



Pharmaceutical Needs Assessment 2025

Richmond upon Thames
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
JLHWS	–	Joint Local Health and Wellbeing Strategy
JSNA	–	Joint Strategic Need Assessment
LARC	–	Long-Acting Reversible Contraception
LAS	–	Local Authority-commissioned Service
LCS	–	Locally Commissioned Services
LES	–	Local Enhanced Service
LFD	–	Lateral Flow Device
LPC	–	Local Pharmaceutical Committee
LPS	–	Local Pharmaceutical Service

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

Executive summary

Purpose of the PNA

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

Local geography, context and health needs

Richmond is split into two halves by the river Thames and shares borders with Hounslow, Surrey, Wandsworth, Kingston, Hammersmith and Fulham. It is further divided by parkland and commercial or industrial areas which also prevent communications, such as water works, golf courses, sports clubs and more. The borough also hosts an international stadium and several major attractions like Kew Gardens and Harlequins.

The estimated population of Richmond is 195,513 (2023 mid-year estimate). Compared to both regional and national averages, the borough has a higher proportion of children and middle-aged adults, and a lower proportion of younger adults. There is a larger older population when compared to London, more in line with the average England profile.

Both life and healthy life expectancy for males and females is significantly higher than the London and England averages in Richmond, reflecting a healthy and stable population.

Residents in Richmond generally have healthier lifestyles than the average across London and England, with lower rates of behaviours that can harm health, such as smoking, physical inactivity and poor diet. However, some parts of the borough experience higher levels of deprivation, and the number of older residents is increasing. These factors contribute to growing demand for services that help prevent illness and manage long-term health conditions.

Pharmaceutical services provision in Richmond

As of May 2025, Richmond upon Thames has 44 [community pharmacies](#) (including three [distance-selling pharmacies](#)) equating to 22.5 pharmacies per 100,000 population, above the national average.

Pharmacy access across the borough is good. On Saturday, 82% of pharmacies are open, and 18% provide evening services on weekdays. Sunday access is more limited, with 18% of pharmacies open, reflecting wider patterns in healthcare availability on weekends.

Travel analysis shows that 99.9% of residents can reach a pharmacy by private transport within 20 minutes, while 99.2% can do so on foot or using public transport.

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

Conclusion

NHS pharmaceutical services are well distributed across Richmond. 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 Richmond 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 Richmond HWB was published in March 2023. This PNA for Richmond HWB fulfils this regulatory requirement.

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

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

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

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

- **Hypertension Case-Finding Service³** requirements were updated from 1 December 2023 and means the service can be provided by suitably trained and competent pharmacy staff; previously, only pharmacists and pharmacy technicians could provide the service.
- **Hepatitis C testing service** was decommissioned from 1 April 2023.
- **New Community Pharmacy Contract 2025/26:** A new national contract has been agreed and is currently in review and discussion for 2026 onwards.
- **Pharmacy Quality Scheme (PQS) 2025/26:⁴** 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 year.⁷ These challenges form part of the backdrop to ongoing regulatory and service developments.

1.3 Key upcoming changes

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

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

⁴ NHS England. Pharmacy quality scheme 2025/26. [Accessed May 2025]

<https://www.england.nhs.uk/primary-care/pharmacy/pharmacy-quality-payments-scheme/>

⁵ InPharmacy NPA warns that pharmacy closures are at record high levels. May 2024. [Accessed May 2025] <https://www.npa.co.uk/news/2025/january/2024-pharmacy-closures-second-highest-on-record/>

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>

Some of the key changes are listed below:

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

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

1.4 Purpose of the PNA

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

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

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

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

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

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

1.5 Scope of the PNA

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

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

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

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

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

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

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

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

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

1.5.1 Pharmacy contractors

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

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

1.5.1.1 Community Pharmacies (CPs)

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

The NHS is responsible for administering opening hours for pharmacies, which is handled locally by ICBs through the delegated responsibility. A pharmacy normally has 40 core contractual hours or 72+ for those that opened under the former exemption from the control of entry test.⁹ 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 state that DSPs must not provide Essential Services face to face, but they may provide Advanced and Enhanced Services on the premises, as long as any Essential Service that forms part of the Advanced or Enhanced Service is not provided in person on the premises. From the 1 October 2025, DSPs will no longer be able to deliver Advanced or Enhanced services face to face with patients, onsite.

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

Figures for 2023-24 show that in England there were 409 DSPs,¹¹ 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 2025.¹²

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] <https://www.nhsbsa.nhs.uk/statistical-collections/general-pharmaceutical-services-england/general-pharmaceutical-services-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 (CPE). 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 five other HWBs that border Richmond:

- Hammersmith and Fulham.
- Hounslow.

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

- Kingston upon Thames.
- Surrey.
- Wandsworth.

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

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.

¹⁵ DHSC. Community Pharmacy Contractual Framework (CPCF): 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/>

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

Richmond HWB, through the steering group, designated that all Essential Services are to be regarded as Necessary Services for the purposes of the Richmond 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 Richmond 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 on 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. Pharmacy owners must also provide the Flu Vaccination service and is provided for a selected cohort of patients.
- **NES1: Respiratory Syncytial Virus (RSV) vaccination and Pertussis vaccination service:** currently under procurement, is due to go live in autumn 2025.

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

- **LES1: Bank Holiday Service:** provides coverage over Bank Holidays, Easter Sunday, and Christmas Day, to ensure that there are pharmacies open on these days so patients can access medication if required.
- **LES2: Measles, Mumps and Rubella (MMR) vaccination service:** pharmacies are commissioned by direct award based on areas of low uptake and proven experience and success of running similar schemes. This service is commissioned to deliver by the currently selected sites until end of March 2026.
- **LES3: Pneumococcal Polysaccharide Vaccine (PPV) service:** was issued in April 2025 as currently commissioned. Pharmacies can sign up to provide this service.
- **LES4: London Flu:** the specifications for this vaccination service is currently being drawn up for 2025/26 and will come into effect from 1 September 2025. Pharmacies that are already providing the national Flu advanced service can sign up to provide this local service. The London Flu service runs in parallel to the national Flu programme, with cohorts that sit outside of the Flu advanced service as described in [Section 1.5.5.2](#).

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

1.5.6 Other services

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

[Section 4](#) outlines services provided by NHS pharmaceutical providers in Richmond 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

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

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

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

- **Step 1: Project set up** and governance established between Richmond Public Health and Soar Beyond Ltd.
- **Step 2: Steering Group established** – On 7 April 2025, a joint South West London (SWL) PNA Steering Group was established to oversee the production of the five PNAs across South West London: Sutton, Croydon, Merton, Richmond and Wandsworth. The terms of reference and membership of the group can be found in Appendix C.
- **Step 3: Project management** – At this first meeting, Soar Beyond Ltd and the steering group agreed the project plan and ongoing maintenance of the project plan. Appendix B shows an approved timeline for the project.
- **Step 4: Review of existing PNA and Joint Strategic Needs Assessment (JSNA)** – Through the project manager, the PNA Steering Group reviewed the existing PNA and JSNA, as well as the lessons learned from the previous PNA.
- **Step 5a: Public questionnaire on pharmacy provision** – A public questionnaire to establish views about pharmacy services was agreed by the Steering Group and circulated to residents via various channels from 1 May to 1 June. A total of 320 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. No responses were received; therefore, no results are included in the PNA.

- **Step 6: Mapping of services** – Details of services and service providers were collated and triangulated to ensure the information that the assessment was based on was the most robust and accurate. The Pharmacy Contracting function within the ICB, as the commissioner of service providers and services classed as necessary and relevant, was predominantly used as a base for information due to its contractual obligation to hold and maintain pharmaceutical lists on behalf of NHSE. Information was collated, ratified and shared with the Steering Group before the assessment was commenced. The pharmaceutical list dated May 2025 was used for this assessment.
- **Step 7: Preparing the draft PNA for consultation** – The Steering Group reviewed and revised the content and detail of the draft PNA. The process took into account the demography and health needs of residents in the local area, the 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.
- **Step 8: Consultation** – In line with the PLPS Regulations 2013, a consultation on the draft PNA was undertaken between 7 July and 7 September 2025. The draft PNA and consultation response form was issued to all identified stakeholders. These are listed in the final PNA in Appendix F.
- **Step 9: Collation and analysis of consultation responses** – The consultation responses were collated by the council and analysed by the Steering Group. A summary of the responses received is noted in Appendix G, and full comments are included in Appendix H.
- **Step 10: Production of final PNA – future stage** – The collation and analysis of consultation responses was used by the project manager to revise the draft PNA, and the final PNA was presented to the PNA Steering Group. The final PNA was signed off by Health and Wellbeing Board, and subsequently published on the council's website.

This PNA is developed in accordance with, and pays full regard to, the DHSC's Pharmaceutical Needs Assessment Information Pack, last updated 31 July 2025.¹⁸

1.7 Localities for the purpose of the PNA

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

¹⁸ Department of Health and Social Care (DHSC). Guidance: Pharmaceutical needs assessments: information pack. May 2013 updated July 2025. [Accessed September 2025]

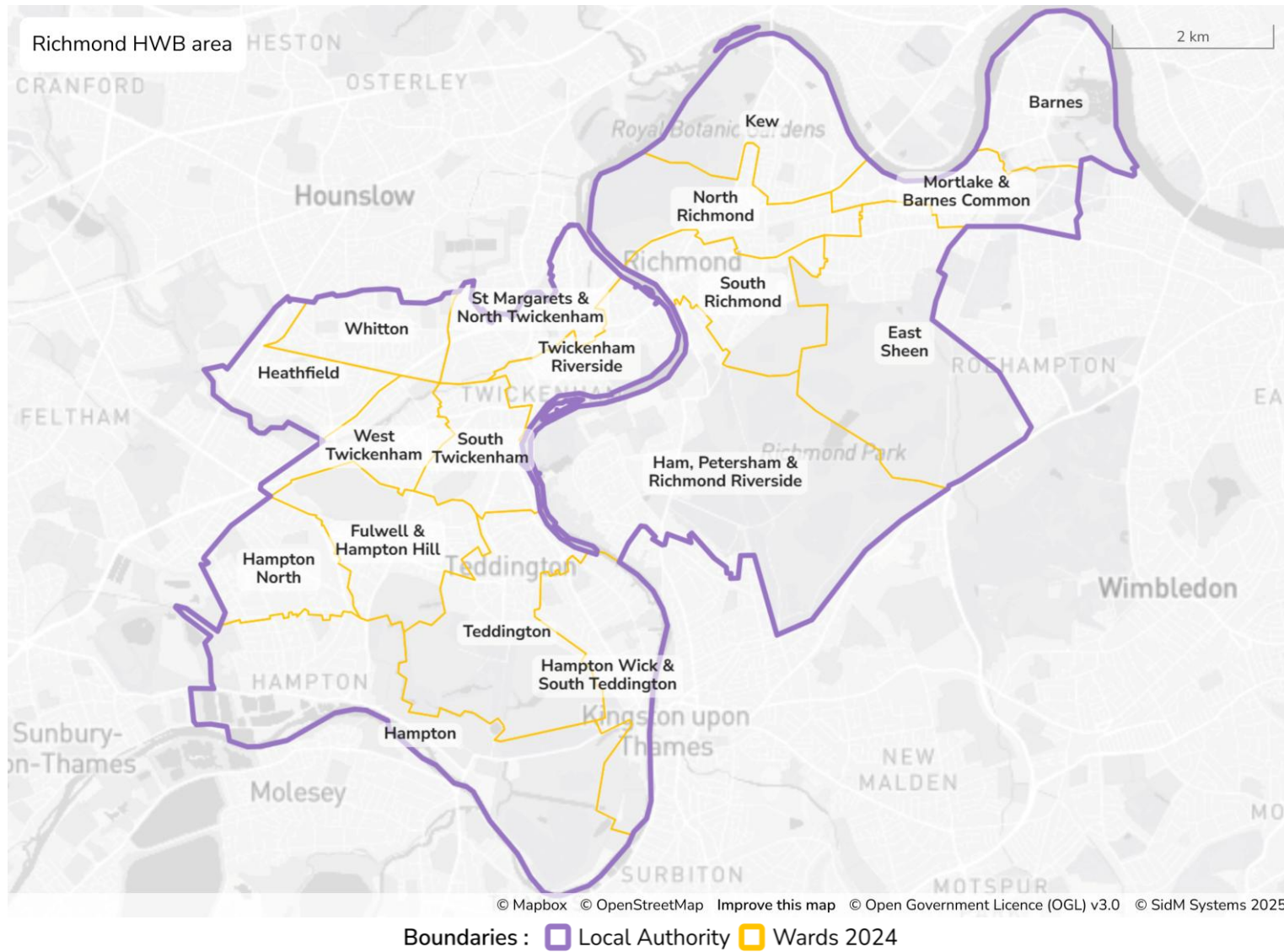
<https://www.gov.uk/government/publications/pharmaceutical-needs-assessments-information-pack>

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

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

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

Figure 1: Map of Richmond HWB area



Section 2: Context for the PNA

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

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

2.1 NHS Long Term Plan¹⁹

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).

¹⁹ NHS Long Term Plan. [Accessed May 2025] www.longtermplan.nhs.uk/

2.2 Core20PLUS5²⁰

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

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

2.3 The 10 Year Health Plan

The NHS 10 Year Health Plan is set to outline three significant shifts that the government wants to make in health and care, from an analogue system to a digital one, from care in hospitals to care in the community, and from a system that treats sickness to one that prevents ill health.²¹ 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'.²²

2.4 Neighbourhood Health Guidelines²³

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.

²⁰ NHSE. Core20PLUS5 (adults) – an approach to reducing healthcare inequalities. [Accessed May 2025] www.england.nhs.uk/about/equality/equality-hub/core20plus5/

²¹ NHS. Three shifts. [Accessed May 2025] <https://change.nhs.uk/en-GB/projects/three-shifts>

²² NHS Confederation. Is the left shift mission impossible? March 2025. [Accessed May 2025] <https://www.nhsconfed.org/long-reads/left-shift-mission-impossible>

²³ 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.²⁴

2.5 Pioneers of reform – Strategic commissioning²⁵

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

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

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

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

2.6 South West London (SWL) Integrated Care Strategy²⁶

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

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

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

²⁴ NHSE. A neighbourhood Health Service for London: The targeted Operating Model. [Accessed May 2025] <https://www.england.nhs.uk/london/our-work/a-neighbourhood-health-service-for-london/a-neighbourhood-health-service-for-london/>

²⁵ NHS Confederation. Strategic Commissioning – what does it mean? March 2025. [Accessed May 2025] <https://www.nhsconfed.org/system/files/2025-03/Pioneers-of-reform-summary.pdf>

²⁶ SWL ICB. SWL Integrated Care Partnership Strategy 2023-2028. August 2023. [Accessed May 2025] <https://www.southwestlondonics.org.uk/wp-content/uploads/2023/08/15856-SWL-NHS-SWL-Integrated-Care-Strategy-Document-Summer-23.pdf>

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

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

2.7 SWL Joint Forward Plan (2023-2028)²⁷

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

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

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

2.8 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.²⁸ The PNA should therefore be read alongside the JSNA, which in Richmond²⁹ is made of several topic-based reports which are constantly in a process of being refreshed and added to.

²⁷ 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>

²⁸ 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>

²⁹ London Borough of Richmond upon Thames. Joint Strategic Needs Assessment (JSNA). [Accessed May 2025] https://richmond.gov.uk/services/public_health/public_health_publications/jsna

2.9 Richmond Joint Local Health and Wellbeing Strategy (JLHWS)

Building on the evidence provided by the JSNA, the Richmond JLHWS³⁰ outline the key priorities and the actions being taken to meet Richmond's health and wellbeing needs in 2024-2029.

Titled "18 Steps to Health and Wellbeing", the JLHWS sets out the borough's priorities for improving health outcomes and reducing inequalities between 2024 and 2029. The strategy adopts a life-course approach, focusing on start well, live well, and age well.

The strategy identifies 18 priority areas across population groups, with particular emphasis on:

- Start well: emotional wellbeing and self-harm among children and young people, reducing childhood obesity, and improving immunisation uptake.
- Live well: increasing uptake of adult immunisations, improving cancer screening (particularly cervical), tackling long-term conditions such as diabetes and hypertension, and promoting healthier behaviours (physical activity, diet, smoking cessation).
- Age well: preventing falls and frailty, increasing dementia diagnosis and support, and reducing social isolation among older residents and carers.

The strategy is underpinned by five key principles:

1. Tackling inequality.
2. Focusing on prevention.
3. Empowering communities.
4. Taking a holistic approach to individuals and families.
5. Integrated place-based delivery.

Richmond's Prevention Framework is embedded within the strategy and aims to address wider determinants of health such as housing, education, transport, and air quality. Collaborative working across local government, the NHS, and the voluntary and community sector is central to delivering the strategy's ambitions.

The JLHWS provides a clear local context for pharmaceutical services, emphasising the role of community pharmacies in prevention, long-term condition management, health promotion, and improving access for underserved groups.

³⁰ London Borough of Richmond upon Thames. Joint Local Health and Wellbeing Strategy. [Accessed May 2025]

https://richmond.gov.uk/services/public_health/public_health_publications/joint_local_health_and_wellbeing_strategy

2.10 Richmond the place

Richmond upon Thames is an Outer London borough located in southwest London. The area is residential in the main with large open green spaces and the river Thames crossing through it. It covers an area of approximately 57 square kilometres making it one of the larger London boroughs. It borders Hounslow, Wandsworth, Kingston upon Thames, Hammersmith and Fulham, and Surrey. The Thames acts as a natural boundary to certain areas; however, they remain well connected via road networks and London Underground services.

Richmond is classed as urban with major conurbation.³¹

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

2.10.1 Population characteristics

According to the most recent estimate from the Office for National Statistics (ONS),³² Richmond has a population of 195,513.

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

The highest population densities are found in wards such as North Richmond, Mortlake & Barnes Common, Barnes, and parts of Twickenham Riverside.

In contrast, lower density areas are predominantly found in the southern and western parts of the borough, including Ham, Petersham & Richmond Riverside, East Sheen, Teddington, and Hampton.

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

³¹ 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>

³² ONS. Mid-2023 population estimate. [Access April 2025] <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/estimatesofthepopulationforenglandandwales>

Figure 2: Map to show population density across Richmond

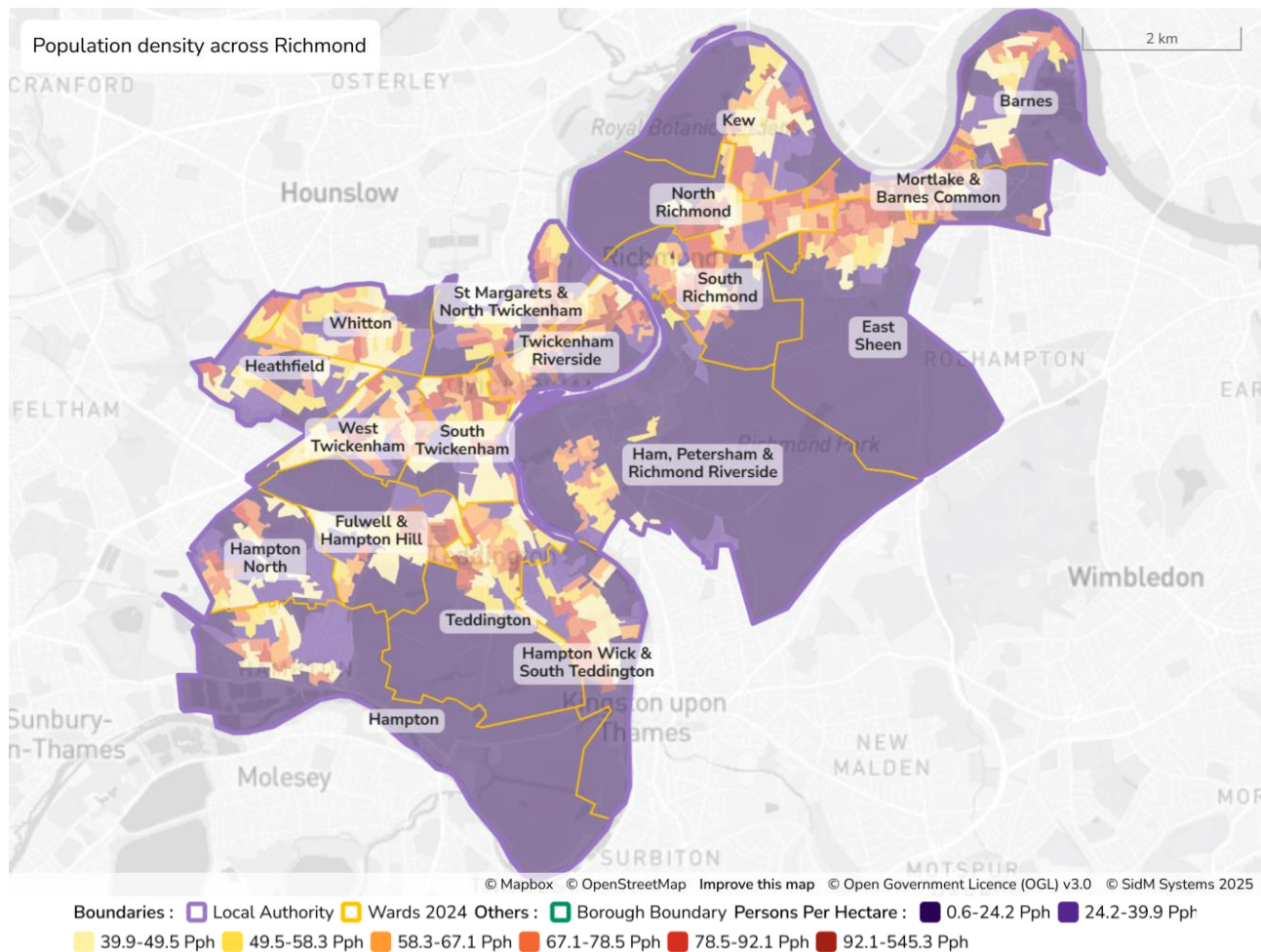


Table 2 shows the population distribution by age across Richmond.

Table 2: Total population by age group³³

Age group	Richmond	London	England
0-4 years	5.3%	5.9%	5.3%
5-17 years	17.2%	15.4%	15.5%
18-24 years	6.1%	9.2%	8.3%
25-39 years	17.5%	26.2%	20.4%
40-54 years	24.1%	20.4%	19.1%
55-65 years	13.9%	11.6%	13.8%
66-79 years	11.5%	8.6%	13.2%
80+ years	4.4%	2.8%	4.4%
Total population	195,513	8,945,309	57,690,323

³³ ONS. Mid-2023 population estimate. [Access April 2025]

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

Richmond has a higher proportion of children and middle-aged adults than both London and England, and a lower proportion of young adults, reflecting fewer students and early career professionals than the London average. There is a larger older population when compared to London, more in line with the average England profile.

This age profile suggests higher demand for services supporting families and older adults, with less pressure from transient or student populations than other London boroughs.

2.10.2 Predicted population growth

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

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

Richmond's population is expected to increase by 0.79% from 2025 to 2030. This is lower than the predicted growth nationally. Its most rapid population increase is expected to occur between 2025 and 2026 (0.22% increase).

Table 3: Predicted population growth (%) across the next five years³⁴

Area	2025	2026	2027	2028	2029	2030	Total 2025-2030
Richmond	198,160	0.22%	0.16%	0.15%	0.13%	0.13%	0.79%
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 Richmond over the five-year period from 2025 to 2030.

Table 4: Population projections by age groups per year³⁵

Age groups	2025	2026	2027	2028	2029	2030	Growth from 2025 to 2030
0-4	9,571	9,368 (-2.1%)	9,208 (-1.7%)	9,272 (0.7%)	9,321 (0.5%)	9,369 (0.5%)	-202 (-2.1%)

³⁴ 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>

³⁵ 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
5-17	32,756	32,072 (-2.1%)	31,414 (-2.0%)	30,475 (-3.0%)	29,619 (-2.8%)	28,876 (-2.5%)	-3,881 (-11.8%)
18-24	12,812	13,251 (3.4%)	13,505 (1.9%)	13,751 (1.8%)	13,902 (1.1%)	13,986 (0.6%)	1,174 (9.2%)
25-39	36,057	36,172 (0.3%)	36,352 (0.5%)	36,577 (0.6%)	36,758 (0.5%)	36,929 (0.5%)	873 (2.4%)
40-55	49,323	48,940 (-0.8%)	48,447 (-1.0%)	47,989 (-0.9%)	47,615 (-0.8%)	47,365 (-0.5%)	-1,958 (-4.0%)
56-65	25,496	26,015 (2.0%)	26,517 (1.9%)	26,900 (1.4%)	27,184 (1.1%)	27,288 (0.4%)	1,793 (7.0%)
66-79	22,786	23,029 (1.1%)	23,054 (0.1%)	23,280 (1.0%)	23,685 (1.7%)	24,235 (2.3%)	1,449 (6.4%)
80+	9,359	9,739 (4.1%)	10,416 (7.0%)	10,960 (5.2%)	11,372 (3.8%)	11,675 (2.7%)	2,315 (24.7%)

Between 2025 and 2030 the population of Richmond is projected to increase by 1,563 (0.79%). The largest growth is expected to be in those aged 80+, with an increase of 2,315 (24.7%) similar to England (20%). Population growth for children aged 0-4 is set to decrease by 2.1%.

2.10.3 Number of households

There was a 6.2% increase in the number of households between 2021 and 2024 in Richmond from 80,700³⁶ to 85,700³⁷.

In 2043, the projected number of households in Richmond is expected to be 95,083, which is a 17.8% increase from the 2021 value. One person households will account for 35.1% and households with dependent children will account for 24.4%. This is the total projected number of households in the reference year based on the 2018-based projections.³⁸

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

³⁶ London Borough of Richmond upon Thames. Census Data 2021 Richmond Upon Thames – p7. April 2023. [Accessed May 2025] <https://www.datarich.info/wp-content/uploads/2023/04/Census-2021-results-Richmond-APRIL-23-PUB.pdf>

³⁷ London Borough of Richmond Upon Thames. Housing Report for Richmond upon Thames. [Accessed May 2025] https://www.datarich.info/housing/#/view-report/85fe651fd2af40e0bf133770aaa91687/___iaFirstFeature/G3

³⁸ Local Government Association (LGA). Understanding Planning in Richmond upon Thames. [Accessed May 2025] https://lginform.local.gov.uk/reports/view/lga-research/lga-research-report-understanding-planning-in-parent-area-label?mod-area=E09000027&mod-group=AllBoroughInRegion_London&mod-type=namedComparisonGroup#text-17

2.10.4 Planned developments

The deliverable number of dwellings over five years from 2024/25 to 2028/29 is 3,107, with the majority planned for completion in 2028/29.

Table 5: Planned developments (net units of conventional supply) across Richmond wards from 2024 to 2029³⁹

Wards	2024/25	2025/26	2026/27	2027/28	2028/29	Total 2024-29
Barnes	1	2	0	0	0	3
East Sheen	5	6	2	2	0	15
Fulwell & Hampton Hill	25	50	41	38	33	187
Ham, Petersham & Richmond Riverside	-11	71	-47	1	160	174
Hampton	7	6	3	3	0	19
Hampton North	4	0	1	0	0	5
Hampton Wick & South Teddington	20	56	49	6	0	131
Heathfield	5	2	2	1	0	10
Kew	2	2	44	44	0	92
Mortlake & Barnes Common	11	12	38	38	390	489
North Richmond	12	48	38	227	226	551
South Richmond	29	14	13	1	0	57
South Twickenham	15	17	49	41	39	161
St. Margarets & North Twickenham	73	74	73	2	0	222
Teddington	27	5	10	9	20	71
Twickenham Riverside	12	19	15	48	45	139
West Twickenham	0	2	-1	-1	0	0
Whitton	12	3	2	12	10	39
N/A*	20	20	234	234	234	742
Total	270	409	564	707	1,157	3,107

*Projection of units in small sites (not currently planned) from previous trends.

³⁹ London Borough of Richmond upon Thames. Local Plan monitoring. [Accessed May 2025]
https://www.richmond.gov.uk/services/planning/planning_policy/local_plan/local_plan_monitoring

Housing growth across Richmond is planned to increase year-on-year, with 2028/29 to account for over a third of the total growth. The most significant growth will be concentrated in North Richmond and Mortlake & Barnes Common.

Table 6: Details of planned developments with more than five units

Ward	Site	Total net completions 2024-29
Fulwell & Hampton Hill	63-65 High Street, Hampton Hill	12
Fulwell & Hampton Hill	3-4 New Broadway, Hampton Hill	7
Fulwell & Hampton Hill	67-71 High Street, Hampton Hill, Hampton TW12 1NH	7
Fulwell & Hampton Hill	St Clare Business Park And 7 - 11 Windmill Road, Hampton Hill	100
Fulwell & Hampton Hill	The Strathmore Centre, Strathmore Road, Teddington TW11 8UH	30
Ham, Petersham & Richmond Riverside	Ham Close, Ham Village Green, Car Park to east of Ham Village Green, and part of Woodville Day Centre Site and St Richards Church of England Primary School Site, Ham	170
Hampton Wick & South Teddington	12 Park Road, Hampton Wick KT1 4AS	5
Hampton Wick & South Teddington	1 2 to 14 Station Road and 13 and 19 to 33 Lower Teddington Road, Hampton Wick	5
Hampton Wick & South Teddington	1D Becketts Place, Hampton Wick	5
Hampton Wick & South Teddington	217 Kingston Road, Teddington TW11 9JN	7
Hampton Wick & South Teddington	29 to 31 High Street and land to rear of High Street, Hampton Wick	7
Hampton Wick & South Teddington	Becketts Wharf and Osbourne House, Becketts Place, Hampton Wick	11
Hampton Wick & South Teddington	Kingston Bridge House, Church Grove, Hampton Wick KT1 4AG	70
Hampton Wick & South Teddington	Potterill Court, Harlequin Road, Teddington	7
Kew	Kew Biothane Plant, Melliss Avenue, Kew	88
Mortlake & Barnes Common	26-28 Priests Bridge, East Sheen SW14 8TA	9

Ward	Site	Total net completions 2024-29
Mortlake & Barnes Common	Barnes Hospital, South Worple Way, East Sheen	107
Mortlake & Barnes Common	Land rear of 127-147 Kingsway, Mortlake SW14 7HN	6
Mortlake & Barnes Common	The Stag Brewery Lower Richmond Road Mortlake London SW14 7ET	355
North Richmond	47A, 47 and 49 Lower Mortlake Road, Richmond	14
North Richmond	Homebase, 84 Manor Road Richmond TW9 1YB	453
North Richmond	Richmond Royal Hospital, Kew Foot Road, Richmond, TW9 2TE	71
South Richmond	29 George Street, Richmond TW9 1HY	9
South Richmond	37 Sheen Road Richmond TW9 1AJ	6
South Richmond	Meadows Hall, Church Road, Richmond TW10 6LN	12
South Richmond	Queens Road Estate, Queens Road, Richmond TW10	12
South Twickenham	55-61 Heath Road, Twickenham	8
South Twickenham	Crane Mews, 32 Gould Road, Twickenham	6
South Twickenham	Greggs and No. 2 Gould Road, Gould Road, Twickenham	116
South Twickenham	Lockcorp House, 75 Norcutt Road, Twickenham TW2 6SR	15
South Twickenham	The Mereway Centre, Mereway Road, Twickenham	7
St Margarets & North Twickenham	Richmond Upon Thames College, Langhorn Drive, Twickenham TW2 7SJ	212
Teddington	25 Church Road, Teddington TW11 8PF	8
Teddington	Elleray Hall Site, North Lane Depot and East Car Park, Middle Lane, Teddington	16
Teddington	Jardine House and Sandford House, 1B And 1C Claremont Road, Teddington	10
Teddington	Teddington Police Station	20
Twickenham Riverside	1-1C King Street, 2-4 Water Lane, The Embankment and River Wall, Water Lane, Wharf Lane and The Diamond Jubilee Gardens, Twickenham	45

Ward	Site	Total net completions 2024-29
Twickenham Riverside	Garage Site, Marys Terrace, Twickenham TW1 3JB	9
Twickenham Riverside	Old Station Forecourt, Railway Approach, Twickenham TW1 4LJ	46
Twickenham Riverside	Twickenham Telephone Exchange	20
Whitton	Adjacent to 118 Kneller Road, Twickenham TW2 7DX	7
Whitton	Whitton Telephone Exchange	20

In addition, development plans include 130 new care home beds and the loss of 67 student bedrooms for the period 2024-29.

2.10.5 Ethnicity

Table 7 below shows the March 2021 ONS data for ethnicity.

Table 7: Population (%) by ethnicity, 2021⁴⁰

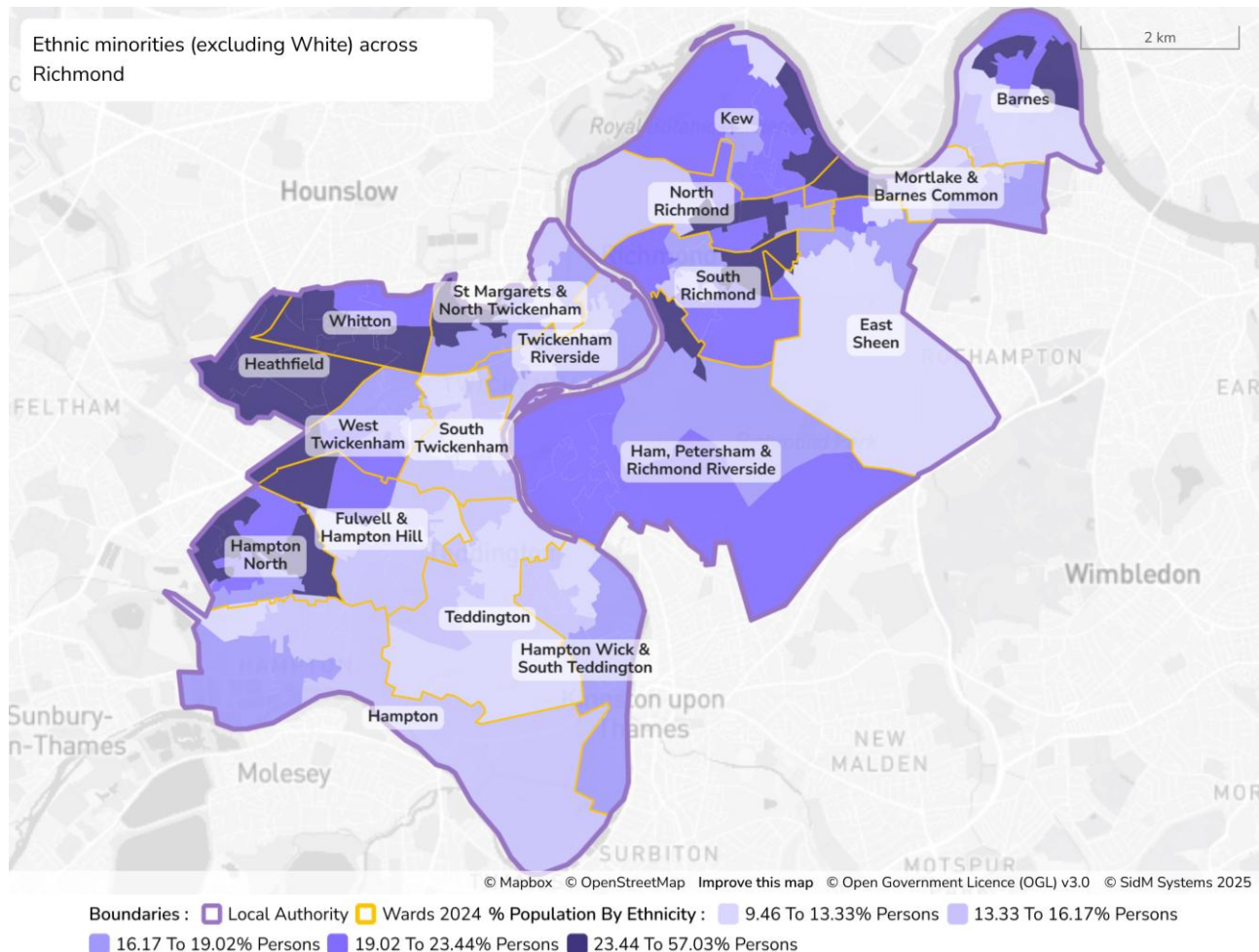
Area	White (%)	Asian (%)	Black, Black British, Black Welsh, Caribbean or African (%)	Mixed or Multiple ethnic groups (%)	Other ethnic group (%)
Richmond	80.5%	8.9%	1.9%	5.5%	3.3%
London	53.8%	20.7%	13.5%	5.7%	6.3%
England	81.7%	9.3%	4.0%	2.9%	2.1%

Richmond is less ethnically diverse than other London boroughs on average but similar to England.

- Compared to England, Richmond has a slightly lower proportion of White and Asian residents, but much lower (1.9%) Black, Black British, Black Welsh, Caribbean or African population. Mixed and other ethnic groups are higher than the England average.
- Compared to London, Richmond has a much higher proportion of White residents and a lower proportion of Asian, Black and Other ethnic groups. This means that Richmond is less diverse than London, which has the highest levels of ethnic diversity in the country.

⁴⁰ ONS, Census 2021. TS021 – Ethnic group. March 2023. [Accessed May 2025]
<https://www.ons.gov.uk/datasets/TS021/editions/2021/versions/3>

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



2.10.6 Religion

Religious affiliations for Richmond are shown in Table 8 with the percentage of people who identified with a particular religious group, as defined by a set of census categories. The largest religious group in Richmond is Christian (45.3%), with 37.9% marking no religion.

Table 8: Religion comparison, 2021⁴¹

Religion	Richmond (%)	England (%)
No religion	37.9%	36.7%
Christian	45.3%	46.3%
Buddhist	0.8%	0.5%
Hindu	2.1%	1.8%
Jewish	0.6%	0.5%
Muslim	4.3%	6.7%

⁴¹ ONS, Census 2021. TS030 – Religion. March 2023. [Accessed May 2025]
<https://www.ons.gov.uk/datasets/TS030/editions/2021/versions/3>

Religion	Richmond (%)	England (%)
Sikh	1.0%	0.9%
Other religion	0.7%	0.6%
Not answered	7.1%	6.0%

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

2.10.7 Household languages

Table 9 shows the proportion of households who have English as their main language across Richmond.

Table 9: Number of households with English as their main language⁴²

Category	Count	Percentage
All adults in household	68,722	85.2%
At least one, but not all adults in household	5,574	6.9%
No adults in household, but at least one person aged 3-15 years	1,604	2.0%
No people in household	4,804	5.6%

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

2.10.8 Specific population groups

Table 10: Households in temporary accommodation⁴³

Area	Households in temporary accommodation (count and crude rate per 1,000) (June 2024)
Richmond	539 (6.29)
London	68,940 (18.84)
England	123,030 (5.08)

In June 2024, Richmond's temporary accommodation rate (6.3 per 1,000) was above England's but significantly below London's. This group represents a vulnerable population whose circumstances may limit access to consistent care.

⁴² ONS, Census 2021 through Nomis. TS025 - Household language. [Accessed May 2025]

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

⁴³ 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: Children population⁴⁴

Area	Children (0-17 years) (count and percentage)
Richmond	43,947 (22.5%)
London	1,899,880 (21.2%)
England	11,998,646 (20.8%)

Children made up 22.5% of Richmond's population, higher than both London (21.2%) and England (20.8%). A larger than average child population increases demand for pharmaceutical services related to vaccinations, minor ailments, oral health etc. However, the need will still be present.

Table 12: Less able/ disabled populations 2021⁴⁵

Area	Disabled under the Equality Act population (count and percentage) (2021)
Richmond ⁴⁶	23,479 (12.9%)
London	1,164,456 (13.2%)
England	9,774,510 (17.3%)

The 2021 census compared disability status, with responders stating if they were disabled under the Equality Act 2010,⁴⁷ with their day-to-day activities limited a little, or a lot.

In 2021, 12.0% of Richmond's population were disabled, lower than both London (13.2%) and England (17.3%). Individuals with disabilities often face barriers in accessing physical premises and services.

2.11 Deprivation

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

⁴⁴ ONS. Mid-2023 population estimate. [Accessed April 2025]

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

⁴⁵ ONS 2021 Census through Nomis. TS038-Disability. [Accessed May 2025]

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

⁴⁶ Richmond Upon Thames Insight and Analytics Team. Census Data 2021. Kate Ive and Sally Bahri. April 2023. [Accessed June 2025] <https://www.datarich.info/wp-content/uploads/2023/04/Census-2021-results-Richmond-APRIL-23-PUB.pdf>

⁴⁷ Legislation. Equality Act 2010. February 2025. [Accessed April 2025]

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

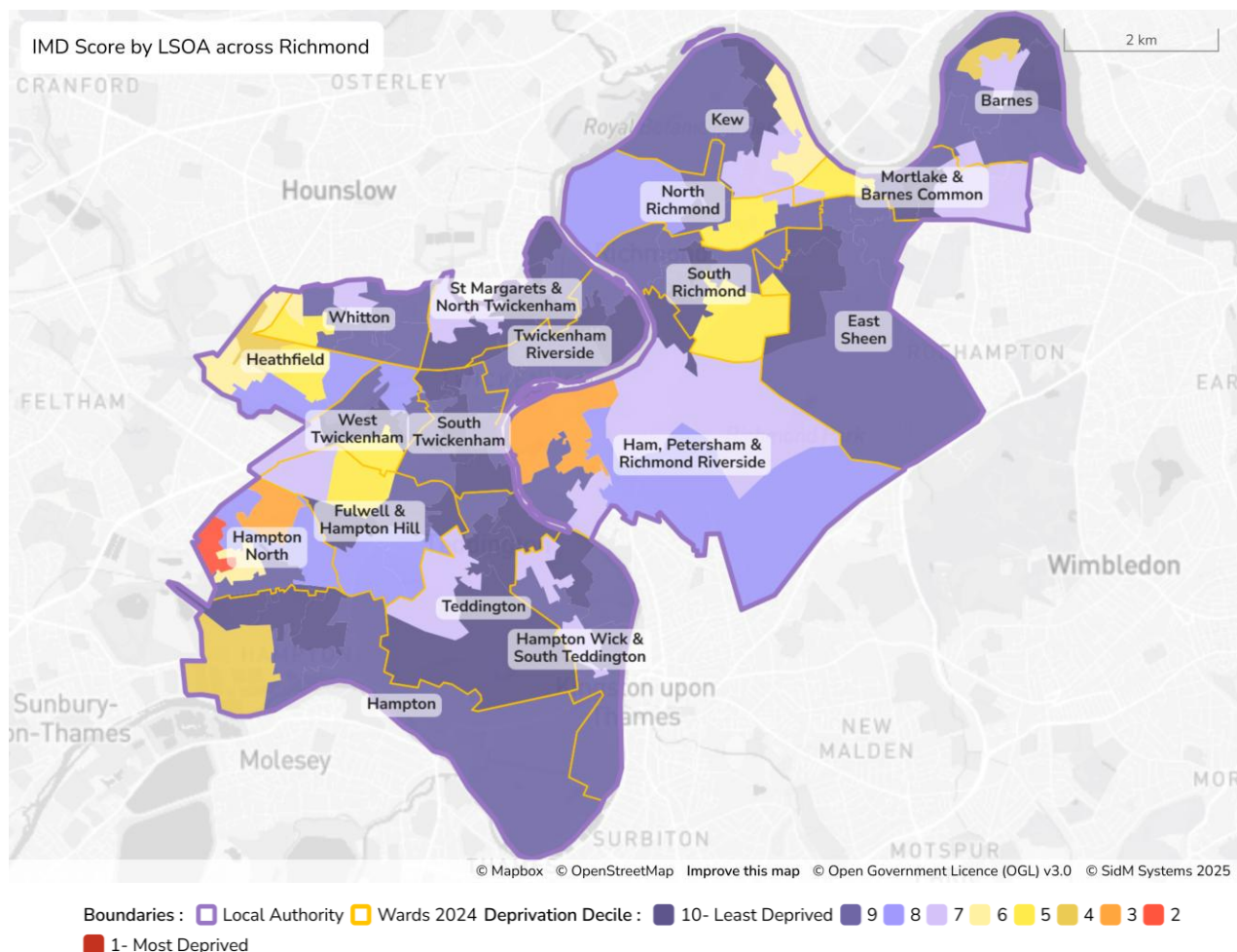
Index of Multiple Deprivation (IMD) data (2019) combines socioeconomic indicators to produce a relative socioeconomic deprivation score and include the domains of:

- Income.
- Employment.
- Health deprivation and disability.
- Education, skills and training.
- Barriers to housing and services.
- Crime.
- Living environment.

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

Richmond is ranked 265th out of a total of 317 local authorities in England, where 1 is the most deprived and 317 is the least deprived.⁴⁸

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



⁴⁸ Ministry of Housing, Communities & Local Government. IoD2019 Interactive Dashboard – Local Authority Focus. [Accessed May 2025]
<https://app.powerbi.com/view?r=eyJrIjojOTdjYzlyNTMtMTcxNi00YmQ2LWI1YzgtMTUyYzYxMzQ3NzQ2IiwidCI6ImJmMzQ2ODEwLTljN2Q0NDNkZS1hODcyLTl0YTJIZjM5OTVhOCJ9>

Table 13: Percentage of Richmond LSOAs by IMD - quintile⁴⁹

Area	1 (Most deprived)	2	3	4	5 (Least deprived)
Richmond	1%	4%	9%	20%	66%
London	16%	30%	23%	18%	13%
England	20%	20%	20%	20%	20%

Overall, people living in Richmond experience relatively low levels of deprivation. It is known as an affluent area with 66% of the LSOAs in Richmond being in the least deprived 20% in England. However, it is known that there are hidden pockets of deprivation existing within the borough. Deprivation is not experienced equally by different groups of people living in the same neighbourhood, for example between people of different ethnic groups. Residents that experience higher deprivation may have higher rates of long-term conditions, hospital admissions and preventable deaths, and a lower overall life expectancy.

2.12 Health of the population

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

2.12.1 Life and healthy life expectancy

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

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

Area	Male ⁵⁰	Female ⁵¹
Richmond	82.5	86.3
London	79.8	84.1
England	79.1	83.1

⁴⁹ Ministry of Housing, Communities & Local Government (2018 to 2021). English indices of deprivation 2019 – file 1 Index of Multiple Deprivation (IMD). September 2019. [Accessed May 2025]

<https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>

⁵⁰ DHSC. Life expectancy at birth (Male, 3 year range). 2021-23. [Accessed June 2025]

<https://fingertips.phe.org.uk/search/life%20expectancy#page/1/gid/1/pat/6/ati/502/are/E09000027/iid/90362/age/1/sex/1/cat/-1/ctp/-1/yr/3/cid/4/tbm/1>

⁵¹ DHSC. Life expectancy at birth (Female, 3 year range). 2021-23. [Accessed June 2025]

<https://fingertips.phe.org.uk/search/life%20expectancy#page/1/gid/1/pat/6/ati/502/are/E09000027/iid/90362/age/1/sex/1/cat/-1/ctp/-1/yr/3/cid/4/tbm/1>

Between 2021 and 2023, male and female life and healthy life expectancy in Richmond were significantly higher than both London and England averages.

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

Table 15: Healthy life expectancy at birth (years), 2021-2023

Area	Male ⁵²	Female ⁵³
Richmond	69.5	70.2
London	63.9	64.0
England	61.5	61.9

2.12.2 Health behaviours

Table 16: Lifestyle information⁵⁴

Indicator	Richmond	London	England
Smoking (PHOF Smoking Prevalence in adults (aged 18 and over) – current smokers (APS) 2023 ⁵⁵	5.3%	11.7%	11.6%
Overweight including obesity* (PHOF prevalence in adults, using adjusted self-reported height and weight) 2023/24 ⁵⁶	56.3%	57.8%	64.5%
Alcohol misuse - Hospital admissions from alcohol-related conditions (broad) (persons) (standardised rate per 100,000) 2023/24 ⁵⁷	1,544	1,724	1,824

⁵² DHSC. Healthy life expectancy at birth (Male). 2021-23. [Accessed June 2025]

<https://fingertips.phe.org.uk/search/life%20expectancy#page/1/gid/1/pat/6/ati/502/are/E09000027/iid/90362/age/1/sex/1/cat/-1/ctf/-1/yr/3/cid/4/tbm/1>

⁵³ DHSC. Healthy life expectancy at birth (Female). 2021-23. [Accessed June 2025]

<https://fingertips.phe.org.uk/search/life%20expectancy#page/1/gid/1/pat/6/ati/502/are/E09000027/iid/90362/age/1/sex/1/cat/-1/ctf/-1/yr/3/cid/4/tbm/1>

⁵⁴ Department of Health and Social Care (DHSC). QOF data via Fingertips. [Accessed May 2025]

<https://fingertips.phe.org.uk/>

⁵⁵ Office for Health Improvement & Disparities. Public Health Outcomes Framework (PHOF) – at a glance summary - Smoking Prevalence in adults (aged 18 and over) – current smokers (APS) (2023). May 2025. [Accessed June 2025]

<https://fingertips.phe.org.uk/static-reports/public-health-outcomes-framework/at-a-glance/E09000027.html?area-name=Richmond%20upon%20Thames>

⁵⁶ Office for Health Improvement & Disparities. Public Health Outcomes Framework – at a glance summary - prevalence in adults, using adjusted self-reported height and weight) 2023/24. May 2025. [Accessed June 2025]

<https://fingertips.phe.org.uk/static-reports/public-health-outcomes-framework/at-a-glance/E09000027.html?area-name=Richmond%20upon%20Thames>

⁵⁷ DHSC. Admission episodes for alcohol-related conditions (Broad) (Persons) Directly standardised rate – per 100,000. [Accessed May 2025]

<https://fingertips.phe.org.uk/search/alcohol#page/4/gid/1/pat/15/ati/502/are/E09000027/iid/93765/age/1/sex/4/cat/-1/ctf/-1/yr/1/cid/4/tbm/1>

Indicator	Richmond	London	England
Substance misuse - Deaths from drug misuse (standardised rate per 100,000) 2021-23 ⁵⁸	2.7	3.8	5.5
Dental caries - Hospital admissions for dental caries (0-5 years) (crude rate per 100,000) 2021/22-23/24 ⁵⁹	177.8	290.5	207.2

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

Summary of Richmond's health behaviour indicators:

- Smoking: Richmond's smoking prevalence (11.2%) is lower than England (14.7%).
- Overweight including obesity: At 56.3%, Richmond's obesity rate is lower than both London (57.8%) and England (64.5%).
- Alcohol-related hospital admissions: Richmond's rate (1,544 per 100,000) is lower than both London (1,724) and England (1,824).
- Drug misuse deaths: Richmond reports 2.7 per 100,000, lower than London (3.8) and England (5.5).
- Dental caries (ages 0–5): Richmond's admission rate (177.8 per 100,000) is lower than both London (290.5) and England (207.2).

Richmond generally performs much better than national and regional averages on smoking, obesity, alcohol misuse, and drug-related deaths.

Table 17: Sexual health in Richmond

Indicator	Richmond	London	England
Chlamydia detection rate per 100,000 (aged 15-24) (Persons) (2023) ⁶⁰	1,187	1,739	1,250
HIV diagnosed prevalence rate per 1,000 (aged 15-59) (2023) ⁶¹	2.03	5.25	2.40

⁵⁸ DHSC. Deaths from drug misuse (Persons) Directly standardised rate -per 100,000. [Accessed May 2025] <https://fingertips.phe.org.uk/mortality-profile#page/4/gid/1938133058/pat/6/ati/502/are/E09000027/iid/92432/age/1/sex/4/cat/-1/ctp/-1/yr/3/cid/4/tbm/1>

⁵⁹ DHSC. Hospital admissions for dental caries (0-5 years) Crude rate – per 100,000. [Accessed May 2025] <https://fingertips.phe.org.uk/search/Hospital%20admissions%20for%20dental%20caries#page/4/gid/1/pat/6/ati/501/are/E09000027/iid/93479/age/247/sex/4/cat/-1/ctp/-1/yr/3/cid/4/tbm/1>

⁶⁰ 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/E09000027/iid/91514/age/156/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

⁶¹ DHSC. HIV diagnosed (excluding chlamydia under 25 years) per 100,000. 2023. [Accessed May 2025] <https://fingertips.phe.org.uk/search/hiv#page/4/gid/1/pat/6/ati/501/are/E09000027/iid/90790/age/238/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

Indicator	Richmond	London	England
New STI diagnoses (excluding chlamydia, under 25 years) per 100,000 (2023) ⁶²	535	1,229	482
Rate of total prescribed Long-Acting Reversible Contraception (LARC) (excluding injections) rate per 1,000 (2023) ⁶³	50.0	33.6	43.5
Under-18 conception rate per 100,000 (2021) ⁶⁴	8.6	9.5	13.1

The following was noted for Richmond:

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

2.13 Burden of disease

Nationally, long-term conditions are more prevalent in people over the age of 60 (58%) compared with people under the age of 40 (14%), and in people in more deprived groups, with those in the poorest social class having a 60% higher prevalence than those in the richest social class and 30% more severity of disease.⁶⁵

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

⁶² 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/E09000027/iid/91306/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

⁶³ 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/E09000027/iid/91819/age/1/sex/2/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

⁶⁴ DHSC. Under-18 conception rate per 100,000 (2021). 2021. [Accessed May 2025] <https://fingertips.phe.org.uk/search/conception#page/4/gid/1/pat/6/ati/501/are/E09000027/iid/20401/age/173/sex/2/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

⁶⁵ 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>

2.13.1 Long term conditions

Richmond's GP practice disease register data shows that the borough generally has higher prevalence rates of long-term conditions than London, but lower than or similar to national averages:

Table 18: Percentage of patients recorded on GP practice disease registers for long term conditions (2023/24)

Condition	Richmond	London	England
Heart failure ⁶⁶	0.6%	0.6%	1.1%
Stroke ⁶⁷	1.3%	1.1%	1.9%
CHD ⁶⁸	2.0%	1.9%	3.0%
Atrial fibrillation ⁶⁹	1.8%	1.1%	2.2%
Hypertension ⁷⁰	10.5%	11.1%	14.8%
PAD ⁷¹	0.4%	0.3%	0.6%
Asthma ⁷²	4.9%	4.7%	6.5%
COPD ⁷³	1.0%	1.0%	1.9%

⁶⁶ 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/E09000027/iid/262/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

⁶⁷ DHSC. Fingertips Public health profiles – Stroke: QOF prevalence Proportion - %. [Accessed May 2025] <https://fingertips.phe.org.uk/search/stroke#page/4/gid/1/pat/6/ati/501/are/E09000027/iid/212/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

⁶⁸ DHSC. Fingertips Public health profiles – CHD: QOF prevalence. [Accessed May 2025] <https://fingertips.phe.org.uk/search/CHD#page/4/gid/1/pat/6/ati/501/are/E09000027/iid/273/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

⁶⁹ DHSC. Fingertips Public health profiles – Atrial Fibrillation: QOF prevalence (All ages). [Accessed May 2025] <https://fingertips.phe.org.uk/search/Atrial%20fibrillation#page/4/gid/1/pat/6/ati/502/are/E09000027/iid/280/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

⁷⁰ DHSC. Fingertips Public health profiles – Hypertension: QOF prevalence. [Accessed May 2025] <https://fingertips.phe.org.uk/search/hypertension#page/4/gid/1/pat/6/ati/502/are/E09000027/iid/219/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

⁷¹ DHSC. PAD: Quality and Outcomes Framework (data downloaded for all area types for PAD: QOF prevalence) NHS England via Department for Health & Social Care (2024). [Accessed 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>

⁷² DHSC. Fingertips Public health profiles – Asthma: QOF prevalence (6+ yrs). [Accessed May 2025] <https://fingertips.phe.org.uk/search/Asthma#page/4/gid/1/pat/6/ati/501/are/E09000027/iid/90933/age/314/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

⁷³ DHSC. Fingertips Public health profiles – COPD: QOF prevalence. [Accessed May 2025] <https://fingertips.phe.org.uk/search/COPD#page/4/gid/1/pat/6/ati/501/are/E09000027/iid/253/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/eng-vo-1>

Condition	Richmond	London	England
Diabetes ⁷⁴	4.5%	7.0%	7.7%
Rheumatoid arthritis ⁷⁵	0.6%	0.5%	0.8%

Summary of long-term conditions indicators across Richmond:

- Heart failure: Richmond (0.6%) has the same value as the regional value and a lower prevalence to the England average (1.1%).
- Stroke: Richmond (1.3%) is higher than the region (1.1%) and lower than the England average (1.9%).
- Coronary Heart Disease (CHD): Richmond (2.0%) is slightly higher than London (1.9%) and below the England average (3.0%).
- Atrial fibrillation: Prevalence in Richmond (1.8%) is higher than the regional value (1.1%) and lower than the England value (2.2%).
- Hypertension: Richmond (10.5%) is higher than the London average (11.1%) and lower than the national (14.8%) average.
- Peripheral Arterial Disease (PAD): Prevalence (0.4%) is similar to the regional (0.3%) and national average (0.6%).
- Asthma: Richmond (4.5%) is slightly lower than the regional value (4.7%) and lower than the national average (6.5%).
- Chronic Obstructive Pulmonary Disease (COPD): Prevalence is lower in Richmond (1.0%) compared to the national average (1.9%), but equal to the regional average.
- Diabetes: Richmond (4.5%) is lower than both the England value (7.7%) and the regional average (7.0%).
- Rheumatoid Arthritis: Richmond (0.6%) is higher than the regional average (0.5%) and slightly lower than the England average (0.8%).
- Cancer data is not available for 2023/24 period. The latest data is from 2018, where Richmond's rate of cancers diagnosed at stages 1 and 2 was 58.5%, which was one of the highest in London and also above the national average. More recent data for 2020/21 is only available at SWL ICB level.⁷⁶

⁷⁴ DHSC. Fingertips Public health profiles – Diabetes: QOF prevalence. [Accessed May 2025]
<https://fingertips.phe.org.uk/search/diabetes#page/4/gid/1/pat/6/ati/502/are/E09000027/iid/241/age/187/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

⁷⁵ DHSC. Fingertips. Public health profiles – Rheumatoid Arthritis: QOF prevalence Crude rate - %. [Accessed May 2025]

<https://fingertips.phe.org.uk/search/Rheumatoid%20Arthritis#page/4/gid/1/pat/6/ati/501/are/E09000027/iid/91269/age/164/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

⁷⁶ London Borough of Richmond upon Thames. JSNA Live Well. [Accessed May 2025]

https://www.richmond.gov.uk/services/public_health/public_health_publications/jsna/jsna_live_well#8_Cancer

These patterns suggest that Richmond has a relatively healthier population when compared to England overall, but prevalence of long-term conditions is slightly higher than London in some cases and this reflects the older population which resides in Richmond when compared to other London boroughs.

2.13.2 Mental health

Richmond records lower or comparable prevalence rates for most mental health-related conditions compared to London and England, with notably lower rates of recorded learning disability and depression incidence.⁷⁷

Table 19: Percentage of patients recorded on GP Practice disease registers for conditions that affect mental health (2023/24)⁷⁸

Condition	Richmond	London	England
Learning disability: QOF prevalence (%) ⁷⁹	0.3%	0.5%	0.6%
Depression: QOF incidence (%) ⁸⁰	1.0%	1.3%	1.5%
Epilepsy: QPF prevalence (%) ⁸¹	0.6%	0.5%	0.8%
Dementia: QOF prevalence (%) ⁸²	0.7%	0.5%	0.8%
Mental health (all ages: QOF prevalence (%) ⁸³	0.9%	1.1%	1.0%

Summary of mental health indicators across Richmond:

- Learning disability: Richmond (0.3%) is lower than the national average (0.6%) and the regional average (0.5%).

⁷⁷ 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/>

⁷⁸ 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/>

⁷⁹ DHSC. Fingertips Public health profiles – Learning disability: QOF prevalence (All ages). [Accessed May 2025] <https://fingertips.phe.org.uk/search/learning%20disability#page/4/gid/1938132702/pat/6/ati/502/are/E09000027/iid/200/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

⁸⁰ DHSC. Fingertips Public health profiles – Depression: QOF incidence – new diagnosis (18+ yrs) Crude rate -%. [Accessed May 2025] <https://fingertips.phe.org.uk/search/Depression#page/4/gid/1938132915/pat/6/ati/502/are/E09000027/iid/90646/age/168/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

⁸¹ DHSC. Fingertips Public health profiles – Epilepsy: QOF prevalence (18+ yrs) Proportion - % (data downloaded for all area types for Epilepsy: QOF prevalence). [Accessed May 2025] <https://fingertips.phe.org.uk/search/qof%20epilepsy#page/9/gid/1/pat/159/par/K02000001/ati/15/are/E92000001/iid/224/age/168/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

⁸² DHSC. Fingertips Public health profiles – Dementia QOF prevalence Proportion - %. [Accessed May 2025] <https://fingertips.phe.org.uk/search/dementia#page/4/gid/1/pat/6/ati/502/are/E09000027/iid/247/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

⁸³ DHSC. Fingertips Public health profiles – Mental health (all ages) Proportion - %. [Accessed May 2025] <https://fingertips.phe.org.uk/search/mental%20health#page/4/gid/1/pat/6/ati/502/are/E09000027/iid/90581/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

- Depression: Richmond (1.0%) is lower than both the national (1.5%) and regional average (1.3%).
- Epilepsy: The rate (0.6%) is the lower than the national average and slightly higher than the regional average (0.5%).
- Dementia: Richmond (0.7%) has a value slightly lower than the nation (0.8%), and above the regional average (0.5%).
- Mental health (all ages): All have similar prevalences, (0.9% for Richmond, 1.0% for England and 1.1%, for London).

Section 3: NHS pharmaceutical services provision, currently commissioned

3.1 Overview

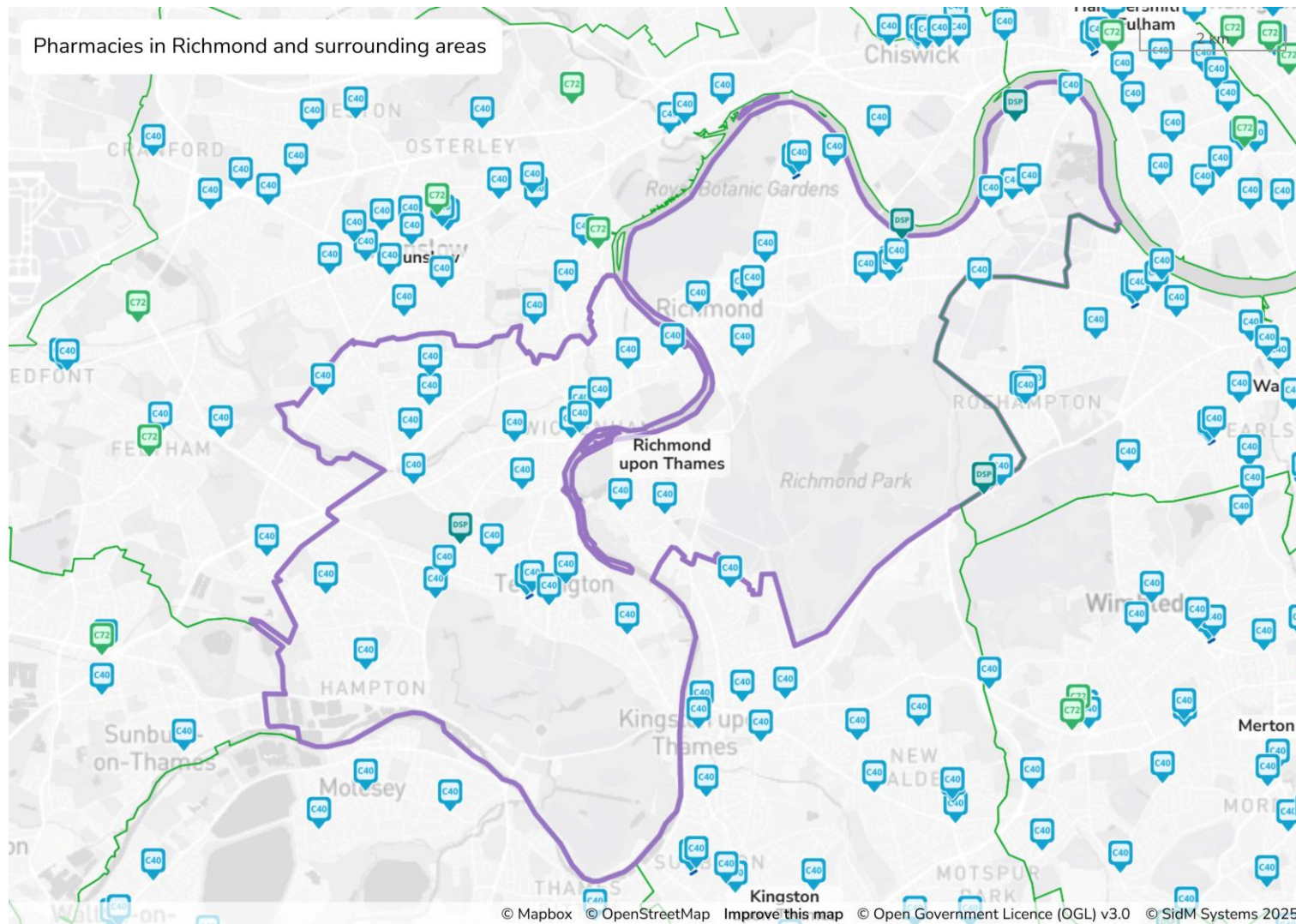
There are a total of 44 pharmacy contractors in Richmond.

Table 20: Contractor type and number in Richmond

Type of contractor	Number
40-hour community pharmacies	41
72-hour plus community pharmacies	0
Distance Selling Pharmacy	3
Local Pharmaceutical Service providers	0
Dispensing Appliance Contractors	0
Dispensing GP Practices	0
Total	44

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

Figure 5: Map of pharmacies in Richmond and surrounding areas



Boundaries : Richmond HWB Other HWB areas Healthcare-Pharmacy : C40 Community 40h C72 Community 72h+ DSP Distance Selling Pharmacy

3.2 Community pharmacies

Table 21: Number of community pharmacies in Richmond

Number of community pharmacies	Population of Richmond	Ratio of pharmacies per 100,000 population*
44 (includes 3 DSPs)	195,513	22.5

Correct as of May 2025.

Community pharmacies are described in [Section 1.5.1.1](#). There are 44 community pharmacies in Richmond, compared to 48 (which included three DSPs) in the last PNA, resulting in a net loss of four 40-hour community pharmacies. However, one of the pharmacies quoted previously in Richmond has now been identified as part of the Kingston pharmaceutical list, so it can be considered as a net loss of three pharmacies since 2023. This accounts for four closures and a new opening since the last PNA.

The Richmond average of 22.5 community pharmacies per 100,000 is much higher than the national average of 18.0 per 100,000 population and the highest amongst the South West London boroughs.

Both the national and local averages have reduced since the 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 22 below shows the change in the numbers of pharmacies over recent years compared with regional and national averages.

Table 22: Number of community pharmacies per 100,000 population

Area	2022	2025
Richmond	24.3	22.5
England	20.6	18.0

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

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

Analysis of dispensing data has highlighted out approximately 200,987 prescription items dispensed each month (between September 2024 – January 2025), accounting for an average of 4,568 items per community pharmacy in Richmond.⁸⁴ This is much lower than the England average of 7,109 items per pharmacy monthly.⁸⁵

⁸⁴ NHS BSA. Dispensing Contractors' Data Sept 2024 – Jan 2025. [Accessed May 2025]

<https://www.nhsbsa.nhs.uk/prescription-data/dispensing-data/dispensing-contractors-data>

⁸⁵ NHS BSA. General Pharmaceutical Services in England 2015-16 – 2023-24. October 2024. [Accessed May 2025] <https://www.nhsbsa.nhs.uk/statistical-collections/general-pharmaceutical-services-england/general-pharmaceutical-services-england-2015-16-2023-24>

3.3 Distance-Selling Pharmacies (DSPs)

Distance-Selling Pharmacies are described in [Section 1.5.1.2](#). There are three DSPs in Richmond, the same as the previous PNA. It should be noted that one of the DSPs has not been trading and this was also noted in the previous PNA, however, it still appears on the pharmaceutical list. Full details can be found in Appendix A.

3.4 Dispensing Appliance Contractors (DACs)

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

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

There are 111 DACs in England.⁸⁶

3.5 Dispensing GP practices

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

There are no dispensing GP practices in Richmond.

3.6 Local Pharmaceutical Service (LPS) providers

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

There are no LPS pharmacies in Richmond.

3.7 Pharmacy Access Scheme (PhAS) pharmacies

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

There are no PhAS providers in Richmond.

3.8 Pharmaceutical service provision provided from outside Richmond

London has a transient population with good transport links therefore populations may find community pharmacies in the neighbouring boroughs more accessible and/or more convenient. Neighbouring areas include the London boroughs of Hammersmith and Fulham, Hounslow, Kingston upon Thames and Wandsworth, and the Surrey boroughs of Elmsbridge and Spelthorne. The Thames acts as a natural boundary to certain areas; however, they remain well connected via road networks and London public transport services.

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

⁸⁶ NHS BSA. Dispensing contractors' data. [Accessed May 2025] <https://www.nhsbsa.nhs.uk/prescription-data/dispensing-data/dispensing-contractors-data>

A pharmacy previously listed in Richmond previous PNA is now confirmed as included in the Kingston pharmaceutical list instead. This is Ham Parade Pharmacy, at 305 Richmond Road, Kingston, KT2 5QU. Due to its location near the Richmond HWB border, this pharmacy is likely to be frequently used by Richmond residents. It provides access during weekdays as well as on Saturday.

Total items prescribed by Richmond GPs between March 2024 and February 2025 (financial period) was 3,291,022. Of these items, 78% were dispensed by pharmacies in Richmond, and 22% dispensed in pharmacies outside Richmond.

It should also be noted that Richmond pharmacies can be accessed by residents in neighbouring boroughs, and a total of 633,684 items were prescribed outside Richmond and dispensed by Richmond pharmacies in the same period 2024/25.

3.9 Access to community pharmacies

Community pharmacies in Richmond 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.

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

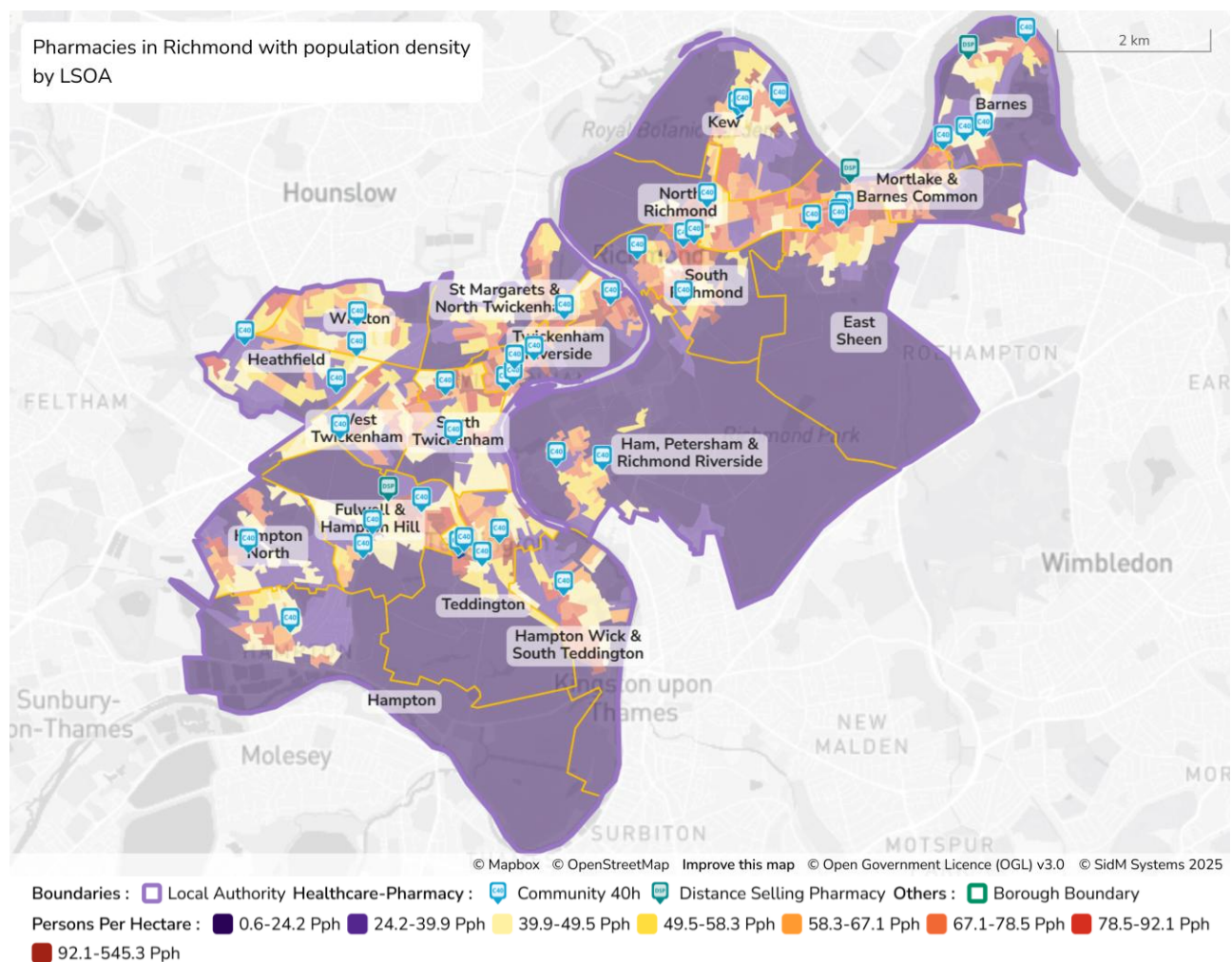
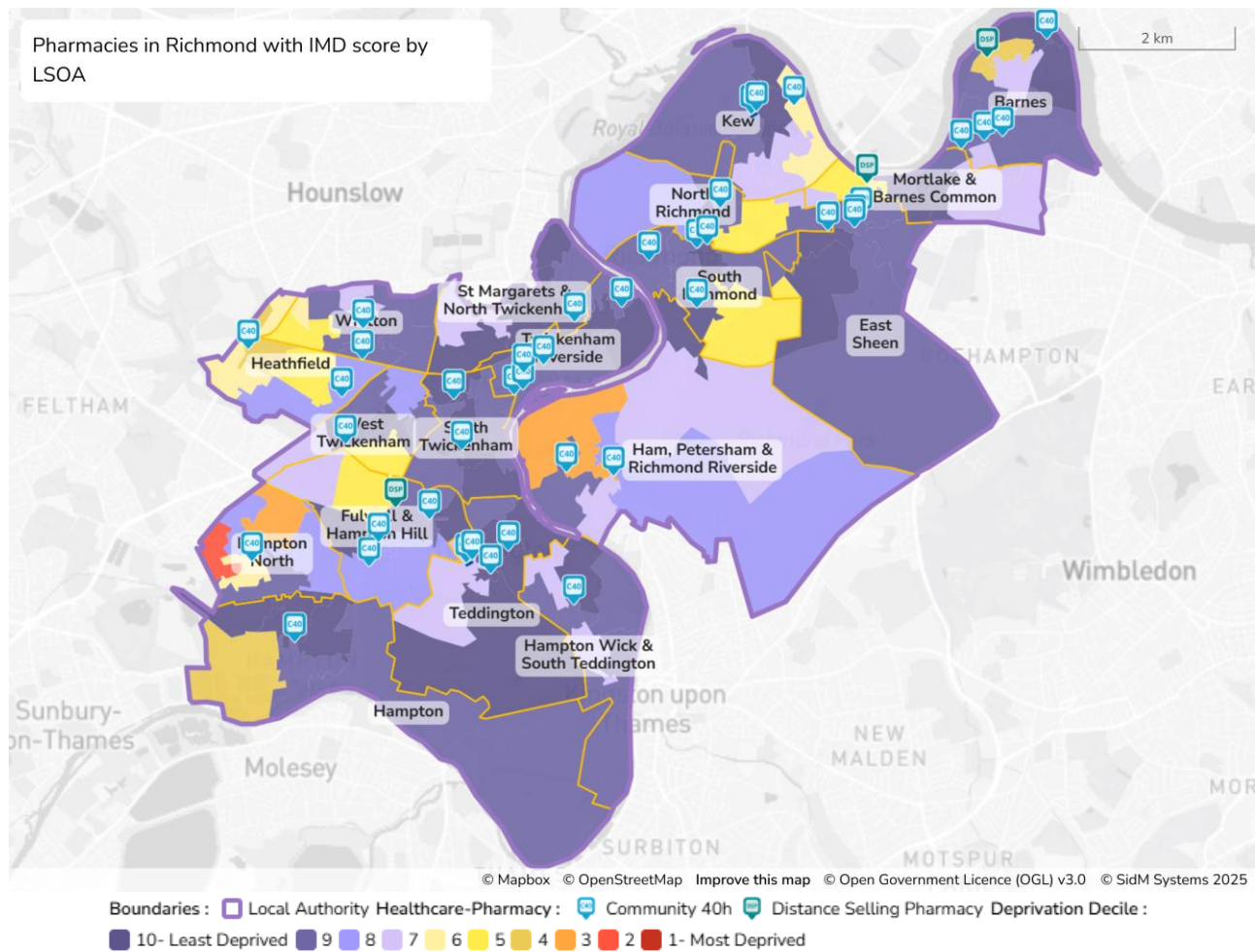


Figure 7: Map of pharmacies in Richmond with IMD score by LSOA



A previously published article⁸⁷ 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 Richmond and their opening hours can be found in Appendix A.

⁸⁷ 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. [Accessed May 2025] <http://bmjopen.bmj.com/content/4/8/e005764.full.pdf%20html>

3.9.1 Travel analysis

3.9.1.1 Car or van availability

Census 2021 data shows that the overall percentage of households who have access to at least one car or van was higher in Richmond when compared to London but similar to national levels.⁸⁸

Table 23: Percentage of households across Richmond with access to at least one car or van

Area	Households with access to at least one car or van
Richmond	74.6%
London	57.9%
England	76.5%

3.9.1.2 Travel time to pharmacy

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

Table 24: Time to pharmacy and population coverage (%) with various methods of transportation across Richmond

Transport	0-10 minutes	0-20 minutes	0-30 minutes
Walking	73.6%	99.2%	100%
Driving (peak)	99.7%	99.9%	100%
Driving (off-peak)	99.8%	100%	100%
Public transport (peak)	74.0%	99.2%	99.8%
Public transport (off-peak)	75.3%	99.3%	99.8%

⁸⁸ ONS. 2021 Census Profile for areas in England and Wales. [Accessed May 2025]
https://www.nomisweb.co.uk/sources/census_2021/report?compare=E92000001#section_6

Figure 8: Average walking time to community pharmacies in Richmond

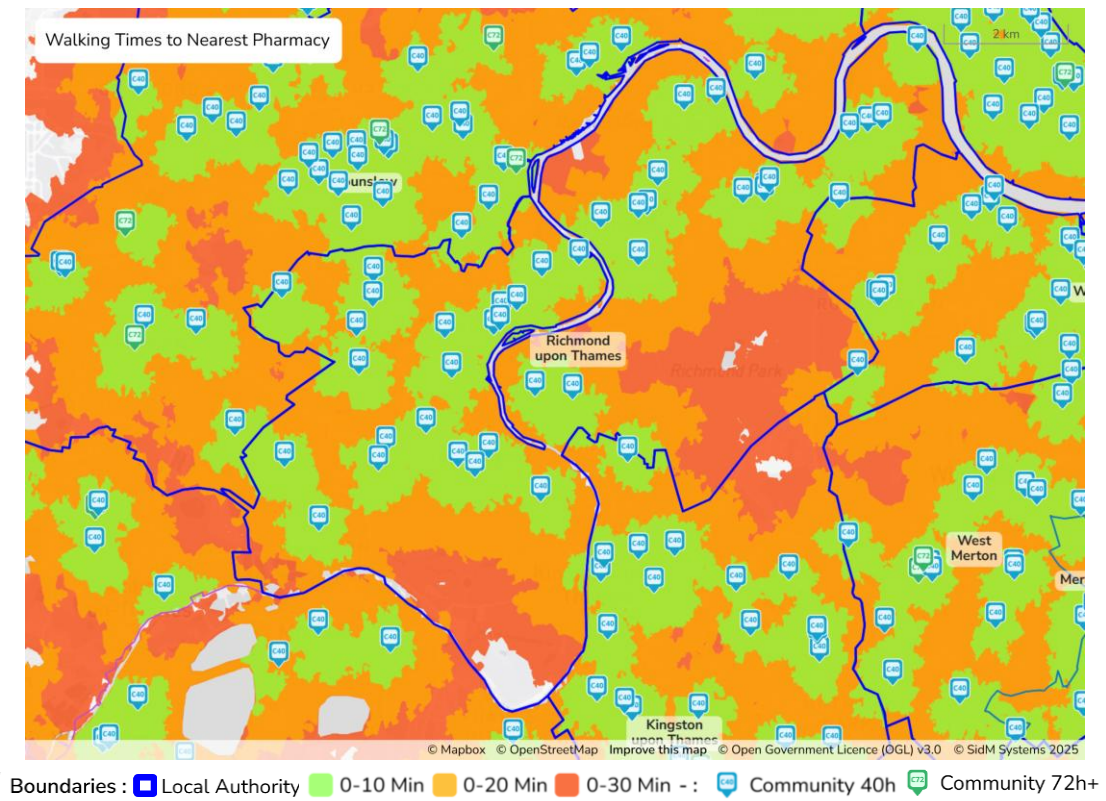


Figure 9: Time to the nearest pharmacy with private transport in Richmond (off peak)

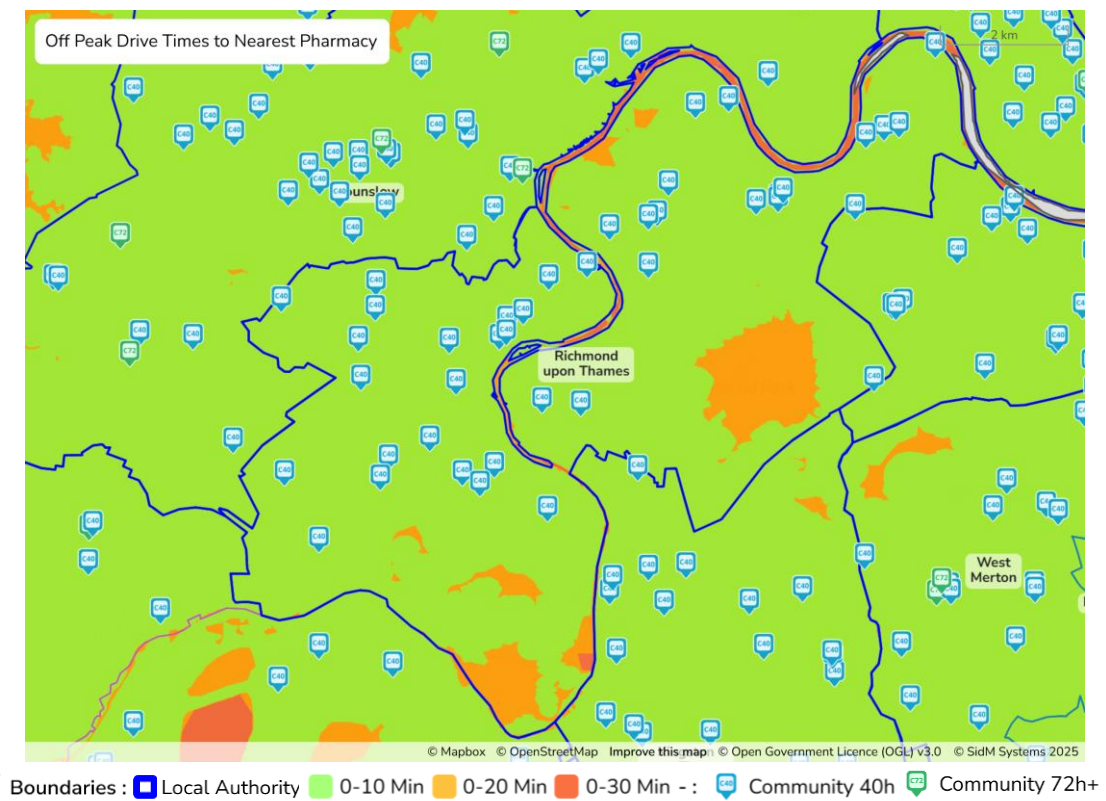


Figure 10: Time to the nearest pharmacy with private transport in Richmond (peak)

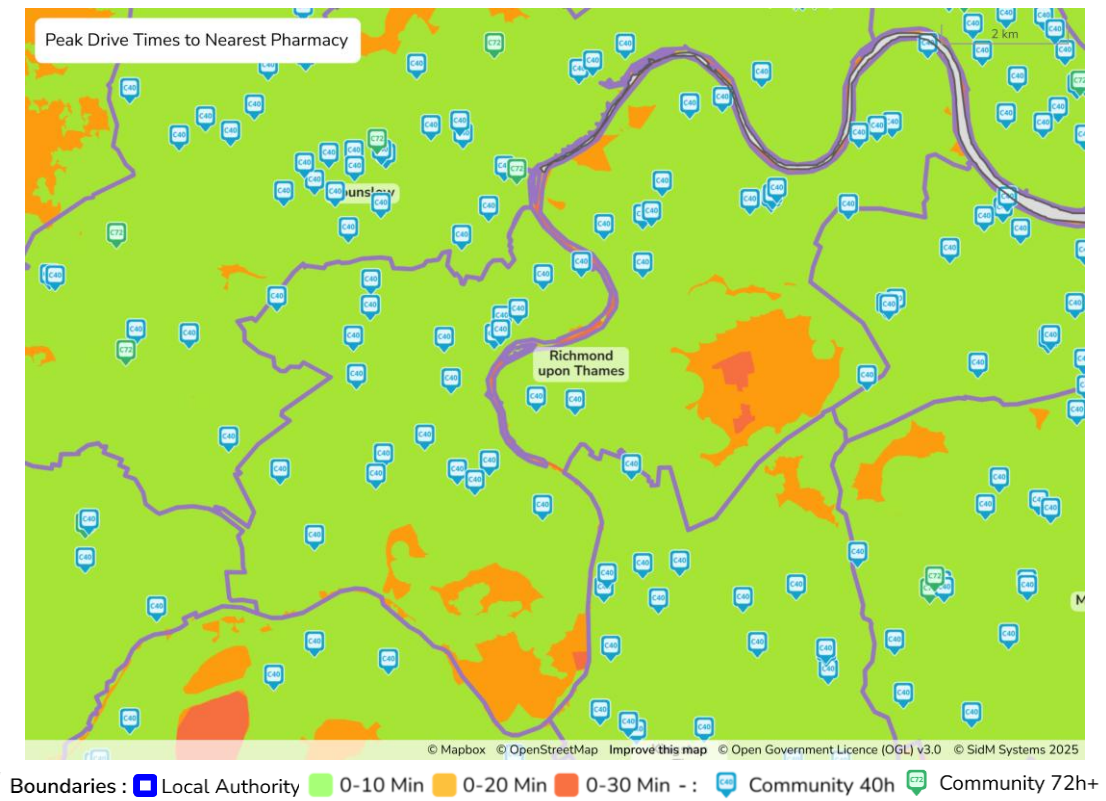


Figure 11: Public transport times to the nearest pharmacy in Richmond (off peak)

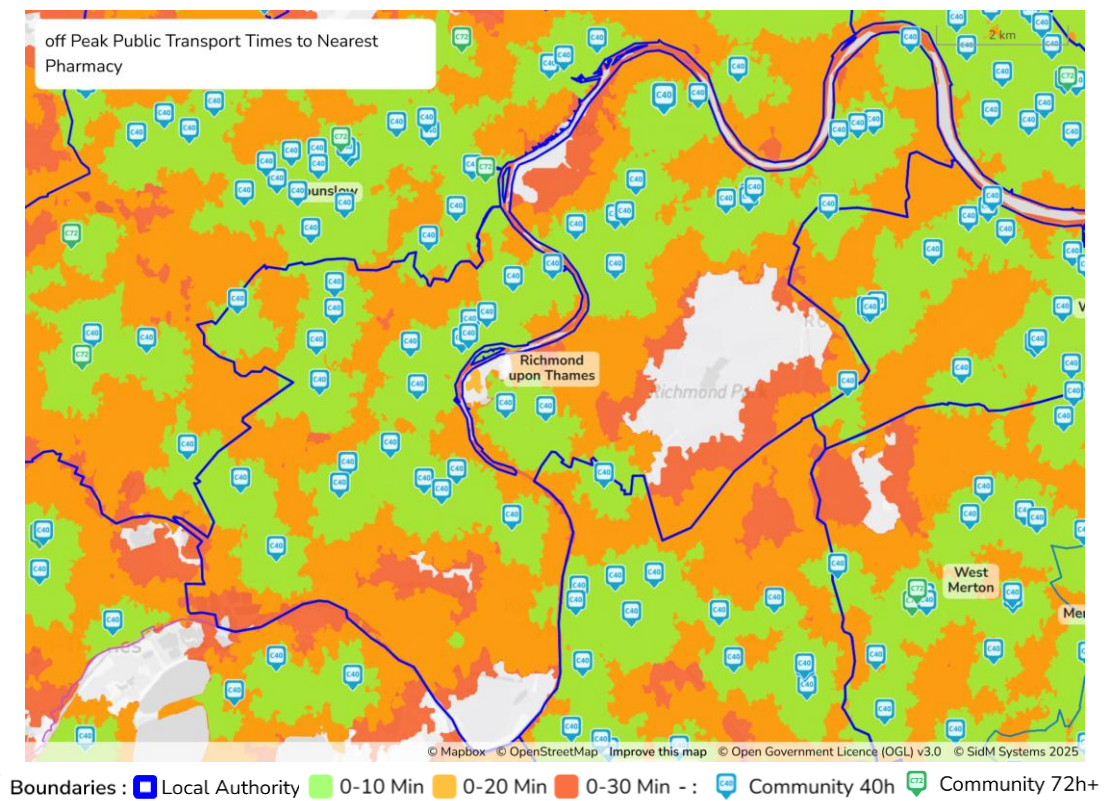
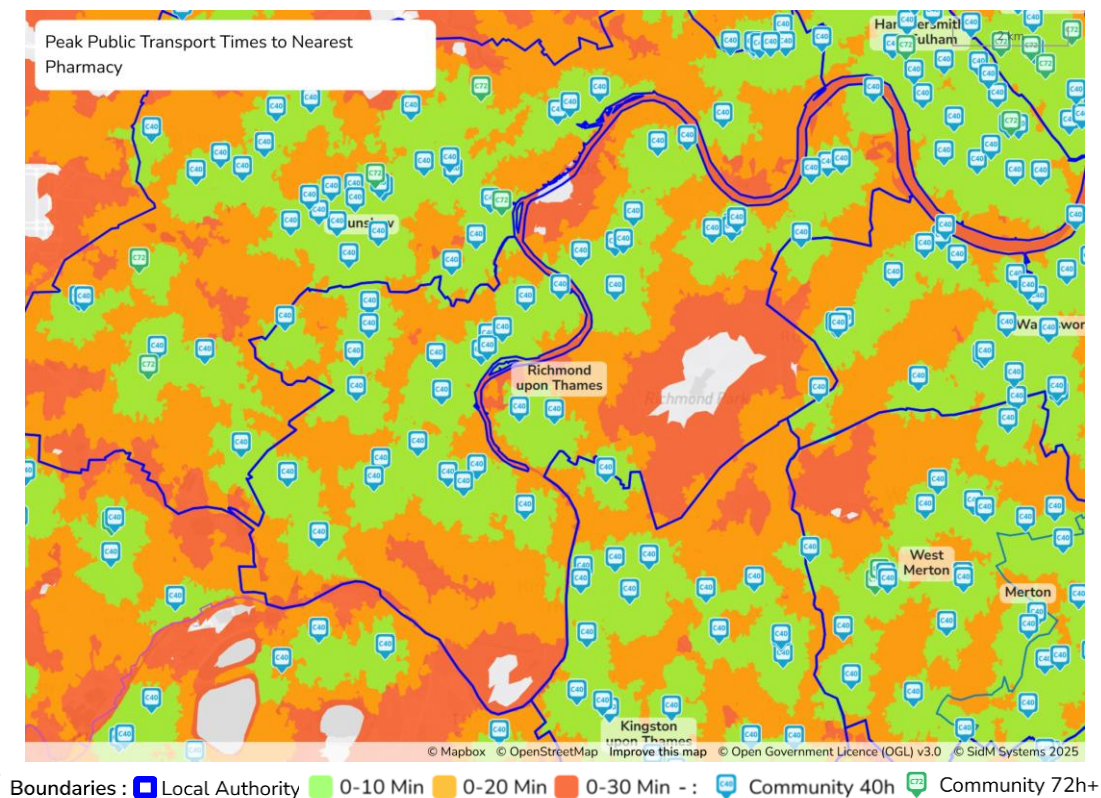


Figure 12: Public transport times to the nearest pharmacy in Richmond (peak)



In summary, for Richmond:

- 99.2% of the population are able to walk to a pharmacy within 20 minutes.
- 99.9% of the population that have access to private transport in Richmond can get to a pharmacy within 20 minutes driving at peak times, and 100% off peak.
- 99.2% can get to a pharmacy using public transport within 20 minutes and 99.8% can reach a pharmacy within 30 minutes.

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 2023 PNA, Richmond had no 100-hour pharmacies and this is still the case in 2025. Nationally there has been a decline, with the number of 100-hour community pharmacies in England open in 2022 being 9.4% and now for 72-hours or more per week being 7.5%.

There is no requirement for any HWB to have a 100-hour pharmacy.

3.9.2.1 Routine weekday evening access to community pharmacies

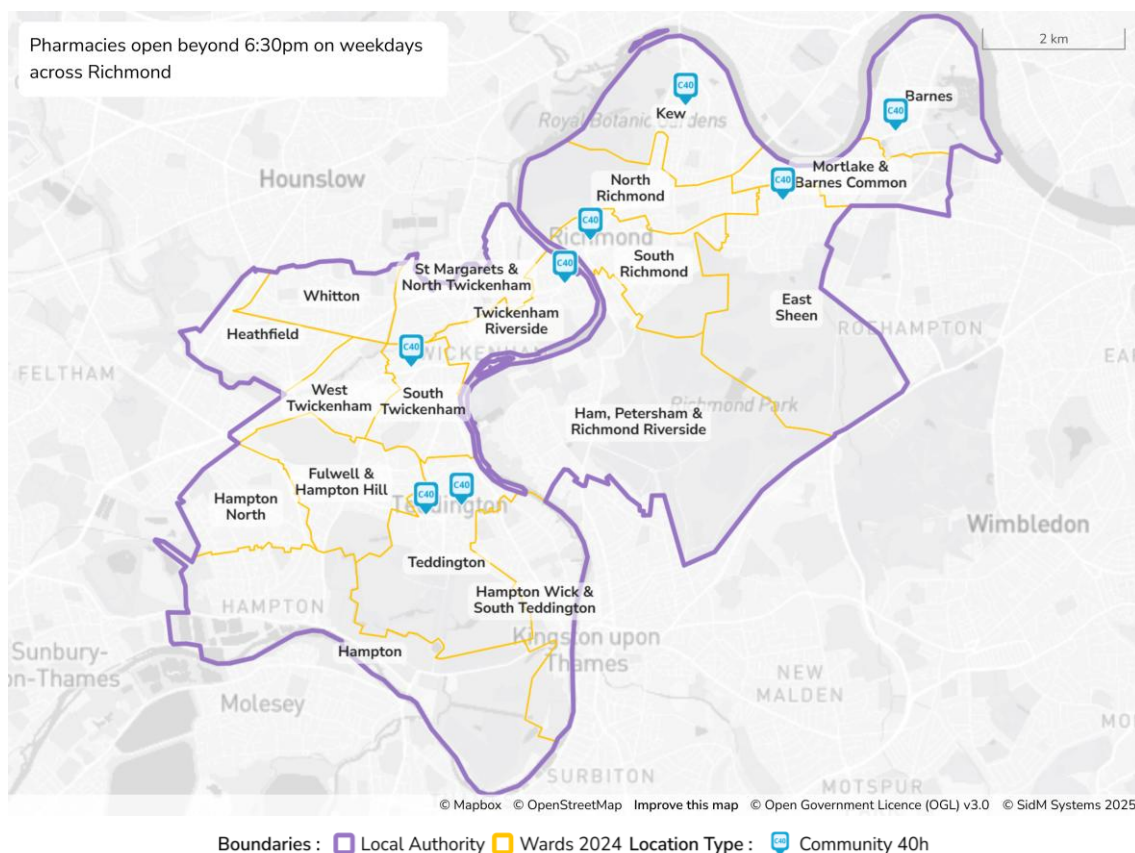
The number, location and opening hours of community pharmacy providers open beyond 6:30 pm, Monday to Friday (excluding bank holidays), are listed in Table 25 below. Full details of all pharmacies' opening hours can be found in Appendix A.

Table 25: Number and percentage (including DSPs) 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
Richmond	8 (18%)	36 (82%)	26 (59%)	8 (18%)

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

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



3.9.2.2 Routine Saturday daytime access to community pharmacies

Of the pharmacies in Richmond, 36 (82%) are open on Saturdays, and the majority of pharmacies, 26 (59%) remain open after 1 pm.

There is also a pharmacy in the border with Kingston (Ham Parade Pharmacy at 305 Richmond Road, KT2 5QU) that is open from 9 am to 4 pm on Saturday.

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 1pm in Richmond

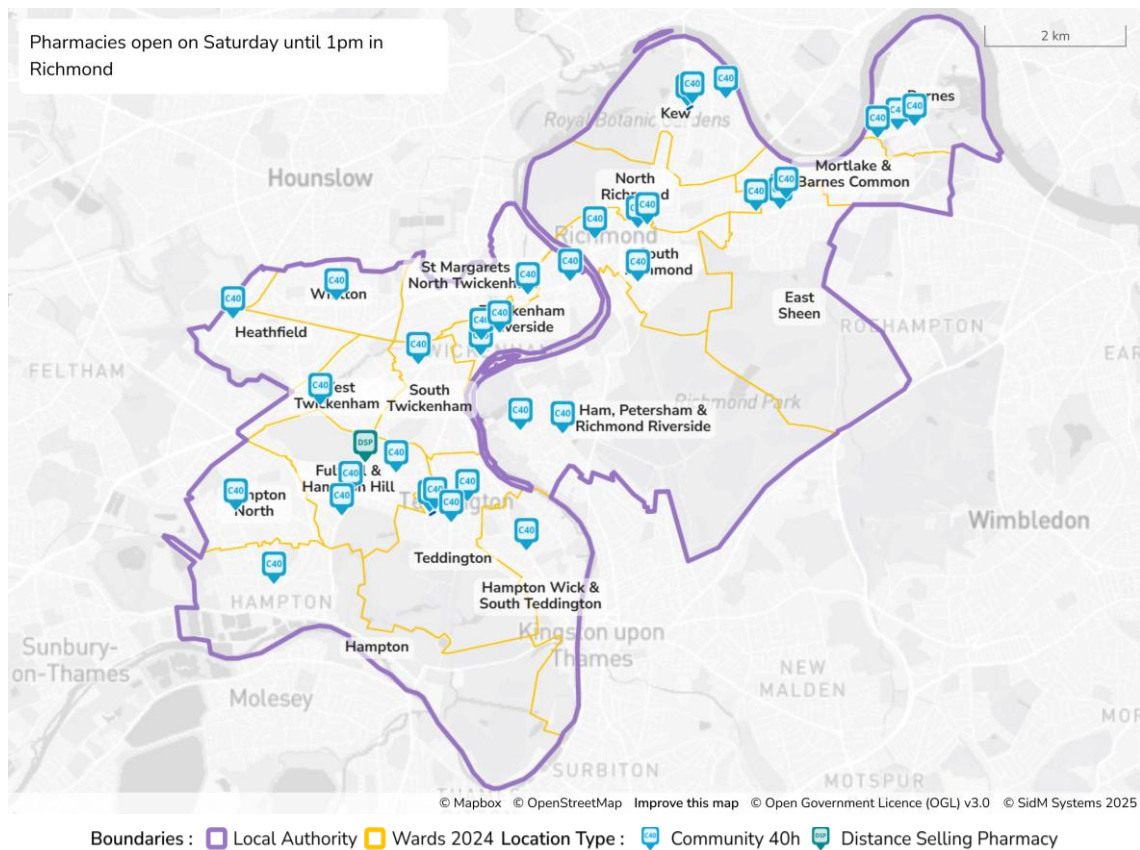
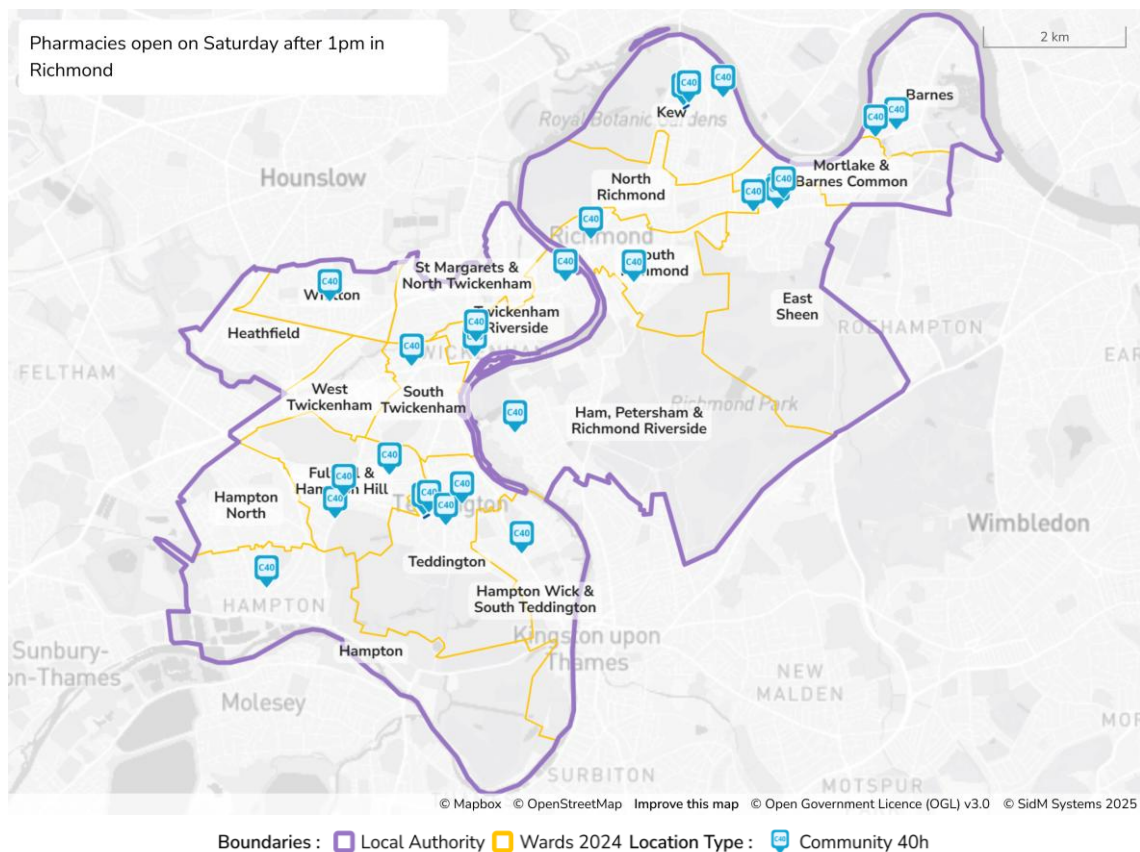


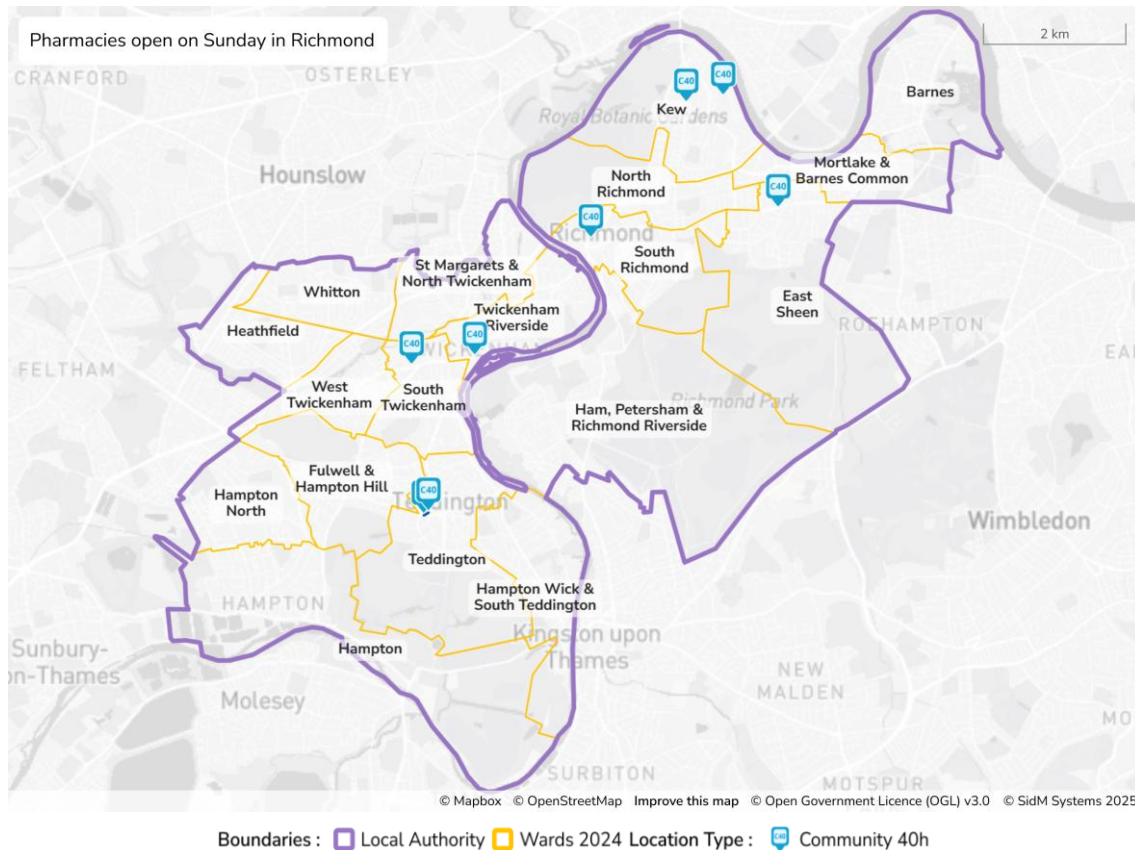
Figure 15: Community pharmacies open on Saturday after 1pm in Richmond



3.9.2.3 Routine Sunday daytime access to community pharmacies

Fewer pharmacies (8, 18%) are open on Sundays than any other day in Richmond, 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 Richmond



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. Any pharmacy may apply to open during the commissioning of the service. Details of which pharmacies are open can be found on the NHSE website: <https://www.nhs.uk/service-search/pharmacy/find-a-pharmacy>.

3.10 Advanced Services provision from community pharmacy

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

[Section 1.5.5.2](#) lists all the Advanced Services that may be provided under the pharmacy contract. As these services are discretionary, not all providers will provide them all of the time. To understand provision across all districts data has been sourced by various methods to populate Table 26 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 some 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 nationally.

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

Table 26: 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	35 (80%)	35 (80%)
Flu Vaccination service	7 (16%)	30 (68%)
Pharmacy Contraception Service	16 (36%)	21 (48%)
Hypertension Case Finding Service	31 (70%)	27 (61%)
New Medicine Service	N/A	33 (75%)
Smoking Cessation Service	1 (2%)	0
Appliance Use Review *	N/A	0
Stoma Appliance Customisation *	N/A	0
LFD Service	25 (57%)	15 (34%)
COVID-19 Vaccination Service **	10 (23%)	N/A

* This service is typically provided by the DACs.

** Pharmacies signed up for the Autumn 2024 campaign.

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

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

The national Smoking Cessation Service currently has very low uptake, following the national trend. Only one pharmacy has signed up to deliver the service and there has been no activity.⁸⁹ This service relies on a referral from secondary care; therefore, numbers should be interpreted with care. The HWB would encourage the local community pharmacy network to sign up to provide the services even though referral for residents is via the local trust.

3.11 Enhanced Services provision from community pharmacy

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

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 26 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. Provision is spread across the area and details can be found on the website: <https://www.nhs.uk/service-search/pharmacy/find-a-pharmacy>.
- The Measles, Mumps and Rubella (MMR) vaccination service is currently commissioned in one pharmacy in Richmond until end of March 2026: JMW Vicary Limited at 208 Kingston Road, Teddington, TW11 9JD.
- Details of pharmacies signed up for the Pneumococcal Polysaccharide Vaccine (PPV) service were not available at the time of writing.
- The London Flu vaccination service will come into effect from 1 September 2025. In previous campaigns, one of the requirements for eligibility was for pharmacies to be providing the national Advanced Flu service first.

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

⁸⁹ This refers to the national smoking service. Details of the locally commissioned smoking service are available in [Section 4.2](#).

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

Community pharmacies and GP practices provide a range of other services. These are not considered 'pharmaceutical services' under the PLPS Regulations 2013 and may be either free of charge, privately funded or commissioned by the local authority or the ICB. These services are listed for information only and would not be considered as part of a market entry determination.

Examples of such services include delivery services, allergy testing, care home services and sexual health services, although this is not an exhaustive list. Some of these services are also not exclusive to community pharmacies and are often commissioned through a range of providers.

4.1 SWL Integrated Care Board (ICB) commissioned services

There are currently two services commissioned by SWL ICB:

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

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

No pharmacies in Richmond are currently part of these schemes.

Although the end of life care service is being replaced by an ICB wide service, support is available through the Pharmacy Quality Scheme (PQS) for community pharmacies that have signed up and registered to deliver the Pharmacy First and Pharmacy Contraception Services.⁹⁰

4.2 Richmond Council commissioned services

There are currently seven services commissioned across Richmond by the local council and are shown in Table 27 below.

Table 27: Summary of local authority-commissioned services provision by community pharmacy across Richmond (count and percentage)

Service	Pharmacies signed up
Emergency Hormonal Contraception	17 (39%)
Chlamydia Treatment	3 (7%)
Chlamydia Screening	16 (36%)
NHS Health Checks	3 (7%)
Needle Syringe Programme	8 (18%)
Supervised Consumption	12 (27%)
Stop Smoking	17 (39%)

⁹⁰ NHS England. Pharmacy quality scheme 2022. [Accessed May 2025]. <https://www.england.nhs.uk/primary-care/pharmacy/pharmacy-quality-payments-scheme/>

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

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

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

4.3 Other services provided from community pharmacies

4.3.1 Collection and delivery services

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

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

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

4.3.2 Services for people with disability

There are different ways that contractors can make their community pharmacies accessible and, under the Equality Act 2010,⁹¹ community pharmacies are required to make 'reasonable adjustments' to their services to ensure they are accessible by all groups, including persons with a disability.

From the 320 responders to the public questionnaire, 64% identified that they have a disability. It should be also noted that 20% stated they have a physical impairment affecting their mobility.

4.3.3 Language services

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

4.4 Other providers that reduce the need for pharmaceutical service provision

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

⁹¹ Legislation. Equality Act 2010. October 2024. [Accessed May 2025]
www.legislation.gov.uk/ukpga/2010/15/contents

4.4.1 NHS hospitals

Pharmaceutical service provision is provided to patients by the hospitals in the area and nearby:

- Kingston hospital, Galsworthy Road, KT2 7QB.
- Teddington Memorial Hospital, 11 Hampton Road, Teddington, TW11 0JL.
- West Middlesex Hospital, Twickenham Road, Isleworth, TW7 6AF.
- Queen Mary Hospital, Roehampton Lane, Roehampton, SW15 5PN.

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 in addition to the service commissioned in pharmacies through the NHS Enhanced service.

4.4.4 Prison pharmacies

There are no prison pharmacies in Richmond.

4.4.5 Substance misuse services

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

Support for younger residents is also available from the Richmond Young People's Drug and Alcohol Support Service. Getting It On also includes services for young people in South West London.

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

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

4.5.1 Urgent care centres

Residents of Richmond and neighbouring areas have access to urgent care at:

- Teddington Memorial Hospital, 11 Hampton Road, Teddington, TW11 0JL.

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

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

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

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

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

4.6 Other services

The following are services provided by NHS pharmaceutical providers in Richmond, 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 or DAC and the customer or 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 or appliances and support medicines management services to privately run care homes.
- Home delivery service, e.g. direct supply of medicines or 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 providers 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 Richmond. This questionnaire was available online through the Richmond Council consultation website, between 1 May and 1 June 2025. Paper copies and an easy read version were also available.

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

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

There were 320 responses, all to the online survey, from a population of 195,513 (0.16%), so the findings should be interpreted with some care regarding the representation of the community as a whole. It should also be noted that the demographics of responders do not fully reflect population demographics with certain groups not adequately represented limiting how generalisable the findings are. A report of the results can be found in Appendix D.

5.1 Demographic analysis

- 69% of the responders identified themselves as female, 29% as male, 2% preferred not to say.
- The age group that submitted most responses was 65-74 (32%), followed by the 75+ (32%). There were no responses for the groups under 25 and only four from those aged 25-34.
- 64% identified themselves as having a physical or mental health long-term condition or illness.
- The majority of responders came from a White background (89%).
- Other ethnic groups have 3% (Asian) and 2% of responses (Mixed), and only 1% with a Black background. 4% preferred not to say.
- For religion, most of the responders identified as Christian (54%), followed by 37% with no religion and 7% that preferred not to say; other religions were 1% or less.
- The sexual orientation of responders was predominantly heterosexual (89%), whilst 8% 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 the 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 the report (e.g. "Prefer not to say", "N/A" etc).

5.2 Visiting a pharmacy

- 92% 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 (43%) visited a pharmacy a few times a month, followed by those going to the pharmacy once a month (30%). A further 17% responded that they go once every few months. Only 8% went once a week or more and 1% did it once every six months. One responder stated that they had not visited/ contacted a pharmacy in the last six months.
- There was no real preference for the day most responders chose to visit based on convenience. 76% said it varied, with Monday (15%) and Sunday (8%) being the least preferable. Responders could select multiple days for this question.
- The most convenient time for responders to visit was between 9am and 5pm (63%) with 48% saying it varied. Only 4% responded with before 9 am and after 7 pm being the most convenient.

5.3 Reason for visiting a pharmacy

- The main reason for visiting a pharmacy for most (89%) was to collect prescriptions for themselves.
- 56% went to buy over the counter medicines.
- 41% were seeking advice from a pharmacist.

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

- Of the 47 responders that stated other reasons, the main reason for usually going to a pharmacy was to get other items, like cosmetics and toiletries, followed by those getting vaccinations from their local community pharmacy.

5.4 Choosing a pharmacy

75% reported that they use the most convenient or closest pharmacies.

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

The responses show that availability of medication was an extremely important factor for 75%. Also extremely important were quality of service (expertise) for 74%, customer service for 52% and location of pharmacy for 42% of the 320 people that submitted their responses.

Accessibility (wheelchair/ buggy access), communications (languages/ interpreting service), parking and public transport were considered as not important at all by 51%, 48%, 43% and 40% respectively. However, this may be due to the demographics of the responders, for example, lower representation from ethnic groups other than White.

5.5 Access to a pharmacy

- The main way patients reported to access a pharmacy was walking (77%). The next most common method for getting to the pharmacy was car (26%). A further 15% used public transport.
- A small percentage indicated that they do not travel to a pharmacy but instead use a delivery service (4%) or an online pharmacy (1%).
- 87% reported that they were able to travel to a pharmacy in less than 20 minutes and overall 97% being able to get to their pharmacy within 30 minutes. 1% stated that it took them longer, between 30-40 minutes to get to their pharmacy and 2% said that they do not usually travel to the pharmacy. None of the responders reported taking more than 40 minutes.

5.6 Other comments

When asked about any other comments about pharmaceutical services, 27 pharmacy users expressed their satisfaction with the pharmacy provision and services, and a further 27 praised the role of pharmacies in the community, highlighting the importance of being able to seek advice from a pharmacist for minor ailments before making an appointment with their GP. On the other hand, 22 responders commented about receiving poor service from their pharmacy.

Other common themes were concerns about pharmacy pressures, closures and capacity (24 comments) and expressing a need for longer opening hours outside normal working hours (10 comments).

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 Richmond.⁹²

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.

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.

⁹² South West London ICS. Insights from communities winter 2024/25. [Accessed May 2025]
<https://www.southwestlondonics.org.uk/publications/insights-from-communities-winter-2024-25>

- 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 Richmond to:

- Improve communication training for staff to better support autistic people and provide alternative access methods (non-phone, familiar environments).
- Reduce waiting times for mental health and addiction services; address perceptions of unequal funding; support community-based mental wellbeing activities.
- Expand local mental health services for children and young people to reduce travel barriers.
- Address long waits, inconsistent care, and poor communication in hospital services; promote accountability and standardised quality across hospitals.
- Improve GP accessibility for blind patients (formats, communication, staff awareness).
- Enhance accuracy of 111 referrals to ensure appropriate care pathways and reduce redirection issues.

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

5.8 Additional insights from Healthwatch

A report published by Healthwatch Richmond upon Thames in 2024⁹³ highlighted the experience of residents due to two closures of community pharmacies in Richmond. Capacity issues and longer waiting times were highlighted, which was further compounded by another pharmacy nearby undergoing refurbishment. Since this report was published, a new pharmacy started operating in Richmond.

As noted in [Section 1.2](#), there have been closures nationwide due to workforce and funding issues.

⁹³ Healthwatch Richmond. Hampton Pharmacy Closures - Including a response from Boots. January 2024. [Accessed June 2025] <https://www.healthwatchrichmond.co.uk/report/2024-01-15/hampton-pharmacy-closures-including-response-boots>

Section 6: Analysis of health needs and pharmaceutical service provision

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

6.1 Pharmaceutical services and health needs

Pharmaceutical services in Richmond contribute to the delivery of priorities set out in the Richmond Joint Strategic Needs Assessment (JSNA), the Joint Local Health and Wellbeing Strategy (JLHWS), other local policies, strategies and health needs as described in [Section 2](#). These include 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 Richmond plays a key role in delivering the aims of the South West London Integrated Care Strategy and other initiatives. Through essential services such as dispensing, public health advice, and health promotion campaigns, pharmacies help tackle health inequalities and support priorities around mental wellbeing, cost of living, and healthy neighbourhoods. Their strong local presence ensures equitable access to care, particularly for deprived and underserved populations.

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

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

6.2 Richmond current and future health needs

Richmond HWB area has a population of 195,513 (2023 mid-year estimate). The population age profile indicates a higher proportion of school-aged children (5-17 years) and adults aged 40–54, and a lower proportion of young adults aged 18-39 compared to national averages. There is also a large proportion of residents aged 80 and over. The borough is one of the least deprived local authorities in England, with most of its area ranked in the least deprived deciles of the Index of Multiple Deprivation. Life expectancy at birth in the borough is slightly below the national average, however Richmond has a higher healthy life expectancy at birth than both London and England. These indicators reflect a relatively stable and established population, with implications for longer-term condition management, preventive services, and healthy ageing.

Richmond is less ethnically diverse when compared to other London boroughs. According to 2021 Census data, 80.5% of usual residents in Richmond identified as white British and 19.6% identified as being from other ethnic groups. Excluding those who identified as White British, the most common ethnic groups were Asian (8.9% of total residents) and Mixed ethnic group (5.5% of total residents).

The majority of Richmond residents speak English as their main language (all adults in 85.2% of the households and at least one but not all adult in 6.9% of households). However, there are pockets within the borough where language diversity is more pronounced, particularly in urban and more densely populated wards.

Population projections indicate a 0.79% increase by 2030, with an extra 3,107 new houses planned by 2029.

Prevalence data from GP practice disease registers shows that all long-term conditions are recorded at rates below the national rate and most are similar to or higher than the regional averages. These include heart failure (0.6%), stroke (1.3%), CHD (2.0%), atrial fibrillation (1.8%), PAD (0.4%), asthma (4.9%), COPD (1.0%) and rheumatoid arthritis (0.6%); only hypertension (10.5%) and diabetes (4.5%) are lower than both the national and regional averages

However, low rates on some of these registers, particularly hypertension, can indicate lower rates of case finding, as well as lower than average population prevalence.

The prevalence of mental health conditions (0.9%), learning disability (0.3%), and depression (1.0%) are lower than both the London rates and England rates. Whereas the prevalence of epilepsy (0.6%) and dementia (0.7%) are below the national rates but higher than the London percentages.

In relation to lifestyle choices and behaviours, Richmond shows lower levels compared to the national figures for smoking prevalence (5.3%), overweight including obesity (56.3%), hospital admissions from alcohol-related conditions (1,544 per 100,000) and deaths from drug misuse (2.7 per 100,000). These are also all lower than the London rates.

From the sexual health indicators, chlamydia (1,187), HIV diagnosis (2.03) and under-18 conception rates (8.6) are lower in Richmond than the London and England averages. New STIs diagnosis (535) are slightly higher than the England average but significantly lower than London's. The rate of LARC prescriptions (50.0 per 1,000) is much higher in Richmond than in London and nationally.

6.3 Pharmaceutical service provision

There are 44 community pharmacy contractors across the area who provide a range of services as part of the contractual obligations and a number on a voluntary basis, commissioned either through NHSE as Advanced or Enhanced Services or through local commissioners based on local needs.

The Advanced and Enhanced Services support the needs of alleviating the burden on primary care services and improving access. These services support by helping residents to manage their long-term conditions, reducing hospital admissions by early intervention and prevention, and improving 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 Richmond 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 Richmond from the JSNA, JLHWS and the Integrated Care Strategy.
- Population changes and housing developments across the next three years.
- IMD and deprivation ranges compared with the relative location of pharmacy premises.
- Demographic profile of the borough based on ONS data.
- The burden of disease and the lifestyle choices people make across Richmond.
- 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 Richmond

Essential Services must be provided by all community pharmacies. There are 44 community pharmacies (including three DSPs) in Richmond. The estimated average number of community pharmacies per 100,000 population is 22.5. There are 41 pharmacies that hold a standard 40-core hour contract and three DSPs. There are no 72+ hour pharmacies, no DACs and no dispensing GP practices in Richmond.

Richmond has many pharmacies open on weekday evenings and weekends. The majority of community pharmacies (82%) are open on Saturdays, and 26 (59%) remain open on Saturday after 1 pm. There are also 18% of community pharmacies open after 6:30 pm on weekdays, and 18% also open on Sundays.

Residents also have access to three DSPs within Richmond and also those operating nationally outside of the borough.

There are also a number of accessible providers open in the neighbouring HWB areas of Hounslow to the north, Hammersmith and Fulham and Wandsworth to the east, Kingston to the south and the Surrey boroughs of Elmbridge and Spelthorne to the west.

6.3.2 Necessary Services: essential services gaps in provision across Richmond

Based on the spread and number of community pharmacies across Richmond, 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 44 community pharmacies across Richmond, 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 support via DSPs in the area and nationally. Although one DSP hasn't been trading since the previous PNA published in 2023, residents have access to others across the country. Physical access to a community pharmacy is not affected.
- Good access during normal and extended hours: The majority of community pharmacies (82%) are open on Saturdays, 26 (59%) remain open on Saturday after 1 pm and eight (18%) are open after 6:30 pm on weekdays. There are also eight pharmacies (18%) open on Sundays in Richmond. These opening patterns ensure that access is maintained during and outside of normal working hours.
- Accessibility via transport:
 - 74.6% of households have access to a car or van, above the national and regional average.
 - 99.2% of the population are able to walk to the pharmacy within 20 minutes.
 - 99.9% of the population that have access to private transport in Richmond can get to a pharmacy within 20 minutes driving whether this is off peak or on peak.
 - 99.2% can get to a pharmacy using public transport within 20 minutes at peak time.
 - Individuals are able to travel to a pharmacy within reasonable times. Although it may take longer for some residents in less populated areas, this would be similar to accessing other healthcare services or out of hours services in person at evenings and weekends.

- Utilisation of pharmacies in bordering areas: Residents are able to access services from pharmacies across the border in each direction.
- Public feedback confirms adequate access: Most people walked to their pharmacy (77%) and could get there in under 20 minutes (87%). Almost everyone (97%) who responded to the survey could reach a pharmacy within 30 minutes.

Future need

Richmond's population is expected to grow over the next five years by 0.79%, in parallel the number of dwellings due for completion by 2029 is predicted to be around 3,107.

The current community pharmacy network across Richmond, including North Richmond and Mortlake & Barnes Common, where the larger number of the developments are planned, is well placed to meet the predicted population and housing growth across Richmond 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 do have access to a large number across the border.

Additionally, there is no identified evidence currently of unmet need or adverse outcomes arising from the reduction of pharmacies since the previous PNA.

Richmond 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 Richmond 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 26 in [Section 3.10](#) shows the pharmacies providing Advanced and Enhanced Services in Richmond HWB area.

Regarding access to **Advanced** services, it can be seen that there is good availability of the Pharmacy First (80%) and NMS (75%) services and a good availability of hypertension (70%) and flu vaccination (68%) services.

There is currently a lower number of providers of the contraception service (48%) and the LFD (34%) service. There are currently no providers of the national smoking cessation service, however this is due to the reliance of secondary care referral as explained in [Section 3.10](#). The HWB would encourage the local community pharmacy network to sign up to provide the services even though referral for residents is via the local trust.

It should be noted that patients can access AUR and SAC services from DACs outside of Richmond.

Regarding access to the Enhanced services, 10 pharmacies (23%) offer the COVID-19 vaccination service. Providers for this service can change with each campaign. There is also one pharmacy commissioned for the MMR vaccination service as detailed in [Section 3.11](#).

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

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

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

6.4 Improvements and better access: gaps in provision across Richmond

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 Richmond.

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 Richmond 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 Richmond.

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

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

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

7.1.1 Current provision of Necessary Services

Necessary Services – gaps in provision

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

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 Richmond 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 Richmond.

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 Richmond.

[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 Richmond.

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 Richmond.

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 Richmond 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 Richmond.

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 Richmond.

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 Richmond.

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 Richmond to meet the needs of the population.

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

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 Richmond as part of the PNA process, it was possible to identify opportunities for service delivery via the community pharmacy infrastructure that could positively affect the population.

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

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

8.2 Further considerations

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

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

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

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

Community Pharmacy England commissioned leading health think tanks Nuffield Trust and The King's Fund to develop a vision for community pharmacy to see a transformation of this sector over the next decade.⁹⁴ These themes are reflected below taking into consideration the local factors for Richmond.

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

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

2) Reducing health inequalities through targeted pharmacy services

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

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

- Community pharmacy should be positioned as a core provider within primary care, ensuring seamless referrals and collaboration between ICSs, local authorities and PCNs.
- Medicines optimisation services, including repeat dispensing, the New Medicine Service and the Discharge Medicines Service should be embedded within primary care pathways to enhance patient safety and medication adherence.

⁹⁴ 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

- Interdependencies between ICB and LCS services, such as smoking cessation and sexual health services, should be leveraged to provide more holistic and accessible care. This will require close collaboration between ICB, local authority and Local Pharmaceutical Committee (LPC).

4) Supporting workforce development and expanding pharmacy services

- Sustainable funding should be prioritised to ensure the long-term stability and growth of community pharmacy services.
- The ICB should explore commissioning a pharmacy workforce development programme, ensuring pharmacists and their teams are equipped to deliver expanded clinical services under the CPCF.
- The introduction of independent prescribing for pharmacists from 2026 presents a significant opportunity for community pharmacies to manage long-term conditions and improve primary care access. Great work has already commenced with the local Independent Prescribing 'Pathfinder' Programme.

5) Enhancing public awareness and digital transformation

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

6) Monitoring future demand and improving public engagement

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

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

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

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

Appendix A: List of pharmaceutical services providers in Richmond

Key to type of provider:

CP – Community Pharmacy

DSP – Distance Selling Pharmacy

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

AS1 – Pharmacy First

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

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

AS4 – Hypertension case-finding service

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

AS6 – National Smoking Cessation Service

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

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

AS9 – Lateral Flow Device (LFD) test supply service

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

LAS1 – Emergency Hormonal Contraception

LAS2 – Chlamydia treatment

LAS3 – Chlamydia screening

LAS4 – NHS health checks

LAS5 – Needle syringe programme

LAS6 – Supervised consumption

LAS7 – Local Stop smoking service

Richmond pharmaceutical list

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7
Barnes Pharmacy	FLJ40	CP	5 High Street, Barnes	SW13 9LB	09:00-18:00	09:00-17:30	Closed	-	-	Y	Y	-	Y	Y	-	Y	-	-	-	-	-	-	Y	-
Boots	FDN22	CP	381-383 Upper Richmond Road, East Sheen	SW14 7NX	09:00-18:00	09:00-18:00	11:00-17:00	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	-	-	-
Boots	FF832	CP	61/64 George Street, Richmond	TW9 1HF	09:30-19:00	08:00-17:00	11:00-17:00	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	-	-	-
Boots	FKK28	CP	3 Station Approach, Ashley Road, Hampton	TW12 2HZ	09:00-17:30	09:00-17:00	Closed	-	-	-	Y	Y	-	Y	-	-	-	-	-	-	-	-	-	Y
Boots	FNM74	CP	Unit 4, Kew Retail Park, Bessant Drive, Kew, Richmond	TW9 4AD	09:30-17:30	09:30-17:30	11:00-17:00	-	-	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-
Boots	FT792	CP	3 King Street, Twickenham	TW1 3SD	09:00-18:30	09:00-18:00	11:00-17:00	-	-	Y	Y	Y	-	Y	-	-	-	Y	-	Y	-	-	-	-
Boots	FTT52	CP	59 Broad Street, Teddington	TW11 8QZ	09:00-18:30	08:30-18:00	10:00-16:00	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	-	-	-
C Goode Pharmacy	FQP30	CP	22 London Road, Twickenham	TW1 3RR	09:00-18:00	09:00-18:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	Y	Y	Y	Y	Y	Y	Y
Charles Harry Pharmacy	FR011	CP	366 Richmond Road, Twickenham	TW1 2DX	09:00-19:00	09:00-18:00	Closed	-	-	Y	Y	-	-	Y	-	-	-	Y	-	Y	-	-	-	Y
Cross Roads Pharmacy	FAR56	CP	334 Staines Road, Twickenham	TW2 5AT	09:00-13:00; 14:00-18:00	09:30-13:30	Closed	-	-	Y	-	-	Y	Y	-	Y	-	Y	-	Y	-	Y	Y	Y
Day Lewis Pharmacy	FQA52	CP	1 Cross Deep Court, Heath Road, Twickenham	TW1 4AG	09:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	Y	-	Y	Y	Y	Y	-	-	Y
Dumlers Pharmacy	FLD67	CP	495-497 Upper Richmond, Road West, East Sheen	SW14 7PU	09:00-18:00	09:00-14:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	Y	-	Y	-	Y	Y	Y
Forward Pharmacy	FPG04	CP	90 Church Road, Barnes	SW13 0DQ	09:00-18:00	09:00-13:00	Closed	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-
Green Cross Health Limited*	FFN37	DSP	Citibase, Mortlake Bus Centre, 20 Mortlake High Street	SW14 8JN	09:00-13:00; 14:00-18:00	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Richmond upon Thames 2025 PNA

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7
Ham Common Pharmacy	FW114	CP	12 Back Lane, Ham, Richmond	TW10 7LF	09:00-13:00; 14:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	Y	-	Y	-	Y	Y	Y
Hampton Hill Pharmacy	FEW32	CP	173B High Street, Hampton Hill	TW12 1NL	09:00-18:30	09:00-17:00	Closed	-	-	-	-	-	-	-	-	Y	-	-	-	-	-	-	-	-
Health On The Hill	FV843	CP	62 High Street, Hampton Hill	TW12 1PD	09:00-18:00	09:00-15:00	Closed	-	-	Y	Y	-	Y	-	-	Y	-	Y	-	Y	-	Y	Y	Y
Herbert And Herbert	FPV82	CP	658 Hanworth Road, Hounslow	TW4 5NP	09:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-
Jmw Vicary Limited	FDD84	CP	208 Kingston Road, Teddington	TW11 9JD	09:00-18:30	09:00-17:00	Closed	-	--	Y	Y	Y	Y	Y	-	Y	Y	-	-	-	-	-	Y	-
Kanset Pharmacy	FN708	CP	177 Ashburnham Road, Ham, Richmond	TW10 7NR	09:00-18:30	09:00-17:00	Closed	-	-	Y	Y	-	Y	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y
Kc Pharmacy	FQT67	CP	23 Broad Street, Teddington	TW11 8QZ	09:00-20:00	09:00-20:00	15:00-20:00	-	-	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-
Kew Pharmacy	FD680	CP	3 Station Parade, Kew Gardens, Richmond	TW9 3PS	09:00-17:30	09:00-17:00	Closed	-	-	Y	-	-	-	-	-	-	-	Y	-	Y	-	-	-	Y
Kirby Chemist	FM522	CP	53 High Street, Teddington	TW11 8HD	09:00-19:00	09:00-18:00	Closed	-	-	Y	Y	-	Y	Y	-	Y	Y	-	-	-	-	-	-	-
Maple Leaf Pharmacy	FXL13	CP	20 The Green, Twickenham	TW2 5AB	09:00-21:00	09:00-17:30	10:00-16:00	-	-	Y	Y	Y	Y	Y	-	Y	Y	-	-	-	-	-	-	-
Medco Pharmacy	FWL31	CP	31-33 Park Road, Teddington	TW11 0AB	09:00-18:30	09:00-14:00	Closed	-	-	Y	Y	-	Y	Y	-	Y	-	-	-	-	-	-	-	-
Meds & Pills Ltd	FHC56	DSP	Office 3 64 Wellington Rd, Hampton Hill	TW12 1JT	09:00-13:00; 14:00-18:00	09:00-13:00	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Minal Pharmacy	FJ778	CP	9 High Street, Whitton	TW2 7LA	09:00-18:30	09:00-17:30	Closed	-	-	Y	Y	Y	Y	Y	-	Y	-	Y	-	Y	-	Y	Y	Y
Nima Pharmacy	FVH60	CP	50 Friars Stile Road, Richmond	TW10 6NQ	09:00-18:00	09:00-17:30	Closed	-	-	Y	Y	Y	Y	Y	-	Y	-	Y	-	Y	-	-	-	Y
Percy Road Pharmacy	FWX77	CP	133 Percy Road, Whitton, Twickenham	TW2 6HT	09:00-18:00	Closed	Closed	-	-	Y	Y	-	Y	Y	-	Y	-	Y	-	Y	-	-	-	Y
Prime Pharmacy	FDM96	CP	198 Castelnau, Barnes	SW13 9DW	09:30-17:30	Closed	Closed	-	-	-	-	-	Y	Y	-	-	-	-	-	-	-	-	-	-
Pyramid Pharmacy	FH448	CP	19-21 Station Parade, Kew, Richmond	TW9 3PS	08:30-19:00	09:00-18:00	10:00-16:00	-	-	-	-	-	-	-	-	Y	-	-	-	-	-	-	Y	-

Richmond upon Thames 2025 PNA

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7
Richmond Pharmacy	FJ123	CP	213 Lower Mortlake Road, Richmond	TW9 2LN	09:00-18:00	Closed	Closed	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Richmond Pharmacy	FRF19	CP	82-86 Sheen Road, Richmond	TW9 1UF	09:00-18:00	09:00-13:30	Closed	-	-	Y	Y	-	Y	Y	-	-	-	-	-	-	-	Y	Y	-
Round The Clock Pharmacy	FP266	CP	69 Church Road, Barnes	SW13 9HH	09:00-19:00	09:00-19:00	Closed	-	-	Y	-	-	Y	-	-	Y	-	-	-	-	-	-	-	-
Spatetree Pharmacy	FLW92	CP	113 Sheen Lane, East Sheen	SW14 8AE	09:00-19:00	09:00-17:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	Y	-	Y	-	-	Y	-
Springfield Pharmacy	FK726	CP	124 Sheen Road, Richmond	TW9 1UR	09:00-18:00	09:00-12:00	Closed	-	-	Y	-	-	Y	Y	-	-	-	-	-	-	-	-	Y	-
St Margarets Pharmacy	FM474	CP	38 Crown Road, St. Margarets, Twickenham	TW1 3EH	09:00-18:00	09:00-13:30	Closed	-	-	Y	-	-	Y	Y	-	-	-	-	-	-	-	-	-	-
Strawberry Hill Pharmacy	FF731	CP	3 Wellesley Parade, Wellesley Rd, Strawb Hill, Twickenham	TW2 5SQ	09:00-18:00	Closed	Closed	-	-	-	-	-	-	Y	-	-	-	Y	-	Y	-	Y	-	Y
Superdrug Pharmacy	FCN10	CP	Unit 2 The Bull, 262 Upper Richmond Road, East Sheen	SW14 7JE	09:00-14:00; 14:30-18:00	09:00-14:00; 14:30-17:30	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-
Teddington Pharmacy	FV875	CP	113 Stanley Road, Teddington	TW11 8UB	09:00-13:00; 14:00-18:00	09:00-14:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	-	-	-	-	-	-	Y
The Hampton Pharmacy	FEG56	CP	29 Tangle Park Road	TW12 3YH	09:00-17:30	09:00-13:00	Closed	-	-	-	-	-	-	-	-	-	-	Y	-	-	-	-	-	Y
Twickenham Pharmacy	FKA42	CP	17 Richmond Road, Twickenham	TW1 3AB	09:00-18:30	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	Y	-	Y	-	-	-	-
Verdun Pharmacy	FNR02	DSP	1 Verdun Road, Barnes	SW13 9AN	09:00-17:00	Closed	Closed	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Whitton Corner Pharmacy	FMW04	CP	Whitton Community H/C, Percy Road, Whitton, Twickenham	TW2 6JL	09:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	-	-	-	-	-	-	-

* Please note this pharmacy is not trading at the time of writing and is subject to removal from the pharmaceutical list.

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 five 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 five PNAs.
- 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	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: 320.

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

When reporting the details of the responses, please note:

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

1) Why do you usually visit a pharmacy? (Please tick all that apply) (Please note number and percentages may add up to more than 100% due to multiple responses) (Answered: 318, Skipped: 2)

Options	%	Number
To buy over-the-counter medicines	56%	178
To collect prescriptions for myself	89%	284
To collect prescriptions for somebody else	36%	116
To get advice from a pharmacist	41%	129
Other (please specify)	12%	37

Other comments (themes)	Number
Buy other items, like cosmetics or toiletries	19
To get vaccinations (flu, COVID, etc)	14
Other pharmacy services	7
Don't visit the pharmacy but get medicines delivered	4
Buy medicines or other items for somebody else	2

2) How often have you visited or contacted a pharmacy in the last six months? (Answered: 320, Skipped: 0)

Options	%	Number
Once a week or more	8%	26
A few times a month	43%	139
Once a month	30%	96
Once every few months	17%	54
Once in six months	1%	4
I have not visited/contacted a pharmacy in the last six months	0%	1

- 3) What time is most convenient for you to use a pharmacy?** (Please tick all that apply)
(Please note number and percentages may add up to more than 100% due to multiple responses) (Answered: 319, Skipped: 1)

Options	%	Number
Before 9am	4%	14
9am-1pm	34%	108
1pm-5pm	29%	91
5pm-7pm	13%	40
After 7pm	4%	12
It varies	48%	154

- 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: 319, Skipped: 1)

Options	%	Number
Monday	15%	48
Tuesday	18%	58
Wednesday	18%	56
Thursday	16%	52
Friday	18%	59
Saturday	19%	60
Sunday	8%	27
It varies	76%	243

- 5) Do you have a regular or preferred local community pharmacy?** (Answered: 318, Skipped: 2)

Options	%	Number
Yes	92%	294
No	3%	9
I prefer to use an internet/online pharmacy	1%	2
I use a combination of traditional and internet pharmacy	4%	13

- 6) Is there a more convenient and/or closer pharmacy that you don't use and why is that?** (Answered: 314, Skipped: 6)

Options	%	Number
I use the most convenient/closest pharmacy to me	75%	235

Options	%	Number
I don't use the most convenient/closest to me	25%	79

Other comments (themes) 89 responses	Number
Poor service or worse customer service at other pharmacy	19
Good service or better customer service at chosen pharmacy	18
Habit, personal preference or recommendation	8
Good location near doctor surgery	7
Convenience (eg. when shopping)	7
Stock levels	7
Nearer pharmacy has closed	6
Preference for smaller pharmacy	5
Assigned pharmacy for repeat prescriptions	2
Longer or more convenient or more reliable opening hours	2
They deliver	2
More expensive	2
Online	2
Recent opening	2
Easier to get to, park or better public transport links	1

7) How important are the following factors in your choice of pharmacy? (Please tick one box for each factor) (Please note percentages are calculated for each factor) (Answered: 320, Skipped: 0)

Factors	Extremely important	Very Important	Moderately Important	Fairly important	Not at all important
Quality of service (expertise)	236 (74%)	72 (22%)	10 (3%)	2 (1%)	0 (0%)
Customer service	166 (52%)	121 (38%)	28 (9%)	1 (0%)	0 (0%)
Location of pharmacy	134 (42%)	125 (39%)	53 (17%)	2 (1%)	3 (1%)
Opening times	89 (28%)	126 (40%)	83 (26%)	14 (5%)	2 (1%)
Parking	42 (14%)	29 (9%)	43 (14%)	62 (20%)	135 (43%)
Public transport	36 (12%)	39 (13%)	54 (18%)	54 (18%)	123 (40%)
Accessibility (wheelchair / buggy access)	16 (5%)	41 (13%)	34 (11%)	59 (19%)	157 (51%)

Factors	Extremely important	Very Important	Moderately Important	Fairly important	Not at all important
Communication (languages / interpreting service)	36 (12%)	38 (12%)	33 (11%)	52 (17%)	147 (48%)
Space to have a private consultation	48 (15%)	79 (25%)	94 (30%)	54 (17%)	37 (12%)
Availability of medication	240 (75%)	75 (23%)	4 (1%)	0 (0%)	1 (0%)
Services provided	120 (38%)	125 (40%)	54 (17%)	7 (2%)	6 (2%)

8) How do you usually travel to the pharmacy? (Please tick all that apply) (Please note number and percentages may add up to more than 100% due to multiple responses) (Answered: 320, Skipped: 0)

Options	%	Number
Walk	77%	246
Car	26%	83
Public transport	15%	49
Bicycle	5%	15
Electric scooter	0%	0
Taxi	1%	2
Wheelchair/mobility scooter	1%	4
I don't, someone goes for me	1%	4
I don't, I use a delivery service	4%	14
I don't, I use an online pharmacy	1%	4
Other (please specify below)	1%	2

9) How long does it usually take you to travel to your pharmacy? (Answered: 320, Skipped: 0)

Options	%	Number
Less than 20 minutes	87%	278
20-30 minutes	10%	32
30-40 minutes	1%	4
More than 40 minutes	0%	0
Not applicable - I don't travel to the pharmacy	2%	6

10) Do you have any other comments that you would like to add regarding pharmaceutical services in Richmond? (Answered: 126, Skipped: 194)

Other comments (themes)	Number
Very good pharmacy service and provision	27
Praising role of pharmacy in the community and to see pharmacist instead of doctor	27
Concerns about pharmacy pressures, closures and capacity (including comments for Hampton recent closure and new opening)	24
Poor service, including waiting time for prescriptions or wrong medicines dispensed	22
Need for longer opening hours outside normal working hours, including lunch time, evenings and weekends	10
Independent pharmacies more reliable, more personal service	5
Other comments (one response each)	3
Concerns about privacy, space for consultation and personal information	3
Older age, difficulty to order online or to get deliveries	3
Would like more information available for pharmacies and services	2

11) Are you aware of, or have you ever used any of the other following services that are available in community pharmacies in Richmond? (Please tick all that apply) (Please note number and percentages may add up to more than 100% due to multiple responses) (Answered: 211, Skipped: 109)

Options	%	Number
Pharmacy First Service	13%	28
Blood pressure monitoring service	31%	65
Pharmacy Contraception Service	9%	19
Smoking cessation services	12%	26
Flu vaccination service	92%	194
New Medicine Service	6%	12

About you

12) What is your sex? (Answered: 319, Skipped: 1)

Options	%	Number
Female	69%	219
Male	29%	93
Prefer not to say	2%	7

13) Is the gender you identify with the same as your sex registered at birth? (Answered: 315, Skipped: 5)

Options	%	Number
Yes	97%	306
No, write in gender identity below	0%	0
Prefer not to say	3%	9

14) What was your age last birthday? (Answered: 319, Skipped: 1)

Options	%	Number
19 and under	0%	0
20-24	0%	0
25-34	1%	4
35-44	3%	10
45-54	10%	32
55-64	19%	61
65-74	32%	102
75+	32%	101
Prefer not to say	3%	9

15) What is your ethnic group? (Answered: 318, Skipped: 2)

Options	%	Number
White	89%	282
Mixed/multiple ethnic groups	2%	5
Asian or Asian British	3%	8
Black/African/Caribbean/Black British	1%	3
Prefer not to say	4%	14
Other ethnic group, please specify	2%	6

16) Which of the following best describes your sexual orientation? (Answered: 313, Skipped: 7)

Options	%	Number
Straight/Heterosexual	89%	279
Gay man or Lesbian	2%	7
Bisexual	1%	3
Prefer not to say	8%	24
Other sexual orientation, write in	0%	0

17) What is your religion? (Answered: 315, Skipped: 5)

Options	%	Number
No religion	37%	117
Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	54%	170
Buddhist	0%	1
Hindu	1%	2
Jewish	1%	3
Muslim	0%	0
Sikh	0%	0
Prefer not to say	7%	21
Any other religion, write in	0%	1

18) Do you have any physical, mental health conditions or illnesses lasting or expected to last 12 months or more? (Answered: 318, Skipped: 2)

Options	%	Number
Yes	64%	202
No	32%	102
Prefer not to say	4%	14

19) Please select all of the following conditions that apply to you: (Please tick all that apply) (Please note number and percentages may add up to more than 100% due to multiple responses) (Answered: 298, Skipped: 22)

Options	%	Number
Blind or have a visual impairment uncorrected by glasses	4%	13
Deaf or have a hearing impairment	15%	46
Neurodiversity such as Autism, ADHD, ADD, dyslexia, dyscalculia and dyspraxia	3%	10
Long term illness or health condition such as cancer, HIV, diabetes, chronic heart disease or epilepsy	34%	100
Mental health condition, challenge or disorder, such as depression, schizophrenia or anxiety	10%	30
Physical impairment (a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, lifting or carrying)	20%	61
Social / communication conditions such as a speech and language impairment or an autistic spectrum condition	1%	2
Prefer not to say	6%	19
Other	12%	37

20) Are you care experienced? (Answered: 314, Skipped: 6)

Options	%	Number
Yes	5%	16
No	92%	290
Prefer not to say	3%	8

21) Do you have a connection to the Armed Forces? (Answered: 315, Skipped: 5)

Options	%	Number
No	93%	293
Current member of HM Armed Forces - Regular or Reserve	0%	0
Former member of HM Armed Forces - Regular or Reserve	2%	7
Spouse / partner of serving or former members of HM Armed Forces	1%	2
Widow(er) of member of HM Armed Forces	0%	1
Recently divorced or separated spouses or partners of serving or former members of HM Armed Forces	0%	0
Prefer not to say	2%	7
Other (please specify below if you wish)	2%	5

22) Are you an unpaid carer for an adult relative/partner, disabled child, or friend/neighbour? (Answered: 318, Skipped: 2)

Options	%	Number
Yes	18%	56
No	78%	249
Prefer not to say	4%	13

23) Are you a British/ United Kingdom citizen? (Answered: 318, Skipped: 2)

Options	%	Number
Yes	92%	292
No	6%	20
Prefer not to say	2%	6

24) If you are a national of another country, are you: (Answered: 99, Skipped: 221)

Options	%	Number
An EU national	23%	23
Refugee	0%	0
Asylum seeker	1%	1
A student	0%	0
Not applicable	64%	63
Prefer not to say	6%	6
Other e.g. working holiday visa (please specify below if you wish)	6%	6

Appendix E: Travel analysis methodology

Travel analysis methodology

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

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

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

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

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

- **Small area population projections:** These were derived using the latest Local Authority District (LAD)-level projections (mid-2018, released in 2020)⁹⁵. These projections were rebased to align with Lower Layer Super Output Area (LSOA)-level⁹⁶ and Output Area (OA)-level population estimates⁹⁷ (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.

⁹⁵ 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>

⁹⁶ ONS. Lower layer Super Output Area population estimates (supporting information) – Mid 2019 to Mid-2022. November 2024. [Accessed May 2025]

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

⁹⁷ ONS. Census Output Area Population Estimates (supporting information). [Accessed May 2025]

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

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

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

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

Appendix F: Consultation stakeholders

Regulation 8 requires the health and wellbeing board to consult a specified range of organisations on a draft of the pharmaceutical needs assessment at least once during the process of drafting the document.

Consultee as required by Pharmaceutical Regulations 2013 Part 2 (8)

- Richmond Local Pharmaceutical Committee (Community Pharmacy South West London).
- Richmond Local Medical Committee (Kingston and Richmond LMC).
- Pharmacies in Richmond.⁹⁸
- Healthwatch Richmond.
- NHS Trust or NHS Foundation Trusts:
 - St George's University Hospitals NHS Foundation Trust.
 - Croydon Health Services NHS Trust.
 - Kingston and Richmond NHS Foundation Trust.
 - South West London and St George's Mental Health NHS Trust.
- South West London ICB.
- Neighbouring Health and Wellbeing Boards (HWBs):
 - Hammersmith and Fulham HWB.
 - Hounslow HWB.
 - Kingston HWB.
 - Wandsworth HWB.
 - Surrey HWB.

Other consultees

- GP practices in Richmond.
- Local Pharmaceutical Committee in all the neighbouring areas.
- Local Medical Committee in all the neighbouring areas.
- Members of the public and patient groups.

⁹⁸ Please note there are no dispensing appliance contractors, no dispensing GP practices and no pharmacies with a Local Pharmaceutical Services contract in Richmond.

Appendix G: Summary of consultation responses

As required by the Pharmaceutical Regulations 2013, Richmond HWB held a consultation on the draft PNA for at least 60 days, from 7 July 2025 to 7 September 2025.

The draft PNA was hosted on Richmond council website and invitations to review the assessment, and comment, were sent to a wide range of stakeholders including all community pharmacies in Richmond. A range of public engagement groups in Richmond, as identified by the Steering Group, were invited to participate in the consultation. Responses to the consultation were possible via an online survey or email. An Easy Read version of the draft PNA was readily available online, and paper copies and alternative formats were also available under request.

There were in total 34 responses, all of them from the internet survey. Responses received:

- 29 (91%) from members of the public.
- 1 (3%) from a pharmacy in Richmond.
- 1 (3%) from Healthwatch or other patient, consumer or community group.
- 1 (3%) from another organisation in Richmond.

All responses were considered by the PNA Steering Group at its meeting on 17 September 2025 for the final report. A number of additional comments were received that were considered by the Steering Group in the production of the final PNA and are included in Appendix H.

From the 34 responses, 17 (52%) agreed with the conclusions of Richmond Draft 2025 PNA, 13 (39%) didn't know / couldn't say and three (9%) disagreed; the remaining responder didn't answer this question.

Below is a summary of responses to the specific questions, asked during the consultation. All additional comments received to these questions are listed in Appendix H.

1) In what capacity are you mainly responding? (Answered: 32, Skipped: 2)

Options	Number	%
A member of the public	29	91%
Local Pharmaceutical Committee	0	0%
Local Medical Committee	0	0%
Pharmacy or dispensing appliance contractor in Richmond	1	3%
Pharmacy contractor with a Local Pharmaceutical Services	0	0%
Healthwatch or other patient, consumer or community group	1	3%
An NHS Trust or NHS Foundation Trust	0	0%
Integrated Care Board	0	0%
A neighbouring Health and Wellbeing Board	0	0%
Other organisation in Richmond	1	3%
Other organisation outside Richmond	0	0%

If responding on behalf of an organisation, please tell us its name (Answered: 3, Skipped: 31)

The Healthwatch or patient, consumer of community group identified as Healthwatch Richmond.

The pharmacy in Richmond identified as Boot UK Limited.

The other organisation in Richmond identified as Broad Lane Surgery.

2) Do you feel the purpose of the draft PNA is clearly explained? (Answered: 34, Skipped: 0)

Options	Number	%
Yes	28	82%
No	3	9%
I don't know/can't say	3	9%

3) Does the draft PNA reflect the current provision of pharmaceutical services within Richmond borough? (Answered: 34, Skipped: 0)

Options	Number	%
Yes	23	68%
No	4	12%
I don't know/can't say	7	21%

4) Does the draft PNA reflect the needs of Richmond borough's population? (Answered: 34, Skipped: 0)

Options	Number	%
Yes	16	47%
No	8	24%
I don't know/can't say	10	29%

5) Are there any gaps in service provision that have not been identified in the draft PNA? (Answered: 34, Skipped: 0)

Options	Number	%
Yes	10	29%
No	12	35%
I don't know/can't say	12	35%

6) Has the draft PNA provided information to inform market entry decisions
(Answered: 34, Skipped: 0)

Options	Number	%
Yes	15	44%
No	2	6%
I don't know/can't say	17	50%

7) Has the draft PNA provided information to inform how pharmaceutical services may be commissioned in the future (within the lifetime of the PNA, which is three years)? (Answered: 33, Skipped: 1)

Options	Number	%
Yes	19	58%
No	2	6%
I don't know/can't say	12	36%

8) Has the draft PNA provided enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors? (Answered: 33, Skipped: 1)

Options	Number	%
Yes	16	48%
No	4	12%
I don't know/can't say	13	39%

9) Are there any pharmaceutical services that could be provided in the community pharmacy setting in the future (within the lifetime of the PNA, which is three years) that have not been highlighted in the PNA? (Answered: 33, Skipped: 1)

Options	Number	%
Yes	10	30%
No	11	33%
I don't know/can't say	12	36%

10) Do you agree with the conclusions of the Pharmaceutical Needs Assessment?
(Answered: 33, Skipped: 1)

Options	Number	%
Yes	17	52%
No	3	9%
I don't know/can't say	13	39%

11) If you have any other comments, please write them below: (Answered: 11, Skipped or "no comment": 23)

Comments are listed in Appendix H.

Appendix H: Consultation comments

Comments received on the consultation survey

Please note comments have been included exactly as submitted to the questionnaire. Only questions with comments have been included here.

Comments to **question 2**: Do you feel the purpose of the draft PNA is clearly explained? If you have answered 'No', please specify why.

From	Comment	Steering Group response
Healthwatch or other patient, consumer or community group	The information is accurate and appropriate for me as a professional who is closely involved and familiar with such documents. I appreciate that it serves a purpose set out by regulation and is therefore complex in that regard. As an organisation, we should comment on the clarity of the document for the public, which is lacking. it would be helpful to use clear English to set out what the document is - e.g. A PNA is the document that is used to decide whether or not we have enough pharmacies and if not where any gaps are. this could reasonably be added to the document without changing the wording that I believe carefully covers the regulatory requirements. With Healthwatch closing, it is important to empower the community to be able to understand and use these documents as much as possible - they will not have access to our support when the next pharmacy closures create gaps and therefore should be able to use this document and to advocate for themselves.	Thank you for your feedback. We acknowledge the importance of making the PNA more accessible to the public without compromising its regulatory content. Your suggestion to include a plain English explanation of the PNA's purpose will be considered for inclusion and future assessments.

From	Comment	Steering Group response
A member of the public	Far too detailed and time consuming to read in full	The current PNA has been produced in line with statutory requirements, which necessitate a comprehensive level of information and evidence to support its conclusions. This results in a lengthy documented supported with an executive summary.
A member of the public	Too much info!	The current PNA has been produced in line with statutory requirements, which necessitate a comprehensive level of information and evidence to support its conclusions. This results in a lengthy documented supported with an executive summary.
A member of the public	too much information which most of the public will not understand	The current PNA has been produced in line with statutory requirements, which necessitate a comprehensive level of information and evidence to support its conclusions. This results in a lengthy documented supported with an executive summary.

Comments to **question 3**: Does the draft PNA reflect the current provision of pharmaceutical services within Richmond borough? If you have selected "No", please tell us more:

From	Comment	Steering Group response
A member of the public	There's no pharmacy in Hampton wick	Thank you for your comment. The PNA concludes there is sufficient access to pharmaceutical services in the area, including pharmacies within Richmond and on its borders, as shown in Figure 5.
A member of the public	We have to travel to Ealing and Acton to collect drugs that do not exist in Richmond (not the borough), we have to travel to Ealing to get injections.	Thank you for your comment. Issues relating to stock availability and medicine supply are outside the scope of the PNA, which are a national issue currently.

From	Comment	Steering Group response
Healthwatch or other patient, consumer or community group	Figures 8-11 are unreadable because of the lack of geographical features such as the unpopulated areas of Richmond (parks, water works, historical sites and gardens etc). These exist on other maps and should be used again here. As a result it is impossible to say, for example whether the areas of the borough more than 30mins from a pharmacy are unpopulated areas, or residential areas adjacent to those areas. It is otherwise a good representation.	Thank you for your comment. Figures 8-11 are intended to be viewed in conjunction with Figure 6, which provides population density details. While we acknowledge the point about geographical features, a numerical analysis is also provided to support interpretation.
A member of the public	Closure of Boots pharmacy in Hampton which covered the needs of a large local area has had a big impact on the only pharmacy left in the area.	Thank you for your comment. The closure of Boots in Hampton is acknowledged. While this may have increased pressure on remaining providers, the PNA concludes there is still sufficient access to pharmaceutical services in the area, including pharmacies within Richmond and on its borders, as shown in Figure 5.

Comments to **question 4**: Does the draft PNA reflect the needs of Richmond borough's population? If you have selected "No", please tell us more:

From	Comment	Steering Group response
A member of the public	We have to travel to Ealing and Acton to collect drugs that do not exist in Richmond (not the borough), we have to travel to Ealing to get injections.	Thank you for your comment. Issues relating to stock availability and medicine supply are outside the scope of the PNA, which are a national issue currently.

From	Comment	Steering Group response
A member of the public	Diversity in Richmond is changing. Having hosted 2 Ukrainian refugees in 2022 a mother and teenage daughter I have been made aware of the language barriers popping into a pharmacy can reveal. It's not just Ukrainian refugees who need more help in pharmacies also we have a new Hong Kong Chinese community some older people who really struggle to get help through a local pharmacy.	Thank you for your comment. We acknowledge the language barriers some communities face when accessing pharmacy services. While language support is not currently commissioned in Richmond, your feedback highlights an important area for consideration in future service planning.
A member of the public	Possibly	Noted
A member of the public	might reflect it at present but no allowance made for surge in residents if we are forced to build an unsustainable number of new houses	Thank you for your comment. The PNA has considered housing and population growth projections based on the most up-to-date local plans available.
A member of the public	My one concern as I age is my inability to pick up my medication. I do not drive and at the moment have difficulty walking. This has made me focus on what would happen if I was unable to walk to a pharmacy. I would willingly pay for my medication to be delivered to my home, such a service is not available from my pharmacy. Such a service would remove the worry of not being able to get my medication in the future.	Thank you for your comment. We understand your concern. While home delivery is not a commissioned NHS service, many community pharmacies may offer it privately if requested. In addition, Distance Selling Pharmacies (DSPs) are required, as part of their NHS contract, to provide delivery as a core service.
A member of the public	Not enough pharmacies for the needs of the area	Thank you for your comment. The Richmond average of 22.5 community pharmacies per 100,000 is much higher than the national average of 18.0 per 100,000 population and the highest amongst the South West London boroughs.

From	Comment	Steering Group response
A member of the public	They need to sell a greater range and amount of ladies incontinence pants and pads	Thank you for your comment. Product ranges, including incontinence items, are determined by individual pharmacy businesses and are outside the scope of the PNA.
A member of the public	I've found that local pharmacies can be useless when you go in with a minor issue and I still have to get a GP appointment, which wastes everyone's time. For example they won't touch anything to do with a urine infection if you're over 60, even at a weekend!!! Ridiculous. And they're so cautious in their over-the-counter prescribing that you still have to see a GP (again, not good at weekends). So while it's a good idea to use pharmacies to take pressure off GPs and walk-in centres it's not really working round here.	Thank you for your comment. The PNA recognises that while community pharmacies play an important role in managing minor conditions, service scope is defined by national clinical pathways and patient safety criteria.
A member of the public	Not sufficient or representative responses from pervious PNA.	Thank you for your comment. While fewer responses were received than the previous PNA, the consultation was conducted in line with statutory requirements and included additional insights from Healthwatch and the ICS to ensure broad representation. The Steering Group agreed the response was sufficient for assessment.

Comments to **question 5**: Are there any gaps in service provision that have not been identified in the draft PNA? If you have selected "Yes", please tell us more:

From	Comment	Steering Group response
A member of the public	We have to travel to Ealing and Acton to collect drugs that do not exist in Richmond Town (not the borough), we have to travel to Ealing to get injections. (eg Travel Injections / flu / covid injections)	Thank you for your comment. Issues relating to stock availability and medicine supply are outside the scope of the PNA, which are a national issue currently.

From	Comment	Steering Group response
A member of the public	Same as above answer which was - My one concern as I age is my inability to pick up my medication. I do not drive and at the moment have difficulty walking. This has made me focus on what would happen if I was unable to walk to a pharmacy. I would willingly pay for my medication to be delivered to my home, such a service is not available from my pharmacy. Such a service would remove the worry of not being able to get my medication in the future.	Thank you for your comment. We understand your concern. While home delivery is not a commissioned NHS service, many community pharmacies may offer it privately if requested. In addition, Distance Selling Pharmacies (DSPs) are required, as part of their NHS contract, to provide delivery as a core service.
A member of the public	Service is there but medications frequently out of stock such as gastro resistant aspirin	Thank you for your comment. Issues relating to stock availability and medicine supply are outside the scope of the PNA, which are a national issue currently.
A member of the public	Closure of pharmacy in Hampton Priory Road	Thank you for your comment. The closure of Boots in Hampton is acknowledged. While this may have increased pressure on remaining providers, the PNA concludes there is still sufficient access to pharmaceutical services in the area, including pharmacies within Richmond and on its borders, as shown in Figure 5.
A member of the public	More incontinence pants and pads	Thank you for your comment. Product ranges, including incontinence items, are determined by individual pharmacy businesses and are outside the scope of the PNA.
A member of the public	We need more pharmacies that are (a) local and (b) open on Sundays. The reason we don't is that they are so badly funded.	Thank you for your comment. The PNA has considered access both during normal opening hours and at weekends. Sunday provision, while more limited, is similar to other healthcare availability at weekends.

From	Comment	Steering Group response
Other organisation in Richmond	Some patients feedback than certain pharmacies in Hampton do not accept waste medications for appropriate disposal. I am unsure which specific pharmacy this is but a number of patients have mentioned their return has been declined.	Thank you for your comment. All community pharmacies are required to accept unwanted medicines for safe disposal as part of their NHS contract. If a pharmacy is declining this service, it should be raised directly with the pharmacy or reported through the NHS complaints process.
A member of the public	In my experience, pharmacies maybe open, but pharmacist not necessarily available.	Thank you for your comment. We recognise that while pharmacies may be open, the pharmacist may not always be immediately available due to professional responsibilities.
A member of the public	Out of hours services. GP dispensing ability. Longer operating hours - 9:30 - 17:30 Mon- Fri does not allow working people to access services. Ability to collect chronic meds that are on prescription, from any pharmacy in the country (to cater for holidays and travelling).	Thank you for your comment. The PNA has considered access outside of core hours, including evenings and weekends (see Section 3). The assessment concluded that current provision is sufficient across Richmond, with no gaps identified at this time.

Comments to **question 6**: Has the draft PNA provided information to inform market entry decisions? If you have selected "No", please tell us more:

From	Comment	Steering Group response
A member of the public	There is clear need for Richmond Town centre to have another pharmacy (along the lines of the Ones in Teddington, Ealing and Acton) Allow others to open up do not protect the "Boots" monopoly.	Thank you for your comment. The Richmond average of 22.5 community pharmacies per 100,000 is much higher than the national average of 18.0 per 100,000 population and the highest amongst the South West London boroughs.

From	Comment	Steering Group response
A member of the public	The summary booklet is useless and doesn't give any real information and the full document is a nightmare to read. Please do a proper summary that actually contains information contained in the full document and not just starw what it is.	The current PNA has been produced in line with statutory requirements, which necessitate a comprehensive level of information and evidence to support its conclusions. This results in a lengthy documented supported with an executive summary.

Comments to **question 7**: Has the draft PNA provided information to inform how pharmaceutical services may be commissioned in the future (within the lifetime of the PNA, which is three years)? If you have selected "No", please tell us more:

From	Comment	Steering Group response
A member of the public	See previous answers	Noted.
A member of the public	I can see how pharmacies may be commissioned in future but not clear how we in community can feed into the process of how and what needs commissioning. Maybe I've missed that!	Thank you for your comment. Commissioning decisions are based on local health needs, and community input is an important part of that process.
A member of the public	I have up reading on page 41	Noted.

Comments to **question 8**: Has the draft PNA provided enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors? If you have selected "No", please tell us more:

From	Comment	Steering Group response
A member of the public	See previous	Noted.
A member of the public	Not the details	Thank you for your response. The PNA is intended to provide a strategic overview of pharmaceutical service provision based on local needs.

From	Comment	Steering Group response
A member of the public	Seems the NHS is shunting more and more work onto pharmacies	Thank you for your comment. We recognise that the role of community pharmacies has expanded in recent years, with more services commissioned nationally to support patient access and reduce pressure on other parts of the NHS.
A member of the public	The report is too complacent, citing the fact that we have lower numbers of people in need, lower numbers of disadvantaged people etc. Maybe, but we don't all live in swanky Richmond Town and we don't all earn vast amounts of money, plus we have a lot of immigrants in some part of the Borough. Plus (eg in Hampton) public transport can (a) be appalling and (b) doesn't actually go past Teddington Hospital and you have to change buses at least once. Even Kingston Hospital is nigh impossible to get to. These points seem hidden to me.	Thank you for your comment. The PNA recognises that while Richmond overall is less deprived than many areas, there are pockets of disadvantage, variation in transport access, and diverse communities, specifically considered accessibility, including for areas such as Hampton. The PNA has not identified gaps in necessary pharmaceutical services.
A member of the public	Why should the residents of the borough answer this and above question - we are customers, not businesses.	Thank you. Consultation is mandatory requirement, and residents' views are add to the views being collated from the other statutory consultees.

Comments to **question 9**: Are there any pharmaceutical services that could be provided in the community pharmacy setting in the future (within the lifetime of the PNA, which is three years) that have not been highlighted in the PNA? If you have selected "Yes", please tell us more:

From	Comment	Steering Group response
A member of the public	More travel / flu / covid injections; drugs that are available in Ealing/Acton should be available; pharmacy first. A pharmacy in GP surgeries. Whilst Richmond Town has many pharmacies they are not good pharmacies.	Thank you for your comment. The Richmond average of 22.5 community pharmacies per 100,000 is much higher than the national average of 18.0 per 100,000 population and the highest amongst the South West London boroughs. The quality of service is outside the scope of the PNA. Patients can share their experience which is best addressed through provider feedback or NHS complaints routes.
A member of the public	How are pharmacies working with community nurses to support older people in their own homes?	Thank you for your comment. While formal joint working with community nursing is limited, pharmacies do support older people through medicines services and home delivery privately if required. We acknowledge opportunities for closer collaboration could be considered in the future.
A member of the public	possibly doing blood tests at present most gp's have a 4 week wait and so does kingston hosp. for some reason teddington mem hosp does not offer this service	Thank you for your comment. Blood tests are not currently provided by community pharmacies as part of commissioned services. Your feedback highlights a potential area for future consideration
A member of the public	Home delivery of medication, possible with a charge being made.	Thank you for your comment. We understand your concern. While home delivery is not a commissioned NHS service, many community pharmacies may offer it privately if requested. In addition, Distance Selling Pharmacies (DSPs) are required, as part of their NHS contract, to provide delivery as a core service.

From	Comment	Steering Group response
A member of the public	Weight loss medications. GLP1 with proper nutritional advice. Blood tests +nutritional assessments and supplement advice scientifically based rather than just marketing,	Thank you for your comment. These services, including weight management medicines, nutritional support, and related tests, are not currently commissioned through community pharmacies.
A member of the public	Reinstating the pharmacy in Percy Rd Hampton	Thank you for your comment. The Richmond average of 22.5 community pharmacies per 100,000 is much higher than the national average of 18.0 per 100,000 population and the highest amongst the South West London boroughs.
A member of the public	I would like to see more mainstream services available (other than dispensing), either through the NHS or privately (at an affordable price), such as chiropody, changing dressings. Local pharmacists seem to have a lot of 'woo-woo' services that you can book on a private basis but not 'real' services that average people need to be able to access near their homes. Funding would be needed of course.	Thank you for your comment. The PNA focuses on NHS-commissioned pharmaceutical services. Services such as chiropody or wound care are not within the current scope of pharmacy commissioning
Other organisation in Richmond	Height weight blood pressure and pulse checks for children and adults on ADHD medications. These are usually required every 3-6 months and due to school and work hours many patients struggle to get into a GP practice or do not have the means to self report these readings.	Thank you for your comment. Monitoring requirements for ADHD medicines are currently managed through GP and specialist services, and are not commissioned through community pharmacies. Your feedback highlights a potential area for consideration in future service planning to improve access.
A member of the public	vaccinations – flu and covid	Thank you for your comment. Community pharmacies already play a key role in delivering NHS flu and COVID-19 vaccinations, and provision is available across Richmond as part of national commissioning. Please see section 3.10 and 3.11 for further details.

From	Comment	Steering Group response
A member of the public	24 hr emergency service at a hospital. Longer opening times - didn't need to be 100 hrs, but 60 will help.	Thank you for your comment. 24-hour emergency services at hospitals are outside the scope of the PNA, which assesses NHS pharmaceutical services only.

Comments to **question 10**: Do you agree with the conclusions of the Pharmaceutical Needs Assessment? - If you have selected "No", please tell us more:

From	Comment	Steering Group response
A member of the public	Richmond Town(ie North Richmond & South Richmond Wards) may have many pharmacies these are not good pharmacies. Many do not provide pharmacy first, those that do the service is poor. Many are always short of drugs. Most do not provide travel / flu or covid jabs. We have to vote with our feet and travel to Ealing, Acton and Teddington to receive decent service.	Thank you for your comment. The PNA assesses overall access to pharmaceutical services rather than the quality of individual providers. Pharmacy First, flu and COVID vaccinations are nationally commissioned services that are voluntary, and while most pharmacies participate, provision may vary locally. Details of locations can be found in Appendix A of this document. Issues such as stock shortages and service quality should be raised directly with the pharmacy or through the NHS complaints process.
A member of the public	How to attract more pharmacies to open in particular areas in Richmond, such as in Whitton, since the closure of Boots and also in Hampton. How to persuade more pharmacies to offer home delivery, either free or by charging for delivery.	Thank you for your comment. Applications for new pharmacies are governed by national regulations and can only be approved where a gap in provision is identified through the PNA. Home delivery is not an NHS-commissioned service, though some pharmacies may choose to offer it privately, and Distance Selling Pharmacies are required to provide it as part of their contract.
A member of the public	Not enough open evenings and weekends	Thank you for your comment. Access outside of normal working hours, including evenings and weekends, has been considered as part of this assessment.

From	Comment	Steering Group response
A member of the public	I personally think the report is excellent and very comprehensive but does not address possible future changes to integrate changing needs into the planning process.	Thank you for your comment. The PNA has been written with consideration of projected population and housing growth over the next three years, to ensure service provision aligns with anticipated local needs.
A member of the public	Didn't have the time or energy to get to the end of the full document and it wasn't in the summary.	Noted.

Comments to **question 11**: If you have any other comments, please write them below.

From	Comment	Steering Group response
A member of the public	I have many underlying health issues and I'm on 11 medications a day, so I depend on pharmacy, my GP and hospitals a lot and I feel extremely lucky to live in such a well-served area.	Thank you for your comment.
Healthwatch or other patient, consumer or community group	The issue in Hampton arose in part because there was no communication between applicants and the owners of the PNA. It might be wise to have contact details so that prospective applicants are not left submitting ineligible applications, or a route for interested parties to sign up to updates to the PNA. Otherwise, we risk repeating the mistakes of the past where applications crossed with the publication of supplementary statements.	Thank you for your comment. The PNA does not make determinations on applications; this is the role of the NHS England market entry team.
A member of the public	Richmond is changing, and quite fast - how will pharmaceutical needs be addressed to meet needs of increasing numbers of older people living at home and the changes that diversity and language needs bring. Also no mention of climate change and how that may affect services and pharmaceutical needs.	Thank you. The PNA considers population growth, ageing, and diversity. While climate change is outside the statutory scope of the PNA, its potential impacts are recognised

From	Comment	Steering Group response
A member of the public	Citizen input is highly desirable but the effort demanded to get up to speed is far too great for busy lives.	Thank you. We recognise the time commitment and appreciate all contributions.
A member of the public	The report for the lay person was far too detailed. A shorter version highlighting relevant areas for comment would be more user friendly!!	The current PNA has been produced in line with statutory requirements, which necessitate a comprehensive level of information and evidence to support its conclusions. This results in a lengthy documented supported with an executive summary.
A member of the public	<p>This consultation requires reading a long and complex document that few residents will be able or bother to read. The format may be prescribed by legislation but an executive summary for residents would be more likely to be read and understood.</p> <p>The information regarding market entry is just one area which is unlikely to be of interest to residents taking into the summary conclusions.</p> <p>This expensive consultation is far too complicated and in the process wastes rate-payers money.</p> <p>Consultation in local government is not actually what it is claimed to be, it is just a facade for complying with legislation and not actually informing or consulting residents.</p>	<p>The current PNA has been produced in line with statutory requirements, which necessitate a comprehensive level of information and evidence to support its conclusions. This results in a lengthy documented supported with an executive summary.</p> <p>Consultation is a legal requirement and is undertaken to ensure local views inform the assessment.</p>
A member of the public	<p>Do a proper summary that contains useful information that is contained IN the document, iso telling people what the document is. Nobody has time to read a document that's over 100 pages.</p> <p>That will explain the poor survey response, which leads to inaccurate and ineffective data.</p>	The current PNA has been produced in line with statutory requirements, which necessitate a comprehensive level of information and evidence to support its conclusions. This results in a lengthy documented supported with an executive summary.

From	Comment	Steering Group response
A member of the public	Task force on how to provision a service for mental health needs through pharmacies maybe worth considering	Thank you. Mental health is recognised in the PNA. Wider service development for mental health would need to be considered at national and ICB level.
Pharmacy in Richmond	6.3.2 - Pg 79 - Future Need - Stated that - pharmacies' ability to adjust staffing levels and service delivery models where necessary to accommodate growth may be required. If this adjustment is not made, does this create a gap in provision.	Thank you for your comment. The PNA reflects the view, supported by the LPC, that the current pharmacy network has the flexibility to accommodate growth through adjustments in staffing and service models. We note your concern, but no change is proposed as this position was endorsed during stakeholder engagement.
A member of the public	Most it seems pharmacists have a supplier, however not all supply all prescriptions. Why can they not refer to another supplier. I have a serious problem at times getting one of my repeat prescriptions- just told to phone around, one told me they had it and put it to one side but when I arrived staff away and no one else knew anything about it, 2 others had part of my prescription but not all and both had no idea when they would get the remainder. Also twice tried pharmacist instead of doctors- both times misdiagnosis.	Thank you for raising these concerns. The PNA notes that medicines supply can be affected by national shortages, which are outside local control. Pharmacies are expected to support patients by advising on availability and alternatives however we recognise individual experience can vary. Patients can share their experience which is best addressed through provider feedback or NHS complaints routes.
A member of the public	Pharmacies need to stock the medications regularly prescribed on held batch prescriptions rather than waiting till someone puts in their request then ordering in. My partners eye drops for glaucoma are rarely in stock.	Thank you for raising these concerns. The PNA notes that medicines supply can be affected by national shortages, which are outside local control. Pharmacies are expected to support patients by advising on availability and alternatives however we recognise individual experience can vary. Patients can share their experience which is best addressed through provider feedback or NHS complaints routes.

Additional consultation comments

The London Region Pharmaceutical Services Regulations Committee shared by email some comments on the draft PNA from the Dentistry, Optometry and Pharmacy (DOP) Team. These comments have been noted for the final PNA, and the committee recommendations are summarised in below.

DOP recommendation	Steering Group response
Some discrepancies in opening hours and contract changes. These should be amended on the final PNA and an assessment made as to if any of these alter the PNA statements.	The pharmacy details at the time of writing were reviewed and agreed by the steering group, including ratification from the London Pharmacy Commissioning team. For the purpose of the PNA, to maintain accuracy and robustness in process, all the information at the time of writing remains the same. However, the information has been reviewed and noted by the steering group and supplementary statements are not required.
Info re bank holidays is not correct. There is a commissioned LES service, which means that the same pharmacies are open for the bank holidays, whilst anyone can apply to be a part of the service when this is being commissioned, it is not open for additional applications once commissioned. The current services has now expired and a new service will be commissioned from Christmas 2025.	Updated for the final PNA
There are some parts of the PNA where no information has been identified, that is ok as long as there was nothing that was taken into account when writing the PNA. If any of these are incorrect and something has been taken account of, please could this be made clearer. We note that the HWBB has listed areas they have considered as part of the assessment to understand the needs of the population and pharmaceutical service provision and access.	Noted.

DOP recommendation	Steering Group response
<p>Page 38 details the numbers of planned dwellings by wards for years to 2029. This details the numbers by years, so it is clear how many are due within the 3 year lifespan of the PNA. However, it is unclear what firm plans have been considered when making the PNA assessments as the larger developments are not listed by development only by numbers. From a PSRC decision making stance this makes determining new applications very difficult as we cannot be certain what developments were taken into account when the PNA was written. It would therefore be really helpful to details any of the large scale developments that have been considered when making the PNA statements. What will the pharmaceutical needs be for the lifespan of this PNA from your assessment in light of these developments over the next 3 years.</p>	<p>Details added to the final PNA in section 2.10.4.</p>