandsworth.

No gaps have been identified that if provided either now or in the future (next three years) would secure improvements or better access to Enhanced Services across Wandsworth.

7.1.4 Improvements and better access – gaps in provision

Based on current information, no gaps have been identified in respect of securing improvements or better access to essential or other relevant services, either now or in specific future circumstances across Wandsworth to meet the needs of the population.

Section 8: Future opportunities for possible community pharmacy services in Wandsworth

8.1 Introduction

Any local commissioning of services for delivery by community pharmacy lies outside the requirements of a PNA; it is considered as being additional to any Necessary Services required under the PLPS Regulations 2013.

In reviewing the provision of Necessary Services and considering Advanced, Enhanced and Locally Commissioned Services for Wandsworth as part of the PNA process, it was possible to identify opportunities for service delivery via the community pharmacy infrastructure that could positively affect the population.

Not every service can be provided from every pharmacy and service development, and delivery must be planned carefully. However, many of the health priorities, national or local, can be positively affected by services provided by community pharmacies, albeit being out of the scope of the PNA process.

National and Wandsworth health needs priorities have been considered when outlining opportunities for further community pharmacy provision below. The highest risk factors for causing death and disease for the Wandsworth population are listed in [Section 2.12](#) and [2.13](#) and are considered when looking at opportunities for further community pharmacy provision.

8.2 Further considerations

Health needs and highest risk factors for causing death and disease for the Wandsworth population are stated in [Section 2](#) and [Section 6](#). Should these be priority target areas for commissioners, they may want to consider the current and future service provision from community pharmacies, in particular the screening services they are able to offer.

Based on these priorities and health needs community pharmacy can be commissioned to provide services that can help and support the reduction of the variances seen in health outcomes across Wandsworth.

The PNA recognises the evolving role of community pharmacy in delivering preventive care, reducing health inequalities, and integrating with primary care networks. While no gaps have been identified in the current or future (three-year) provision of pharmaceutical services in Wandsworth, there are opportunities to strengthen pharmacy services in alignment with the proposed NHS 10-year Health Plan and Change NHS initiative. These opportunities focus on prevention, long-term conditions, primary care access, medicines management, health inequalities and integrated care.

The most appropriate commissioning route would be through the ICS as Enhanced pharmaceutical services, through the ICB or through the local authority as local-authority commissioned services (LAS), which would not be defined as necessary services for this PNA.

Community Pharmacy England commissioned leading health think tanks Nuffield Trust and The King's Fund to develop a vision for community pharmacy to see a transformation of this sector over the next decade.⁹⁰ These themes are reflected below, taking into consideration the local factors for Wandsworth.

1) Strengthening the role of community pharmacy in prevention, preventing ill health and supporting wellbeing

- Community pharmacies should be fully integrated into preventive healthcare, supporting early detection, health promotion, and self-care initiatives.
- Services such as the Hypertension case-finding service, national Smoking Cessation Service, and NHS Health Checks should be prioritised to reduce the incidence of long-term conditions.
- The Healthy Living Pharmacy framework should be expanded. Local authorities and ICBs should work collaboratively to embed community pharmacy into prevention strategies.

2) Reducing health inequalities through targeted pharmacy services

- Commissioners should focus on increasing the uptake of Essential, Advanced, and LCS in areas of deprivation, ensuring equitable access to services such as sexual health, smoking cessation, cardiovascular risk screening, and weight management.
- Incentives should be considered for pharmacies in under-served areas to expand their service offering and address local health disparities, particularly where there is under provision of LCSs.
- Address language barriers and digital exclusion by enhancing translation, access to NHS App support, and alternative routes to care for digitally excluded populations (aligned with Winter 2024/25 Community Insights report).

3) Embedding pharmacy into integrated NHS neighbourhood health services providing clinical care for patients

- Community pharmacy should be positioned as a core provider within primary care, ensuring seamless referrals and collaboration between ICSs, local authorities and PCNs.
- Medicines optimisation services, including repeat dispensing, the New Medicine Service and the Discharge Medicines Service should be embedded within primary care pathways to enhance patient safety and medication adherence.
- Interdependencies between ICB and LCS services, such as smoking cessation and sexual health services, should be leveraged to provide more holistic and accessible care. This will require close collaboration between ICB, local authority and Local Pharmaceutical Committee (LPC).

⁹⁰ Beccy Baird, Helen Buckingham, Anna Charles, Nigel Edwards and Richard Murray. Supporting patient engagement with digital health care innovations. September 2023. [Accessed May 2025] https://cpe.org.uk/wp-content/uploads/2023/10/A-vision-for-community-pharmacy_summary_PRINT.pdf

4) Supporting workforce development and expanding pharmacy services

- Sustainable funding should be prioritised to ensure the long-term stability and growth of community pharmacy services.
- The ICB should explore commissioning a pharmacy workforce development programme, ensuring pharmacists and their teams are equipped to deliver expanded clinical services under the CPCF.
- The introduction of independent prescribing for pharmacists from 2026 presents a significant opportunity for community pharmacies to manage long-term conditions and improve primary care access. Great work has already commenced with the local Independent Prescribing 'Pathfinder' Programme.
- The pharmacy team's role should be expanded, with pharmacy technicians supporting service delivery under Patient Group Directions (PGDs) and pharmacy staff providing 'making every contact count' interventions.

5) Enhancing public awareness and digital transformation

- Public education campaigns should be developed to raise awareness of pharmacy services, using diverse communication methods tailored to local communities.
- Digital innovation should be prioritised, ensuring pharmacies have access to modern clinical decision-support tools and NHS-integrated patient records.
- The adoption of point-of-care testing services in community pharmacies should be explored to improve early diagnosis and management of conditions such as diabetes, hypertension and respiratory diseases.

6) Monitoring future demand and improving public engagement

- The provision of pharmaceutical services should be regularly monitored and reviewed, particularly in light of demographic changes and population health needs.
- Future PNAs should incorporate enhanced stakeholder and public engagement strategies to ensure services reflect local priorities and community health needs.

7) Community-based medicines management: Living well with medicines

- Community pharmacy provides patient access to a local expert to support advice and safe access to medicines.
- The growth of independent prescribing in community pharmacy offers greater opportunities to take pressure of general practice and shared responsibilities managing prescribing budgets and delivering structured medication reviews.
- These services could be offered as part of domiciliary services to housebound patients and care homes.

By aligning with national health priorities, these considerations / recommendations ensure that community pharmacy plays a central role being part of an integrated neighbourhood in delivering preventive care, tackling health inequalities, and supporting long-term condition management – ultimately improving the health and wellbeing of Wandsworth residents.

Appendix A: List of pharmaceutical services providers in Wandsworth

Key to type of provider:

CP – Community Pharmacy

DSP – Distance Selling Pharmacy

Key to services: Services listed are only those provided through community pharmacies. Description of these services are available in [Sections 1.5.5.2](#), [1.5.5.3](#), [4.1](#) and [4.2](#). Pharmacies providing the services are from signed up list unless stated otherwise.

AS1 – Pharmacy First

AS2 – Flu Vaccination service (from NHS BSA claims from dispensing activities September 2024 – January 2025)

AS3 – Pharmacy Contraception Service (from NHS BSA claims from dispensing activities September 2024 – January 2025)

AS4 – Hypertension case-finding service

AS5 – New Medicine Service (from NHS BSA claims from dispensing activities September 2024 – January 2025)

AS6 – National Smoking Cessation Service

AS7 – Appliance Use Review (provided by DACs only – not included in table)

AS8 – Stoma Appliance Customisation (provided by DACs only – not included in table)

AS9 – Lateral Flow Device (LFD) test supply service

NES1 – COVID-19 Vaccination Service (from list of signed up for the Autumn 2024 campaign)

LAS1 – Emergency Hormonal Contraception

LAS2 – Chlamydia screening

LAS3 – Chlamydia treatment

LAS4 – NHS health checks

LAS5 – Needle syringe programme

LAS6 – Supervised consumption

LAS7 – Local Stop smoking service

Wandsworth pharmaceutical list

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7
Asda Pharmacy	FKF82	CP	Asda Superstore, 31 Roehampton Vale, Roehampton, London	SW15 3DT	08:30-22:00	08:00-20:00	11:00-17:00	-	Y	Y	Y	Y	Y	Y	-	Y	-	Y	Y	-	-	-	-	Y
Ashburton Pharmacy	FX324	CP	30 Chartfield Avenue, London	SW15 6HG	09:00-13:00; 14:00-18:30	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	-	-	-	-	Y	Y	-
Auckland Rogers Pharmacy	FHL06	CP	892 Garratt Lane, London	SW17 0NB	09:00-13:00; 14:00-19:00	09:00-14:00; 14:30-17:30	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	Y	Y	-	-	-	Y	Y
Aura Pharmacy	FV302	CP	78 Inner Park Road, Wimbledon Parkside, London	SW19 6DA	09:00-13:00; 14:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	-	Y	Y	-	-	Y	Y	Y
Barkers Chemist	FMT36	CP	219-223 Upper Tooting Rd, London	SW17 7TG	09:00-19:00	09:00-17:30	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	Y	Y	-	-	-	Y	Y
Barkers Chemist	FR218	CP	The Portacabin, 245 Garratt Lane, Wandsworth, London	SW18 4DU	09:00-19:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	-	Y	Y	-	-	Y	Y	Y
Barkers Chemist	FRF12	CP	49 Falcon Road, Battersea, London	SW11 2PH	09:00-19:00	09:00-13:00	Closed	-	-	Y	Y	-	Y	Y	-	Y	-	Y	Y	-	-	Y	Y	Y
Barrons Chemist	FH481	CP	158A Tooting High Street, Tooting, London	SW17 0RT	08:45-19:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	Y	Y	-	Y	-	-	-
Bedford Hill Pharmacy	FRT03	CP	100 Bedford Hill, Balham, London	SW12 9HR	09:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-
Bellevue Pharmacy	FFE83	CP	13 Bellevue Road, Wandsworth Common, London	SW17 7EG	09:00-18:00	09:00-18:00	Closed	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-
Boots	FC061	CP	153/155 Balham High Road, London	SW12 9AU	08:30-20:00	09:00-19:00	11:00-17:00	-	-	Y	Y	-	Y	Y	-	-	-	Y	Y	-	-	-	-	-
Boots	FC815	CP	95/98 The Wandsworth Shopping Centre, Wandsworth, London	SW18 4TG	09:00-18:00	09:00-18:00	11:00-17:00	-	-	Y	Y	-	Y	Y	-	Y	-	Y	Y	-	-	-	-	-
Boots	FD303	CP	45/53 Putney High Street, London	SW15 1SP	09:00-19:00	09:00-18:30	11:00-17:00	-	-	Y	Y	-	Y	Y	-	Y	-	Y	Y	-	-	-	-	-

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7
Boots	FDN74	CP	31-33 Replingham Road, Southfields, London	SW18 5LT	09:00-19:30	09:00-17:30	11:00-17:00	-	-	Y	Y	-	Y	Y	-	Y	-	Y	Y	-	-	-	-	Y
Boots	FJE22	CP	59/61 Mitcham Road, London	SW17 9PB	08:30-19:00	09:00-18:00	11:00-17:00	-	-	Y	Y	-	Y	Y	-	Y	-	Y	Y	-	-	-	-	-
Boots	FKP46	CP	109 High Street, Putney, London	SW15 1SS	09:00-18:00	09:00-18:00	Closed	-	-	Y	Y	-	Y	Y	-	-	-	-	-	-	-	-	-	-
Boots	FVK09	CP	21/23 St.John's Road, Clapham Junction, London	SW11 1QN	09:00-19:00	09:00-19:00	11:00-18:00	-	-	Y	Y	-	Y	Y	-	Y	-	Y	Y	-	-	-	-	-
Boots	FYN24	CP	10 Falcon Lane, Clapham Junction, London	SW11 2LG	09:00-20:00	09:00-18:00	11:00-17:00	-	-	Y	Y	-	Y	Y	-	Y	-	Y	Y	-	-	-	-	-
C Bradbury	FRF80	CP	86 Moyser Road, Streatham, London	SW16 6SQ	09:00-18:30 (Wed: 09:00-13:00)	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	Y	Y	-	Y	-	-	Y
Care Chemists	FNR03	CP	43 Danebury Avenue, Roehampton, London	SW15 4DQ	09:00-18:30	Closed	Closed	-	-	Y	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-
Clarke Pharmacy	FE033	CP	217 St Johns Hill, Battersea, London	SW11 1TH	09:00-18:30	09:00-14:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	Y	-
Cooks Pharmacy	FG599	CP	6 Replingham Road, Southfields, London	SW18 5LS	09:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	-	-	-	-	-	-	-
Day Lewis Pharmacy	FCG60	CP	256-258 Balham High Road, Balham, London	SW17 7AW	09:00-18:30	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	-	-	-	-	-	-	-
Day Lewis Pharmacy	FH098	CP	123 Lavender Hill, London	SW11 5QL	09:00-18:30	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	-	-	-
Day Lewis Pharmacy	FN030	CP	145 Franciscan Road, Tooting, London	SW17 8DS	09:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	-	-	-
Dumlers Pharmacy	FT780	CP	436-438 Garratt Lane, London	SW18 4HN	09:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	Y	Y	Y	-	Y	Y	Y
Earlsfield Pharmacy	FGW45	CP	607-609 Garratt Lane, Wandsworth, London	SW18 4SU	09:00-19:00	09:00-17:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	Y	Y	-	-	-	-	Y
East Chemist	FKE89	CP	16 High Street, Roehampton, London	SW15 4HJ	09:00-18:00	09:00-16:00	Closed	-	-	Y	Y	-	Y	Y	-	-	Y	-	-	-	-	-	-	-
East Hill Pharmacy	FMC35	CP	53 East Hill, Wandsworth, London	SW18 2QE	09:00-19:00	09:00-16:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	Y	Y	Y	-	Y	Y	Y

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7
Fairoak Pharmacy	FXN95	CP	270 Mitcham Lane, Streatham, London	SW16 6NU	09:00-19:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	Y	Y	-	-	-	-	Y
Fazal Pharmacy	FV141	CP	225 Merton Road, Southfields, London	SW18 5EE	09:00-17:00	Closed	Closed	-	-	Y	Y	-	Y	Y	-	Y	-	-	-	-	-	-	-	-
Goys The Chemist	FY670	CP	27 Northcote Road, London	SW11 1NJ	09:00-19:00	09:00-17:30	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	-	-	-	-	-	-	-
Healthchem (Battersea) Ltd	FFH00	CP	166-168 Battersea Bdge Rd, London	SW11 3AW	09:00-19:30	09:00-18:00	Closed	-	-	Y	Y	-	-	Y	-	Y	-	-	-	-	-	Y	Y	-
Healthchem Pharmacy	FNE38	CP	4-5 Station Parade, Balham High Road, London	SW12 9AZ	09:00-18:30	09:00-14:00	Closed	-	-	Y	Y	-	-	Y	-	-	-	-	-	-	-	-	-	-
Husbands Pharmacy	FCL10	CP	124 Upper Richmond Road, Putney, London	SW15 2SP	09:00-19:00	09:00-18:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	Y	Y	-	Y	-	-	Y
Jennings Chemist	FX689	CP	262 Battersea Park Road, London	SW11 3BP	09:00-19:00 (Fri: 09:00-18:00)	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-
Krystal Pharmacy	FP107	CP	248 Battersea Park Road, London	SW11 3BP	09:00-18:00	09:00-12:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	Y	Y	-	-	-	Y	Y
Lords Pharmacy	FDV93	CP	98 Tooting High Street, Tooting, London	SW17 0RR	09:00-19:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	Y	Y	-	Y	-	Y	Y
Mansons Pharmacy	FNG23	CP	195 Wandsworth High St, London	SW18 4JE	09:00-18:30	09:00-12:00	Closed	-	-	Y	Y	-	Y	Y	-	Y	-	Y	Y	-	-	-	Y	Y
Markrise Pharmacy	FAJ87	CP	121-125 Mitcham Lane, West Streatham, London	SW16 6LY	09:00-18:30	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	Y	-	-	-	Y	Y	-
Nettles Pharmacy	FFD49	CP	18 Upper Tooting Road, London	SW17 7PG	09:00-19:00	09:00-18:00	Closed	-	-	Y	Y	-	Y	Y	-	Y	Y	Y	Y	-	-	-	Y	Y
Northcote Pharmacy	FLL81	CP	130 Northcote Road, London	SW11 6QZ	09:00-19:00	09:00-18:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	Y	Y	-	-	-	-	Y
Paydens Pharmacy	FJL27	CP	266A Upper Richmond Road, Putney, London	SW15 6TQ	08:00-19:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	-	-	-	-	-	-	-
Pearl Chemist	FDC47	CP	136-138 Mitcham Road, Tooting, London	SW17 9NH	09:00-19:00	09:00-14:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	Y	Y	Y	-	-	-	Y
Pharmalite Limited	FG141	CP	296 Cavendish Road, Balham, London	SW12 0PL	08:45-18:45	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	Y	Y	-	-	Y	Y	Y

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7
Putney Pharmacy	FM656	CP	278 Upper Richmond Road, Putney, London	SW15 6TQ	09:00-19:00	09:00-14:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	Y	Y	Y	-	-	-	Y
R Walji Pharmacy	FCK89	CP	6 Rockingham Close, Lennox Estate Putney, London	SW15 5RW	09:00-17:30	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	Y	Y	-	-	-	Y	Y
Revelstoke Pharmacy	FE297	CP	492A Merton Road, Southfields, London	SW18 5AE	09:00-18:30	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	-	-	-	-	-	Y	-
Robards Dispensing Chemist	FYH80	CP	15 Battersea Rise, London	SW11 1HG	08:30-18:30	09:00-17:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	Y	-	-	-	-	-	-
Saturn Pharmacy	FV807	CP	75 Mitcham Lane, London	SW16 6LY	09:00-19:00 (Wed, Thu: 09:00-18:00)	09:00-17:00	Closed	-	-	Y	Y	-	Y	Y	-	Y	-	-	-	-	-	-	-	-
Superdrug Pharmacy	FHM82	CP	36 St.Johns Road, Battersea, London	SW11 1PW	08:30-14:00; 14:30-18:30	08:30-14:00; 14:30-17:30	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-
The Olde Pharmacy	FG402	CP	50 Chatfield Road, Battersea, London	SW11 3UY	09:00-18:30	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-
Tooting Pharmacy Practice	FK076	CP	175 Upper Tooting Road, London	SW17 7TJ	09:30-19:30	09:30-19:00	11:00-13:00	-	-	Y	Y	Y	Y	Y	-	Y	-	Y	Y	-	-	Y	Y	Y
Trinity Pharmacy	FKP10	CP	278A-280 Balham High Road, London	SW17 7AL	09:00-19:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	Y	Y	Y	-	-	Y	Y
W J Boyes Pharmacy	FD258	CP	61 Balham Hill, London	SW12 9DR	09:00-19:00	09:00-14:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	Y	Y	-	-	-	-	Y
Wandsworth Pharmacy	FTV91	CP	96 Garratt Lane, Wandsworth, London	SW18 4DH	09:00-19:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	Y	Y	-	-	-	-	-
Well	FX183	CP	31A Danebury Avenue, Roehampton, London	SW15 4DG	09:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	-	-	-	-	Y	Y	-
Wellbeing Pharmacy	FQM69	CP	13 Replingham Road, Southfields, London	SW18 5LT	09:00-19:00	09:00-17:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	-	-	-	-	-	-	-
Wellcare Pharmacy	FWC62	CP	299-303 Battersea Park Rd, Battersea, London	SW11 4LX	09:00-18:30	09:00-14:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	-	Y	Y	Y	-	-	-	-
Your Pharmacy	FEQ88	DSP	105 Roehampton Vale, Putney, London	SW15 3PG	09:00-13:00; 14:00-18:00	Closed	Closed	-	-	Y	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-

Appendix B: PNA project plan

	Mar 2025	Apr 2025	May 2025	Jun 2025	Jul 2025	Aug 2025	Sep 2025
Stage 1: Project planning and governance <ul style="list-style-type: none"> Stakeholders identified and PNA Steering Group terms of reference agreed Project plan, PNA localities, communications plan and data to collect agreed at Steering Group meeting Prepare questionnaires for initial engagement 							
Stage 2: Research and analysis <ul style="list-style-type: none"> Collation of data from Public Health, LPC, ICB and other providers of services Listing and mapping of services and facilities Collation of data for housing developments Equalities Impact Assessment Analysis of questionnaire responses Review all data at Steering Group meeting 							
Stage 3: PNA development <ul style="list-style-type: none"> Review and analyse data and information collated to identify gaps in services based on current and future population needs Develop consultation plan Draft PNA Sign off draft PNA at Steering Group meeting and update for HWB 							
Stage 4: Consultation and final draft production <ul style="list-style-type: none"> Coordination and management of consultation Analysis of consultation responses and production of report Draft final PNA for approval Sign off final PNA at Steering Group meeting Edit final PNA 2025 ready for publication and provide update for HWB 							

Appendix C: PNA Steering Group terms of reference

1. Background and purpose

Every Health and Wellbeing Board (HWB) in England has a statutory responsibility to publish and keep up to date a statement of the needs for pharmaceutical services of the population in its area, referred to as a Pharmaceutical Needs Assessment (PNA).

The PNA is used as a basis for determining market entry to a pharmaceutical list. This means that any new pharmacy wishing to open must demonstrate that it meets a need identified in the PNA.

The information to be contained in the PNA is set out in Regulations 3-9 and Schedule 1 of The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013. In summary:

- Regulation 3 provides a definition of what is meant by the term pharmaceutical services
- Regulation 4 and Schedule 1 set out the information that must be included, although health and wellbeing boards are free to include any other information that is felt to be relevant
- Regulations 5 and 6 confirm when a new pharmaceutical needs assessment is to be published by and when a supplementary statement may or must be published
- Regulation 8 sets out the minimum consultation requirement
- Regulation 9 sets out matters that the health and wellbeing board is to have regard to

The 2013 regulations require a report of the consultation to be included in the final version of the PNA.

Inaccuracies or omissions in the PNA can lead to legal challenges from pharmacy applicants or other stakeholders. It is crucial that the PNA is thorough, evidence-based and accurately reflects the needs of the population.

Decisions have been made by the London Boroughs of Croydon, Merton, Richmond, Sutton and Wandsworth to work collaboratively in the development of their respective PNAs.

The purpose of the SWL PNA Steering Group is to oversee the development, implementation, and evaluation of the 5 PNAs. The group will ensure that the assessment is comprehensive, evidence-based, and aligned with the healthcare needs of the community whilst also adhering to the statutory guidance.

2. Roles and responsibilities

The SWL PNA steering group has been established to:

- To provide strategic direction and oversight for the PNA process for each named SWL borough.
- Share learning across SWL and with Directors of Public Health with the joint commissioning approach.

- Approve the project plan and timeline, monitoring progress and addressing any challenges or barriers.
- Ensure that the published PNA complies with all the requirements set out under the Regulations, aligning with each borough required publishing date.

London Borough	Statutory publishing date
Croydon	1 October 2025
Merton	1 October 2025
Richmond	1 October 2025
Sutton	1 October 2025
Wandsworth	1 October 2025

- To ensure stakeholder engagement including patients, service users and the public when developing the PNAs.
- To review and approve the methodology and data collection tools which will be used as the basis for the PNA.
- Approve the framework for the PNAs.
- Develop and approve a draft PNA for formal consultation with stakeholders
- Consider and act upon formal responses received during the formal consultation process, making appropriate amendments to the PNAs x5
- Ensure the consultation meets the requirements as set out in the Regulations.
- Support the timely submission of the final PNAs to the respective Health and Wellbeing Boards for approval prior to publication.
- Following publication of the final PNA, the PNA Steering Group will be convened on an 'as required' basis.
- Establish arrangements to ensure the appropriate maintenance of the PNAs, following publication, as required by the Regulations. This will include meeting with local boroughs leads as and when necessary.
- To review summary of key themes and recommendations for the final PNAs.

3. Governance and reporting

- The London Boroughs of Croydon, Merton, Richmond, Sutton and Wandsworth have given the authority for a Joint SWL PNA steering group to be established to support with the discharge of all functions in relation to the PNA in each borough.
- A separate place based PNA will be developed for each named borough. The draft PNA for consultation and the final PNA will be presented to the respective HWBs for approval.
- Each steering group borough member/s will report directly to their Director of Public Health and is accountable to each HWB through this route. They will also be responsible for providing formal reports to their respective HWB.
- Regular updates will be provided to all Local Public Health Teams (Croydon, Merton, Richmond, Sutton and Wandsworth).
- Declaration of interests will be a standing item on each PNA Steering Group agenda.

4. Meetings frequency

- The SWL PNA steering group will meet monthly, with additional meetings scheduled in accordance with the needs of the project plan.
- Agendas and relevant documents will be circulated at least one week prior to each meeting.
- Minutes will be taken and distributed to all members within two weeks of each meeting.
- For meetings to be quorate the following needs to be adhered to
 - Chair (or nominated deputy).
 - Community Pharmacist (LPC, or local contractor from each borough).
 - One other member from each borough.
 - Representative from Soar Beyond Ltd.

5. SWL PNA Steering Group membership

- Chairperson/ Co-chair: To lead the SWL PNA steering group meetings, ensure adherence to the agenda, and facilitate discussions.
- Members: To actively participate in meetings, provide input and feedback, and contribute to the decision-making process.
- Secretariat: To organise meetings, prepare agendas and minutes, and provide administrative support.

The SWL PNA steering group will consist of representatives (core members) from the following sectors:

Name	Role
Nike Arowobusoye	Chair - London Borough of Richmond and Wandsworth
Sally Hudd	London Borough of Croydon
Jack Bedeman (Deputy)	London Borough of Croydon
Barry Causer	London Borough of Merton
Clare Ridsdill Smith	London Borough of Sutton
Emily Huntington (Deputy)	London Borough of Sutton
Martin Donald	London Borough of Richmond and Wandsworth
Benjamin Humphrey	London Borough of Richmond and Wandsworth
Alyssa Chase-Vilchez	SWL Healthwatch
Amit Patel	Community Pharmacy/ LPC
Dina Thakker	SWL ICB
Anjna Sharma	Co-chair - Soar Beyond Ltd

The SWL PNA steering group may co-opt additional support and subject matter expertise as necessary. In carrying out its remit, the SWL PNA steering group may interface with a wider range of stakeholders.

6. Project management

Soar Beyond Ltd has been commissioned to provide consultancy support to prepare the PNAs for each named SWL borough and will also provide project management support.

Anjna Sharma is the Soar Beyond Ltd Director, with overall responsibility for developing the five PNAs, project managing the process and delivering within the specified timeframe for each named SWL borough.

Version control

Version	Author	Date	Comments
1.0	Sally Hudd, Croydon Public Health Team	February 2025	
1.01	SWL PNA steering group	24 February 2025	Discussion during meeting
1.02	SWL PNA steering group	7 April 2025	Discussion during meeting

Document approval

Name	Signed	Date
Martin Donald		07.04.2025
Benjamin Humphrey		07.04.2025
Nike Arowobusoye		07.04.2025
Sally Hudd		07.04.2025
Jack Bedeman		07.04.2025
Emily Huntington		07.04.2025
Claire Ridsdill-Smith		07.04.2025
Barry Causer		07.04.2025
Dina Thakker		07.04.2025
Alyssa Chase-Vilchez		07.04.2025

February 2025.

Appendix D: Public questionnaire

Total responses received: 237.

The questionnaire was open for responses between 1 May and 1 June 2025.

When reporting the details of the responses, please note:

- Some numbers may be higher than the number of answers due to multiple choice.
- Some figures may not add up to 100% due to rounded numbers.
- The option with the higher number of responses shows in bold to facilitate analysis.
- The number of comments may be different to the number of responses due to some users adding different themes and comments being “N/A” or “No comment”.

1) Why do you usually visit a pharmacy? (Please tick all that apply) (Please note number and percentages may add up to more than 100% due to multiple responses) (Answered: 233, Skipped: 4)

Options	%	Number
To buy over-the-counter medicines	48%	112
To collect prescriptions for myself	91%	213
To collect prescriptions for somebody else	31%	72
To get advice from a pharmacist	46%	107
Other (please specify)	13%	31

Other comments (themes)	Number
To get vaccinations (flu, COVID)	19
Other pharmacy services	6
Don't visit the pharmacy but get medicines delivered	6
Buy other items, like cosmetics or toiletries	5

2) How often have you visited or contacted a pharmacy in the last six months? (Answered: 237, Skipped: 0)

Options	%	Number
Once a week or more	8%	18
A few times a month	35%	84
Once a month	33%	78
Once every few months	19%	46
Once in six months	3%	8
I have not visited/contacted a pharmacy in the last six months	1%	3

- 3) What time is most convenient for you to use a pharmacy?** (Please tick all that apply)
 (Please note number and percentages may add up to more than 100% due to multiple responses) (Answered: 236, Skipped:1)

Options	%	Number
Before 9am	6%	14
9am-1pm	30%	71
1pm-5pm	25%	60
5pm-7pm	17%	39
After 7pm	8%	18
It varies	47%	112

- 4) Which days of the week are most convenient for you to use a pharmacy?** (Please tick all that apply) (Please note number and percentages may add up to more than 100% due to multiple responses) (Answered: 236, Skipped: 1)

Options	%	Number
Monday	18%	42
Tuesday	17%	40
Wednesday	18%	43
Thursday	20%	48
Friday	19%	44
Saturday	19%	45
Sunday	10%	24
It varies	71%	167

- 5) Do you have a regular or preferred local community pharmacy?** (Answered: 237, Skipped: 0)

Options	%	Number
Yes	91%	216
No	4%	10
I prefer to use an internet/online pharmacy	1%	3
I use a combination of traditional and internet pharmacy	3%	8

- 6) Is there a more convenient and/or closer pharmacy that you don't use and why is that?** (Answered: 232, Skipped: 5)

Options	%	Number
I use the most convenient/closest pharmacy to me	79%	184
I don't use the most convenient/closest to me	21%	48

Other comments (themes)	Number
Good service or customer service at chosen pharmacy	10
Poor service or worse customer service at other pharmacy	9
Good location near doctor surgery	9
Habit, personal preference or recommendation	7
Convenience	3
Stock levels	3
No pharmacies nearby	3
Longer or more convenient opening hours	2
Easier to get to, park or better public transport links	2
Prices	2
Other (one comment each)	3

7) How important are the following factors in your choice of pharmacy? (Please tick one box for each factor) (Please note percentages are calculated for each factor) (Answered: 237, Skipped: 0)

Factors	Extremely important	Very Important	Quite Important	Not Very Important	Not at all important
Quality of service (expertise)	167 (70%)	58 (25%)	8 (3%)	3 (1%)	1 (1%)
Customer service	129 (55%)	78 (33%)	24 (10%)	1 (1%)	1 (1%)
Location of pharmacy	112 (47%)	83 (35%)	36 (15%)	6 (3%)	0 (0%)
Opening times	82 (35%)	77 (33%)	62 (26%)	13 (6%)	2 (1%)
Parking	19 (8%)	10 (4%)	16 (7%)	44 (20%)	137 (61%)
Public transport	26 (12%)	27 (12%)	34 (15%)	39 (17%)	98 (44%)
Accessibility (wheelchair / buggy access)	21 (9%)	30 (13%)	25 (11%)	31 (14%)	116 (52%)
Communication (languages / interpreting service)	27 (12%)	21 (9%)	26 (12%)	31 (14%)	119 (53%)
Space to have a private consultation	48 (21%)	52 (22%)	63 (27%)	43 (19%)	26 (11%)
Availability of medication	166 (70%)	58 (25%)	7 (3%)	3 (1%)	2 (1%)
Services provided	95 (41%)	88 (38%)	32 (14%)	10 (4%)	4 (2%)

8) How do you usually travel to the pharmacy? (Please tick all that apply) (Please note number and percentages may add up to more than 100% due to multiple responses) (Answered: 237, Skipped: 0)

Options	%	Number
Walk	85%	202
Car	14%	32
Public transport	11%	25
Bicycle	5%	12
Electric scooter	0%	0
Taxi	0%	0
Wheelchair/mobility scooter	1%	2
I don't, someone goes for me	1%	3
I don't, I use a delivery service	3%	8
I don't, I use an online pharmacy	1%	2
Other (please specify below)	1%	2

9) How long does it usually take you to travel to your pharmacy? (Answered: 236, Skipped: 2)

Options	%	Number
Less than 20 minutes	87%	206
20-30 minutes	10%	24
30-40 minutes	1%	2
More than 40 minutes	0%	0
Not applicable - I don't travel to the pharmacy	2%	4

10) Do you have any other comments that you would like to add regarding pharmaceutical services in Wandsworth borough? (Answered: 101, Skipped or no comment: 136)

Other comments (themes)	Number
Very good pharmacy service and provision	34
Need for longer opening hours outside normal working hours, including lunch time, evenings and weekends	16
Praising role of pharmacy in the community and to see pharmacist instead of doctor	10
Poor service, including waiting time for prescriptions or wrong medicines dispensed	9
Concerns about pharmacy pressures, closures and capacity	8

Other comments (themes)	Number
Difficulty to access the pharmacy or for parking	6
Would like more services provided by pharmacies and/ or information about the services	5
Need for a pharmacy in a specific area (Lower Richmond Road mentioned 4 times)	5
Importance of delivery service	3
Other comments (one response each)	5

11) Are you aware of, or have you ever used any of the other following services that are available in community pharmacies in Wandsworth borough? (Please tick all that apply) (Please note number and percentages may add up to more than 100% due to multiple responses) (Answered: 160, Skipped: 77)

Options	%	Number
Pharmacy First Service	11%	18
Blood pressure monitoring service	35%	56
Pharmacy Contraception Service	10%	16
Smoking cessation service	11%	18
Flu vaccination service	91%	146
New Medicine Service	6%	10

About you

12) What is your sex? (Answered: 235, Skipped: 2)

Options	%	Number
Female	66%	156
Male	32%	75
Prefer not to say	2%	4

13) Is the gender you identify with the same as your sex registered at birth? (Answered: 236, Skipped: 1)

Options	%	Number
Yes	98%	232
No, write in gender identity below	0%	1
Prefer not to say	1%	3

14) What was your age last birthday? (Answered: 236, Skipped: 1)

Options	%	Number
19 and under	0%	0
20-24	0%	1
25-34	3%	7
35-44	6%	13
45-54	13%	30
55-64	16%	37
65-74	29%	69
75+	29%	69
Prefer not to say	4%	10

15) What is your ethnic group? (Answered: 233, Skipped: 4)

Options	%	Number
White	87%	202
Mixed/multiple ethnic groups	3%	8
Asian or Asian British	3%	6
Black/African/Caribbean/Black British	1%	2
Prefer not to say	4%	10
Other ethnic group, please specify	2%	5

16) Which of the following best describes your sexual orientation? (Answered: 233, Skipped: 4)

Options	%	Number
Straight/Heterosexual	87%	203
Gay man or Lesbian	6%	13
Bisexual	0%	0
Prefer not to say	7%	16
Other sexual orientation, write in	0%	1

17) What is your religion? (Answered: 235, Skipped: 2)

Options	%	Number
No religion	37%	88
Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	52%	123
Buddhist	0%	0
Hindu	1%	1
Jewish	0%	0
Muslim	2%	5
Sikh	0%	0
Prefer not to say	7%	17
Any other religion, write in	1%	1

18) Do you have any physical, mental health conditions or illnesses lasting or expected to last 12 months or more? (Answered: 232, Skipped: 5)

Options	%	Number
Yes	63%	147
No	32%	75
Prefer not to say	4%	10

19) Please select all of the following conditions that apply to you: (Please tick all that apply) (Please note number and percentages may add up to more than 100% due to multiple responses) (Answered: 216, Skipped: 21)

Options	%	Number
Blind or have a visual impairment uncorrected by glasses	3%	6
Deaf or have a hearing impairment	12%	26
Neurodiversity such as Autism, ADHD, ADD, dyslexia, dyscalculia and dyspraxia	4%	9
Long term illness or health condition such as cancer, HIV, diabetes, chronic heart disease or epilepsy	29%	62
Mental health condition, challenge or disorder, such as depression, schizophrenia or anxiety	12%	27
Physical impairment (a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, lifting or carrying)	18%	39
Social / communication conditions such as a speech and language impairment or an autistic spectrum condition	1%	2
Prefer not to say	8%	17
None	33%	71
Other	8%	18

20) Are you care experienced? (Answered: 233, Skipped: 4)

Options	%	Number
Yes	4%	9
No	93%	217
Prefer not to say	3%	7

21) Do you have a connection to the Armed Forces? (Answered: 235, Skipped: 2)

Options	%	Number
No	94%	222
Current member of HM Armed Forces - Regular or Reserve	0%	0
Former member of HM Armed Forces - Regular or Reserve	2%	5
Spouse / partner of serving or former members of HM Armed Forces	0%	0
Widow(er) of member of HM Armed Forces	0%	0
Recently divorced or separated spouses or partners of serving or former members of HM Armed Forces	0%	0
Prefer not to say	2%	5
Other (please specify below if you wish)	1%	3

22) Are you an unpaid carer for an adult relative/partner, disabled child, or friend/neighbour? (Answered: 234, Skipped: 3)

Options	%	Number
Yes	17%	39
No	80%	188
Prefer not to say	3%	7

23) Are you a British/United Kingdom citizen? (Answered: 234, Skipped: 3)

Options	%	Number
Yes	89%	209
No	9%	22
Prefer not to say	1%	3

24) If you are a national of another country, are you: (Answered: 83, Skipped: 154)

Options	%	Number
An EU National	40%	33
Refugee	0%	0
Asylum Seeker	0%	0
A student	0%	0
Not applicable	53%	44
Prefer not to say	5%	4
Other e.g. working holiday visa (please specify below if you wish)	2%	2

Appendix E: Travel analysis methodology

Travel analysis methodology

Accessibility analysis was conducted to identify areas where pharmacies are accessible within specified time limits and selected modes of travel. This analysis is based on the selection of pharmacies within designated areas of interest, with the consideration that populations from neighbouring areas may also have access to these pharmacies. The analysis accounts for both the location of the pharmacies and the surrounding areas from which individuals can feasibly reach them within the defined time constraints and travel methods.

This analysis incorporated community pharmacies (including 72 hour+ pharmacies) dispensing GP practices, Dispensing Appliance Contractors (DACs) and Distance-Selling Pharmacies (DSPs) where applicable.

The accessibility analysis consists of two key components, which are combined to determine the population within reach of pharmacies for the specified travel time and mode of travel:

Travel-time isochrone: This component defines the access extents for the selected pharmacies within a specified time limit and mode of travel. The isochrones incorporate the road network, public transport schedules, and a buffer for walking or cycling time to the nearest public transport stop. Isochrones are modelled for different times of the day to capture variations in accessibility during peak and off-peak periods. The peak period is defined as 9:00 am on a weekday, while the off-peak period is set at 2:00 pm on a weekday.

Grid-point population: To estimate population at a 100m x 100m grid level with sensitivity to land use and building types, the following methodology was used:

- **Small area population projections:** These were derived using the latest Local Authority District (LAD)-level projections (mid-2018, released in 2020)⁹¹. These projections were rebased to align with Lower Layer Super Output Area (LSOA)-level⁹² and Output Area (OA)-level population estimates⁹³ (mid-2022, released in 2024).
- **Disaggregation to grid-level:** The small-area population projections were disaggregated to a 100m x 100m grid, assigning a population to each grid point.

⁹¹ ONS. Population projections for local authorities: Table 2 – 2018 based. March 2020. [Accessed May 2025]

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandtable2>

⁹² ONS. Lower layer Super Output Area population estimates (supporting information) – Mid 2019 to Mid-2022. November 2024. [Accessed May 2025]

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/dataset/s/lowersuperoutputareamidyearpopulationestimates>

⁹³ ONS. Census Output Area Population Estimates (supporting information). [Accessed May 2025]

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/dataset/s/censusoutputareapopulationestimatesupportinginformation>

- **Weighting by land use:** The disaggregated population was weighted based on land use, for example greenspaces, water bodies and residential areas. Grid points falling within non-residential areas were assigned a population of zero.

The two components—travel-time isochrones and grid-point population—are spatially overlaid to calculate the total resident population within the pharmacies' access isochrones. This overlay aggregates the population at the grid-point level that falls within the defined travel time and selected mode of travel.

The areas from which a pharmacy can be reached within the specified travel time bands are visualised as shaded zones on the maps. The shading colour corresponds to the travel time required to access a pharmacy from a given area. Areas not shaded on the map indicate that accessing any of the pharmacies in the analysis would require more time than the allocated upper limit or that the area is inaccessible using the specified travel mode.