



DRAFT Pharmaceutical Needs Assessment 2025

Sutton
Health and Wellbeing Board

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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
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
JHWS	–	Joint Health and Wellbeing Strategy
JSNA	–	Joint Strategic Need Assessment
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 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
PhAS – Pharmacy Access Scheme
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 Sutton updates the 2022 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.

Pharmaceutical services provision in Sutton

As of May 2025, Sutton has 39 [community pharmacies](#) (including two [distance-selling pharmacies](#) and a [local pharmaceutical service provider](#)) and one [Dispensing Appliance Contractor \(DAC\)](#), equating to 18.5 community pharmacies per 100,000 population, slightly above the national average. Since the previous PNA published in 2022, there has been a reduction in four 40-hour community pharmacies, however an increase in one DSP has resulted in a net loss of three in the area.

Pharmacy access across the borough is good. Saturday access is very good, with 90% of pharmacies open, and 38% provide evening services on weekdays. Sunday access is more limited but 18% of pharmacies open, reflecting wider patterns in healthcare availability on weekends.

Travel analysis shows that 99% of residents with access to a car or van can reach a pharmacy by private transport within 20 minutes, while 64.7% can do so on foot and 56.7% using public transport.

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

Conclusion

NHS pharmaceutical services are well distributed across Sutton. 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 Sutton 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 Sutton HWB was published in November 2022. This PNA for Sutton 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)

- **Integrated Care Boards (ICBs) replaced Clinical Commissioning Groups (CCGs)** on 1 July 2022, as part of the move to establish Integrated Care Systems (ICSs). ICBs took on delegated responsibility for commissioning pharmacy services from NHS England on 1 April 2023. ICSs bring together NHS organisations, local councils and other partners to improve health outcomes, reduce inequalities and ensure the best use of resources for their local populations.
- The National Community Pharmacy **Hepatitis C Antibody Testing Service** was decommissioned from 1 April 2023.
- 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.
- **Hypertension case-finding service²** requirements were updated and means the service can be provided from 1 December 2023 by suitably trained and competent pharmacy staff; previously, only pharmacists and pharmacy technicians could provide the service.
- **Independent Prescribing 'Pathfinder' Programme**, NHSE has developed a programme of pilot sites, referred to as 'pathfinder' sites, across integrated care systems enabling a community pharmacist independent prescriber to support primary care clinical services. This presents a unique opportunity for community pharmacy to 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.

² 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/>

- **Pharmacy First service³** launched on 31 January 2024, this 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 General Practitioner (GP) appointment.
- **New Community Pharmacy Contract 2025/26:** A new contract has been agreed and is currently in review and discussion for 2026 onwards. This includes additional funding for the Community Pharmacy Contractual Framework for 2025/2026.
- **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 (CPE). Pharmacy First Service. March 2025 [Accessed May 2025] <https://cpe.org.uk/national-pharmacy-services/advanced-services/pharmacy-first-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. Some of the key changes are listed below:

Changes to the Pharmaceutical Services (PLPS) Regulations:

- New provisions will allow pharmacy owners greater flexibility to change their core opening hours. The aim is to support pharmacies in managing capacity more effectively and to better respond to local need. These changes are not yet in force but are expected to be implemented during the timeframe covered by the PNA.
- From 23 June 2025, no new applications for Distance Selling Pharmacies (DSPs) will be accepted as entry to the DSP market will be closed under the amended regulations.
- From 1 October 2025, DSPs will no longer be permitted to provide Advanced and Enhanced services on their premises, though remote provision will still be allowed where specified. An exception applies for flu and COVID-19 vaccinations, which may continue to be provided on site until 31 March 2026.
- Service developments:
 - From October 2025 the Pharmacy Contraception Service will be expanded to include Emergency Hormonal Contraception (EHC).
 - New Medicine Service will be expanded to include depression from October 2025.
 - The national Smoking Cessation Service will have Patient Group Directions (PGDs) introduced to enable provision of Varenicline and Cytisine (Cytisine). No dates have been given for this.

In March 2025, the government announced plans 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 and what implications this will have for community pharmacy is yet still unknown.

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 the Joint Strategic Needs Assessment (JSNA) and the Sutton Health and Care Plan, which fulfils the role of the Joint Health and Wellbeing Strategy (JHWS) in Sutton. The JSNA, which is available on the Sutton Council website, provides an overview of the needs of the local population. The Sutton Health and Care Plan sets out how local partners will work together to address key priorities identified through the JSNA.

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 Sutton 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 in 2022.

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 test⁹. 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.¹⁰ 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 Health Act 2006 - Explanatory Notes [Accessed June 2025]
<https://www.legislation.gov.uk/ukpga/2006/28/notes/division/6/8/1>

¹⁰ 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 stated 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 Sutton will receive pharmaceutical services from a DSP outside Sutton.

Figures for 2023-24 show that in England there were 409 DSPs¹¹, 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 2025¹².

1.5.1.3 Pharmacy Access Scheme (PhAS) providers¹³

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.

¹¹ 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](#)

¹² 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/>

¹³ 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 AUR and SAC. As of January 2025,¹⁴ 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.

1.5.4 Other providers of pharmaceutical services in neighbouring areas

There are four other HWBs that border Sutton:

- Croydon.
- Kingston upon Thames.

¹⁴ NHS BSA. Dispensing contractors' data. [Accessed May 2025] <https://www.nhsbsa.nhs.uk/prescription-data/dispensing-data/dispensing-contractors-data>

- Merton.
- Surrey.

In determining the needs for pharmaceutical service provision to the population of Sutton, consideration has been made to the pharmaceutical service provision from the neighbouring HWB areas. Although Sutton 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 2019,¹⁵ 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 Sutton.

1.5.5.1 Essential Services (ES)¹⁶

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.

¹⁵ 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

¹⁶ Community Pharmacy England (CPE). Essential Services. April 2024. [Accessed May 2025] <https://cpe.org.uk/national-pharmacy-services/essential-services/>

- **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.
- **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’.

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

1.5.5.2 Advanced Services (AS)¹⁷

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 Sutton 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.
- **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).

¹⁷ Community Pharmacy England (CPE). Advanced Services. February 2025. [Accessed May 2025] <https://cpe.org.uk/national-pharmacy-services/advanced-services/>

- **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 for a selected cohort of patients. Pharmacy owners must also provide the Flu Vaccination Service.
- **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 Sutton 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

Sutton HWB has a statutory duty under the Health and Social Care Act to produce and publish a revised Pharmaceutical Needs Assessment (PNA) at least every three years. The operational responsibility for developing and producing the PNA is delegated to Sutton Public Health and the Sutton PNA Steering Group, with the HWB retaining final sign-off authority.

The last PNA for Sutton was published in November 2022 and is therefore due to be reassessed and published by November 2025. However, to support a collaborative approach, the London Boroughs of Sutton, Merton, Croydon, 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 Sutton 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. The questionnaire was open from 28 May to 25 June. A total of 367 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 three 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 with all relevant commissioners 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.

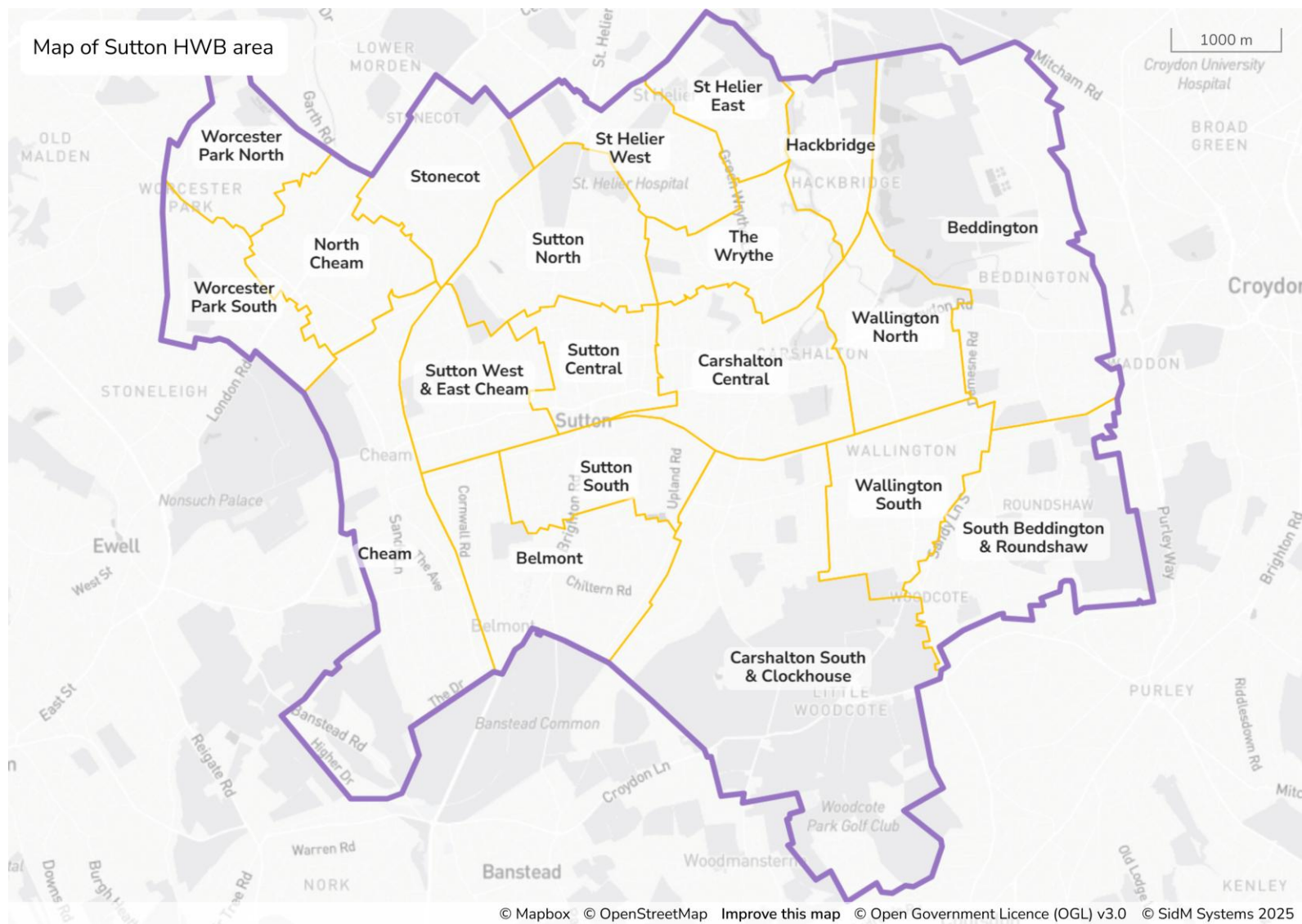
1.7 Localities for the purpose of the PNA

The PNA Steering Group, at its first meeting, considered how the localities within Sutton 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. This also allows for direct comparison to the previous PNA.

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 Sutton Council. Once collated, it was ratified by the steering group during the second steering group meeting.

Figure 1: Map of Sutton 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 laid out in the JSNA of the local area. The strategies for meeting the key priorities identified in JSNAs are contained in the Joint Health and Wellbeing Strategies. In Sutton, the HWB has adopted the 'Sutton Health and Care Plan' as the HWB Strategy.

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 Sutton. This section should be read in conjunction with the JSNA and Sutton Health and Care Plan. 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 Sutton Health and Wellbeing Strategy.

2.1 NHS Long Term Plan¹⁸

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).

¹⁸ NHS Long Term Plan. [Accessed May 2025] www.longtermplan.nhs.uk/

2.2 Core20PLUS¹⁹

'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 groups, 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.²⁰ 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'²¹.

2.4 Neighbourhood Health Guidelines²²

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 multi-disciplinary teams (MDTs).
- Integrated intermediate care with a 'home first' approach.
- Urgent neighbourhood services.

¹⁹ NHSE. Core20PLUS5 (adults) – an approach to reducing healthcare inequalities. [Accessed May 2025] www.england.nhs.uk/about/equality/equality-hub/core20plus5/

²⁰ NHS. Three shifts. [Accessed May 2025] <https://change.nhs.uk/en-GB/projects/three-shifts>

²¹ NHS Confederation. Is the left shift mission impossible? March 2025. [Accessed May 2025] <https://www.nhsconfed.org/long-reads/left-shift-mission-impossible>

²² 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.²³

2.5 South West London (SWL) Integrated Care System Strategy²⁴

In an integrated care system, 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.
- 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.

2.6 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.

²³ 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/>

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>

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>

- 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.

2.7 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 Sutton²⁷ includes a Borough Profile and Integrated Neighbourhood Team Profiles, with reports regularly updated.

2.8 Sutton Health and Care Plan

Building on the evidence provided by the JSNA, the Sutton Health and Care Plan²⁸ outlines the key priorities and the actions being taken to meet Sutton's health and wellbeing needs.

A new Health and Care Plan is currently in development. The list below shows the new priorities, agreed by Sutton's Health and Wellbeing Board in April 2025.²⁹

- Healthy Hearts - Preventing cardiovascular disease.
- Providing earlier support for people with complex needs – proactive care including frailty.
- Supporting timely hospital discharges and independent living at home - Health and Care Hospital Discharge Programme (including end of life care), aligned to the Better Care Fund Plan 2025-26.
- Improving access and experiences for families navigating Special Educational Needs and Disabilities (SEND) services - including therapies and aligned to all ages autism provision.
- Strengthening how we work with our voluntary, community and faith sector - an enabling priority, with a focus on the charity, faith and community sector.

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 Sutton's Strategic Needs Assessment (JSNA) [Accessed May 2025] <https://data.sutton.gov.uk/strategic-needs-assessment-jsna/>

²⁸ SWL ICB. Sutton Health and Care Plan 2022 to 2024. August 2022. [Accessed May 2025] <https://www.southwestlondonics.org.uk/publications/sutton-health-and-care-plan-2022-to-2024/>.

²⁹ Sutton Borough Council. Refresh of the Sutton Health and Care Plan. April 2025. [Accessed May 2025] <https://moderngov.sutton.gov.uk/documents/s91411/6.%20Refresh%20of%20the%20Sutton%20Health%20and%20Care%20Plan%20R%20-%20Health%20and%20Wellbeing%20Board%20-%2020250414%201.pdf>

2.9 Sutton the place

Sutton is an Outer London borough in south-west London. It covers an area of 43 square kilometres (17 square miles). Sutton borders Croydon to the east, Merton to the north, Kingston to the north-west, and the Surrey boroughs of Epsom and Ewell to the west and Reigate and Banstead to the south.

The borough is classed as urban with major conurbation³⁰.

An understanding of the size and characteristics of Sutton 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 Sutton residents, how healthy they are, and what changes can be expected in the future.

2.9.1 Population characteristics

According to the most recent estimate from the Office for National Statistics (ONS),³¹ Sutton has a population of 211,123.

Figure 2 shows population density across Sutton, measured in persons per hectare. Areas with more people living in closer proximity are shaded in darker red, while lower density areas appear in purple.

Sutton ranks as the 22nd least densely populated of London's 33 boroughs, yet falls within the top 10% of the most densely populated local authorities in England. There is significant variation in population density within the borough, reflecting patterns of land use. Over 90 parks and green spaces cover nearly 12% of the borough and open land, including farmland and a golf course in the south, reduces population density in some areas.

Higher population densities are found in areas of Sutton Central, Sutton West and East Cheam, the Wrythe, Sutton South and St Helier West wards. In contrast, parts of Carshalton South and Clockhouse, Beddington, Cheam and South Beddington and Roundshaw are among the less densely populated. These areas of lower population density are not always uniform across a ward. Some wards, such as South Beddington and Roundshaw also have areas with high population density. Understanding these patterns helps ensure services are located where they are needed most and accessible to all residents.

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>

³¹ ONS. Mid-2023 population estimate. [Accessed May 2025] <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/estimatesofthepopulationforenglandandwales>

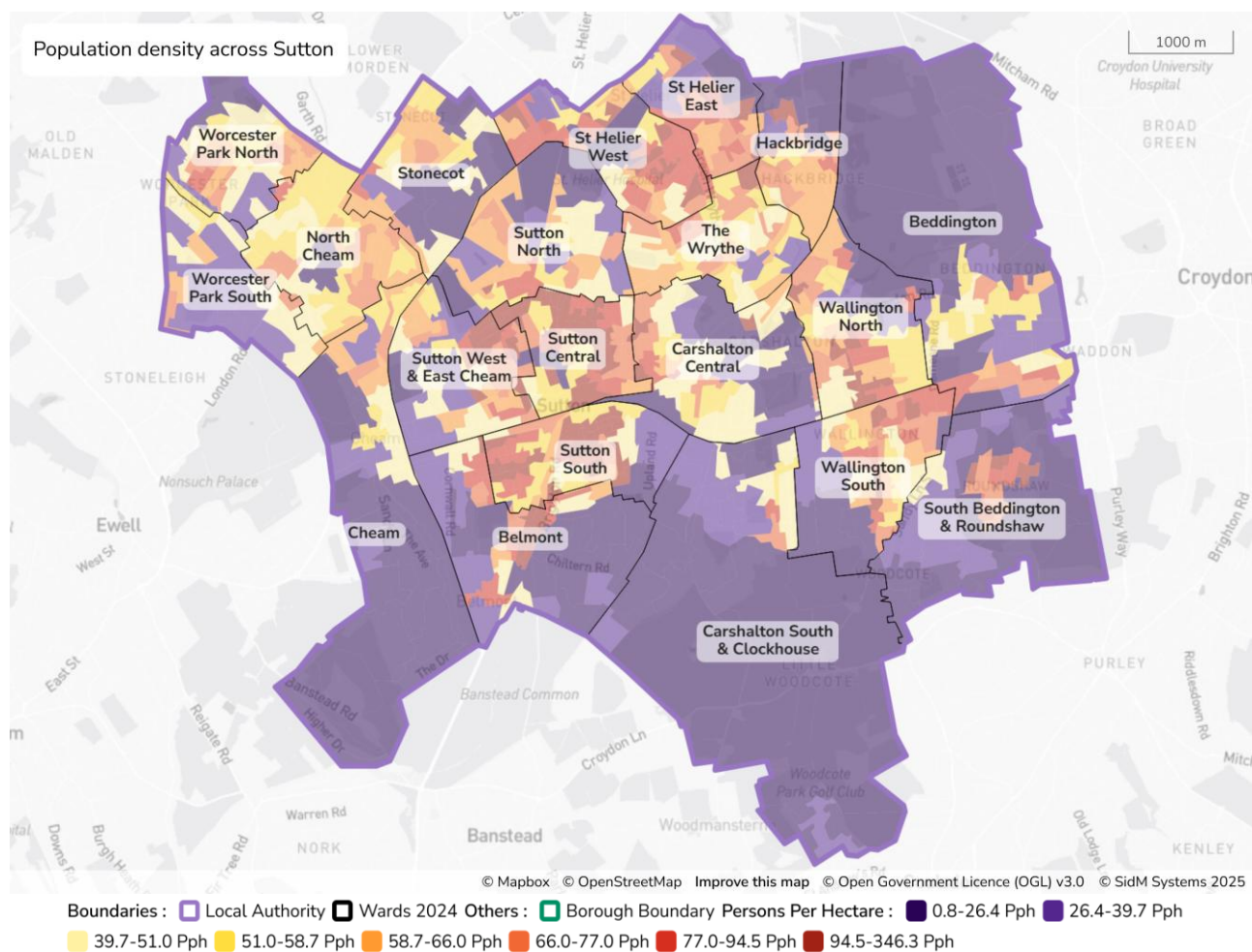
Figure 2: Map to show population density across Sutton³²

Table 2 shows the population distribution by age across Sutton.

Table 2: Total population profile by age group³¹

Age group	Sutton	London	England
0-4 years	5.6%	5.9%	5.3%
5-17 years	18.1%	15.4%	15.5%
18-24 years	6.3%	9.2%	8.3%
25-39 years	19.7%	26.2%	20.4%
40-54 years	23.0%	20.4%	19.1%
55-65 years	12.8%	11.6%	13.8%
66-79 years	10.7%	8.6%	13.2%
80+ years	3.7%	2.8%	4.4%
Total population	211,123	8,945,309	57,690,323

³² ONS. Census Output Area Population Estimates (supporting information) [Accessed May 2025] <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/dataset/s/censusoutputareapopulationestimatesupportinginformation>

Compared to London and England, Sutton has a higher percentage of children and middle-aged adults. This is in contrast to the younger adult population, which is proportionally smaller than both the London and national averages. The proportion of Sutton's population aged 66+ is above the London average, but below the England average.

2.9.2 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 10 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).

Sutton's population is expected to increase by 1.95% from 2025 to 2030. This is similar to the predicted growth nationally.

Table 3: Predicted population growth across the next five years³³

Area	2025	2026	2027	2028	2029	2030	Total 2025-2030
Sutton	214,377	0.45%	0.42%	0.38%	0.36%	0.34%	1.95%
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 Sutton based on ten years of trend-based data.

Table 4: Population projections by age groups per year (count and percentage)³⁴

Age groups	2025	2026	2027	2028	2029	2030	Growth from 2025 to 2030
0-4	11,366	11,208 (-1.4%)	11,031 (-1.6%)	11,040 (0.1%)	11050 (0.1%)	11072 (0.2%)	-294 (-2.6%)
5-17	37,725	37,428 (-0.8%)	37,007 (-1.1%)	36,391 (-1.7%)	35661 (-2.0%)	34927 (-2.1%)	-2798 (-7.4%)
18-24	14,570	14,988 (2.9%)	15,484 (3.3%)	15,899 (2.7%)	16279 (2.4%)	16614 (2.1%)	2044 (14.0%)

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

Age groups	2025	2026	2027	2028	2029	2030	Growth from 2025 to 2030
25-39	42,253	42,139 (-0.3%)	42,121 (0%)	42,081 (-0.1%)	42,248 (0.4%)	42,351 (0.2%)	98 (0.2%)
40-55	51,693	51,958 (0.5%)	52,103 (0.3%)	52,290 (0.4%)	52,489 (0.4%)	52,700 (0.4%)	1,007 (1.9%)
56-65	25,231	25,484 (1.0%)	25,783 (1.2%)	26,027 (0.9%)	26,028 (0%)	26,092 (0.2%)	861 (3.4%)
66-79	22,275	22,621 (1.6%)	22,583 (-0.2%)	22,867 (1.3%)	23,381 (2.2%)	23,924 (2.3%)	1,649 (7.4%)
80+	9,264	9,507 (2.6%)	10,118 (6.4%)	10,460 (3.4%)	10,706 (2.4%)	10,895 (1.8%)	1,631 (17.6%)

Between 2025 and 2030, the population of Sutton is projected to grow by 1.95%. The largest growth is expected to be in those aged 80+, with an increase of 17.6%, followed by the groups 18-24 (14.0%) and 66-80 (7.4%). Population change for children aged 0-4 is set to decrease by 2.6% and a 7.4% reduction for children aged 5-17.

2.9.3 Number of households

There was a 0.9% increase in the number of households between 2022 and 2024 in Sutton from 85,500 dwellings to 86,270.³⁵

2.9.4 Planned developments

The deliverable number of dwellings over four years from 2025/26 to 2028/29 is 3,272, with the majority due for completion in 2028/29.³⁶

Table 5: Total housing completions from 2025/26-2028/29³⁷

Ward	Total net completions 2025/26-2028/29
Beddington	-
Belmont	17
Carshalton Central	0
Carshalton South & Clockhouse	0
Cheam	28
Hackbridge	0

³⁵ Valuation Office Agency 2024 [Accessed May 2025] <https://www.gov.uk/government/statistics/council-tax-stock-of-properties-2024>

³⁶ London Borough of Sutton. Five-Year Housing Land Supply Assessment 2024-25 to 2028-29. April 2024. [Accessed May 2025] <https://www.sutton.gov.uk/documents/d/guest/five-year-housing-land-supply-assessment>

³⁷ London Borough of Sutton. Five-Year Housing Land Supply Assessment 2024-25 to 2028-29 – p8-13. April 2024. [Accessed June 2025] <https://www.sutton.gov.uk/documents/d/guest/five-year-housing-land-supply-assessment>

Ward	Total net completions 2025/26-2028/29
North Cheam	74
South Beddington & Roundshaw	0
St Helier East	0
St Helier West	16
Stonecot	50
Sutton Central	2,136
Sutton North	41
Sutton South	81
Sutton West & East Cheam	25
Wallington North	0
Wallington South	22
Worcester Park North	0
Worcester Park South	15
The Wrythe	42
Ward-specific total	2,547
Borough-wide developments with fewer than 10 net additional dwellings (2024/25-2028/29)	725
Sutton total	3,272

More details of each development sites and their plan allocation can be found in Appendix E.

2.9.5 Ethnicity

Table 6 below shows the March 2021 ONS data for ethnicity.

Table 6: Population by ethnicity, 2021³⁸

Area	White	Asian	Black, Black British, Black Welsh, Caribbean or African	Mixed or Multiple ethnic groups	Other ethnic group
Sutton	68.3%	17.5%	5.9%	4.8%	3.4%
London	53.8%	20.7%	13.5%	5.7%	6.3%
England	81.7%	9.3%	4.0%	2.9%	2.1%

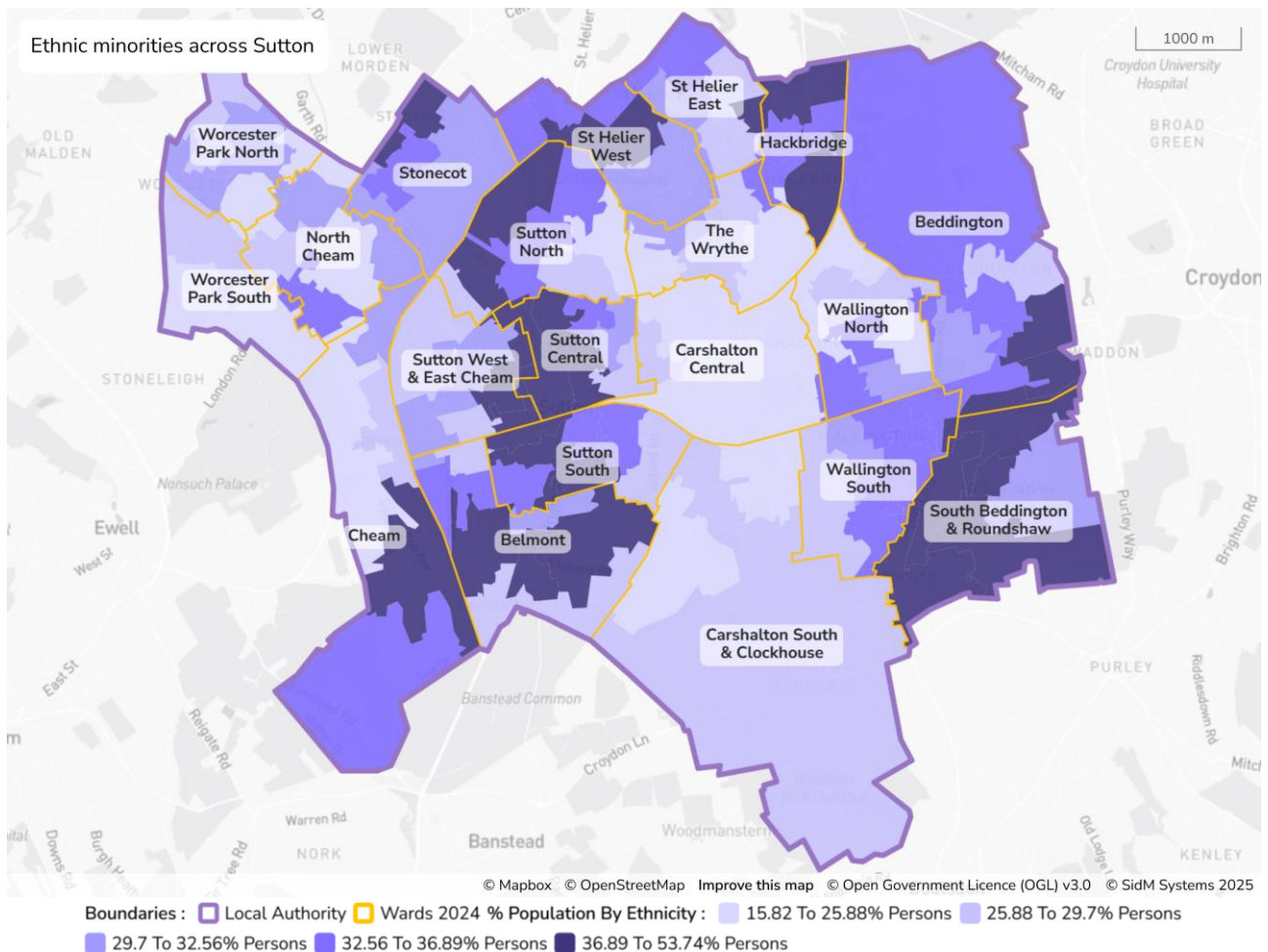
³⁸ ONS, Census 2021. TS021 – Ethnic group. March 2023. [Accessed May 2025]
<https://www.ons.gov.uk/datasets/TS021/editions/2021/versions/3>

Sutton is more ethnically diverse than England, but less diverse than London:

- Sutton has a lower proportion of White residents (68.3%) compared to the England average (81.7%) and higher proportions across all other ethnic groups. This indicates greater diversity than the national average.
- Sutton has a higher proportion of White residents (68.3%) than the London average (53.8%) and lower proportions of Asian, Black, Mixed, and Other ethnic groups. Sutton is less diverse compared to London, which is the most ethnically diverse region in the country.

Figure 3 shows the distribution of people from Asian, Black, Mixed/ Multiple and Other ethnic groups across Sutton. Ethnic diversity varies by ward. The southern and eastern parts of the borough, particularly parts of South Beddington and Roundshaw, Beddington and Belmont are more diverse, with areas in Carshalton Central, Worcester Park South, The Wrythe among the least ethnically diverse.

Figure 3: Residents from Asian, Black, Mixed/ Multiple and Other ethnic groups across Sutton



2.9.6 Religion

Table 7 shows the percentage of people, in Sutton and England, who identified with a particular religious group, as defined by census categories (2021). The largest religious group in Sutton is Christian (45.8%), with 32.3% marking no religion.

Table 7: Religion comparison, 2021³⁹

Religion	Sutton	England
No religion	32.3%	36.7%
Christian	45.8%	46.3%
Buddhist	0.9%	0.5%
Hindu	7.0%	1.8%
Jewish	0.2%	0.5%
Muslim	7.0%	6.7%
Sikh	0.2%	0.9%
Other religion	0.6%	0.6%
Not answered	6.0%	6.0%

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

2.9.7 Household languages

Table 8 shows the proportion of households who have English as their main language across Sutton, according to the 2021 Census.

Table 8: Households with English as their main language⁴⁰

Category	Count	Percentage
All adults in household	68,161	82.8%
At least one adult in household, but not all	5,564	6.8%
No people in household	5,885	7.1%
One person aged 3-15 years in household	2,741	3.3%

³⁹ ONS, Census 2021. TS030 – Religion. March 2023. [Accessed May 2025]

<https://www.ons.gov.uk/datasets/TS030/editions/2021/versions/3>

⁴⁰ ONS 2021 Census through Nomis. TS025 - Household language. [Accessed May 2025]

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

Table 9: Proficiency in English across Sutton⁴¹

Category	Count	Percentage
Main language is English	173,379	82.7%
Main language is not English: Can speak English very well	15,289	7.3%
Main language is not English: Can speak English well	9,709	4.6%
Main language is not English: Cannot speak English well	3,363	1.6%
Main language is not English: Cannot speak English	514	0.3%

In Sutton, 17.3% of adults do not speak English as a first language. Although the majority of these adults speak English well, or very well, there are pockets in the borough, in parts of Sutton Central, Sutton South, St Helier West and Sutton North, where a higher percentage of adults do not speak English well or at all. This may be relevant when considering the accessibility of pharmaceutical and wider health services, particularly in these wards.

2.9.8 Specific population groups

Table 10: Households in temporary accommodation⁴²

Area	Households in temporary accommodation (count and crude rate per 1,000) (June 2024)
Sutton	1,026 (12.09)
London	68,940 (18.84)
England	123,030 (5.08)

In June 2024, in Sutton 12.09 households per 1,000 were living in temporary accommodation. This was significantly higher than the England average but below the London average. This group of residents represents a vulnerable population whose circumstances may limit access to consistent care.

⁴¹ ONS 2021 Census. TS029 – Proficiency in English. March 2023. [Accessed June 2025] <https://www.ons.gov.uk/datasets/TS029/editions/2021/versions/3>

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

Table 11: Population of children and young people⁴³

Area	Children (0-17 years) (count and percentage)
Sutton	50,069 (23.7%)
London	1,899,880 (21.2%)
England	11,998,646 (20.8%)

Children made up 23.7% of Sutton's population, higher than both London (21.2%) and England (20.8%). However, recent trends in the GLA population projections indicate that the population of children is expected to decrease by 2.6% for 0–4-year-olds and by 7.4% for those aged 5-17⁴⁴.

While at a broader scale a larger than average child population could increase demand for pharmaceutical services (including vaccinations, treatment of minor ailments and support and advice on issues such as oral health), the data suggests that demand is not likely to vary significantly as a result of the changes to the children population.

Table 12: Housebound populations registered with a South West London GP and resident in Sutton⁴⁵

Area	Housebound (count and percentage)
Sutton	1,417 (7.0%)
London	Data not available
England	Data not available

The size of the housebound population directly impacts the type, location, and delivery method of pharmaceutical services. Understanding this group helps ensure services are accessible, equitable, and responsive to need.

Table 13: Less able/ disabled populations (2021)⁴⁶

Area	Disabled under the Equality Act population (count and percentage) (2021)
Sutton	29,614 (14.1%)
London	1,164,456 (13.2%)
England	9,774,510 (17.3%)

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

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

⁴⁴ GLA. Trend-led population projections – 2022-based 10-year trend Central fertility (2022-based). [Accessed May 2025]. <https://data.london.gov.uk/dataset/trend-based-population-projections>

⁴⁵ Health Insights, Flu Immunisation Dashboard, South West London (2025). [Accessed 25 April 2025]

⁴⁶ ONS 2021 Census through Nomis. TS038-Disability. [Accessed May 2025]

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

To identify disability in England and Wales, the 2021 Census asked: 'Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?' Respondents who answered 'yes' were then asked, 'Do any of your conditions or illnesses reduce your ability to carry out day-to-day activities?'.

In Sutton, 14.1% of the population identified as disabled, higher than the London average (13.2%) but lower than the national average for England (17.3%). People with disabilities often continue to face significant barriers in accessing physical spaces and key public services such as healthcare and transport services.

2.10 Deprivation

According to the 2019 Index of Multiple Deprivation (IMD), Sutton is among the less deprived local authorities in England, ranked 226th out of 317 (where 1 is the most deprived). However, this overall ranking masks important local variation.

The IMD combines data across seven domains: income, employment, health deprivation and disability, education, skills and training, barriers to housing and services, crime and the living environment to produce a relative deprivation score for each LSOA (Lower Super Output Area) in England.

Income and employment carry the greatest weight in the overall score. Residents in more deprived areas may experience higher rates of long term conditions, more frequent hospital admissions, preventable deaths and lower life expectancy.

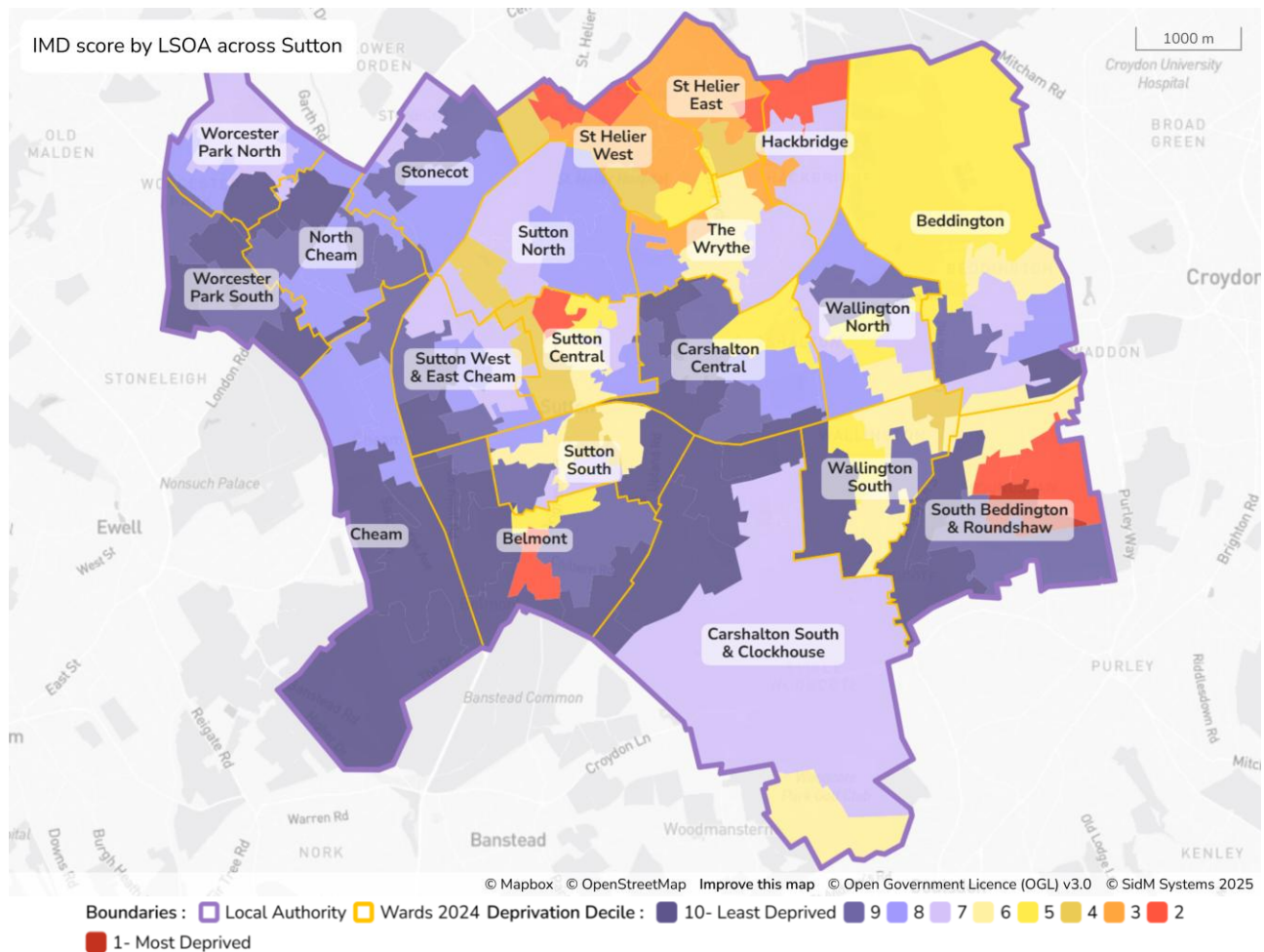
In Sutton, seven LSOAs (small areas) located in parts of Belmont, Hackbridge, South Beddington and Roundshaw, St Helier East, St Helier West and Sutton Central are within the 20 per cent most deprived areas nationally.

Table 14: Percentage of Sutton Lower Super Output Areas (LSOAs) by IMD- quintile ⁴⁷

Area	1 (Most deprived)	2	3	4	5 (Least deprived)
Sutton	6%	12%	15%	32%	35%
London	16%	30%	23%	18%	13%
England	20%	20%	20%	20%	20%

⁴⁷ Ministry of Housing, Communities & Local Government (2018 to 2021). English indices of deprivation 2019 – File 1: index of multiple deprivation. September 2019. [Accessed May 2025] <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>

Figure 4: Map to show IMD score by Lower Super Output Area (LSOA) across Sutton



2.11 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.

2.11.1 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 15: Life expectancy at birth (years), 2021-2023⁴⁸

Area	Male	Female
Sutton	80.4	84.0
London	79.8	84.1
England	79.1	83.1

Between 2021 and 2023, male life expectancy in Sutton (80.4) was significantly higher than both London and England, while female life expectancy (84.0) was similar to London but significantly higher than the national average.

Healthy life expectancy estimates how many years people can expect to live in good health, without illness or disability that limits daily life. Based on self-reported health, HLE offers a more nuanced view of population health than life expectancy alone and helps identify where prevention and early intervention are needed.

Table 16: Healthy life expectancy at birth (years), 2021-2023⁴⁹

Area	Male	Female
Sutton	67.2	67.4
London	63.9	64.0
England	61.5	61.9

From 2021 to 2023, healthy life expectancy at birth in Sutton was 67.2 years for males, and 67.4 for females, significantly higher than England, but similar to London. This means that on average, males are spending 13.2 years living in poorer health (16% of their total life expectancy), rising to 16.6 years for females (20% of their total life expectancy).

⁴⁸ ONS. Life expectancy for local areas of Great Britain. December 2024. [Accessed May 2025] <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/datasets/lifeexpectancyforlocalareasofgreatbritain>

⁴⁹ ONS. Health state life expectancy, all ages, UK. December 2024. [Accessed May 2025] <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/datasets/healthstatelifeexpectancyallagesuk>

2.11.2 Health behaviours

Table 17: Lifestyle information⁵⁰

Indicator	Sutton	London	England
Smoking (QOF Prevalence, % of patients (aged 15+) who are recorded as current smokers) 2022/23 ⁵¹	12.6%	Data not available	14.7%
Obesity (QOF Prevalence, % of patients aged 18+ on the practice disease register as living with obesity* in the previous 12 month) 2023/24 ^{52,53}	119.0%	11.2%	12.8%
Alcohol misuse - Hospital admissions from alcohol-related conditions (broad) (persons) (standardised rate per 100,000) 2023/24 ⁵⁴	1,329	1,724	1,824
Substance misuse - Deaths from drug misuse (standardised rate per 100,000) 2021-23 ⁵⁵	4.7	3.8	5.5
Dental caries - Hospital admissions for dental caries (0-5 years) (crude rate per 100,000) 2021/22-23/24 ⁵⁶	310.4	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).

⁵⁰ DHSC. Quality and Outcomes Framework (QOF) data via Fingertips. [Accessed May 2025] <https://fingertips.phe.org.uk/>

⁵¹ DHSC. Smoking prevalence in adults (aged 15 and over) – current smokers (QOF) 2022/23 Proportion - %. [Accessed May 2025] <https://fingertips.phe.org.uk/tobacco-control#page/3/gid/1938132886/pat/6/ati/502/are/E09000029/iid/91547/age/188/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

⁵² DHSC. Obesity. QOF prevalence (new definition) 2023/24 Proportion - %. [Accessed May 2025] <https://fingertips.phe.org.uk/search/obesity#page/4/gid/1/pat/6/ati/502/are/E09000029/iid/94136/age/168/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

⁵³ DHSC. Indicator Definitions and Supporting Information – Obesity: QOF prevalence (new definition) Proportion - %. October 2024. [Accessed June 2025] <https://fingertips.phe.org.uk/search/obesity#page/6/gid/1938133443/pat/6/par/E12000007/ati/502/are/E09000029/iid/94136/age/168/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

⁵⁴ DHSC. Admission episodes for alcohol-related conditions (Broad) (Persons) Directly standardised rate – per 100,000. 2023/24. [Accessed May 2025] <https://fingertips.phe.org.uk/search/alcohol#page/4/gid/1/pat/15/ati/502/are/E09000029/iid/93765/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

⁵⁵ DHSC. Deaths from drug misuse (Persons) Directly standardised rate -per 100,000. 2021-23. [Accessed May 2025] <https://fingertips.phe.org.uk/mortality-profile#page/4/gid/1938133058/pat/6/ati/502/are/E09000029/iid/92432/age/1/sex/4/cat/-1/ctp/-1/yr/3/cid/4/tbm/1>

⁵⁶ DHSC. Hospital admissions for dental caries (0-5 years) Crude rate – per 100,000. 2021/22-23/24 [Accessed May 2025] <https://fingertips.phe.org.uk/search/Hospital%20admissions%20for%20dental%20caries#page/4/gid/1/pat/6/ati/501/are/E09000029/iid/93479/age/247/sex/4/cat/-1/ctp/-1/yr/3/cid/4/tbm/1>

Summary of health behaviour indicators:

- When compared to England averages, Sutton has a significantly lower prevalence of smoking and obesity in its adult population, as well as a significantly lower rate of hospital admissions for alcohol related conditions.
- Hospital admissions for dental caries among children aged 0-5 are significantly higher than national averages. The rate of deaths from drug misuse is similar to the England average.
- When compared to London averages, Sutton has a significantly higher prevalence of obesity, a statistically similar rate of both hospital admissions for dental caries and deaths from drug misuse and has a significantly lower rate of hospital admissions due to alcohol-related conditions.

Table 18: Sexual health in Sutton

Indicator	Sutton	London	England
Chlamydia detection rate per 100,000 (aged 15-24) (Persons) (2024) ⁵⁷	1,224	1,457	1,250
HIV diagnosed prevalence rate per 1,000 (aged 15-59) (2023) ⁵⁸	2.61	5.25	2.40
New STI diagnoses (excluding chlamydia, under 25 years) per 100,000 (2024) ⁵⁹	452	1,182	482
Rate of total prescribed Long-Acting Reversible Contraception (LARC) (excluding injections) rate per 1,000 (2023) ⁶⁰	36.1	33.6	43.5
Under-18 conception rate per 100,000 (2021) ⁶¹	10.2	9.5	13.1

The following was noted for Sutton:

- In 2024, the borough had significantly lower chlamydia detection rates per 100,000 compared to England and London averages.

⁵⁷ 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/E09000029/iid/91514/age/156/sx/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

⁵⁸ 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/502/are/E09000029/iid/90790/age/238/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

⁵⁹ 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/E09000029/iid/91306/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

⁶⁰ 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/E09000029/iid/91819/age/1/sex/2/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

⁶¹ 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/E09000029/iid/20401/age/173/sex/2/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

- In 2023, Human Immunodeficiency Virus (HIV) diagnosed prevalence rate per 1,000 was significantly lower than the London average, but similar to the England average.
- In 2024, the rate of new Sexually Transmitted Infection (STI) diagnoses was significantly lower than London and England averages.
- In 2023, the rate of total prescribed LARC per 1,000 was significantly higher compared to London but significantly lower than the England average
- In 2021, the under-18 conception rate per 100,000 was statistically similar to the London, and England averages.

2.12 Burden of disease

Nationally, long-term conditions are more prevalent in people over the age of 60 (58%) compared to those under 40 (14%). They are also more prevalent in individuals from more deprived communities, with those in the most disadvantaged social groups experiencing a 60% higher prevalence and 30% greater severity of disease than those in the least disadvantaged groups⁶².

2.12.1 Long term conditions

Table 19 presents Quality and Outcomes Framework (QOF) data on the recorded prevalence of long term conditions in Sutton. QOF captures conditions diagnosed and coded in General Practice, but actual prevalence may be higher due to undetected or unrecorded cases. Lower QOF rates may reflect better population health, but could also indicate under diagnosis, variation in detection and recording, or differing population characteristics.

Table 19: Percentage of patients recorded on GP practice disease registers for long term conditions (2023/24)

Condition	Sutton	London	England
Heart failure ⁶³	0.8%	0.6%	1.1%
Stroke ⁶⁴	1.4%	1.1%	1.9%
Chronic Heart Disease (CHD) ⁶⁵	2.3%	1.9%	3.0%

⁶² 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>

⁶³ 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/E09000029/iid/262/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

⁶⁴ DHSC. Fingertips Public health profiles – Stroke: QOF prevalence Proportion - %. 2023/24. [Accessed May 2025] <https://fingertips.phe.org.uk/search/stroke#page/4/gid/3000007/pat/15/ati/502/are/E09000029/iid/212/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

⁶⁵ DHSC. Fingertips Public health profiles – CHD: QOF prevalence. 2023/24. [Accessed May 2025] <https://fingertips.phe.org.uk/search/CHD#page/4/gid/1/pat/15/ati/502/are/E09000029/iid/273/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

Condition	Sutton	London	England
Atrial fibrillation ⁶⁶	1.7%	1.1%	2.2%
Hypertension ⁶⁷	13.3%	11.1%	14.8%
Peripheral Arterial Disease (PAD) ⁶⁸	0.4%	0.3%	0.6%
Asthma ⁶⁹	6.0%	4.7%	6.5%
Chronic Obstructive Pulmonary Disease (COPD) ⁷⁰	1.3%	1.0%	1.9%
Diabetes ⁷¹	7.7%	7.0%	7.7%
Cancer ⁷²	3.6%	2.5%	3.6%
Rheumatoid arthritis ⁷³	0.7%	0.5%	0.8%

Summary of long-term conditions indicators across Sutton:

Sutton's recorded prevalence, of the long-term conditions listed above, is significantly higher than London averages, but significantly lower than or similar (diabetes and cancer) to the national averages.

⁶⁶ DHSC. Fingertips Public health profiles – Atrial Fibrillation: QOF prevalence (All ages). 2023/24. [Accessed May 2025]

<https://fingertips.phe.org.uk/search/Atrial%20fibrillation#page/4/gid/1/pat/6/ati/502/are/E09000029/iid/280/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

⁶⁷ DHSC. Fingertips Public health profiles – Hypertension: QOF prevalence. 2023/24. [Accessed May 2025]
<https://fingertips.phe.org.uk/search/hypertension#page/4/gid/1/pat/6/ati/502/are/E09000029/iid/219/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

⁶⁸ 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). 2023/24. [Accessed April 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>

⁶⁹ DHSC. Fingertips Public health profiles – Asthma: QOF prevalence (6+ yrs). 2023/24. [Accessed May 2025]
<https://fingertips.phe.org.uk/search/Asthma#page/4/gid/1/pat/6/ati/501/are/E09000029/iid/90933/age/314/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

⁷⁰ DHSC. Fingertips Public health profiles – COPD: QOF prevalence. 2023/24. [Accessed May 2025]
<https://fingertips.phe.org.uk/search/COPD#page/4/gid/1/pat/6/ati/501/are/E09000029/iid/253/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/eng-vo-1>

⁷¹ DHSC. Fingertips Public health profiles – Diabetes: QOF prevalence. 2023/24. [Accessed May 2025]
<https://fingertips.phe.org.uk/search/diabetes#page/4/gid/1/pat/6/ati/502/are/E09000029/iid/241/age/187/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

⁷² DHSC. Cancer: Quality and Outcomes Framework (data downloaded for all area types for Cancer: QOF prevalence) NHS England via Department for Health & Social Care (2024). 2023/24. [Accessed April 2025]
<https://fingertips.phe.org.uk/profile/general-practice/data#page/9/gid/1938132829/ati/221/iid/276/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

⁷³ DHSC. Fingertips. Public health profiles – Rheumatoid Arthritis: QOF prevalence Crude rate - %. 2023/24. [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>

2.12.2 Mental health

Table 20 shows the indicators for various mental health conditions in Sutton and how they compare to London and England.⁷⁴

Table 20: Percentage of patients recorded on GP Practice disease registers for conditions that affect mental health (2023/24)

Condition	Sutton	London	England
Learning disability: QOF prevalence ⁷⁵	0.6%	0.5%	0.6%
Depression: QOF incidence ⁷⁶	1.4%	1.3%	1.5%
Epilepsy: QOF prevalence ⁷⁷	0.8%	0.5%	0.8%
Dementia: QOF prevalence ⁷⁸	0.8%	0.5%	0.8%
Mental health (all ages): QOF prevalence ⁷⁹	1.0%	1.1%	1.0%

Summary of mental health indicators across Sutton:

The prevalence of learning disability, epilepsy, dementia, and mental health conditions are similar in Sutton to the national average but significantly higher than regional averages. The incidence of depression is similar across Sutton, London, and England.

⁷⁴ 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/>

⁷⁵ DHSC. Fingertips Public health profiles – Learning disability: QOF prevalence (All ages). 2023/24. [Accessed May 2025]

<https://fingertips.phe.org.uk/search/learning%20disability#page/4/gid/1938132702/pat/6/par/E12000007/ati/502/are/E09000029/iid/200/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

⁷⁶ DHSC. Indicator Definitions and Supporting Information – Depression: QOF incidence – new diagnosis (18+ yrs) Crude rate - %. October 2024. [Accessed May 2025]

<https://fingertips.phe.org.uk/search/Depression#page/6/gid/1938132915/pat/6/par/E12000007/ati/502/are/E09000029/iid/90646/age/168/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

⁷⁷ DHSC. Fingertips Public health profiles – Epilepsy: QOF prevalence (18+ yrs) Proportion - % (data downloaded for all area types for Epilepsy: QOF prevalence). 2023/24. [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>

⁷⁸ DHSC. Fingertips Public health profiles – Dementia QOF prevalence Proportion - %. 2023/24. [Accessed May 2025]

<https://fingertips.phe.org.uk/search/dementia#page/4/gid/1/pat/6/ati/502/are/E09000029/iid/247/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

⁷⁹ DHSC. Fingertips Public health profiles – Mental health (all ages) Proportion - %. 2023/24. [Accessed May 2025]

<https://fingertips.phe.org.uk/search/mental%20health#page/4/gid/1/pat/6/ati/502/are/E09000029/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

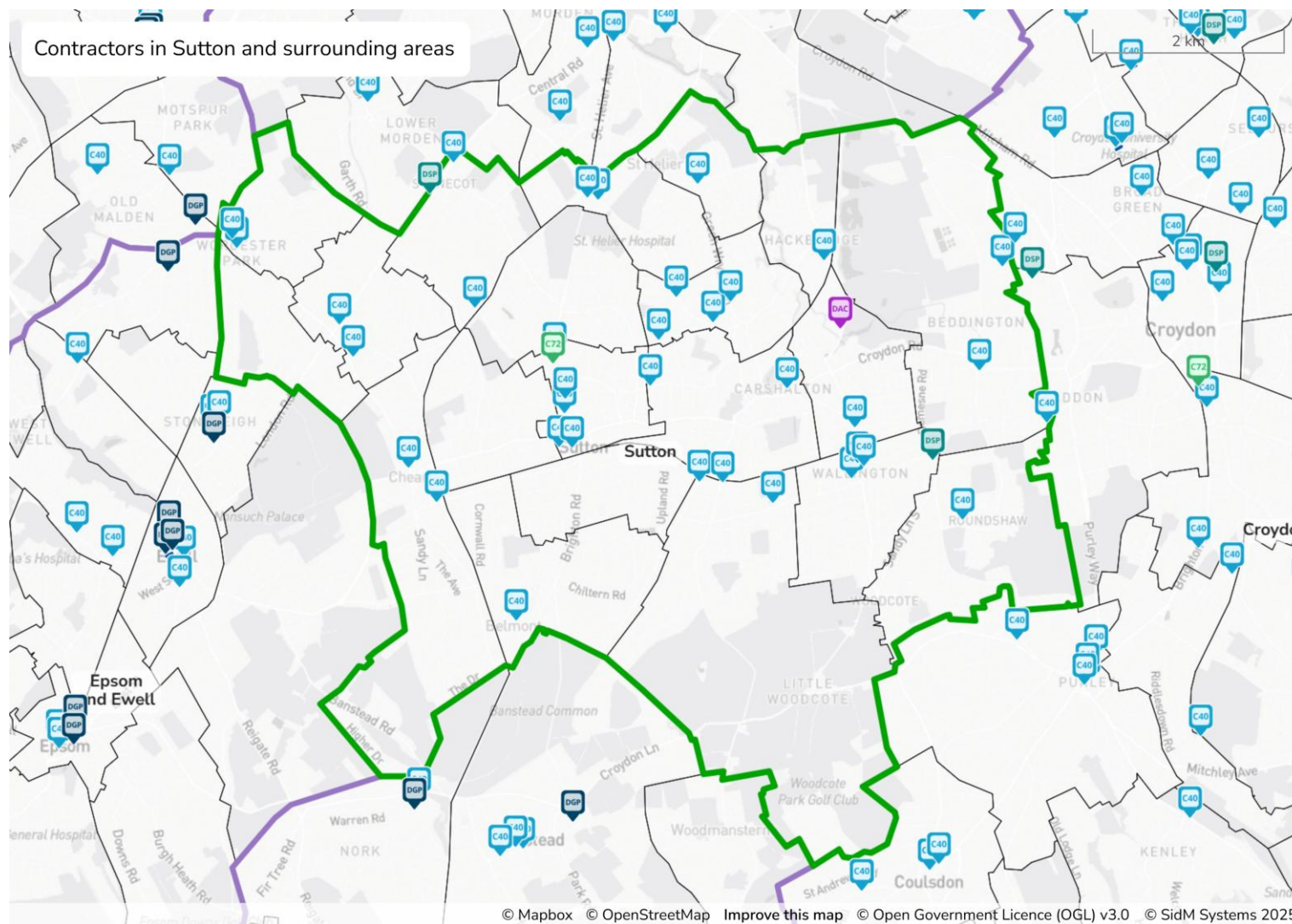
There are a total of 40 pharmacy contractors in Sutton.

Table 21: Contractor type and number in Sutton

Type of contractor	Number
40-hour community pharmacies (including one PhAS provider)	35
72-hour plus community pharmacies	1
Distance Selling Pharmacy (DSPs)	2
Local Pharmaceutical Service (LPS) providers	1
Dispensing Appliance Contractors (DAC)	1
Dispensing GP Practices	0
Total	40

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

Figure 5: Map of contractors in Sutton and surrounding areas



Boundaries : █ Sutton HWB area █ Borough borders outside of Sutton Wards 2024 Healthcare-Pharmacy : ■ Community 40h ■ Community 72h+ ■ Dispensing Appliance Contractor ■ Dispensing GP Practice ■ Distance Selling Pharmacy

3.2 Community pharmacies

Table 22: Number of community pharmacies in Sutton

Number of community pharmacies	Population of Sutton	Ratio of pharmacies per 100,000 population*
39 (includes 2 DSPs and 1 LPS)	211,123	18.5

Correct as of May 2025.

Community pharmacies are described in [Section 1.5.1.1](#). There are 39 community pharmacies in Sutton, compared to 42 in the last PNA. There has been a reduction in four 40-hour community pharmacies, however an increase in one DSP in the area resulting in a net loss of three. The Sutton average of 18.5 pharmacies per 100,000 is higher than the national average of 18.0 community pharmacies per 100,000 population.

Both the national and local averages have reduced since previous PNA, due to a combination of increasing population growth and closures nationwide.

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

Table 23 below shows the change in the numbers of pharmacies over recent years compared with regional and national averages.

Table 23: Number of community pharmacies per 100,000 population

Area	2022	2025
Sutton	20.2	18.5
England (2021)	20.6	18.0

Source for England 2025 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 326,864 prescription items dispensed each month (between September 2024 – January 2025), accounting for an average of 8,381 items per community pharmacy in Sutton.⁸⁰ This is higher than the England average of 7,109 items per pharmacy monthly.⁸¹

3.3 Distance-Selling Pharmacies (DSPs)

Distance-Selling Pharmacies are described in [Section 1.5.1.2](#). There are two DSPs in Sutton, one more than in the 2022 PNA. Full details can be found in Appendix A.

⁸⁰ NHS BSA. Dispensing Contractors' Data September 2024 - January 2025. [Accessed May 2025] <https://www.nhsbsa.nhs.uk/prescription-data/dispensing-data/dispensing-contractors-data>

⁸¹NHS 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>

3.4 Dispensing Appliance Contractors (DACs)

Dispensing Appliance Contractors are described in [Section 1.5.2](#). There is one DAC in the area. Full details can be found in Appendix A.

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 Sutton. There are 111 DACs in England⁸².

3.5 Dispensing GP practices

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

There are no dispensing GP practices in Sutton.

3.6 Local Pharmaceutical Service (LPS) providers

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

There is one LPS pharmacy in Sutton. Details can be found in Appendix A.

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 Sutton. Details can be found in Appendix A.

3.8 Pharmaceutical service provision provided from outside Sutton

London has a transient population with good transport links. Therefore, populations may therefore find community pharmacies in the neighbouring five boroughs more accessible and/or more convenient. Neighbouring areas include Croydon, Kingston upon Thames, Merton and the Surrey boroughs of Epsom and Ewell, and Reigate and Banstead.

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

Total items prescribed by Sutton GPs between March 2024 and February 2025 (financial period) was 4,093,515. Of these items, 92% were dispensed by pharmacies in Sutton, and 8% dispensed in pharmacies outside Sutton.

It should also be noted that Sutton pharmacies can be accessed by residents in neighbouring boroughs, and a total of 1,114,903 items were prescribed outside Sutton and dispensed by Sutton pharmacies in the same period 2024/25.

3.9 Access to community pharmacies

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

⁸² NHS BSA. Dispensing contractors' data. [Accessed May 2025] <https://www.nhsbsa.nhs.uk/prescription-data/dispensing-data/dispensing-contractors-data>

Figure 6: Map of pharmacies in Sutton with population density

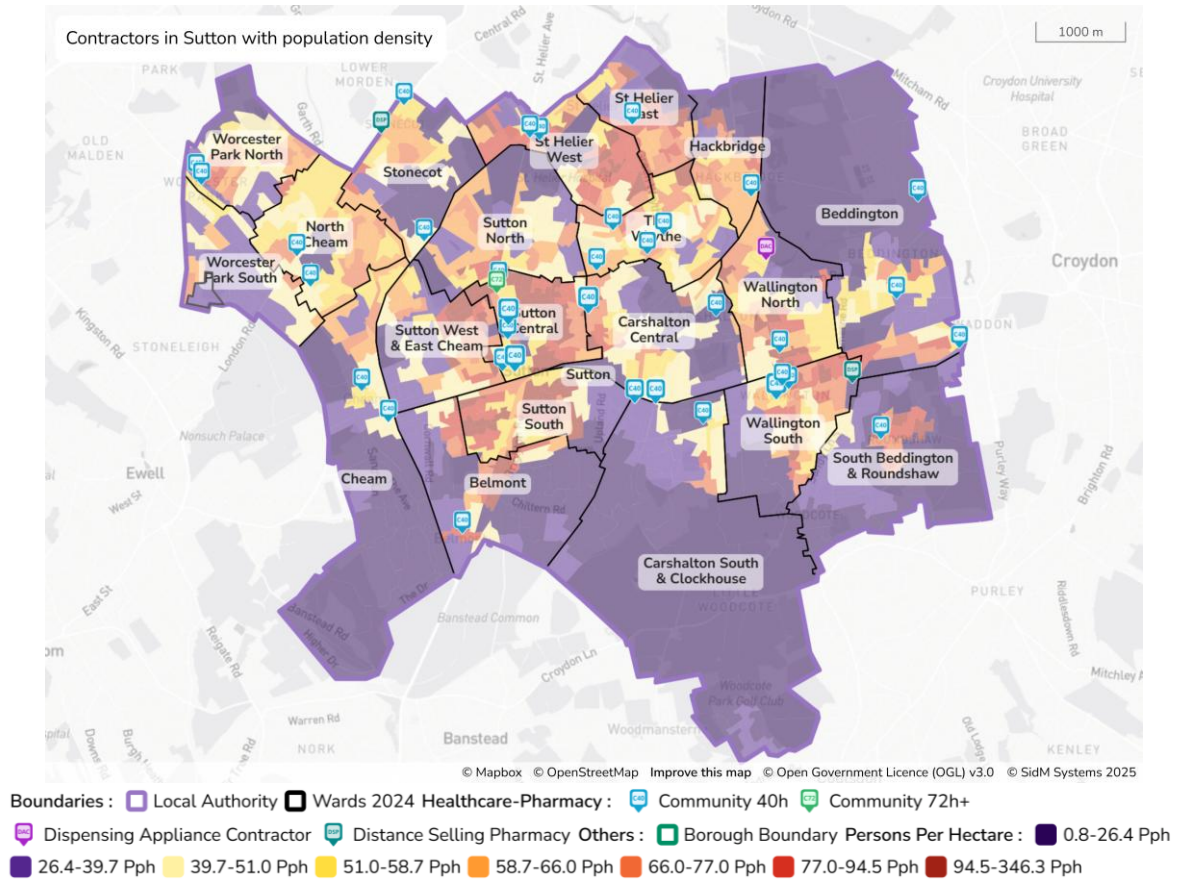
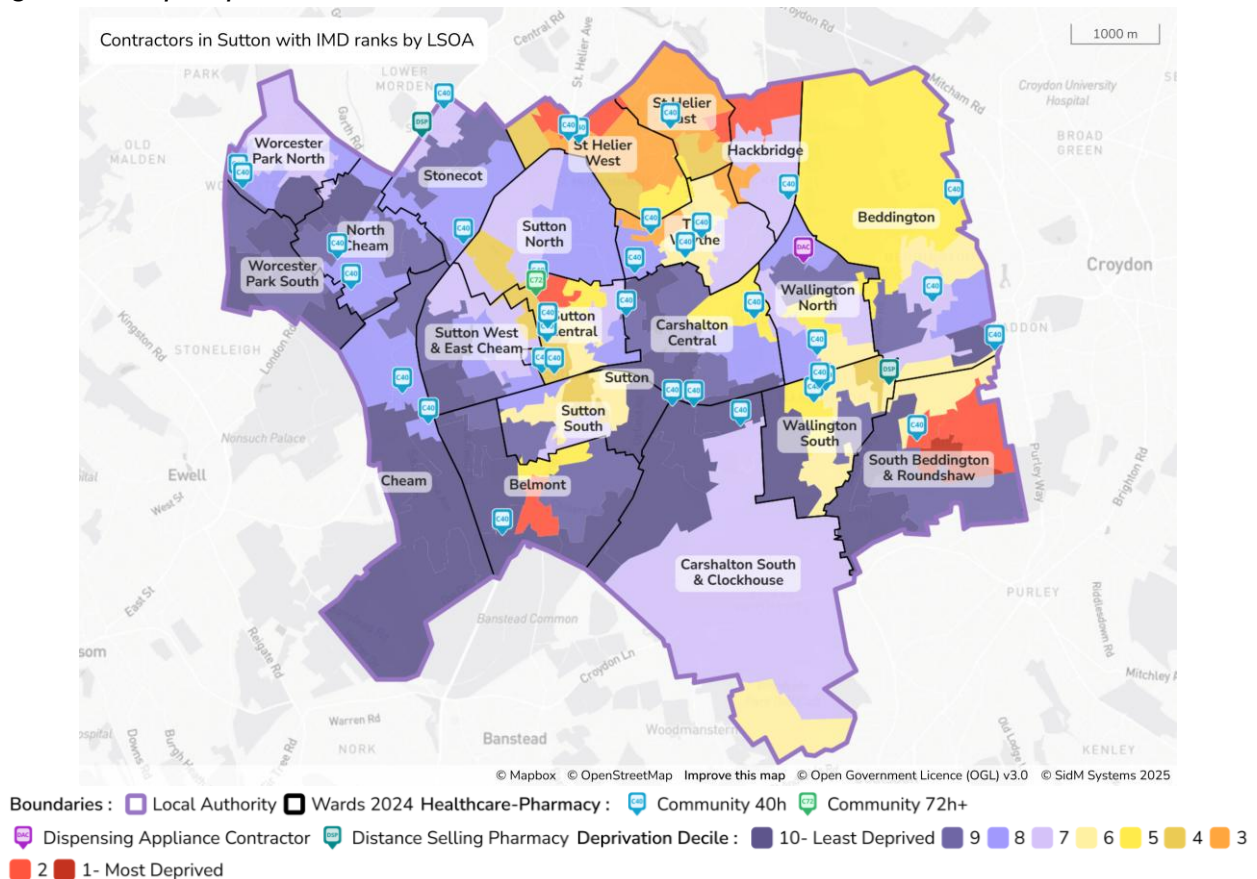


Figure 7: Map of pharmacies in Sutton with IMD levels



A previously published article⁸³ 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 Sutton and their opening hours can be found in Appendix A.

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 77.2% in Sutton compared to 57.9% in London and 76.5% in England.⁸⁴ Although slightly higher than the national average, nearly 22.8% do not have access to a car.

Table 24: Percentage of households across Sutton with access to at least one car or van

Area	% of households with access to at least one car or van
Sutton	77.2%
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 F. 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.

⁸³ 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>

⁸⁴ 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://www.nomisweb.co.uk/census/2021)

Table 25: Time to pharmacy and population coverage (%) with various methods of transportation across Sutton

Transport	0-10 minutes	0-20 minutes	0-30 minutes
Walking	32.2%	64.7%	73.1%
Driving (peak)	85.9%	99.0%	99.6%
Driving (off-peak)	87.4%	99.1%	99.5%
Public transport (peak)	32.8%	57.6%	66.1%
Public transport (off-peak)	32.4%	56.7%	66.2%

Figure 8: Average walk times to community pharmacies in Sutton

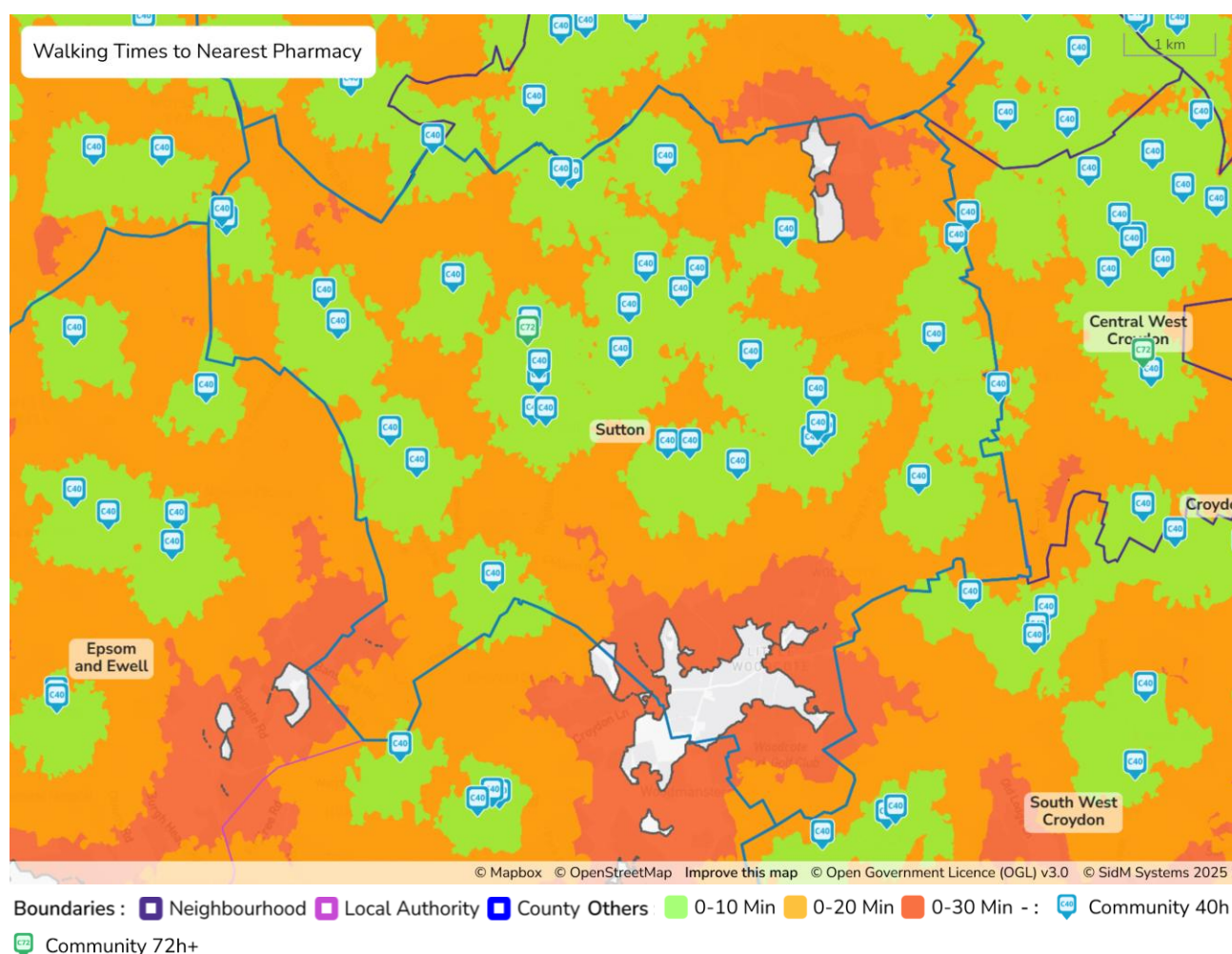


Figure 9: Time to the nearest pharmacy with private transport in Sutton (off peak)

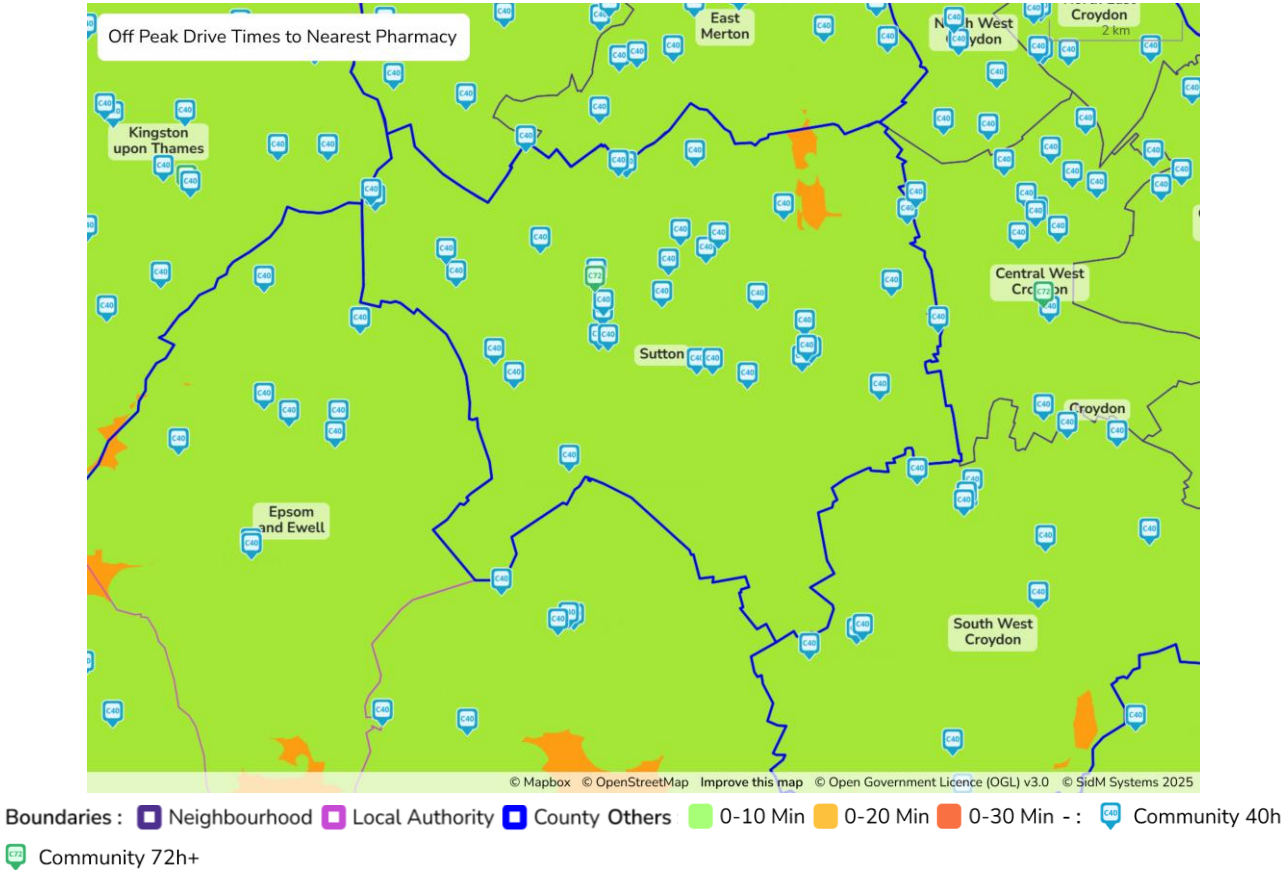


Figure 10: Time to the nearest pharmacy with private transport in Sutton (peak)

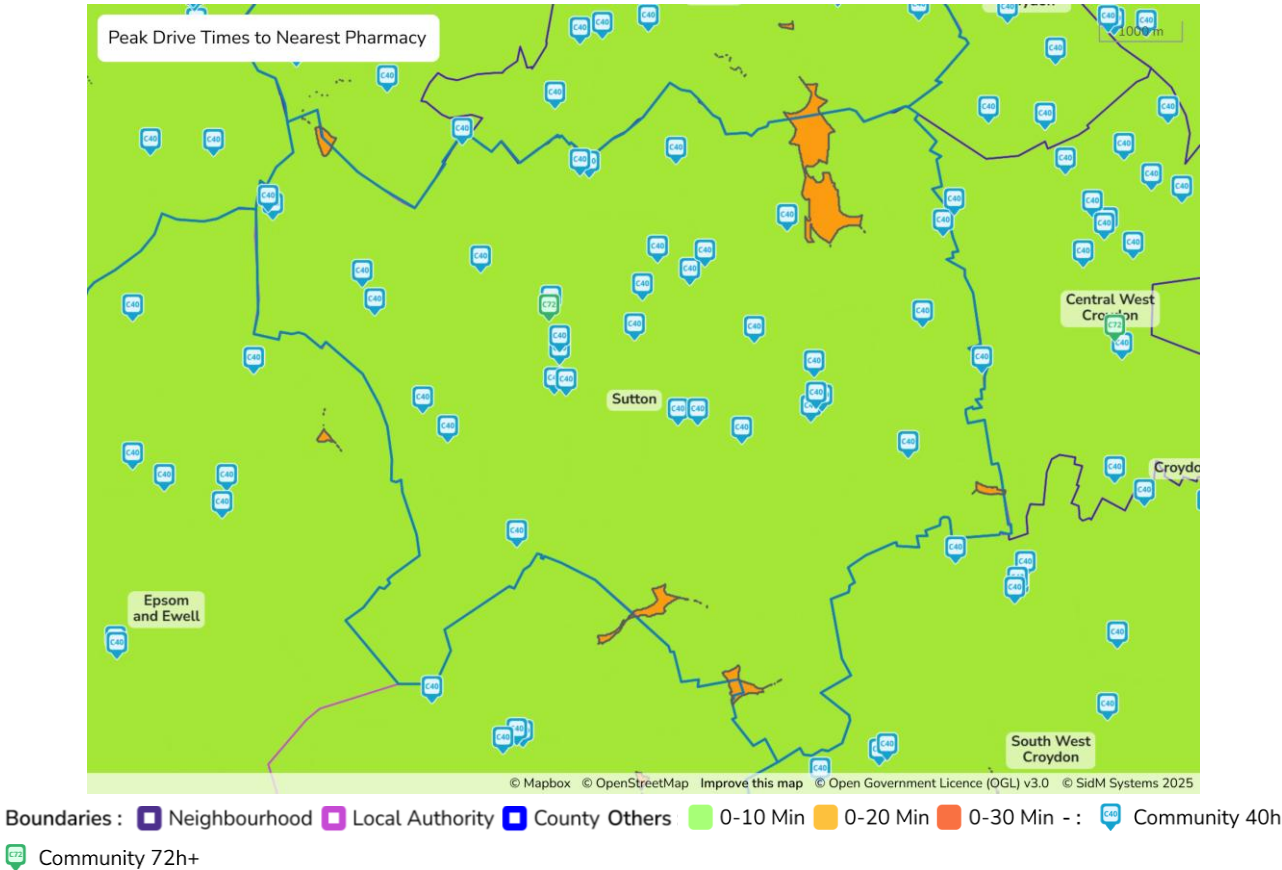


Figure 11: Public transport times to the nearest pharmacy in Sutton (off peak)

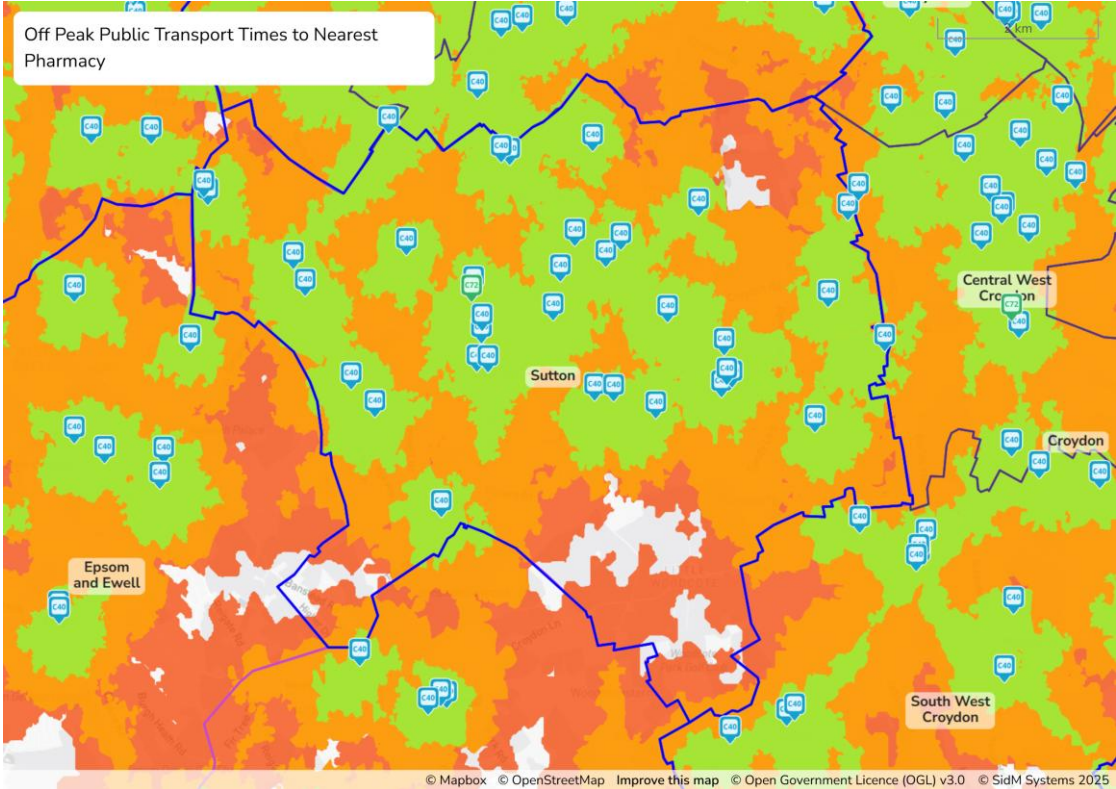
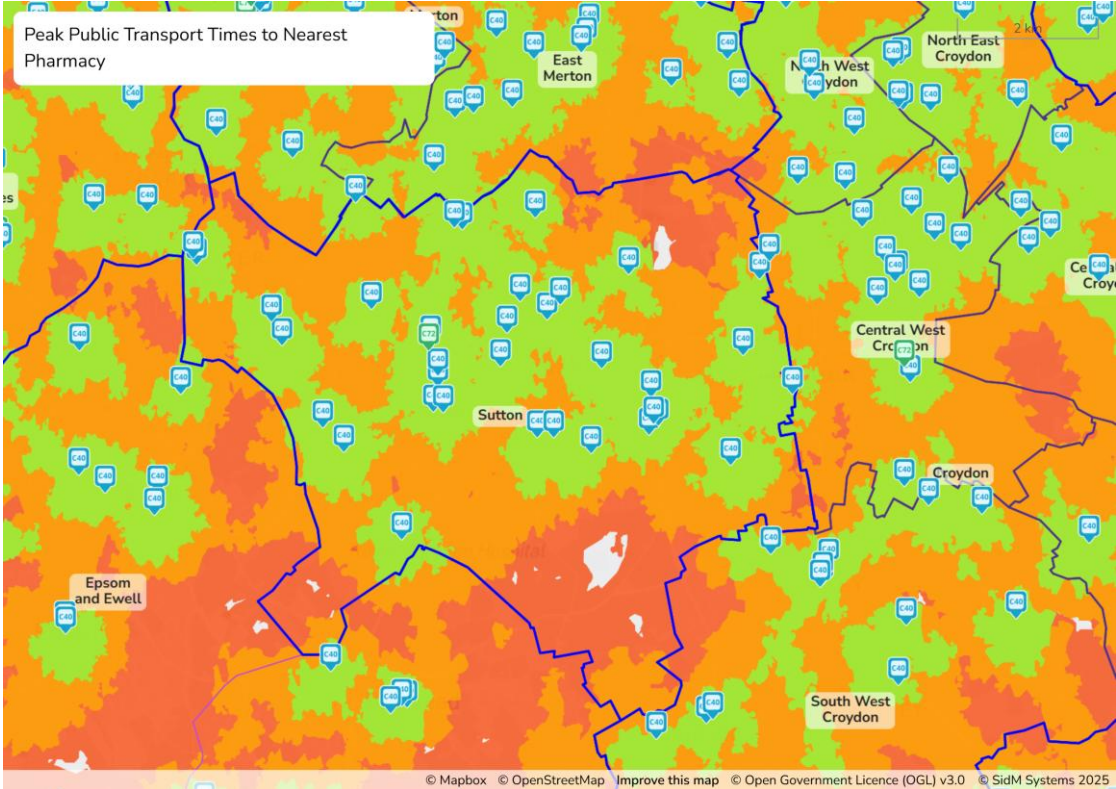


Figure 12: Public transport times to the nearest pharmacy in Sutton (peak)



In summary, for Sutton:

- 64.7% of the population are able to walk to the pharmacy within 20 minutes.
- 99.0% of the population that have access to private transport in Sutton can get to a pharmacy within 20 minutes driving whether this is at peak times or off-peak.
- 56.7% can get to a pharmacy using public transport within 20 minutes and 66.1% can reach a pharmacy within 30 minutes.

Although 99% of the population who have access to a car can get to a pharmacy within 20 minutes, 22.8% of the population do not have access to a car. However, it cannot be assumed that those that do not have a private vehicle are the same residents that need more than 20 minutes to walk to their nearest community pharmacy.

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.

In the 2022 PNA, Sutton had one 100-hour pharmacies (3%), which is the same as currently open in May 2025. In comparison, nationally there has been 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 7.7%.

Table 26: Number of 72-hour community pharmacies (and percentage of total)⁸⁵

Area	Number (%) of 72+ hour pharmacies
Sutton	1 (2.6%)
England	782 (7.5%)

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 27 below. Full details of all pharmacies' opening hours can be found in Appendix A.

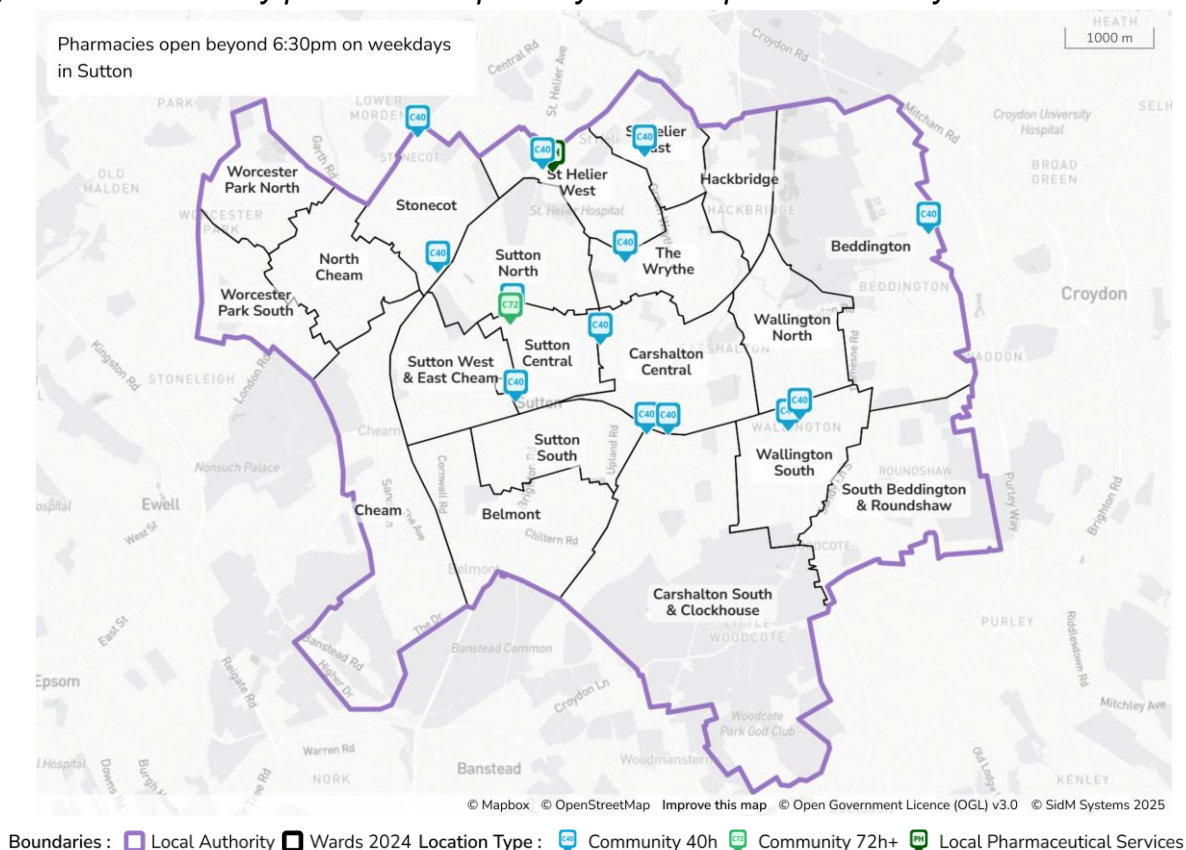
Table 27: Number and percentage of community pharmacy providers open Monday to Friday (excluding bank holidays) beyond 6:30 pm and on Saturday and Sunday

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
Sutton	15 (38%)	35 (90%)	20 (51%)	7 (18%)

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

⁸⁵ NHS BSA. Pharmacy Openings and Closures – Date: 20250430 – Total_Hundrer_Hour_Pharmacies. [Accessed May 2025] <https://opendata.nhsbsa.net/dataset/pharmacy-openings-and-closures>

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



3.9.2.2 Routine Saturday daytime access to community pharmacies

Of the pharmacies in Sutton, 35 (90%) are open on Saturdays and the majority of pharmacies, 20 (51%) remain open after 1 pm.

Full details of all pharmacies open on a Saturday can be found in Appendix A. Please see Figure 14 and Figure 15 below.

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

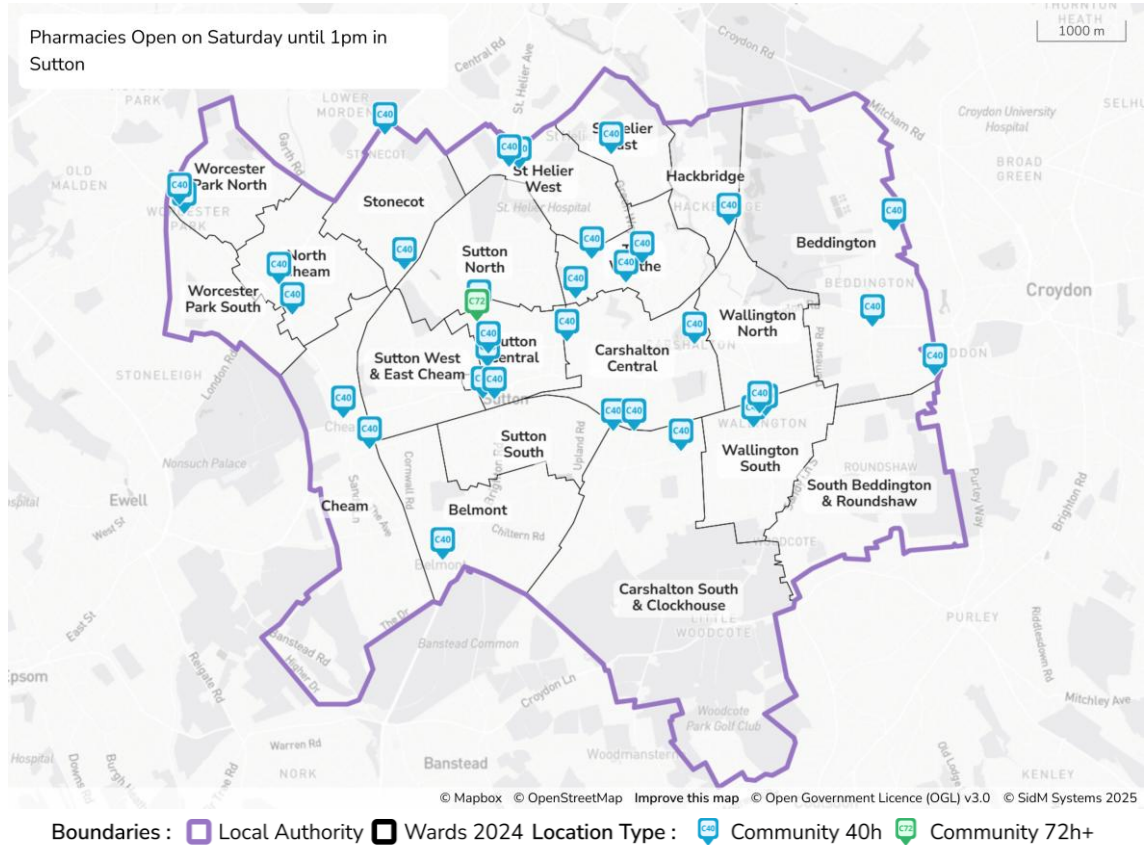
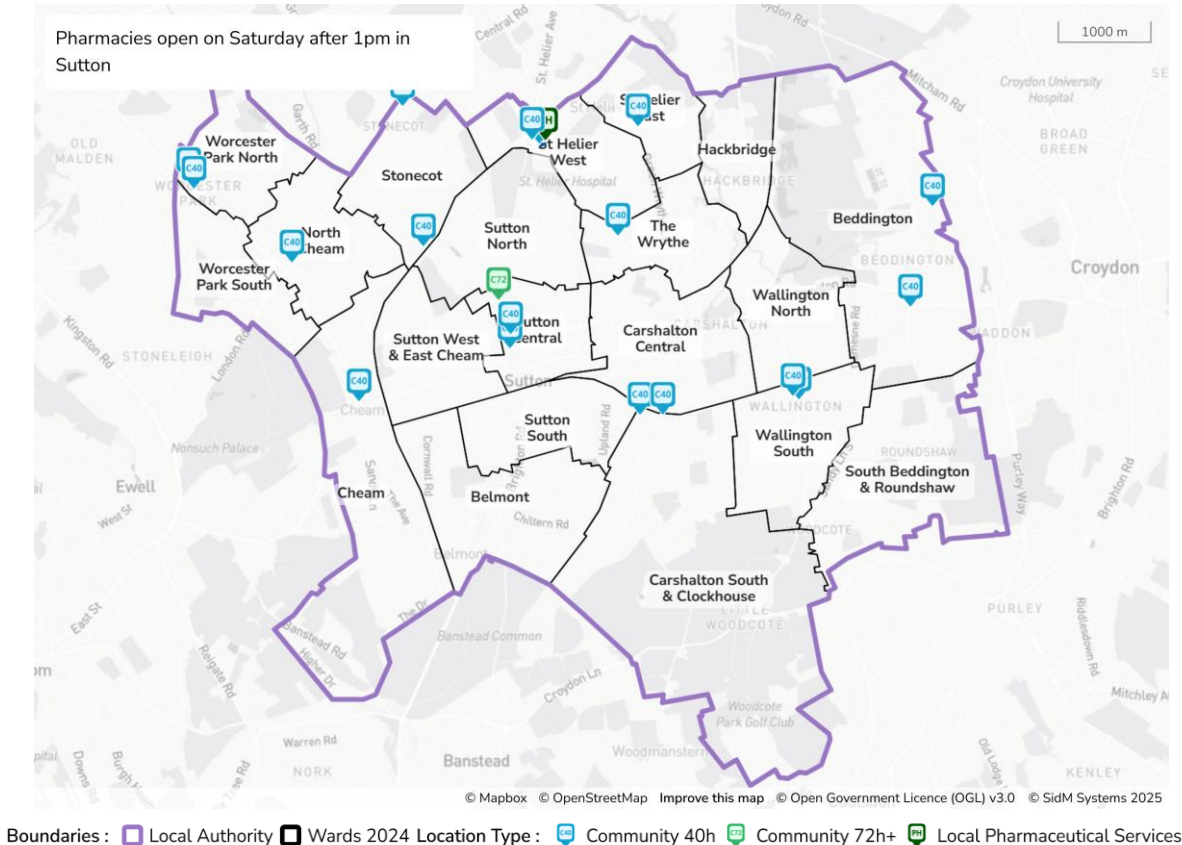


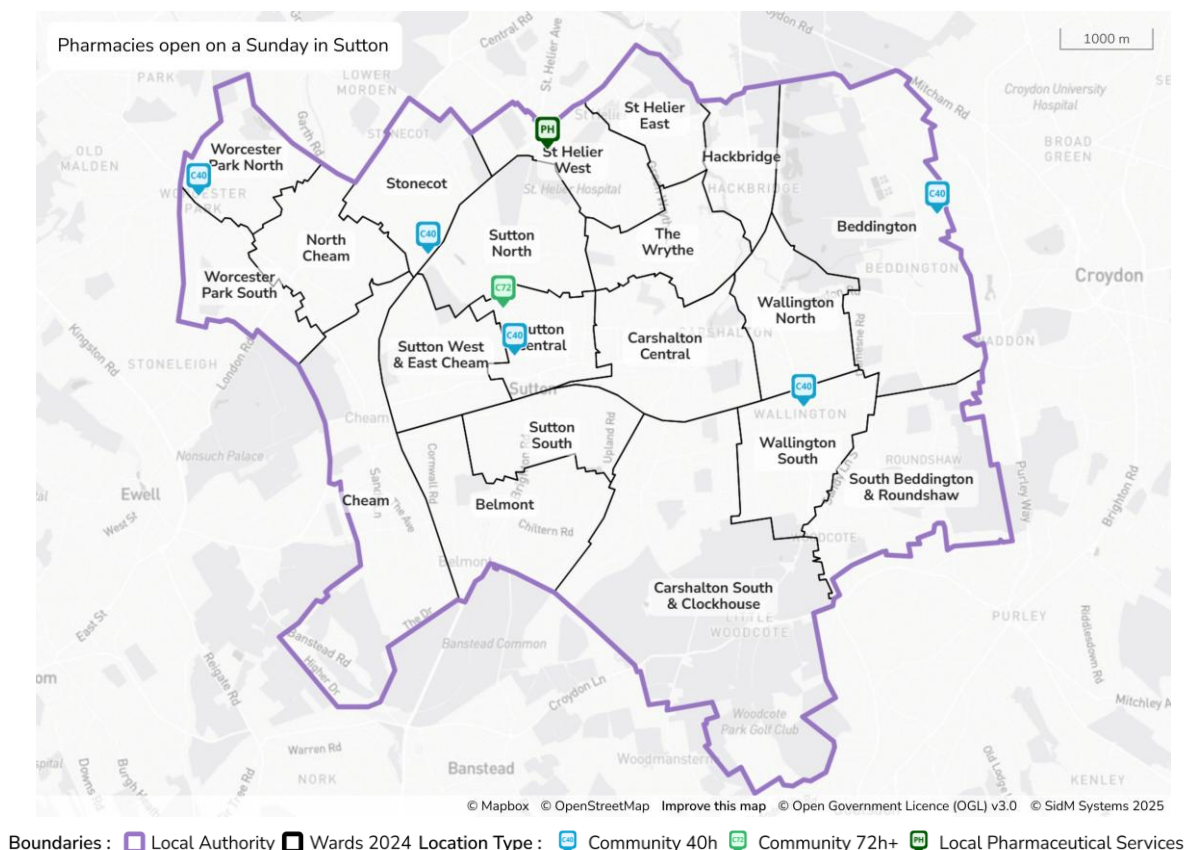
Figure 15: Community pharmacies open on Saturday after 1 pm in Sutton



3.9.2.3 Routine Sunday daytime access to community pharmacies

Fewer pharmacies (7, 18%) are open on Sundays than any other day in Sutton, 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 Sutton



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 healthcare professionals on 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 28 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.

Newer advanced services are increasing in activity based on activity recorded in the 2022 PNA. The Hypertension case finding service previously had low uptake however data suggests good uptake for the majority of contractors.

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

The national Smoking Cessation Service currently has low uptake locally, following the national trend. Three (8%) pharmacies in Sutton are providing the service, based on who is claiming payment currently⁸⁶. This service relies on a referral from secondary care, therefore, numbers should be interpreted with care, as they are low due to lack of referral, not due to the numbers of community pharmacies that have signed up to provide the service.

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 the service (based on pharmacies claiming payment from September 2024 to January 2025).

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

Table 28: 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	37 (95%)	36 (92%)
Flu Vaccination service	6 (15%)	34 (87%)
Pharmacy Contraception Service	19 (49%)	21 (54%)
Hypertension Case Finding Service	34 (87%)	31 (79%)
New Medicine Service	N/A	36 (92%)
Smoking Cessation Service	2 (5%)	3 (8%)
Appliance Use Review*	N/A	0 (0%)
Stoma Appliance Customisation*	N/A	0 (0%)
LFD Service	32 (82%)	21 (54%)
COVID-19 Vaccination Service**	17 (44%)	N/A

*This service is typically provided by the DACs

** Pharmacies signed up for the Autumn 2024 campaign

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 Sutton.

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 28 above and details of individual pharmacies signed up for the last campaign can be found in Appendix A although service provision can change with each campaign. This service is also accessible to residents 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 three pharmacies in Sutton until end of March 2026:
 - Manor Pharmacy at 75 Manor Road, Wallington, SM6 0DE.
 - Kirkby Pharmacy at 19 Station Road, Belmont, SM2 6BX.
 - SG Barai Chemist at 39 Erskine Road, Sutton, SM1 3AT.
- 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 (LCS) 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](#).

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 (LA) 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 ICB commissioned services

There are currently two services commissioned by SWL ICB and are show in Table 29 below. A list of all contractors and commissioned services can be found in Appendix A.

Table 29: Summary of ICB-commissioned services provision by community pharmacy in Sutton

Service	Pharmacies signed up
End of life care service	3 (8%)
Independent Prescribing Pathfinder Scheme	3 (8%)

*This service will be decommissioned 01 April 2025 and replaced with an ICB wide service.

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

The Independent Prescribing Pathfinder Scheme in Sutton is focused on long term condition management and pharmacists prescribing within their scope of competence for hypertension and HRT reviews and lipid management by GP practice referral. Details of pharmacy providers can be found in Appendix A.

4.2 Sutton Council commissioned services

There are currently five services commissioned across Sutton by the local council and are shown in Table 30 below. Of these, the smoking and sexual health services are commissioned directly by the council, whereas the needle exchange and supervised consumption are part of the substance use contract and community pharmacies are subcontracted by the substance use provider, Cranstoun Inspire, to deliver these services.

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

Table 30: Summary of local authority-commissioned services (LAS) provision by community pharmacy across Sutton (count and percentage)

Service	Pharmacies signed up
Smoking cessation	21 (54%)
Emergency Hormonal Contraception (EHC)	15 (38%)
Chlamydia treatment	29 (74%)
Needle exchange	4 (10%)
Supervised consumption	12 (31%)

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 Sutton can be found in Appendix A.

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, specifically the Pharmacy Contraception, 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 are two DSPs based in Sutton, and there are 409 throughout England.

Free delivery of appliances is also offered by DACs. There is one DAC based in Sutton, and there are 111 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.

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

From the 362 responders to the question about disability or long-lasting health problems, included in the public questionnaire, 28% stated that they have a disability. Nine responders indicated that they have mobility issues.

4.3.3 Language services

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

4.4 Other providers that reduce the need for pharmaceutical service provision

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

4.4.1 NHS hospitals

Pharmaceutical service provision is provided to patients by the hospitals:

- St Helier Hospital, Wrythe Lane, Carshalton SM5 1AA.
- Queen Mary's Hospital for Children, Wrythe Lane, Carshalton SM5 1AA.
- Sutton Hospital, Cotswold Road, Sutton SM2 5NF.

Outside Sutton HWB, residents have access to:

- Epsom Hospital, Dorking Road, Epsom KT18 7EG.
- Kingston Hospital, Galsworthy Road, Kingston-upon-Thames KT2 7QB.
- Croydon University Hospital, 530 London Road, Croydon CR7 7YE.
- St George's University Hospital, Blackshaw Road, London SW17 0QT.
- South West London & St George's Mental Health NHS Trust, 61 Glenburnie Road, London SW17 7DJ.

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 vaccination additionally to the service commissioned in pharmacies through the NHS Enhanced service.

4.4.4 Prison pharmacies

There are no prisons or young offender institutions in Sutton.

4.4.5 Substance misuse services

Cranstoun Inspire is a community drug and alcohol service that provides local support for adults and young people who want to change their alcohol and drug use.

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

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

4.5.1 Urgent care centres

Residents of Sutton have access to urgent care at:

- St Helier Hospital, Whyte Lane, Carshalton SM5 1AA.

There are no minor injury units or walk in centres in Sutton.

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

End of life services are provided by other providers such as hospices and specialist nurses.

4.5.6 Sexual health centres

Sutton Health and Care clinics offer a full range of contraceptive methods and sexual health tests, vaccinations, advice and support to avoid STIs and unplanned pregnancy.

4.6 Other services

The following are services provided by NHS pharmaceutical providers in Sutton, 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.

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:

- 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.

Services will vary between provider and are occasionally provided free of charge, e.g. home delivery.

Community pharmacies are contractually obliged to clarify on their patient leaflet which services are NHSE-funded, local authority-funded and privately funded.

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 Sutton. This questionnaire was available online through Citizen Space, the Sutton Council Consultation and Engagement Hub, between 29 April and 26 May 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:

- Posters displayed in pharmacies and GP surgeries.
- Digital poster displayed on screens in libraries and in the Civic Office.
- Newsletters to residents, Members and council staff.
- Publicised the survey via council social media channels.
- Sutton Council network including key community, faith and charity sector partners.
- Paper copies and posters distributed to certain groups and communities.
- Healthwatch SWL network.
- Healthwatch Sutton network.
- SWL ICB network.

There were 367 responses, all to the online survey, from a population of 211,123 (0.17%), 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 particularly residents aged 25-54, who represent nearly 43% of the population but only 15% of the survey responses. Other ethnic groups other than White were also under-represented. This limits how generalisable the findings are. A report of the results can be found in Appendix D.

5.1 Demographic analysis

- 71% of the responders identified themselves as female, 28% as male, 1% preferred not to say.
- The age group that submitted most responses was 65-74 (35%), followed by the 75-84 (27%), and the 55-64 (17%). There were no responses for the under 16 group and only one from those aged 16-24.
- 28% identified themselves as having their day-to-day activities limited because of a long-term health problem or disability.
- Of responders, the ethnicity group with the highest percentage came from a White British background (43%), 26% British and 17% English.
- Responders from other ethnic backgrounds were Irish (3%), Mixed (2%), Asian or Asian British (2%) and other groups with 1% each.
- For religion, most of the responders identified as Christian (62%), followed by 29% who answered atheist or no religious belief; 2% were Muslim and other religions with 1% or less each.

- The sexual orientation of responders was predominantly heterosexual (91%), whilst 6% preferred not to say, and the remaining 3% identified themselves as gay man, gay woman or bisexual.

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 4% said that they used a combination of both.
- Most of the responders (38%) visited a pharmacy a few times a month, closely followed by those going to the pharmacy once a month (33%). A further 21% responded that they go once every few months. Only 4% went once a week or more and 2% did it once every six months. 2% of the responders stated that they had not visited/ contacted a pharmacy in the last six months.
- Most people preferred to visit a pharmacy during the weekday, with Thursday being the most popular day (36%). However, over half (54%) stated it varied. Responders could select multiple days for this question.
- The most convenient time also varies (40%) and when choosing an specific time, 30% of responders selected between 9 am-1 pm. Before 9 am and after 7 pm was only chosen by 1% each. However, demand for pharmacy services at these times may be underrepresented, as only 32% of respondents were of working age

5.3 Reason for visiting a pharmacy

- The main reason for visiting a pharmacy for most (89%) was to collect prescriptions for themselves.
- 52% went to buy over the counter medicines.
- 43% were seeking advice from a pharmacist.

Please note that numbers add to more than 100% because multiple options were available for selection by each responder.

- Of the 45 responders that stated other reasons, the main reason for usually going to a pharmacy was to get vaccinations.

5.4 Choosing a pharmacy

- 77% reported that they use the most convenient or closest pharmacy.

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

The responses show that availability of medication was an extremely important factor for 66%. Also extremely important were quality of service (expertise) for 60%, location of pharmacy for 53%, customer service for 50% and services provided for 39% of the 367 people that submitted their responses.

Communications (languages/ interpreting service), accessibility (wheelchair/ buggy access), public transport and parking were considered as not important at all by 69%, 66%, 50% and 42% respectively, however this may be due to the demographics of the respondents. (lower representation from other ethnic groups and those with disabilities)

5.5 Access to a pharmacy

- The main way patients reported to access a pharmacy was walking (58%). The next most common method for getting to the pharmacy was car (27%). A further 8% used public transport.
- Only 5% indicated that they do not travel to a pharmacy but instead use a delivery service or an online pharmacy.
- 90% reported that they were able to travel to a pharmacy in less than 20 minutes and overall 99% being able to get to their pharmacy within 30 minutes. Only two stated that it took them longer, between 30-40 minutes, to get to their pharmacy.

5.6 Other comments

When asked about any other comments about pharmaceutical services, 47 pharmacy users expressed their satisfaction with the pharmacy provision and services, and a further 13 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.

Other common themes were concerns about pharmacy pressures, closures and capacity (nine comments), expressing a need for longer opening hours outside normal working hours (eight comments) and seven commented about receiving poor service from their pharmacy.

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 Sutton.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 Sutton to:

- Improve discharge planning: Ensure carers are meaningfully involved early in hospital discharge processes to reduce distress and prevent re-admissions.
- Address Accident and Emergency (A&E) pressures: Increase staff levels to alliviate pressure and promote alternatives to hospital-based care for non-critical needs.
- Enhance mental health crisis response: Improve staff training to provide consistent, tailored crisis support.
- Increase GP access support: Simplify GP appointment systems, offer non-digital access routes, and improve communication for those with complex needs.
- Strengthen language support: Expand availability and visibility of interpretation services across NHS services.
- Support vulnerable families: Integrate housing, income, and mental health support into family services to address root causes of wellbeing decline.

Incorporating these findings into the PNA will ensure that pharmaceutical services in Sutton 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 analysis of health needs and pharmaceutical service provision aims to determine whether there is an existing or potential future gap in pharmaceutical services in Sutton.

6.1 Pharmaceutical services and health needs

Pharmaceutical services in Sutton contribute to the delivery of priorities set out in the Sutton Joint Strategic Needs Assessment (JSNA), the Sutton Health and Care Plan, other local policies, strategies and health needs as described in [Section 2](#). These include improving outcomes for people with long-term conditions, supporting mental health and wellbeing, reducing health inequalities, and embedding prevention and early intervention across the health system.

Community pharmacy in Sutton plays a key role in delivering the aims of the South West London Integrated Care Strategy and the Sutton Health and Care Plan by providing accessible, preventative care in local communities. 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 helps to ensure 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 JHWS 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 Sutton current and future health needs

Sutton HWB area has a population of 211,123 (2023 mid-year estimate). The population profile shows a higher proportion of children of all ages and adults aged 40-54 and a lower proportion of young adults aged 18-24 and 25-39 compared to national averages.

According to 2021 Census data, Sutton has become more ethnically diverse and 68.3% of usual residents in Sutton identified as White and the remaining 31.7% identified as being from Asian, Black, Mixed/Multiple and Other ethnic groups. Excluding those who identify as White British, the most common ethnic groups were Asian (17.5% of total residents) and Black (5.9% of total residents).

In Sutton, 17.3% of adults do not speak English as a first language. Although the majority of these adults speak English well, or very well, there are pockets of the borough where a higher percentage of adults do not speak English well or at all.

Sutton has mixed levels of deprivation. Approximately 1 in 10 residents live in areas ranked the most deprived quintile nationally, while 1 in 5 are in the least deprived quintile. Life expectancy in Sutton is above both the London and national averages, but inequalities exist within the borough.

Data from GP practice disease registers show that in Sutton QOF prevalence for most long-term conditions is below the national average but higher than the London average.

The prevalence of mental health conditions (1.0%), learning disability (0.6%), depression (1.4%), epilepsy (0.8%) and dementia (0.8%) are similar to or just below the national rates but above than the London average.

Sutton generally performs better, compared to national and London averages, for several lifestyle related indicators. The borough has lower levels of smoking (12.6%), obesity (11.9%), alcohol related hospital admissions (1,329 per 100,000) and deaths from drug misuse (4.7 per 100,000) than national rates. These indicators are also generally better than the London averages, with the exception of obesity and deaths from substance misuse, which are higher in Sutton.

Sutton has significantly lower rates of chlamydia detection, new STI diagnoses, and HIV prevalence compared to the London averages, while prescribed LARC rates were significantly higher than the London average. The under-18 conception rates were similar to London figures.

Population projections indicate a 2.0% increase by 2030 and an ageing population. There are an extra 3,272 new houses planned by 2028/29, with many of these in Sutton town centre.

6.3 Pharmaceutical service provision

There are 40 pharmaceutical contractors across the area, providing 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 Sutton 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 Sutton from the JSNA, Sutton Health and Care Plan 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 Sutton.
- 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 Sutton

Essential Services must be provided by all community pharmacies. There are 39 community pharmacies in Sutton which includes two DSPs and a LPS provider. The estimated average number of community pharmacies per 100,000 population is 18.5. There are 35 (90%) pharmacies that hold a standard 40-core hour contract, one (2.5%) 72+hour pharmacy.

There is also one DAC in the borough.

Sutton has many pharmacies open on weekday evenings and weekends. The majority of community pharmacies (90%) are open on Saturdays until 1 pm, and 51% remain open on Saturday after 1 pm. There are also 38% of community pharmacies open after 6:30 pm on weekdays and 18% open on Sundays in Sutton.

Residents also have access to two DSPs and a LPS within Sutton. Other DSPs can also be accessed outside of the borough.

There are also a number of accessible providers open in the neighbouring HWB areas of Croydon to the east, Merton to the north, Kingston to the north-west, and Surrey to the west and south.

6.3.2 Necessary Services: essential services gaps in provision across Sutton

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

There has been a reduction in the number of community pharmacies but despite this there is still good access.

This conclusion is based on:

- Comprehensive coverage across the borough: There are 39 community pharmacies across Sutton, with a higher number of pharmacies per 100,000 population than the England average. The existing network ensures geographic coverage, including provision in areas of higher population density and deprivation. There is additional support via DSPs in the area and available nationally, and certain services available from the local DAC.
- Good access during normal and extended hours: The majority of community pharmacies (90%) are open on Saturdays, 20 (51%) remain open on Saturday after 1 pm and 15 (38%) are open after 6:30 pm on weekdays. There are also seven pharmacies (18%) open on Sundays in Sutton. These opening patterns ensure that access is maintained during and outside of normal working hours.
- Accessibility via transport:
 - 77.2% of households have access to a car or van, above the national and regional average.
 - 64.7% of the population are able to walk to the pharmacy within 20 minutes.
 - 99.0% of the population that have access to private transport in Sutton can get to a pharmacy within 20 minutes driving whether this is off peak or on peak.
 - 57.6% can get to a pharmacy using public transport within 20 minutes and 66.1% can reach a pharmacy within 30 minutes.
 - 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, although respondents did not represent Sutton's whole population: Most people walked to their pharmacy (58%) and could get there in under 20 minutes (88%). Almost everyone (99%) who responded to the survey and travel to a pharmacy could reach it within 30 minutes.

Future need

Sutton's population is expected to grow over the next five years to 2030 by 2.0%. In parallel, the number new houses due for completion by 2029 is predicted to be around 3,272.

The current community pharmacy network across Sutton, including the Sutton Central ward where most of the developments are planned, is well placed to meet the predicted population and housing growth across Sutton for the lifetime of this PNA. 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 above the national average, and residents have also access to a large number of providers across the border.

Sutton HWB will continue to assess pharmaceutical service provision in response to changes in access and demand, ensuring current provision can accommodate potential increases.

No gaps in the provision of Necessary Services have been identified for Sutton 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 28 in [Section 3.10](#) shows the pharmacies providing Advanced and Enhanced Services in Sutton HWB area.

Regarding access to **Advanced** services, it can be seen that there is very good availability most services including Pharmacy First (95%), NMS (92%), flu vaccination (87%), hypertension (87%) and LFD (82%).

There is currently a lower number of providers of the contraception service (54%) and there is a low number of providers of the national smoking cessation service (8%), 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 the DAC in Sutton provides the AUR and SAC services, and patients can also access these products and devices from other DACs nationally.

Regarding access to the National **Enhanced** Service, 17 pharmacies (44%) 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 are also three pharmacies 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 Sutton through the existing community pharmacy network.

No gaps in the provision of other relevant services have been identified for Sutton HWB.

6.4 Improvements and better access: gaps in provision across Sutton

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 Sutton.

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 Sutton 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 Sutton.

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 Sutton, 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 Sutton HWB are to be regarded as Necessary Services.

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

Locally Commissioned Services have been considered and reviewed for provision across Sutton however as they are not NHS commissioned services and are outside of the scope for market entry decisions 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 Sutton 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 Sutton 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 Sutton 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 Sutton.

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 Sutton discussed in [Section 3.10](#) and [6.3.3](#).

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

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 Sutton.

[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 Sutton.

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 Sutton.

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 Sutton discussed in [Section 3.11](#) and [6.3.3](#).

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

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 Sutton.

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 Sutton.

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 Sutton to meet the needs of the population.

Section 8: Future opportunities

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 Sutton 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 cost, service development and delivery must be planned carefully. However, national, regional and local health priorities could be positively affected by services provided by community pharmacies, albeit being out of the scope of the PNA process.

It is important to note that these are not statutory gaps for the purpose of market entry but represent potential areas for improvement and innovation.

8.2 Further considerations

The PNA recognises the evolving role of community pharmacy in delivering preventive care, reducing health inequalities and integrating with primary care networks and neighbourhood health services. While no gaps have been identified in the current or future (three-year) provision of pharmaceutical services in Sutton, there are opportunities to consider how community pharmacy could contribute further to system priorities, including the management of long-term conditions, medicines optimisation, improving access and supporting population health.

Community Pharmacy England commissioned The King's Fund and the Nuffield Trust to develop a ten-year vision for the future of community pharmacy, providing helpful context on how the sector may develop in the years ahead. The report⁹⁰, published in September 2023, outlines how the sector could respond to increasing pressure on health services, an ageing population and more people living with complex long-term conditions

It describes how community pharmacy could take on a greater role in clinical, preventive and integrated care helping people stay well, manage long term conditions and access timely advice and treatment close to home. This includes initiatives such as Pharmacy First and the integration of independent prescribing in care pathways, particularly as all newly qualified pharmacists will enter the profession with this qualification from 2026.

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

While the safe supply of medicines remains core, the vision highlights how community pharmacies are increasingly well placed to support prevention, long term condition management and improved access to care, especially in areas where primary care services are under pressure. The vision identifies four key areas where community pharmacy can make a greater contribution in line with national, regional and local priorities:

- Preventing ill health and supporting wellbeing, with a focus on reducing inequalities.
- Providing clinical care for common conditions, including through Pharmacy First and independent prescribing.
- Supporting people to live well with medicines, through structured advice and medicines optimisation.
- Contributing to integrated neighbourhood care, as part of multidisciplinary teams.

These opportunities fall outside the statutory remit of the PNA and do not represent gaps for the purpose of market entry. However, they may help inform future service development, local commissioning and system-wide planning.

Appendix A: List of pharmaceutical services providers in Sutton

Key to type of provider:

CP – Community Pharmacy

DSP – Distance Selling Pharmacy

DAC – Dispensing Appliance Contractor

LPS – Local Pharmaceutical Service

Key to other headers in Sutton pharmaceutical list table:

ODS number: Organisation Data Service code, is a unique five-character code, typically starting with the letter F, that identifies a pharmacy within the NHS.

PhAS: Pharmacy Access Scheme.

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

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)

ICBS1 – End of life care service

ICBS2 – Community Pharmacy Pathfinder service

LAS1 – Local Smoking cessation

LAS2 – Emergency Hormonal Contraception

LAS3 – Chlamydia treatment

LAS4 – Needle exchange

LAS5 – Supervised consumption

Sutton 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	ICBS1	ICBS2	LAS1	LAS2	LAS3	LAS4	LAS5
Amba Pharmacy	FTJ59	DSP	75 Stonecot Hill, Sutton	SM3 9HJ	09:30-17:30	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Anna Pharmacy	FGT46	CP	398 Green Wrythe Lane, Carshalton	SM5 1JF	09:00-19:00	09:00-17:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	-	-	Y	Y	Y	Y	Y
Anna Pharmacy Hackbridge	FE836	CP	Unit 4, 186 London Road, Hackbridge, Wallington	SM6 7FW	09:00-13:00, 14:00-18:30	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	-	-	Y	-	-	-	-
Asda Pharmacy	FHP04	CP	St Nicholas Way, Sutton	SM1 1LD	09:00-12:30, 13:00-16:30, 17:00-21:00	09:00-12:30, 13:00-16:30, 17:00-21:00	11:00-17:00	Y	-	Y	Y	Y	Y	Y	-	Y	-	-	-	Y	Y	Y	-	Y
Asda Pharmacy	FT061	CP	Asda Superstore, Marlow Way, Croydon	CR0 4XS	09:00-20:00	09:00-20:00	11:00-17:00	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	Y	-	-
Banstead Pharmacy	FA880	CP	79 Banstead Road, Carshalton Beeches	SM5 3NP	09:00-19:00	09:00-17:30	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	-	-	-	-	-	-	Y
Beeches Pharmacy	FYN54	CP	2B Beeches Avenue, Carshalton	SM5 3LF	09:00-13:00, 14:00-19:00	09:00-13:30, 14:00-17:30	Closed	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	Y	-	Y	-	-
Boots	FD485	CP	42/43 Wallington Square, Woodcote Road, Wallington	SM6 8RG	09:00-19:00	09:00-17:30	10:00-16:00	-	-	Y	Y	-	Y	Y	-	Y	-	-	-	-	-	Y	-	-
Boots	FFK37	CP	322A Malden Road, North Cheam, Sutton	SM3 8EP	08:30-18:30	09:00-12:00	Closed	-	-	Y	-	-	Y	Y	-	Y	-	-	-	-	-	Y	-	-
Boots	FQM06	CP	109 High Street, Sutton	SM1 1JG	09:30-18:00	09:00-18:00	10:30-16:30	-	-	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	ICBS1	ICBS2	LAS1	LAS2	LAS3	LAS4	LAS5
Boots	FVA14	CP	158 Central Road, Worcester Park	KT4 8HH	09:00-17:30	09:00-17:30	Closed	-	-	Y	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	-
Coopers Pharmacy	FX547	CP	3-5 Grove Road, Sutton	SM1 1BB	09:00-18:00	09:00-13:00	Closed	-	-	Y	Y	-	Y	Y	-	Y	Y	-	-	Y	Y	Y	-	Y
Day Lewis Pharmacy	FP402	CP	Unit 4, Mollison Square, Wallington	SM6 9DA	09:00-13:00, 14:00-18:30 (Thu: 09:00-13:00, 14:00-18:00)	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	Y	Y	Y	-	Y
First Pharmacy	FNL59	CP	108 Woodcote Road, Wallington	SM6 0LY	08:30-18:30	09:00-16:00	Closed	-	-	Y	Y	-	Y	Y	-	Y	Y	-	-	Y	Y	Y	-	-
Fittleworth Medical Limited	FVW18	DAC	270 London Road, Wallington	SM6 7DJ	09:00-17:00	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Frith Pharmacy	FL820	CP	11 The Broadway, Cheam	SM3 8BH	09:00-18:00	09:00-17:00	Closed	-	-	Y	Y	-	Y	Y	-	Y	Y	-	-	-	-	Y	-	-
Gaiger Chemist	FDC37	CP	296 High Street, Sutton	SM1 1PQ	09:00-19:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	-	-	Y	Y	Y	-	Y
Glory Chemist	FJM89	CP	314 Stafford Road, Croydon	CR0 4NH	09:00-18:00	09:00-13:00	Closed	-	-	Y	Y	-	-	Y	-	-	Y	-	-	Y	Y	Y	-	-
He Matthews Pharmacy	FF721	CP	148 Stanley Park Road, Carshalton	SM5 3JG	09:00-18:00	09:00-12:00	Closed	-	-	Y	Y	-	Y	Y	-	Y	Y	Y	Y	Y	Y	Y	-	-
Imperial Pharmacy	FJX06	CP	139 Epsom Road, Sutton	SM3 9EY	08:30-20:00	09:00-14:00	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	-	-
Kamsons Pharmacy	FAG93	CP	Jubilee Health Centre, Shotfield, Wallington	SM6 0HY	08:30-19:00	09:00-13:00	Closed	-	-	Y	Y	-	Y	Y	-	Y	Y	-	-	Y	-	Y	Y	Y
Kamsons Pharmacy	FJ272	CP	40 Green Wrythe Lane, Carshalton	SM5 2DP	09:00-18:00	09:00-13:00	Closed	-	-	Y	Y	-	Y	Y	-	Y	-	-	-	Y	-	Y	-	-
Kamsons Pharmacy	FLM95	CP	58 Grove Road, Sutton	SM1 1BT	09:00-19:00	09:00-13:00	Closed	-	-	Y	Y	-	Y	Y	-	Y	Y	-	-	Y	-	-	-	-
Kamsons Pharmacy	FVP08	CP	Wrythe Lane, Near Wrythe Green, Carshalton	SM5 2RE	08:30-18:30	09:00-13:00	Closed	-	-	Y	Y	-	Y	Y	-	Y	Y	-	-	Y	-	Y	-	-
Kirkby Pharmacy	FXT75	CP	19 Station Road, Belmont, Sutton	SM2 6BX	09:00-13:00, 14:00-18:00	09:00-13:00	Closed	-	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	ICBS1	ICBS2	LAS1	LAS2	LAS3	LAS4	LAS5
Lafford Chemist	FXG53	CP	7/8 The Broadway, Plough Lane, Beddington	CR0 4QR	09:00-18:30 (Wed: 09:00-13:00)	09:00-14:00	Closed	-	-	Y	Y	-	-	Y	-	Y	-	-	-	-	Y	Y	-	-
Manor Pharmacy	FE392	CP	75 Manor Road, Wallington	SM6 0DE	09:00-18:30	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	Y	-	Y	-	Y
Mps Pharmacy	FWX02	CP	46-47 The Market, Rosehill, Sutton	SM1 3HE	09:00-19:00	09:00-17:30	Closed	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	Y	Y	Y	Y
Mulgrave Road Pharmacy	FKX86	CP	60 Upper Musgrave Road, Cheam	SM2 7AJ	09:00-13:00, 14:00-18:00	09:00-13:00	Closed	-	-	Y	Y	-	Y	Y	-	Y	-	-	-	-	-	-	-	-
Park Lane Pharmacy	FD462	CP	27-29 High Street, Carshalton	SM5 3AX	09:00-18:30	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	Y	-	-	-	Y
Rosehill Pharmacy	FLQ03	CP	28 The Market, Wrythe Lane, Carshalton	SM5 1AG	09:00-18:00	09:00-18:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	Y	-	Y	Y	Y	-	-
Rxlive Limited	FWF39	DSP	3-4 Chalice Close, Lavender Vale, Wallington	SM6 9RU	09:00-13:00, 14:00-18:00	Closed	Closed	-	-	Y	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	-
Salmina Pharmacy	FJC02	CP	107 Wrythe Lane, Carshalton	SM5 2RR	09:00-13:00, 14:00-19:00	09:00-13:00, 14:00-17:30	Closed	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	Y	Y	Y	Y	Y
Sg Barai Chemist	FY243	CP	39 Erskine Road, Sutton	SM1 3AT	09:00-17:30	09:00-13:00	Closed	-	-	Y	Y	-	Y	Y	-	Y	Y	-	Y	Y	Y	Y	-	-
Superdrug Pharmacy	FER38	CP	150 High Street, Sutton	SM1 1NS	08:30-14:00, 14:30-18:00	09:00-14:00, 14:30-17:30	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	Y	Y	-	-
Superdrug Pharmacy	FPQ37	CP	107 Central Road, Worcester Park	KT4 8DY	08:30-14:00, 14:30-18:00	09:00-14:00, 14:30-17:30	10:00-16:00	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	Y	Y	-	-
Sutton & Merton OOH Co-Op Ltd	FMR49	LPS	28 The Market, Wrythe Lane, Carshalton	SM5 1AG	19:30-22:30	19:00-22:00	17:00-22:00	-	-	Y	-	-	Y	-	-	-	-	-	-	-	-	-	-	-
Sutton Pharmacy Surrey	FYN02	CP	86 Westmead Road, Sutton	SM1 4HY	09:00-19:00 (Wed: 09:00-18:00)	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	Y	-	Y	-	Y	-	Y
Tesco Instore Pharmacy	FGM91	CP	55 Oldfields Road, Sutton	SM1 2NB	08:00-20:00	08:00-20:00	10:00-16:00	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	Y	-	-
Victoria Chemist	FL523	CP	524 London Road, North Cheam	SM3 8HW	09:00-18:00	09:00-16:00	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: **367**.

The questionnaire was open for responses between 29 April and 26 May 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: 367, Skipped: 0)

Options	%	Number
To buy over-the-counter medicines	52%	192
To collect prescriptions for myself	89%	328
To collect prescriptions for somebody else	35%	128
To get advice from a pharmacist	43%	156
Other (please specify)	12%	45

Other comments (themes)	Number
To get vaccinations (flu, COVID)	26
Buy other items, like cosmetics or toiletries	7
Don't visit the pharmacy but get medicines delivered	7
Buy medicines or other items for somebody else	3
Other pharmacy services (eg blood pressure checks)	2

2) How often have you visited or contacted a pharmacy in the last six months? (Answered: 367, Skipped: 0)

Options	%	Number
Once a week or more	4%	13
A few times a month	38%	140
Once a month	33%	122
Once every few months	21%	78
Once in six months	2%	8
I have not visited/contacted a pharmacy in the last six months	2%	6

3) What time is most convenient for you to use a pharmacy? (Answered: 367, Skipped: 0)

Options	%	Number
Before 9am	1%	3
9am-1pm	30%	111
1pm-5pm	20%	73
5pm-7pm	8%	28
After 7pm	1%	3
It varies	40%	149

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: 367, Skipped: 0)

Options	%	Number
Monday	30%	111
Tuesday	30%	111
Wednesday	30%	112
Thursday	36%	131
Friday	34%	123
Saturday	25%	89
Sunday	11%	39
It varies	54%	200

5) Do you have a regular or preferred local community pharmacy? (Answered: 367, Skipped: 0)

Options	%	Number
Yes	91%	335
No	3%	12
I prefer to use an internet/online pharmacy (An internet pharmacy is one which operates partially or completely online where prescriptions are sent electronically, and dispensed medication is sent via a courier to your home)	1%	5
I use a combination of traditional and internet pharmacy	4%	15

6) Is there a more convenient and/or closer pharmacy that you don't use and why is that? (Answered: 364, Skipped: 3)

Options	%	Number
No	77%	279
Yes, but I do not use it because:	23%	85

Other comments (themes)	Number
Poor service or worse customer service at other pharmacy	17
Habit, personal preference or recommendation	12
Good location near doctor surgery	10
Good service or customer service at chosen pharmacy	8
Assigned pharmacy for repeat prescriptions	7
Convenience (eg. when shopping)	7
Easier to get to, park or better public transport links	6
Stock levels	4
Longer or more convenient or more reliable opening hours	4
Long queues at other pharmacy	3
They deliver	3
More expensive	2
Nearer pharmacy has closed	2
Online	1
Preference for smaller pharmacy	1
Recent opening	1

7) What influences your choice of pharmacy? (Please tick one box for each factor)
(Please note percentages are calculated for each factor) (Answered: 367, Skipped: 0)

Factors	Extremely important	Very Important	Moderately Important	Fairly important	Not at all important
Quality of service (expertise)	222 (60%)	109 (30%)	29 (8%)	6 (2%)	1 (0%)
Customer service	183 (50%)	147 (40%)	31 (8%)	3 (1%)	3 (1%)
Location of pharmacy	193 (53%)	121 (33%)	49 (13%)	2 (1%)	2 (1%)
Opening times	126 (34%)	136 (37%)	87 (24%)	10 (3%)	8 (2%)
Parking	61 (17%)	54 (15%)	65 (18%)	34 (9%)	153 (42%)

Factors	Extremely important	Very Important	Moderately Important	Fairly important	Not at all important
Public transport	35 (10%)	48 (13%)	52 (14%)	47 (13%)	185 (50%)
Accessibility (wheelchair / buggy access)	26 (7%)	32 (9%)	31 (8%)	36 (10%)	242 (66%)
Communication (languages / interpreting service)	33 (9%)	31 (9%)	28 (8%)	20 (5%)	255 (69%)
Space to have a private consultation	85 (23%)	83 (23%)	86 (23%)	49 (13%)	64 (17%)
Availability of medication	242 (66%)	102 (28%)	12 (3%)	4 (1%)	7 (2%)
Services provided	143 (39%)	130 (35%)	63 (17%)	14 (4%)	17 (5%)

8) How do you usually travel to the pharmacy? (Answered: 365, Skipped: 2)

Options	%	Number
Walk	58%	210
Public transport (e.g. bus or train)	8%	28
Bicycle	2%	6
Car	27%	99
Taxi	0%	0
Electric scooter	0.5%	2
Wheelchair / mobility scooter	0.5%	2
I don't, someone else goes for me	0.5%	2
I don't, I utilise a delivery service	4%	14
I don't, I use an online pharmacy	0.5%	2

9) How long does it usually take you to travel to your pharmacy? (Answered: 356, Skipped or don't travel: 11)

Options	%	Number
Less than 20 minutes	90%	322
20-30 minutes	9%	32
30-40 minutes	1%	2
More than 40 minutes	0%	0

10) Do you have any other comments that you would like to add regarding pharmaceutical services in Sutton? (Answered: 100, Skipped or no comment: 267)

Other comments (themes)	Number
Very good pharmacy service and provision	47
Praising role of pharmacy in the community and to see pharmacist instead of doctor	13
Concerns about pharmacy pressures, closures and capacity	9
Need for longer opening hours outside normal working hours, including lunch time, evenings and weekends	8
Poor service, including waiting time for prescriptions or wrong medicines dispensed	7
Other comments	6
Independent pharmacies more reliable, more personal service	5
Would like more information available for pharmacies and services	2
Concerns about privacy and personal information	2
Delivery delays	1

11) Are you aware of have you ever used any of the other following services that are available in community pharmacies in Sutton? (Please tick one box for each service) (Please note percentages are calculated for each service) (Answered: 367, Skipped: 0)

Services	Aware and have used	Aware but have not used	Not aware, not used
Pharmacy First Service	79 (22%)	217 (62%)	55 (16%)
Blood pressure monitoring service	62 (18%)	220 (64%)	64 (18%)
Pharmacy Contraception Service	5 (1%)	221 (65%)	114 (34%)
Smoking cessation services	7 (2%)	214 (63%)	120 (35%)
Flu vaccination service	247 (69%)	94 (26%)	15 (4%)
New Medicine Service	25 (7%)	79 (23%)	243 (70%)
Supervised consumption	3 (1%)	63 (18%)	281 (81%)
Needle exchange	1 (0%)	88 (25%)	257 (74%)

Other comments (themes)	Number
Covid vaccination	4
Pharmacy doesn't take back sharps boxes, needles or expired epi-pens	3
Pharmacy has not time or room to consult or deliver services in privacy	2
Used for advice on other minor ailments	2
Pharmacist cannot prescribe antibiotics for UTIs for over 60s	1

About you

12) How old are you? (Answered: 364, Skipped: 3)

Options	%	Number
Under 16	0%	0
16-24	0%	1
25-34	1%	5
35-44	4%	13
45-54	10%	37
55-64	17%	60
65-74	35%	126
75-84	27%	100
85+	5%	18
Prefer not to say	1%	4

13) What is your sex? (Answered: 364, Skipped: 3)

Options	%	Number
Female	71%	257
Male	28%	104
Prefer not to say	1%	3

14) Is the gender you identify with the same as the sex registered at your birth? (Answered: 361, Skipped: 6)

Options	%	Number
Yes	99%	356
No, it's different	0%	1
Prefer not to say	1%	4

15) How would you describe your ethnicity? (Answered: 355, Skipped: 12)

Options	%	Number
African	0%	1
Arab	0%	0
Asian or Asian British	2%	6
Bangladeshi	0%	1
Black or Black British	1%	4
British	26%	93
Caribbean	0%	0
Chinese	0%	1
English	17%	61
Gypsy or Irish Traveller	0%	0
Indian	1%	2
Irish	3%	11
Mixed background	2%	6
Northern Irish	1%	2
Other Eastern European	0%	0
Pakistani	0%	1
Polish	0%	1
Scottish	1%	4
Sri Lankan	0%	0
Tamil	0%	0
Welsh	1%	2
White and Asian	0%	0
White and Black African	0%	0
White and Black Caribbean	0%	0
White or White British	43%	154
Other ethnic group	0%	0
Prefer not to say	1%	5

16) Which of the following describes your religion or belief? (Answered: 357, Skipped: 10)

Options	%	Number
Atheist/ no religious belief	29%	103
Buddhist	1%	2
Christian	62%	223
Hindu	1%	3

Options	%	Number
Jewish	0%	1
Muslim	2%	6
Secular beliefs	1%	5
Sikh	0%	0
Prefer not to say	0%	0
Other	4%	14

Other comments	Number
Agnostic	2
Humanist	1

17) Which of the following describes your sexual orientation? (Answered: 361, Skipped: 6)

Options	%	Number
Bisexual	1%	3
Gay man	1%	5
Gay woman / lesbian	0%	1
Heterosexual	91%	330
Prefer not to say	6%	22

18) Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? (Answered: 362, Skipped: 5)

Options	%	Number
Yes	28%	100
No	72%	262
Prefer not to say	0%	0

19) If you answered yes, do you have any access needs e.g. sign language interpreter, information in large print. (Answered: 11, Skipped or no need: 356)

Options	Number
Mobility issues	9
Blind, need apps to be screen reader friendly	1
Somewhere to sit down while waiting	1

20) Do you regularly provide unpaid support caring for someone? A carer is someone who spends a significant proportion of their time providing unpaid support to a family member, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems. (Answered: 361, Skipped: 6)

Options	%	Number
Yes	11%	41
No	89%	320
Prefer not to say	0%	0

21) If you have answered yes, how many hours do you spend providing unpaid care in a typical week? (Answered: 44, Skipped: 313)

Options	%	Number
0-4 hours	25%	11
5-9 hours	7%	3
10-19 hours	11%	5
20-34 hours	14%	6
35-49 hours	9%	4
Over 50 hours	34%	15

22) What is your marital status? (Answered: 356, Skipped: 11)

Options	%	Number
Single	17%	62
Married	56%	199
In a civil partnership	2%	8
Separated	1%	4
Divorced	9%	31
Widowed	15%	52

23) Have you been pregnant and / or on maternity leave during the past two years? (Answered: 354, Skipped: 13)

Options	%	Number
Yes	1%	3
No	98%	347
Prefer not to say	1%	4

Appendix E: London Borough of Sutton housing plan 2024-29⁹¹

Local plan allocation	Ward*	Site	Total net completions forming part of five-year supply
(A) Sites with planning permission currently under construction	St Helier West	102-104 Rose Hill, Sutton, SM1 3HB	16
	Sutton Central	8-25 Beech Tree Place and 29-35 West Street, Sutton	92
(B) Sites with planning permission but currently not started	North Cheam	Former Victoria House, 388 Malden Road, Cheam SM3 8HY	74
	Stonecot	Haredon House, London Road, North Cheam, SM3 9BJ	50
	Sutton Central	219-227 Sutton High Street, Sutton, SM1 1LB,	21
		1-3 High Street, Sutton, SM1 1DF	10
		38 - 40 Benhill Avenue Sutton, SM1 4DA	10
		Copthall House, Grove Road, Sutton SM1 1DA	32
		St Nicholas House, St Nicholas Way, Sutton	276
		Chalk Gardens, B And Q Plc, Sutton Court Road, SM1 4RQ	970
		2-4 Lodge Place, Sutton, SM1 4AU	48
		Land to rear of Times Square, Throwley Way, Sutton, SM1 1LF	113
	Sutton North	Helena House, High Street, Sutton	41
	Sutton South	69-71 Brighton Road and 2 Cavendish Road, Sutton, SM2 5BT	28

⁹¹ London Borough of Sutton. Five-Year Housing Land Supply Assessment 2024-25 to 2028-29 – p8-13. April 2024. Information updated as of March 2024. [Accessed June 2025]
<https://www.sutton.gov.uk/documents/d/guest/five-year-housing-land-supply-assessment>

Local plan allocation	Ward*	Site	Total net completions forming part of five-year supply
	Sutton West & East Cheam	10-12 Cheam Road, Sutton	25
	Worcester Park South	Griffiths Close, 209 Cheam Common Road, Cheam	15
(C) Large allocated sites without planning permission	Sutton Central	Former Morrison's Local and Car Park, SM1 1LW	9
		Secombe Theatre, Cheam Road, Sutton	93
		Gibson Road Car, Gibson Road, Camden Road, Sutton	178
		North of Greenford Road, 2-4 Greenford Road, Sutton	12
		Elm Grove Estate, Sutton Town Centre	272
	The Wrythe	Council Offices, Denmark Road, Carshalton	24
		Council Car Park, Denmark Road, Carshalton	18
(D) Prior approval sites currently not started	Cheam	Oceantech House, Station Approach, Cheam, SM2 7AU	28
	Sutton South	Harrow Lodge, 28 Eaton Road, Sutton SM2 5EE	10
(E) Significant unallocated brownfield sites	Belmont	Trickett House, 125 Brighton Road, Sutton	17
	Sutton South	2-4 Copse Hill and 52-54 Brighton Road, Sutton, SM2 6AD	43
	Wallington South	Cloverdale Court, 10 Stanley Park Road, Wallington, SM6 0EU	22

* Ward information was found by comparing the address location (found in Google Maps) to a map with Sutton's 2024 ward boundaries overlaid.

Appendix F: 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 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)⁹². These projections were rebased to align with Lower Layer Super Output Area (LSOA)-level⁹³ and Output Area (OA)-level population estimates⁹⁴ (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.

⁹² 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>

⁹³ 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/datasets/lowersuperoutputareamidyearpopulationestimates>

⁹⁴ ONS. Census Output Area Population Estimates (supporting information). [Accessed May 2025]

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/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.