CROYDON
www.croydon.gov.uk

Soar Beyond
Innovation in Healthcare

Pharmaceutical Needs Assessment 2025

Croydon

Health and Wellbeing Board

This Pharmaceutical Needs Assessment (PNA) has been produced by Soar Beyond, contracted by Croydon Council. The production has been overseen by the PNA Steering Group for Croydon Health and Wellbeing Board, with authoring support from Soar Beyond Ltd. All information is correct at the time of writing in June 2025. Additions as part of the PNA process were included in September 2025 for the final document.

Contents

List of tables

List of figures

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

ES – Essential Service

GLA – Greater London Authority

GP – General Practitioner

HIV – Human Immunodeficiency Virus

HLP – Healthy Living Pharmacy

HWB – Health and Wellbeing Board

ICB – Integrated Care Board

ICS – Integrated Care System

IMD – Index of Multiple Deprivation

JLHWS – Joint Local Health and Wellbeing Strategy

JSNA – Joint Strategic Need Assessment

LARC – Long-Acting Reversible Contraception

LAS – Local Authority-commissioned Service

LCS – Locally Commissioned Service

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

OHID – Office for Health Improvement and Disparities

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 Croydon updates the 2022 version and ensures local commissioning decisions are supported by robust and up-to-date evidence. The assessment identifies the current provision of National Health Service (NHS) pharmaceutical services and whether it meets the population's needs. It also considers future needs based on projected changes in health and demographics.

Local context and health needs

Croydon has an estimated population of 397,741 (2023 mid-year estimate). Compared to national averages, the borough has a younger age profile, with a higher proportion of working-age adults (25-39 years) and a lower proportion of older people (55 and over). Life expectancy is similar to both the London and England averages, reflecting a relatively healthy and stable population with a focus more on preventative healthcare services; however, life expectancy differs across the localities. There are also areas of deprivation and a proportion of older population, which contribute to rising demand for long-term condition management.

Pharmaceutical services provision in Croydon

As of May 2025, Croydon has 63 community pharmacies (including three distance-selling pharmacies), equating to 15.8 pharmacies per 100,000 population**,** which is below the national average.

Despite this, pharmacy access across the borough is good. Saturday access is very good, with 85% of pharmacies open before 1 pm and 50% after 1 pm. Sunday access is more limited, with 20% of pharmacies open, reflecting wider patterns in healthcare availability on weekends. On weekdays, 25% of community pharmacies are open in the evening.

Travel analysis shows that 100% of residents can reach a pharmacy by private transport within 20 minutes, while 97.3% can do so on foot and 98.0% using public transport.

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

Conclusion

NHS pharmaceutical services are well distributed across Croydon. There is adequate 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 Croydon 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 changes 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 Croydon HWB was published in November 2022. This PNA for Croydon 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, the publication, originally scheduled for November 2025, 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 service**[2] – 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 service**[3] 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. This includes additional funding for the Community Pharmacy Contractual Framework for 2025/2026.
- **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 England[6] 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.

[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] NPA. 2024 pharmacy closures second highest on record. [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-iqvia-economic-analysis-pharmacy-final-report-web.pdf

1.3 Key upcoming changes

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

- Regulation Change: Ability to change core opening hours: These amendments to the PLPS Regulations are intended to allow pharmacy owners greater flexibility in adjusting their opening hours to better align with the needs of patients and likely users. While the changes have not yet come into force, they are expected to take effect during the lifespan of 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 year years old from October 2025.
    - National Smoking Cessation Service will have Patient Group Directions (PGDs) introduced to enable provision of Varenicline and Cytisinicline (Cytisine). No dates have been given for this.

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

1.4 Purpose of the PNA

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

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

Although decisions made by the ICB regarding applications to the pharmaceutical list may be appealed, the final published PNA cannot be appealed. It is likely that 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 Croydon Council website and is updated regularly. The JSNA informs the Croydon Health and Care Plan.

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' have 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 Croydon 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 11,600 community pharmacies since the previous PNA was published in 2022.

1.5.1.1 Community Pharmacies (CPs)

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

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

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

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

1.5.1.2 Distance-Selling Pharmacies (DSPs)

A DSP is a pharmacy contractor that works exclusively at a distance from patients. This includes mail order and internet pharmacies that remotely manage medicine logistics and distribution. Previously, the PLPS Regulations 2013 stated that DSPs must not provide Essential Services face to face, but they may provide Advanced and Enhanced Services on the premises, as long as any Essential Service that forms part of the Advanced or Enhanced Service is not provided in person on the premises. From 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 Croydon will receive pharmaceutical services from a DSP outside Croydon.

Figures for 2023-24 show that in England, there were 409 DSPs,[10] 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.[11]

1.5.1.3 Pharmacy Access Scheme (PhAS) providers[12]

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

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

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

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

---

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

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

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

1.5.1.4 Local Pharmaceutical Service (LPS) providers

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

This contract is locally commissioned by the ICB and provision for such contracts is made in the PLPS Regulations 2013 in Part 13 and Schedule 7. Such contracts are agreed outside the national framework, although they may be over and above what is required from a 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,[13] there were a total of 111 DACs in England.

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

1.5.3 Dispensing GP practices

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

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

- Bromley.
- Lambeth.

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

- Merton.
- Surrey.
- Sutton.

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

1.5.5 Pharmaceutical services

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

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

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

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

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

1.5.5.1 Essential Services (ES)[15]

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

- **ES1: Dispensing medicines** – The supply of medicines and appliances ordered on NHS prescriptions, together with information and advice, to enable safe and effective use by patients and carers, and maintenance of appropriate records.
- **ES2: Repeat dispensing/electronic repeat dispensing (eRD)** – The management and dispensing of repeatable NHS prescriptions for medicines and appliances, in partnership with the patient and the prescriber.
- **ES3: Disposal of unwanted medicines** – Acceptance, by community pharmacies, of unwanted medicines from households and individuals which require safe disposal.

[14] DHSC. Community Pharmacy Contractual Framework: 2019 to 2024. May 2023. [Accessed May 2025] www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024
[15] Community Pharmacy England. Essential Services. April 2024. [Accessed May 2025] https://cpe.org.uk/national-pharmacy-services/essential-services/

- **ES4: Public health (promotion of healthy lifestyles**) – Each financial year (1 April to 31 March), pharmacies are required to participate in up to six health campaigns defined by NHS England. This generally involves the display and distribution of leaflets provided by NHSE. In addition, pharmacies are required to undertake prescription-linked interventions on major areas of public health concern, such as encouraging smoking cessation.
- **ES5: Signposting** – The provision of information to people visiting the pharmacy who require further support, advice or treatment that cannot be provided by the pharmacy, on other health and social care providers or support organisations who may be able to assist them. Where appropriate, this may take the form of a referral.
- **ES6: Support for self-care** – The provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families.
- **ES7: Discharge Medicines Service (DMS)** – From 15 February 2021, NHS trusts are able to refer patients who would benefit from extra guidance around new prescribed medicines for provision of the DMS at their community pharmacy. The service has been identified by NHSE's Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital.
- **ES8: Healthy Living Pharmacy (HLP)** – From 1 January 2021, being a HLP is an essential requirement for all community pharmacy contractors in England. The HLP framework is aimed at achieving consistent provision of a broad range of health promotion interventions through community pharmacies to meet local needs, improving the health and wellbeing of the local population and helping to reduce health inequalities.
- **ES9: Dispensing Appliances –** Pharmacists may regularly dispense appliances in the course of their business, or they may dispense such prescriptions infrequently, or they may have made a decision not to dispense them at all. Whilst the Terms of Service requires a pharmacist to dispense any (non-Part XVIIIA 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'.

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

1.5.5.2 Advanced Services (AS)[16]

There are nine Advanced Services within the Community Pharmacy Contractual Framework (CPCF). Advanced Services are not mandatory for providers to provide and, therefore, community pharmacies can choose to provide any of these services as long as they meet the requirements set out in the Secretary of State Directions. The Advanced Services are listed below, and the number of pharmacy participants for each service in Croydon can be seen in Section 3.10 and in Section 6.2 by locality.

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

[16] Community Pharmacy England. 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 a 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 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 that have undergone an Expression of Interest Process and commissioned by NHSE. Pharmacy owners must also provide the Flu Vaccination Service which 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 be delivered by the currently selected sites until the 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 are 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 Croydon, 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

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

The last PNA for Croydon was published in November 2022 and is therefore due to be reassessed and published in November 2025. 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 Croydon 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 five PNAs across South West London: Croydon, Merton, Sutton, 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 on 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 28 April to 1 June. A total of 259 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 on a questionnaire to be distributed to the local community pharmacies to collate information for the PNA. Only one response was received. Due to the low response rate, the Steering Group agreed that this was to not to be included in the PNA.

- **Step 6: Mapping of services** – Details of services and service providers were collated and triangulated to ensure the information that the assessment was based on was the most robust and accurate. The Pharmacy Contracting function within the ICB, as the commissioner of service providers and services classed as necessary and relevant, was predominantly used as a base for information due to its contractual obligation to hold and maintain pharmaceutical lists on behalf of NHSE. Information was collated, ratified and shared with the Steering Group before the assessment was commenced. The pharmaceutical list dated May 2025 was used for this assessment.
- **Step 7: Preparing the draft PNA for consultation** – The Steering Group reviewed and revised the content and detail of the draft PNA. The process took into account the demography, health needs of residents in the local area, JSNA and other relevant strategies in order to ensure the priorities were identified correctly. As the PNA is an assessment taken at a defined moment in time, the Steering Group agreed to monitor any changes and, if necessary, to update the PNA before finalising or publishing 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.[17]

1.7 Localities for the purpose of the PNA

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

The majority of health and social care data is available at ward level, and at this level provides reasonable statistical rigour. It was agreed that the council wards would be used to define the localities of the Croydon HWB geography.

[17] 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 Steering Group agreed to use the same localities as in the previous Croydon PNA published in 2022, dividing the borough into six localities:

- North East Croydon.
- North West Croydon.
- Central East Croydon.
- Central West Croydon.
- South East Croydon.
- South West Croydon.

A breakdown of the current wards and the localities for the purpose of the PNA is available in Table 2.

Table 2: Localities and wards in Croydon

Locality	**Ward**
North East	Crystal Palace & Upper Norwood
	Thornton Heath
	South Norwood
North West	Norbury Park
	Norbury & Pollards Hill
	Bensham Manor
	West Thornton
Central East	Woodside
	Shirley North
	Addiscombe East
	Park Hill & Whitgift
	Shirley South
Central West	Broad Green
	Selhurst
	Addiscombe West
	Fairfield
	Waddon
	South Croydon
South East	Selsdon & Addington Village
	New Addington North
	New Addington South
	Selsdon Vale & Forestdale
South West	Purley & Woodcote
	Purley Oaks & Riddlesdown
	Sanderstead
	Kenley
	Coulsdon Town
	Old Coulsdon

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

Figure 1: Map of Croydon HWB area with localities

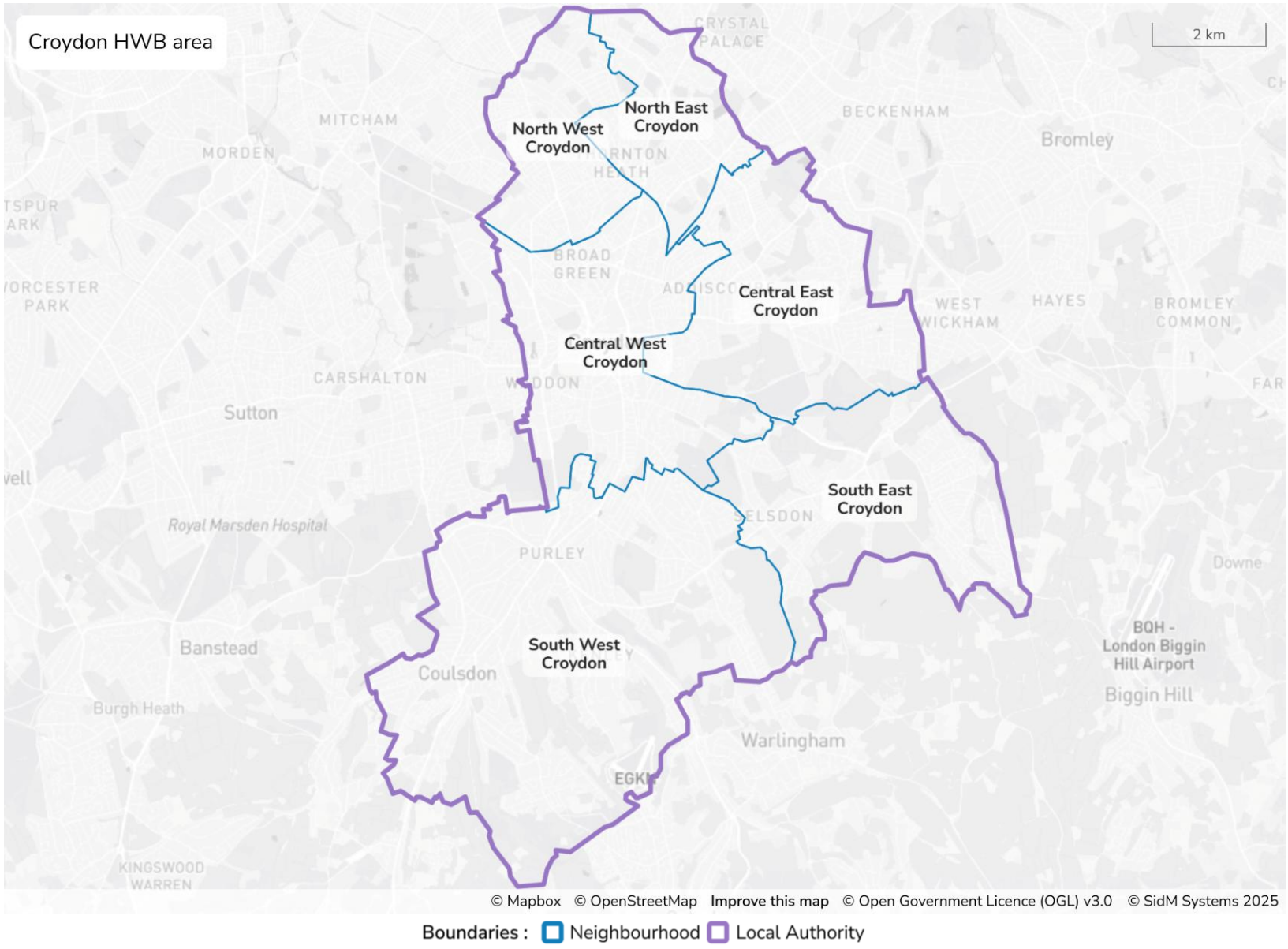
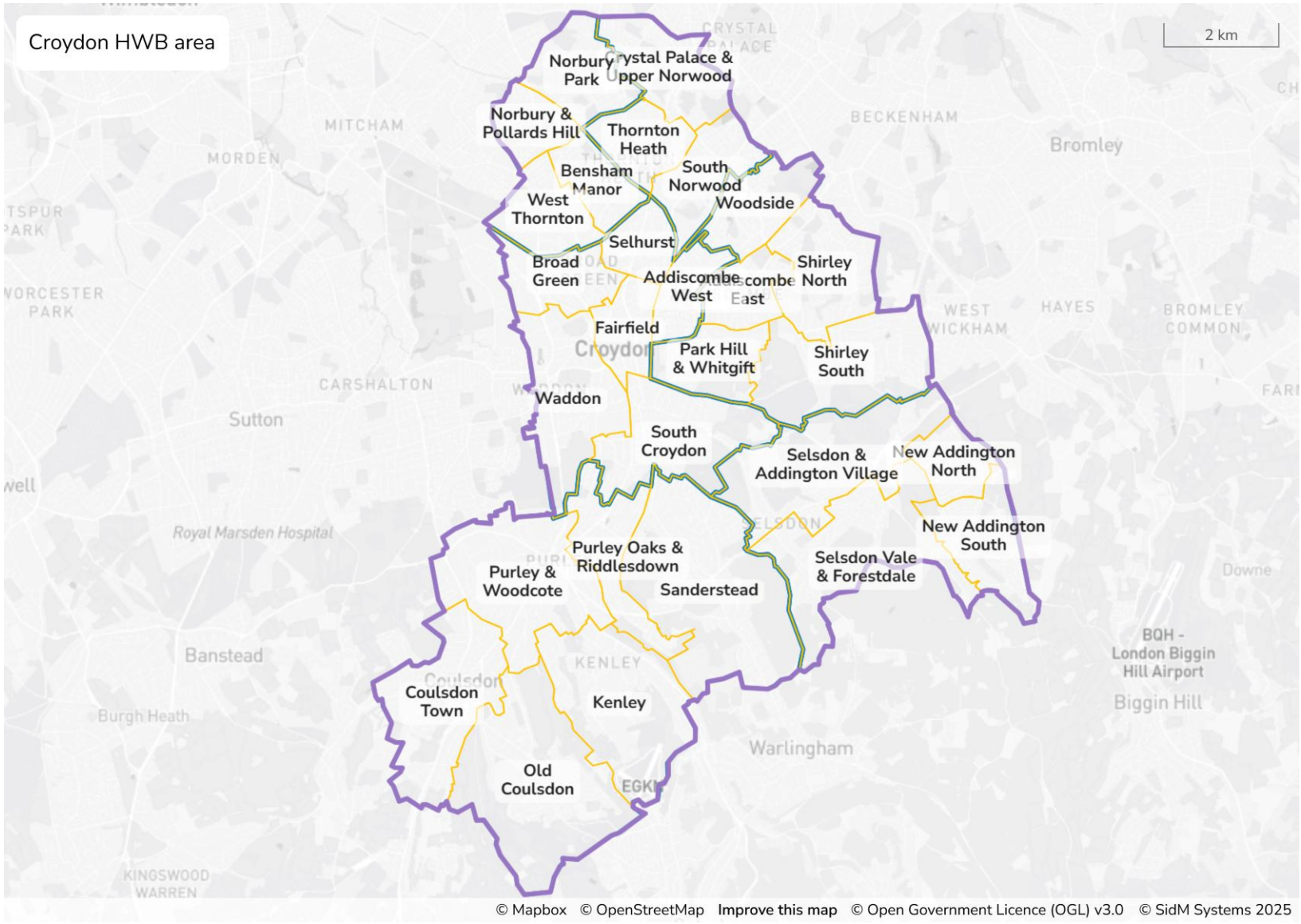


Figure 2: Map of Croydon HWB area with locality boundaries and wards



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 Croydon. 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 Croydon Health and Wellbeing Strategy.

2.1 NHS Long Term Plan[18]

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

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

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

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

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

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

2.2 Core20PLUS5[19]

'Core20PLUS5 is a national NHSE approach to support the reduction of health inequalities at both national' and Integrated Care System 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.[20] The plan, due to be published in July 2025, is expected to have implications for community pharmacy, although these remain unclear at present. However, there is a clear opportunity for community pharmacy to play a key role in supporting the proposed 'left shift'.[21]

2.4 Neighbourhood Health Guidelines[22]

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

- Population health management.
- Modern general practice.
- Standardising community health services.
- Neighbourhood multi-disciplinary teams (MDTs).
- Integrated intermediate care with a 'home first' approach.
- Urgent neighbourhood services.

[19] NHSE. Core20PLUS5 (adults) – an approach to reducing healthcare inequalities. [Accessed May 2025] www.england.nhs.uk/about/equality/equality-hub/core20plus5/
[20] NHS. Three shifts. [Accessed May 2025] https://change.nhs.uk/en-GB/projects/three-shifts
[21] NHS Confederation. Is the left shift mission impossible? March 2025. [Accessed May 2025] https://www.nhsconfed.org/long-reads/left-shift-mission-impossible
[22] NHSE. Neighbourhood health guidelines 2025/26. March 2025. [Accessed May 2025] https://www.england.nhs.uk/long-read/neighbourhood-health-guidelines-2025-26/

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

An operating model for London has been developed in partnership between London's five ICBs, NHS England London Region and the London Health and Care Partnership (London Councils, Greater London Authority, UK Health Security Agency, and the Office for Health Improvement and Disparities in London), with support from Londonwide Local Medical Committees.[23]

2.5 Pioneers of reform – Strategic commissioning[24]

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 Strategy[25]

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.

---

[23] 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/

[24] 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

[25] 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)[26]

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 the 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. The PNA should be considered alongside the JSNA, which in Croydon[27] includes a Borough Profile and Integrated Neighbourhood Team Profiles, with reports regularly updated.

[26] 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

[27] Croydon's Strategic Needs Assessment (JSNA). [Accessed June 2025] https://www.croydon.gov.uk/council-and-elections/policies-plans-and-strategies/health-and-social-care-policies-plans-and-strategies/joint-strategic-needs-assessment

2.9 Croydon Joint Local Health and Wellbeing Strategy (JLHWS) 2024-2029[28]

Building on the evidence provided by the JSNA, the Croydon JLHWS outlines the key priorities and the actions being taken to meet Croydon's health and wellbeing needs in 2024-2029:

- Priority one: Good mental health and wellbeing for all.
- Priority two: Cost of living: supporting our residents to 'eat, sleep and have heat'.
- Priority three: Healthy, safe and well-connected neighbourhoods and communities.
- Priority four: Supporting our children, young people and families.
- Priority five: Supporting our older population to live healthy, independent and fulfilling lives.

2.10 Croydon Health and Care Plan[29]

The Croydon Health and Care Plan 2024-2029 sets out a unified vision for improving health and wellbeing across the borough, with a strong focus on reducing inequalities. Guided by population health data and extensive community engagement, the plan aligns with the Croydon Joint Local Health and Wellbeing Strategy (JLHWS) and aims to ensure residents live healthy, happy, and fulfilling lives.

The plan identifies five strategic priorities:

- Good mental health and wellbeing for all.
- Supporting residents with the cost of living – particularly ensuring access to food, warmth, and safe housing.
- Healthy, safe, and well-connected neighbourhoods and communities.
- Supporting children, young people, and families.
- Supporting older people to live healthy, independent lives.

These priorities are underpinned by five guiding principles:

- Tackling health inequalities.
- Prioritising prevention across all life stages.
- Strengthening integrated partnership working.
- Co-developing solutions with communities.
- Making evidence-informed decisions.

The plan emphasises proactive, community-based care, leveraging Croydon's strong local partnerships. It aligns with regional and national strategies, including the NHS Long Term Plan and South West London Integrated Care System, to drive improvements in service delivery, access, and outcomes.

---

[28] London Borough of Croydon. Croydon Joint Local Health and Wellbeing Strategy 2024-2029. May 2024. [Accessed June 2025] https://www.croydon.gov.uk/sites/default/files/2024-10/local-health-wellbeing-strategy-2024-2029.pdf

[29] London Borough of Croydon. Croydon Health and Care Plan 2024-2029. [Accessed June 2025] https://democracy.croydon.gov.uk/documents/s64028/Appendix%201%20-%20Croydon%20Health%20and%20Care%20Plan%202024-2029.pdf

2.11 Croydon the place

Croydon is an Outer London borough in south London. It covers an area of 86 square kilometres that borders with Sutton to the west, Merton to the north-west, Lambeth to the north, Bromley to the east, and the Surrey districts of Tandridge to the south and Reigate and Banstead to the south-west.

The borough is classed as urban with major conurbation.[30]

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

2.11.1 Population characteristics

According to the most recent estimate from the Office for National Statistics (ONS),[31] Croydon has a population of 397,741.

Figure 3 shows how the population is spread across Croydon, 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 locality with the highest population density is North West Croydon. The least populous is South West Croydon.

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

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

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

Figure 3: Map to show population density across Croydon

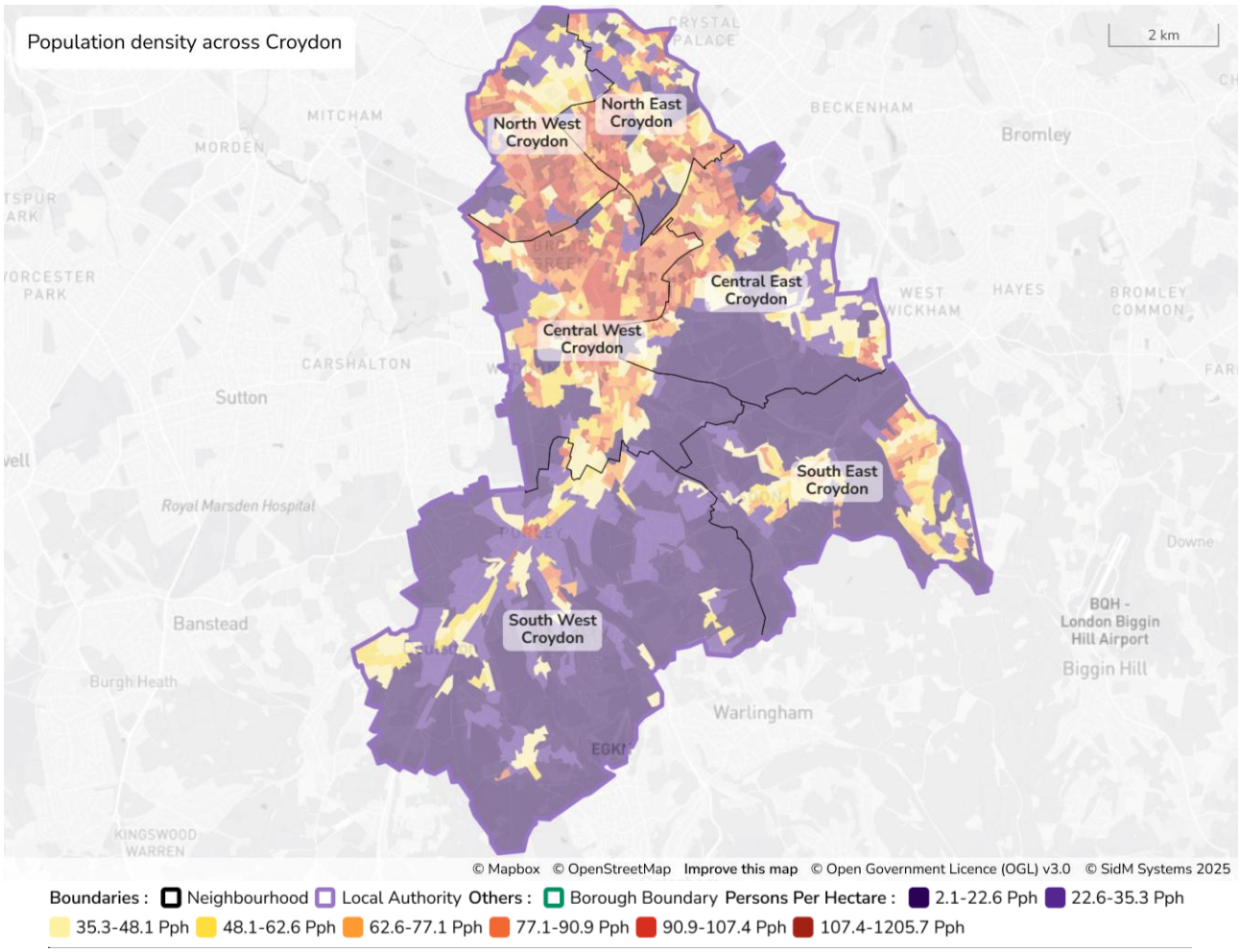


Table 3 shows the population distribution by age across the localities in Croydon.

Please note that the population projections by locality may differ from the population figure being used for the current PNA for Croydon as a whole. The Croydon total population is based on the latest ONS estimate (mid-year 2023), whereas the population by locality is aggregated from the 2022 ward-level population estimates, the latest available at this level at the time of writing.

Table 3: Total population by locality and age groups[32]

Area	Total population	0-4 years	5-17 years	18-24 years	25-39 years	40-54 years	55-65 years	66-79 years	80+ years
North East	50,958	6.7%	15.7%	7.3%	24.4%	22.3%	13.1%	7.7%	2.8%
North West	59,335	6.4%	17.2%	8.2%	22.3%	20.3%	13.5%	8.5%	3.6%
Central East	59,720	5.7%	15.9%	7.4%	20.6%	20.0%	15.0%	10.8%	4.5%
Central West	102,374	7.2%	16.4%	7.9%	28.7%	21.1%	10.5%	6.1%	2.1%
South East	41,878	5.5%	19.7%	8.1%	17.7%	19.9%	13.9%	11.2%	4.1%
South West	77,932	6.1%	16.1%	6.1%	19.1%	20.3%	13.8%	12.8%	5.7%
Croydon	**392,224**	**6.4%**	**16.6%**	**7.4%**	**22.9%**	**20.7%**	**13.0%**	**9.3%**	**3.7%**
London	**8,866,180**	**5.9%**	**15.5%**	**9.1%**	**26.2%**	**20.6%**	**11.4%**	**8.1%**	**3.2%**
England	**60,238,038**	**5.3%**	**15.4%**	**8.3%**	**20.2%**	**19.3%**	**13.8%**	**12.7%**	**5.0%**

In summary, for the population distribution by age and locality:

- The largest localities are Central West (102,374) and South West (77,932), while the smallest is South East (41,878).
- Young children (0-4 years): varies across localities, Central West has the highest population percentage (7.2%), and South East has the lowest (5.5%). All localities are higher than England (5.3%), and only two localities have a percentage lower than the regional value (5.9%), Central East (5.7%) and South East (5.5%).
- School-age children (5-17 years): Highest in South East (19.7%) and lowest in North East (15.7%), with Croydon averaging 16.6%.
- Young adults (18-24 years): North West (8.2%), South East (8.1%) and Central West (7.9%) have similar population percentages, and are the highest across Croydon. All localities have values lower than both London (9.1%) and England values (8.3%).
- Adults (25-39 years): Largest age group, particularly high in Central West (28.7%). Only South East (17.7%) and South West (19.1%) have values lower than national (20.2%).
- Middle-aged adults (40-54 years): Second largest age group; Croydon (20.7%) is above England (19.3%) and similar to the regional value (20.6%).
- Older adults (66+ years): Higher in less populated areas like South East and South West, however the overall age percentage (13.0%) is lower than the England average (17.7%).

[32] ONS. Mid-year 2022 ward-level population estimates (official statistics in development). [Accessed April 2025]
https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/wardlevelmidyearpopulationestimatesexperimental

Croydon's population has a younger overall age profile than England, with a higher proportion of working-age adults (25-39 years) and a lower proportion of older people (55+) compared to England, though the proportion of older adults is higher than the London average. The proportion of children (0-17 years) in Croydon is also slightly higher than both London and England, particularly in the South East locality.

2.11.2 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). The projected figures for 2025-2030 are based on the Greater London Authority (GLA) 2022-based housing-led data instead.

Croydon's population is expected to increase by 2.7% from 2025 to 2030. This is higher than the predicted growth regionally.

Table 4: Predicted population growth (%) across the next five years[33]

Area	2025	2026	2027	2028	2029	2030	Total growth 2025-30
North East	51,522	51,451 (-0.1%)	51,369 (-0.2%)	51,302 (-0.1%)	51,246 (-0.1%)	51,285 (0.1%)	-237 (-0.5%)
North West	59,984	59,997 (0%)	59,994 (0%)	60,013 (0%)	60,048 (0.1%)	60,142 (0.2%)	158 (0.3%)
Central East	60,174	60,180 (0%)	60,201 (0%)	60,224 (0%)	60,234 (0%)	60,327 (0.2%)	153 (0.3%)
Central West	106,580	108,096 (1.4%)	109,710 (1.5%)	111,366 (1.5%)	113,040 (1.5%)	114,712 (1.5%)	8,132 (7.6%)
South East	42,229	42,237 (0%)	42,232 (0%)	42,230 (0%)	42,219 (0%)	42,259 (0.1%)	30 (0.1%)
South West	79,610	80,135 (0.7%)	80,665 (0.7%)	81,201 (0.7%)	81,728 (0.6%)	82,255 (0.6%)	2,645 (3.3%)
Croydon	**400,099**	**402,096 (0.5%)**	**404,171 (0.5%)**	**406,336 (0.5%)**	**408,516 (0.5%)**	**410,980 (0.6%)**	**10,881 (2.7%)**
London	**9,098,147**	**9,134,531 (0.4%)**	**9,170,184 (0.4%)**	**9,205,867 (0.4%)**	**9,242,094 (0.4%)**	**9,279,145 (0.4%)**	**180,998 (2.0%)**

[33] Greater London Authority (GLA). Housing-led population projections – 2022-based 10-year migration Central Fertility Identified Capacity. [Accessed May 2025] https://data.london.gov.uk/dataset/housing-led-population-projections

Fastest growing localities are Central West and South West.

The only shrinking locality is North East Croydon.

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

Table 5: Population projections by age groups per year[34]

Age groups	2025	2026	2027	2028	2029	2030	Total growth 2025-30
0-4	24,005	23,807 (-0.8%)	23,770 (-0.2%)	23,790 (0.1%)	23,797 (0%)	23,820 (0.1%)	-184 (-0.8%)
5-17	64,555	63,520 (-1.6%)	62,654 (-1.4%)	61,589 (-1.7%)	60,642 (-1.5%)	59,681 (-1.6%)	-4,875 (-7.6%)
18-24	30,735	31,465 (2.4%)	31,795 (1.0%)	32,335 (1.7%)	32,543 (0.6%)	32,769 (0.7%)	2,034 (6.6%)
25-39	90,741	90,524 (-0.2%)	90,316 (-0.2%)	90,103 (-0.2%)	90,108 (0%)	90,185 (0.1%)	-556 (-0.6%)
40-55	82,441	82,927 (0.6%)	83,516 (0.7%)	84,381 (1.0%)	85,193 (1.0%)	85,813 (0.7%)	3,372 (4.1%)
56-65	53,291	53,556 (0.5%)	53,586 (0.1%)	53,230 (-0.7%)	52,840 (-0.7%)	52,495 (-0.7%)	-796 (-1.5%)
66-79	38,763	39,725 (2.5%)	40,349 (1.6%)	41,245 (2.2%)	42,514 (3.1%)	43,850 (3.1%)	5,087 (13.1%)
80+	15,098	15,390 (1.9%)	16,129 (4.8%)	16,690 (3.5%)	16,982 (1.8%)	17,301 (1.9%)	2,203 (14.6%)
Total	**399,629**	**400,914 (0.3%)**	**402,115 (0.3%)**	**403,363 (0.3%)**	**404,619 (0.3%)**	**405,914 (0.3%)**	**6,285 (1.6%)**

The figures in brackets are the percentage population increase from the previous year. The total column shows the count and cumulative percentage increase from 2025 to 2030.

Based on trend led data, the largest growth is predicted to be in those aged 80+, with an increase of 2,203 (14.6%), closely followed by the 66-79 age group, which has a projected increase of 5,087 (13.1%). Population growth for children aged 0-4 is set to remain fairly constant, with a slight decrease of 184 (0.8%).

2.11.3 Number of households

There was a 2.37% increase in the number of households between 2022 and 2024 in Croydon, from 163,540 dwellings to 167,420.

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

Table 6: Number of dwellings 2022 to 2024[35]

Area	Total dwelling 2022	Total dwelling 2024	% change
North East	20,330	20,430	0.49%
North West	27,530	27,890	1.31%
Central East	21,400	21,560	0.75%
Central West	48,930	51,310	4.86%
South East	16,160	16,230	0.43%
South West	29,260	30,050	2.70%
Croydon	**163,540**	**167,420**	**2.37%**

In 2043, the projected number of households in Croydon is expected to be 173,668, which is an 11.8% increase from the 2022 value (155,269) in the 2018-based housing projections. One person households will account for 30.3% and households with dependent children will account for 29.8%. This is the total projected number of households in the reference year based on the 2018-based projections.[36]

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.

2.11.4 Planned developments

The deliverable number of dwellings over five years from 2024/25 to 2029/30 is 3,338.

Table 7: Site allocations that are expected to be delivered over the five-year period (2024/25 – 2029/30)[37]

Site number	Number of units	Site Address	Remarks	Locality
11	94	Croydon Garden Centre, 89 Waddon Way	The proposed development of 149 residential units (23/01695/FUL) was dismissed at appeal. Appeal determined 16/07/2024. There is developer interest in the site.	Central West Croydon

[35] Valuation Office Agency 2024 – Council Tax Stock of properties: Table CTSOP 3.1: number of properties by Council Tax band, property type and region, county, local authority district, and lower and middle layer super output area, 2020 to 2024. Aggregated up from MSOAs for localities. [Accessed June 2025] https://www.gov.uk/government/statistics/council-tax-stock-of-properties-2024

[36] Local Government Association (LGA). Understanding Planning in Croydon, Population projections. [Accessed February 2025] https://lginform.local.gov.uk/reports/view/lga-research/lga-research-report-understanding-planning-in-parent-area-label?mod-area=E09000008&mod-group=AllBoroughInRegion_London&mod-type=namedComparisonGroup#text-17

[37] London Borough of Croydon. Authorities' Monitoring Report 2023-24. March 2025. [Accessed June 2025] https://www.croydon.gov.uk/sites/default/files/2025-03/croydon-amr-final.pdf

Site number	Number of units	Site Address	Remarks	Locality
61	119	Car park, 26-52 Whytecliffe Road South	Site is subject to a current and yet to be determined planning application (21/01753/FUL). The current application is proposing 238 residential units.	South West Croydon
128	107	Land at Poppy Lane	Site is subject to developer interest.	Central East Croydon
136	55	Supermarket, car park, 54 Brigstock Road	Site will require marketing to attract developer interest.	North West Croydon
172	158	North site, Ruskin Square	Site covers a wider area than just the northern site and has outline planning permission with different phases which are either outline, reserve matters or are being implemented on site.	Central West Croydon
190	162	Leon Quarter	Site has planning permission. Demolition has taken place and the scheme is undergoing implementation.	Central West Croydon
242	234	Davis House	Site is subject to developer interest.	Central West Croydon
306	24	The Good Companions Public House	Site is subject to developer interest.	South West Croydon
486	25	The Beehive, 47 Woodside Green	Nothing on pipeline or completions report.	Central East Croydon
30	171	Purley Leisure Centre, car park and former Sainsbury's Supermarket, High Street	Demolition of the existing buildings and erection of buildings of 5 to 12 storeys to provide a leisure centre (Use Class F2), an Integrated Retirement Community comprising a mix of Specialist Older Persons Housing and Care Accommodation for older people (Use Classes C2 and C3), car parking, landscaping, and associated works (amended description).	South West Croydon
48	17	294-330 Purley Way	Site is subject to developer interest.	Central West Croydon

Site number	Number of units	Site Address	Remarks	Locality
68	57	130 Oval Road	Site is subject to developer interest	Central West Croydon
78	8	114-118 Whitehorse Road	Site is subject to developer interest	Central West Croydon
194	40	St George's Walk, Katherine House & Segas House, Park Street	The Segas House element of the development is expected to deliver 40 units between 2024 – 2029.	Central West Croydon
220	60	9-11 Wellesley Road	Site is subject to developer interest	Central West Croydon
332	246	Superstores, Drury Crescent	Site will require marketing to attract developer interest.	Central West Croydon
349	78	Harveys Furnishing Group Ltd, 230-250 Purley Way	Site will require marketing to attract developer interest.	Central West Croydon
351	120	Furniture Village, 222 Purley Way	Site will require marketing to attract developer interest.	Central West Croydon
355	221	Decathlon, 2 Trafalgar Way	Site will require marketing to attract developer interest.	Central West Croydon
374	64	Reeves Corner former buildings, 104-112 Church Street	Site is subject to developer interest	Central West Croydon
393	1,000	Whitgift centre	Site is subject to developer interest	Central West Croydon
405	135	Royal Oak Centre	Site is subject to developer interest	South West Croydon
411	18	Palmerston House, 814 Brighton Road	Site is subject to developer interest	South West Croydon
493	125	Pinnacle House, 8 Bedford Park	Site is subject to developer interest	Central West Croydon
Total	**3,338**			

Summary:

Locality	Number of sites	Total units
North East Croydon	0	0
North West Croydon	1	55

Locality	Number of sites	Total units
Central East Croydon	2	132
Central West Croydon	16	2,684
South East Croydon	0	0
South West Croydon	5	467

Central West Croydon has the largest growth anticipated over the next three years.

2.11.5 Ethnicity

Table 8 shows the March 2021 ONS data for ethnicity.

Table 8: Population (%) by ethnicity, 2021[38]

Area	White (%)	Asian (%)	Black, Black British, Black Welsh, Caribbean or African (%)	Mixed or Multiple ethnic groups (%)	Other ethnic group (%)
North East Croydon	44.4%	9.7%	32.6%	8.9%	4.4%
North West Croydon	28.2%	30.2%	29.4%	7.0%	5.2%
Central East Croydon	50.8%	14.9%	22.7%	8.1%	3.6%
Central West Croydon	41.6%	20.9%	24.6%	8.3%	4.7%
South East Croydon	61.7%	9.5%	20.3%	6.2%	2.3%
South West Croydon	66.0%	15.2%	9.6%	6.8%	2.4%
Croydon	**48.4%**	**17.5%**	**22.6%**	**7.6%**	**3.9%**
England	**81.7%**	**9.3%**	**4.0%**	**2.9%**	**2.1%**

Summary:

Asian population:

- Highest: North West Croydon (30.2%), has the highest percentage of people who define themselves as Asian.
- Lowest: South East Croydon (9.5%)
- Croydon average (17.5%) is above England (9.3%).

[38] ONS. Ethnic group, England and Wales: Census 2021 – taken at the ward level and aggregated up to Croydon local authority level. March 2023. [Accessed June 2025] https://www.ons.gov.uk/datasets/TS021/editions/2021/versions/3/filter-outputs/4163932b-00e3-4ebe-927f-ab00ed2e30ba#get-data

Black, Black British, Black Welsh, Caribbean or African population:

- Highest: North East Croydon (32.6%), has the highest proportion of black population.
- Lowest: South West Croydon (9.6%), has the lowest.
- Croydon (22.6%) is significantly above the England value (4.0%).

Mixed/Multiple ethnic groups:

- Highest: North East Croydon (8.9%), has the highest population of mixed or multiple ethnic groups.
- Lowest: South East Croydon (6.2%), has the lowest.
- Croydon (7.6%) is above England (2.9%).

Other ethnic groups:

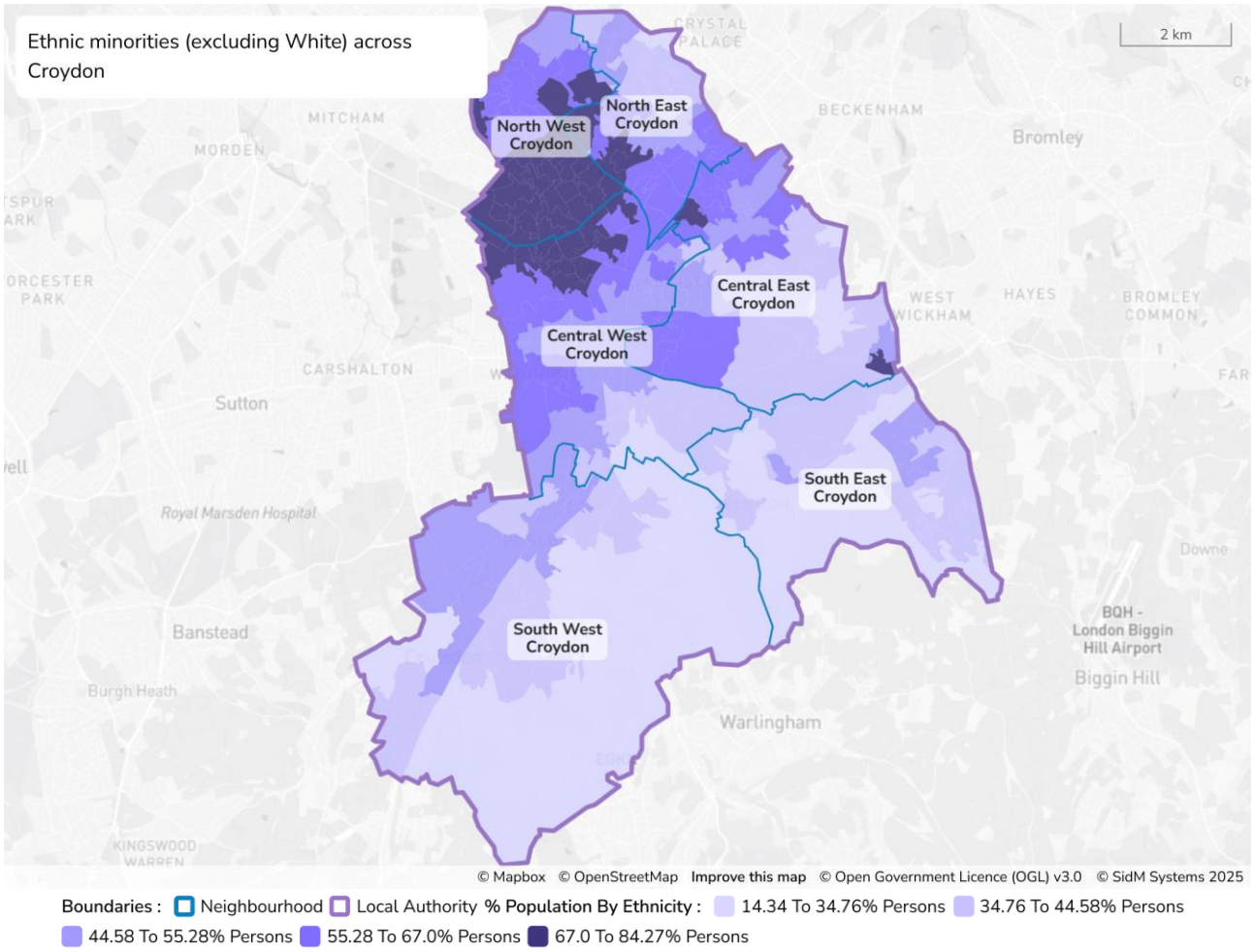
- Highest: North West Croydon (5.2%), has the highest population of other ethnic groups.
- Lowest: South East Croydon (2.3%), has the lowest.
- Croydon is the same as England (2.1%).

White populations:

- Highest: South West Croydon (66.0%), has the highest proportion of White residents.
- Lowest: North West Croydon (28.2%), has the lowest.
- Croydon overall (48.4%) is significantly below England (81.7%).

Ethnicity across Croydon varies significantly by locality, and this can be seen in the map below.

Figure 4: Map of residents from Asian, Black, Mixed/ Multiple and Other ethnic groups across Croydon



North West and North East Croydon have the highest proportions of Asian and Black populations, respectively, while South West Croydon has the highest White population. Overall, Croydon is more diverse than the England average across all non-White ethnic groups.

2.11.6 Religion

Religious affiliations for Croydon are shown in Table 9 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 Croydon is Christian (48.9%), with 25.9% marking no religion.

Table 9: Religion comparison, 2021[39]

Religion	Croydon (%)	England (%)
No religion	25.9%	36.7%
Christian	48.9%	46.3%

[39] ONS 2021 Census through Nomis. TS030-Religion. [Accessed May 2025] nomisweb.co.uk/datasets/c2021ts030

Religion	Croydon (%)	England (%)
Buddhist	0.6%	0.5%
Hindu	5.9%	1.8%
Jewish	0.2%	0.5%
Muslim	10.4%	6.7%
Sikh	0.4%	0.9%
Other religion	0.8%	0.6%
Not answered	6.9%	6.0%

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

2.11.7 Household languages

Table 10 shows the proportion of households that have English as their main language across Croydon.

Table 10: Number of households with English as their main language[40]

Category	Count	Percentage
All adults in household	122,932	80.4%
At least one, but not all adults in household	12,189	8.0%
No adults in household, but at least one person aged 3-15 years	4,453	2.9%
No people in household	13,372	8.7%

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.

2.11.8 Specific population groups

Table 11: Household in temporary accommodation[41]

Area	Households in temporary accommodation (count and crude rate per 1,000)
Croydon	3,193 (19.1)
London	**68,940 (18.1)**
England	**123,030 (4.8)**

[40] ONS 2021 Census through Nomis. TS025 - Household language. [Accessed May 2025] https://www.nomisweb.co.uk/datasets/c2021ts025

[41] 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

In June 2024, Croydon's temporary accommodation rate (19.1 per 1,000) was above both England's and London's. This group represents a vulnerable population whose circumstances may limit access to consistent care.

Table 12: Children population[42]

Area	Children (0-17 years) (count and percentage)
North East Croydon	11,396 (22.4%)
North West Croydon	13,992 (23.6%)
Central East Croydon	12,948 (21.6%)
Central West Croydon	24,167 (23.6%)
South East Croydon	10,526 (25.2%)
South West Croydon	17,262 (22.2%)
Croydon	**90,291 (23.0%)**
London	**1,896,862 (21.4%)**
England	**12,506,535 (20.8%)**

Children made up 23% of Croydon's population, higher than both London (21.4%) and England (20.8%). A larger than average child population increases demand for pharmaceutical services related to vaccinations, minor ailments, oral health, etc.

Table 13: Less able/ disabled populations across Croydon (2021)[43]

Area	Disabled under the Equality Act population (count and percentage) (2021)
North East Croydon	7,011 (13.8%)
North West Croydon	7,761 (13.2%)
Central East Croydon	8,694 (14.5%)
Central West Croydon	13,663 (13.4%)
South East Croydon	7,138 (16.9%)
South West Croydon	10,584 (13.7%)
Croydon	**54,851 (14.0%)**

[42] ONS. Mid-year 2022 ward-level population estimates (official statistics in development). [Accessed May 2025] https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/wardlevelmidyearpopulationestimatesexperimental

[43] ONS 2021 Census. Disability, England and Wales: Census 2021 – Electoral wards and divisions. March 2023. [Accessed June 2025] https://www.ons.gov.uk/datasets/TS038/editions/2021/versions/3/filter-outputs/111018da-09e4-4383-8742-2fc917abf173#get-data

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

The 2021 census compared disability status, with respondents stating if they were disabled under the Equality Act 2010,[44] with their day-to-day activities limited a little or a lot.

In 2021, 14% of Croydon's population were disabled, higher than in London (13.2%) but lower than in England (17.3%). Individuals with disabilities often face barriers in accessing physical premises and services.

2.12 Deprivation

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

Index of Multiple Deprivation (IMD) data (2019) combines socioeconomic indicators to produce a relative socioeconomic deprivation score and includes 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.

Croydon is ranked 102 out of a total of 317 local authorities in England, where 1 is the most deprived and 317 is the least deprived.[45]

The map below shows that the highest levels of deprivation in Croydon are concentrated in the North West and North East localities, along with parts of Central West and the eastern side of South East Croydon. These areas include several neighbourhoods ranked among the most deprived in England. In contrast, South West Croydon is the least deprived area overall, with most neighbourhoods among the 20% least deprived nationally.

[44] Legislation. Equality Act 2010. February 2025. [Accessed April 2025] https://www.legislation.gov.uk/ukpga/2010/15/contents

[45] Ministry of Housing, Communities & Local Government. IoD2019 Interactive Dashboard – Local Authority Focus. [Accessed May 2025] https://app.powerbi.com/view?r=eyJrIjoiOTdjYzIyNTMtMTcxNi00YmQ2LWI1YzgtMTUyYzMxOWQ3NzQ2IiwidCI6ImJmMzQ2ODEwLTljN2QtNDNkZS1hODcyLTI0YTJlZjM5OTVhOCJ9

Figure 5: Map to show Index of Multiple Deprivation (IMD) score by Lower Super Output Area (LSOA) across Croydon

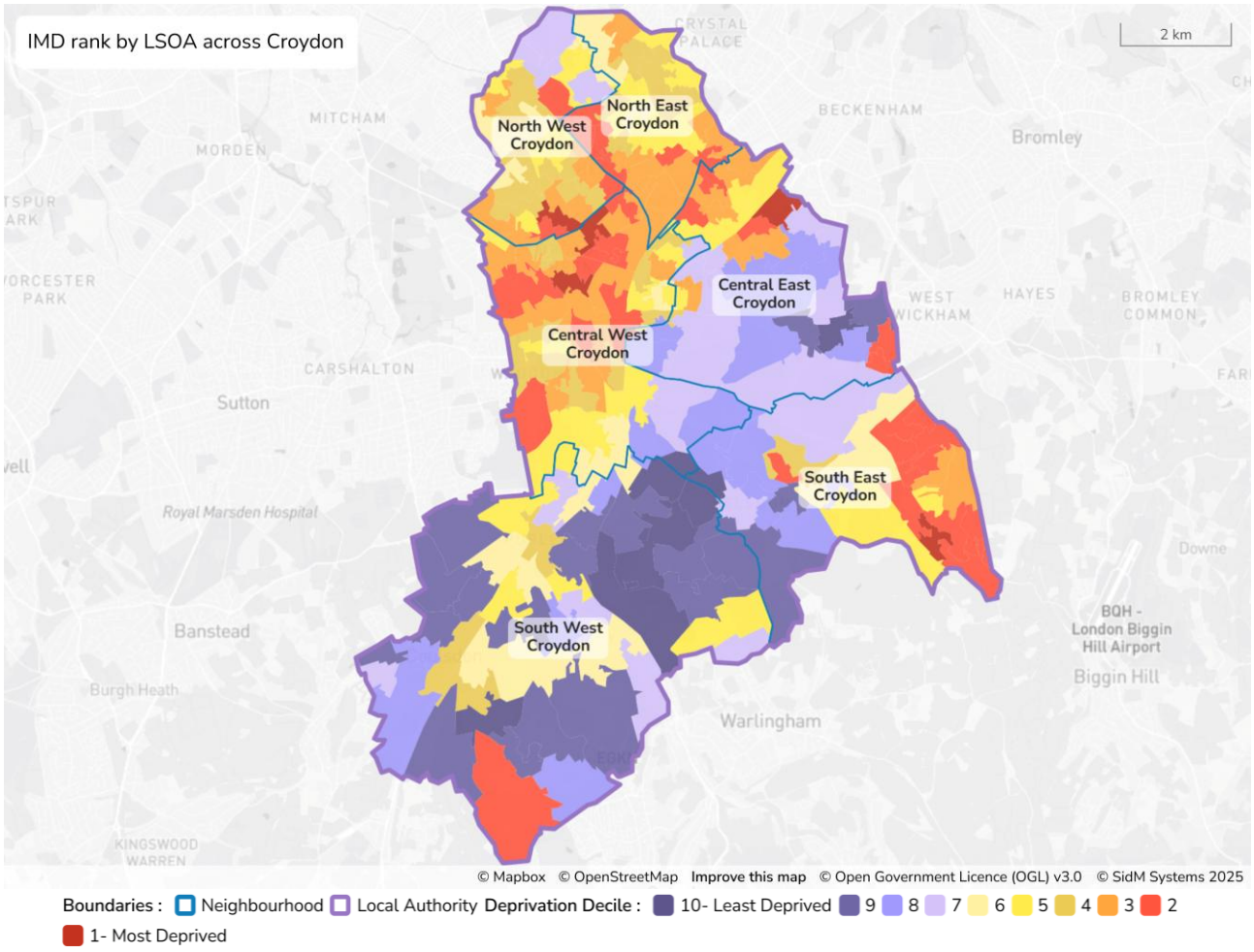


Table 14: Percentage of LSOAs by IMD quintile[46]

Area	1 (Most deprived)	2	3	4	5 (Least deprived)
North East Croydon	21%	45%	34%	0%	0%
North West Croydon	12%	50%	29%	9%	0%
Central East Croydon	17%	17%	11%	46%	9%
Central West Croydon	21%	46%	27%	6%	0%
South East Croydon	43%	11%	14%	25%	7%
South West Croydon	2%	7%	24%	22%	46%
Croydon	**18%**	**29%**	**24%**	**18%**	**12%**
London	**16%**	**30%**	**23%**	**18%**	**13%**
England	**20%**	**20%**	**20%**	**20%**	**20%**

[46] Croydon Observatory. Overview Report from IMD 2019 LSOAs by decile per ward– aggregated from ward level up to local authority level. [Accessed June 2025] https://www.croydonobservatory.org/quick-profile/?feature=E05011474#/view-report/7eb5828a293f4f9db44dcf451e97b8f5/E05011474/G7

Croydon has a slightly higher proportion of LSOA areas in the most deprived areas compared to both London and England. Across the borough, 47% of LSOAs are in the bottom two deprivation quintiles, compared to 46% in London and 40% in England. However, the picture varies between localities. Areas such as South East, North East, North West, and Central West Croydon have much higher levels of deprivation than the borough average. In contrast, South West Croydon stands out as the least deprived area, with a far greater share of LSOAs (46%) in the least deprived quintile, compared to just 13% in London and 12% in England. This highlights the wide disparities within the borough and the need for targeted support in more deprived communities.

2.13 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.

2.13.1 Life expectancy and healthy life expectancy

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

Table 15: Life expectancy at birth (years), 2021-2023[47]

Area	Male	Female
Croydon	79.4	84.0
London	79.8	84.1
England	79.1	83.1

Between 2021 and 2023, male life expectancy in Croydon (79.4 years) was similar to both London and England, while female life expectancy (84.0) was similar to London but above the national average.

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.

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

Table 16: Healthy life expectancy at birth (years), 2021-2023[48]

Area	Male	Female
Croydon	61.9	62.0
London	63.9	64.0
England	61.5	61.9

From 2021 to 2023, healthy life expectancy at birth in Croydon was 61.9 years for males and 62.0 for females, similar to England but lower than London.

2.13.2 Mortality

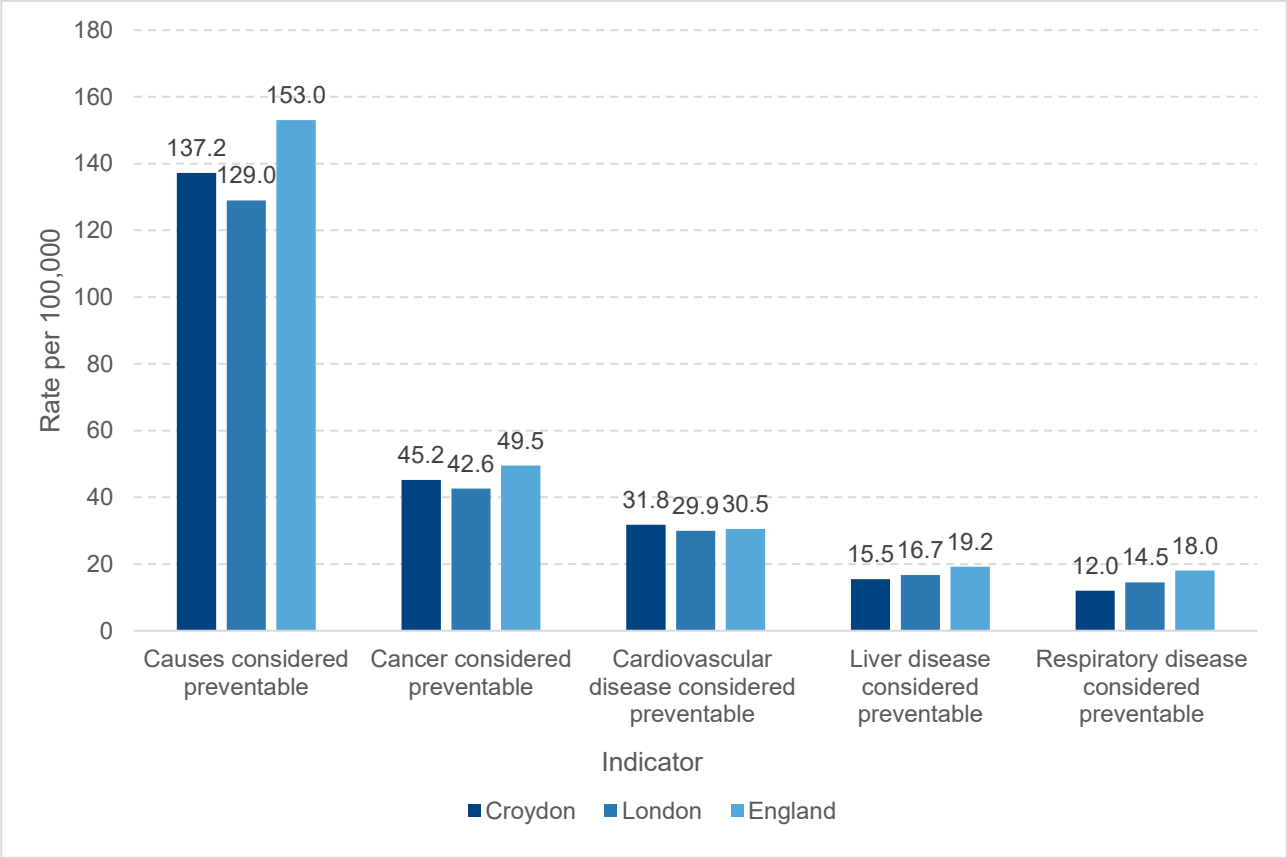
Table 17: Under 75 mortality rates from causes considered preventable (rate per 100,000)[49]

Indicator	Croydon	London	England
Under 75 mortality from causes considered preventable	137.2	129.0	153.0
Under 75 mortality rates from cardiovascular disease considered preventable	31.8	29.9	30.5
Under 75 mortality rates from cancer considered preventable	45.2	42.6	49.5
Under 75 mortality rate from liver disease considered preventable	15.5	16.7	19.2
Under 75 mortality rate from respiratory disease considered preventable	12.0	14.5	18.0

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

[49] Office for Health Improvement and Disparities (OHID). Public Health Outcomes Framework (PHOF)– at a glance summary. May 2025. [Accessed June 2025] https://fingertips.phe.org.uk/static-reports/public-health-outcomes-framework/at-a-glance/E09000008.html?area-name=Croydon

Figure 6: Graph of under 75 mortality rates from causes considered preventable in Croydon (rate per 100,000)



Summary of under 75 preventable mortality indicators:

- All preventable causes: Croydon (137.2) is higher than London (129.0), but lower than England (153.0).
- Preventable cancer: Croydon (45.2) is higher than the London (42.6) average and lower than the England average (49.5).
- Preventable cardiovascular disease: Croydon (31.8) is higher than England (30.5) and London (29.9).
- Preventable liver disease: Croydon (15.5) rate is lower than both London (16.7) and England (19.2).
- Preventable respiratory disease: Croydon (12.0) has a lower rate than both London (14.5) and England (18.0).

2.13.3 Health behaviours

Table 18: Lifestyle information

Indicator	Croydon	London	England
Adult smoking (PHOF Smoking Prevalence in adults aged 18 and over – current smokers APS) 2023[50]	17.1%	11.7%	11.6%
Pregnancy smoking (PHOF Smoking status at time of delivery 2023/24)[51]	5.9%	6.0%	12.8%
Adult overweight including obesity (PHOF overweight including obesity prevalence in adults, using adjusted self reported height and weight)[52]	62.0%	57.8%	64.5%
Childhood overweight including obesity (PHOF Reception prevalence of overweight (including obesity*) 2023/24[53]	21.5%	20.9%	22.1%
Alcohol misuse - Hospital admissions from alcohol-related conditions (broad) (persons) (standardised rate per 100,000) 2023/24[54]	1,379	1,724	1,824
Substance misuse - Deaths from drug misuse (standardised rate per 100,000) 2021-23[55]	2.4	3.8	5.5
Dental caries - Hospital admissions for dental caries (0-5 years) (crude rate per 100,000) 2020/21-2022/23[56]	322.6	290.5	207.2

*Obesity is defined as a person with a BMI greater than or equal to 30 kg/m^2 (27.5 kg/m^2 for those of the following family background: South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean).

[50] Office for Health Improvement and Disparities (OHID). 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/E09000008.html?area-name=Croydon

[51] OHID. PHOF – at a glance summary - . Smoking status at time of delivery 2023/24. May 2025. [Accessed June 2025] https://fingertips.phe.org.uk/static-reports/public-health-outcomes-framework/at-a-glance/E09000008.html?area-name=Croydon

[52] OHID. PHOF – at a glance summary - Overweight (including obesity) prevalence in adults, (using adjusted self-reported height and weight). May 2025. [Accessed June 2025] https://fingertips.phe.org.uk/static-reports/public-health-outcomes-framework/at-a-glance/E09000008.html?area-name=Croydon

[53] OHID. PHOF – at a glance summary - . Reception prevalence of overweight (including obesity) 2023/24. May 2025. [Accessed June 2025] https://fingertips.phe.org.uk/static-reports/public-health-outcomes-framework/at-a-glance/E09000008.html?area-name=Croydon

[54] 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/6/ati/502/are/E09000008/iid/93765/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

[55] 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/E09000008/iid/92432/age/1/sex/4/cat/-1/ctp/-1/yrr/3/cid/4/tbm/1

[56] 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/E09000008/iid/93479/age/247/sex/4/cat/-1/ctp/-1/yrr/3/cid/4/tbm/1

Figure 7: Graph of lifestyle indicators for smoking and overweight in Croydon (%)

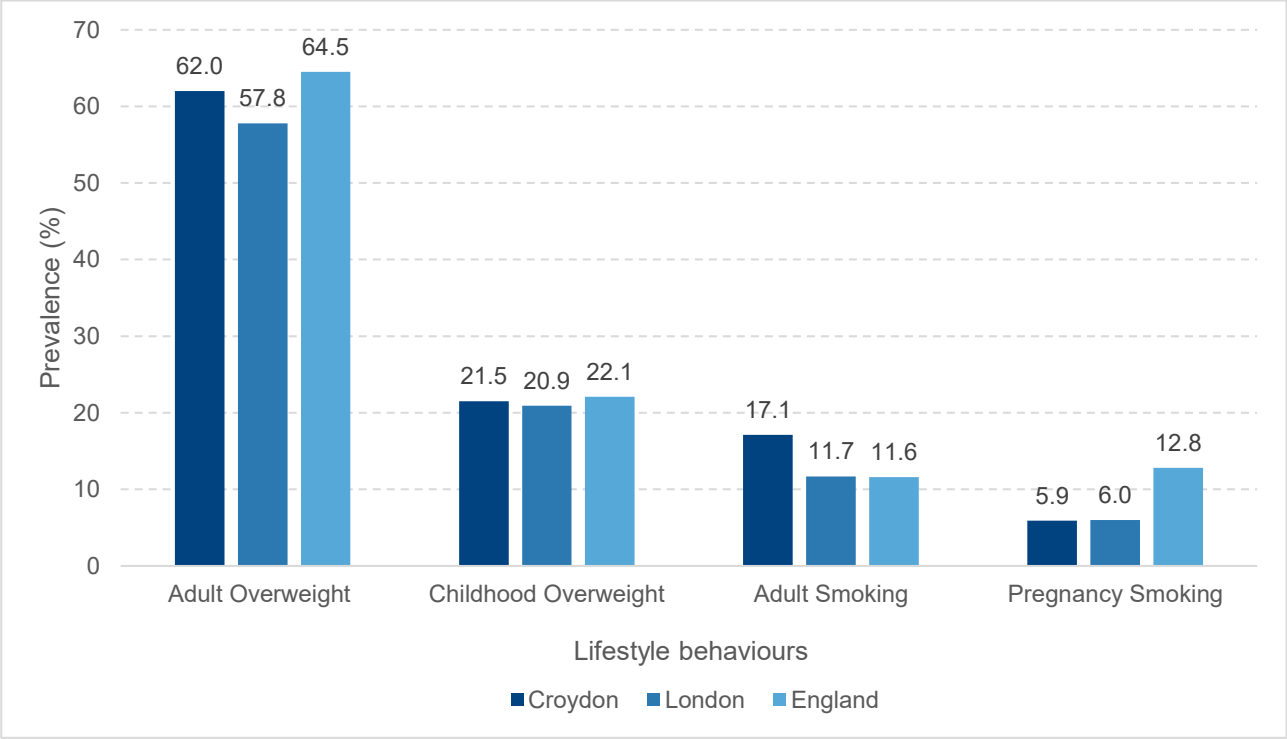
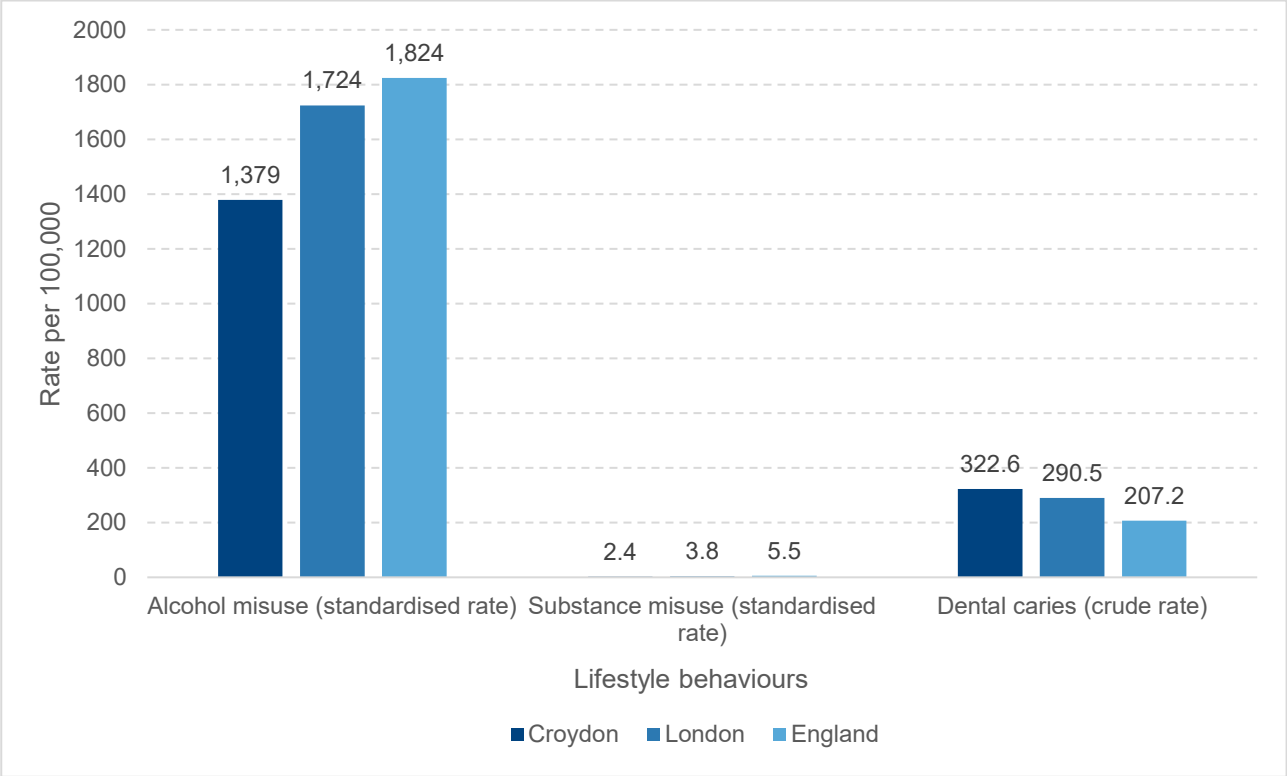


Figure 8: Graph of lifestyle indicators for alcohol misuse, substance and dental caries in Croydon (rate per 100,000)



Summary of health behaviour indicators:

- Adult smoking: Croydon's smoking prevalence (17.1%) is significantly higher than London (11.7%) and England (11.6%).

- Pregnancy smoking: Croydon (5.9%) has a similar prevalence to London (6.0%), while being lower than England (12.8%).
- Adult overweight including obesity: At 62.0%, Croydon's obesity rate is higher than London (57.8%), but lower than England (64.5%).
- Childhood overweight including obesity: Croydon's childhood obesity rate is 21.5%, higher than London (20.9%), but lower than England (22.1 %).
- Alcohol-related hospital admissions: Croydon's rate (1,379 per 100,000) is lower than both London (1,724) and England (1,824).
- Drug misuse deaths: Croydon reports 2.4 per 100,000, lower than both London (3.8) and England (5.5).
- Dental caries (ages 0–5): Croydon's admission rate (322.6 per 100,000) is higher than both London (290.5) and England (207.2).

Croydon generally performs better than national averages in some areas, such as alcohol and drug-related deaths, but has notably higher rates of obesity and dental caries in young children, highlighting a key area for targeted oral health interventions.

Table 19: Sexual health in Croydon

Indicator	Croydon	London	England
Chlamydia detection rate per 100,000 (aged 15-24) (Persons) (2024)[57]	1,763	1,457	1,250
HIV diagnosed prevalence rate per 1,000 (aged 15-59) (2023)[58]	5.63	5.25	2.40
New STI diagnoses (excluding chlamydia, under 25 years) per 100,000 (2024)[59]	845	1,182	482
Rate of total prescribed **Long-Acting Reversible Contraception** (LARC) (excluding injections) rate per 1,000 (2023)[60]	34.9	33.6	43.5
Under-18 conception rate per 100,000 (2021)[61]	10.8	9.5	13.1

[57] DHSC. Chlamydia detection rate per 100,000 (aged 15-24) (Persons). 2023. [Accessed May 2025] https://fingertips.phe.org.uk/search/chlamydia#page/4/gid/1/pat/6/ati/502/are/E09000008/iid/91514/age/156/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

[58] DHSC. HIV diagnosed (excluding chlamydia under 25 years) per 100,000. 2023. [Accessed May 2025] https://fingertips.phe.org.uk/search/hiv#page/4/gid/1/pat/6/ati/502/are/E09000008/iid/90790/age/238/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

[59] DHSC. New STI diagnoses (excluding chlamydia under 25 years) per 100,000. 2023. [Accessed May 2025] https://fingertips.phe.org.uk/search/New%20STI%20diagnoses#page/4/gid/1/pat/6/ati/501/are/E09000008/iid/91306/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

[60] DHSC. Rate of total prescribed Long-Acting Reversible Contraception (LARC) (excluding injections) rate per 1,000. 2023. [Accessed May 2025] https://fingertips.phe.org.uk/search/contraception#page/1/gid/1/pat/6/ati/502/are/E09000008/iid/91819/age/1/sex/2/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

[61] DHSC. Under-18 conception rate per 100,000 (2021). 2021. [Accessed May 2025] https://fingertips.phe.org.uk/search/conception#page/4/gid/1/pat/6/ati/501/are/E09000008/iid/20401/age/173/sex/2/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

Croydon has higher chlamydia detection, Human Immunodeficiency Virus (HIV) prevalence, and Sexually Transmitted Infections (STIs) diagnosis rates than England, though STI rates are lower than London's. LARC prescribing is below the national rate but slightly above the London average. The under-18 conception rate in Croydon sits between the London and England averages.

2.14 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.[62]

Table 20 and Table 21 show the Quality and Outcomes Framework (QOF) prevalence for various conditions in Croydon. QOF data shows recorded prevalence; therefore, the anticipated prevalence may be higher with unmet need for the conditions which contribute to premature mortality. For example, low rates may mean good health and health outcomes or poor case finding, reporting and coding at GP practice level.

2.14.1 Long term conditions

Table 20 below shows the prevalence of patients recorded on GP practice disease registers for long-term conditions. Data shows that Croydon's population has a generally lower prevalence of long-term conditions compared to England, with rates more closely aligned with the London regional average. For conditions such as heart failure, stroke, atrial fibrillation, and Chronic Obstructive Pulmonary Disease (COPD), Croydon performs better than the national average. However, asthma, diabetes, hypertension, and rheumatoid arthritis are more common in Croydon than across London overall, which may reflect differences in population characteristics and health needs within the borough.

Table 20: Percentage of patients recorded on GP practice disease registers for long term conditions (2023/24)

Indicator	Croydon	London	England
Heart Failure[63]	0.7%	0.6%	1.1%
Asthma[64]	5.1%	4.7%	6.5%

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

[63] DHSC. Fingertips Public health profiles – Heart Failure: QOF prevalence (All ages). [Accessed May 2025] https://fingertips.phe.org.uk/search/Heart%20Failure#page/4/gid/1/pat/6/ati/502/are/E09000008/iid/262/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

[64] 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/E09000008/iid/90933/age/314/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

Indicator	Croydon	London	England
Atrial fibrillation[65]	1.3%	1.1%	2.2%
Stroke[66]	1.3%	1.1%	1.9%
Diabetes[67]	7.8%	7.0%	7.7%
CHD[68]	2.1%	1.9%	3.0%
PAD[69]	0.3%	0.3%	0.6%
Hypertension [70]	12.8%	11.1%	14.8%
COPD[71]	1.1%	1.0%	1.9%
Rheumatoid arthritis[72]	0.8%	0.5%	0.8%

Summary of long-term conditions QOF indicators across Croydon:

- Heart failure: Croydon (0.7%) has a lower prevalence compared to the England average (1.1%) and is similar to London (0.6%).
- Asthma: Croydon (5.1%) has a lower prevalence compared to England (6.5%) and is higher than London (4.7%).
- Atrial fibrillation: Prevalence in Croydon (1.3%) is lower than the England average (2.1%) and similar to London (1.1%).

[65] 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/E09000008/iid/280/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

[66] DHSC. Fingertips Public health profiles – Stroke: QOF prevalence Proportion - %. [Accessed May 2025] https://fingertips.phe.org.uk/search/stroke#page/4/gid/3000007/pat/15/ati/502/are/E09000008/iid/212/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

[67] 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/E09000008/iid/241/age/187/sex/4/cat/-1/ctp/-1/yrr/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/502/are/E09000008/iid/273/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

[69] 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/yrr/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/E09000008/iid/219/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

[71] 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/E09000029/iid/253/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/eng-vo-1

[72] 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/E09000008/iid/91269/age/164/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

- Stroke: Croydon (1.3%) prevalence is similar to London (1.1%) and lower than England (1.9%).
- Diabetes: Croydon (7.8%) value is similar to England (7.7), and is higher than the London regional value (7.0%).
- Coronary Heart Disease (CHD): Croydon value (2.1%) is similar to the London value (1.9%) and below the national value (3.0%).
- Peripheral Arterial Disease (PAD): Prevalence is the same as for the regional value (0.3%) and lower than the national value (0.6%).
- Hypertension: Croydon (12.8) rate is lower than the national average (14.8%), but higher than the regional one (11.1%).
- Chronic Obstructive Pulmonary Disease (COPD): Prevalence in Croydon (1.1%) is similar to that of London (1.0%) and is lower compared to the England average (1.9%).
- Rheumatoid arthritis: Croydon has the same prevalence as England (0.8%), which is higher than the regional value (0.5%).
- Cancer data is not available for the 2023/24 period. The latest data is from 2022/23, where Croydon's rate of diagnosed cancers was 2.8% of the GP register.[73] This is higher than the London rate of 2.5% in 2023/24 but below the England rate of 3.6%.

2.14.2 Mental health

Table 21: Percentage of patients recorded on GP Practice disease registers per locality for conditions that affect mental health (2023/24)

Indicator	Croydon	London	England
Learning disability[74]	0.6%	0.5%	0.6%
Depression[75]	1.3%	1.3%	1.5%
Epilepsy[76]	0.7%	0.5%	0.8%

[73] Croydon Observatory. Diagnosed conditions in Croydon GPs 2012-23. [Accessed May 2025] https://www.croydonobservatory.org/wp-content/uploads/2023/09/Diagnosed-Conditions-in-Croydon-GPs-2012-23.pdf

[74] 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/E09000008/iid/200/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

[75] 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/E09000008/iid/90646/age/168/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

[76] 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/yrr/1/cid/4/tbm/1

Indicator	Croydon	London	England
Dementia[77]	0.7%	0.5%	0.8%
Mental health (all ages) [78]	1.2%	1.1%	1.0%

Summary of mental health QOF conditions indicators across Croydon:

- Learning difficulties: Prevalence in Croydon is identical to the national average (0.6%) and similar to the London average (0.5%).
- Depression: The rate of depression in Croydon is similar to the national average (1.5%) and identical to the regional average (1.3%).
- Epilepsy: Croydon (0.7%) rate is similar to the national average (0.8%) and higher than the regional average (0.5%).
- Dementia: Prevalence in Croydon (0.7%) is similar to the national average (0.8%) and higher than the regional average (0.5%).
- Mental health (all ages): Prevalence of Croydon (1.2%) is similar to both the regional (1.1%) and national (1.0%) values.

Croydon has slightly higher rates of mental health-related conditions than London, particularly for learning disability, epilepsy, dementia, and overall mental health diagnoses. Compared to England, Croydon's rates are broadly similar, with a slightly lower incidence of depression.

[77] 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/E09000008/iid/247/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

[78] 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/E09000008/iid/90581/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

Section 3: NHS pharmaceutical services provision, currently commissioned

3.1 Overview

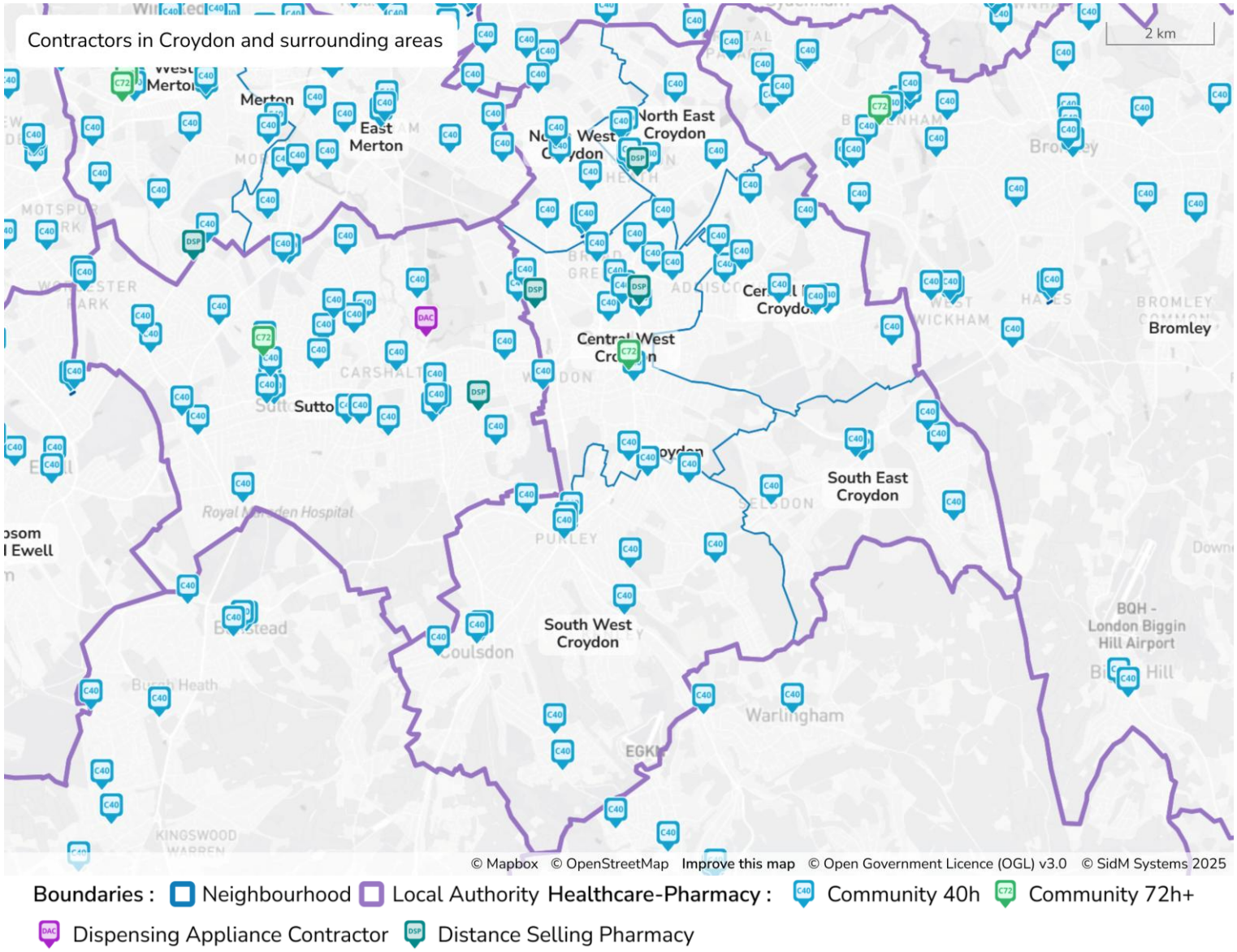
There is a total of 63 pharmacy contractors in Croydon.

Table 22: Contractor type and number in Croydon

Type of contractor	Number
40-hour community pharmacies (including three PhAS)	59
72-hour plus community pharmacies	1
Distance Selling Pharmacy (DSPs)	3
Local Pharmaceutical Service (LPS) providers	0
Dispensing Appliance Contractors (DAC)	0
Dispensing GP Practices	0
Total	**63**

A list of all contractors in Croydon and their opening hours can be found in Appendix A. Figure 9 below shows all contractor locations within Croydon.

Figure 9: Map of contractors in Croydon and surrounding areas



3.2 Community pharmacies

Table 23: Number of community pharmacies in Croydon

Number of community pharmacies	Population of Croydon	Ratio of pharmacies per 100,000 population*
63 (includes 3 DSP)	397,741	15.8

Correct as of May 2025.

Community pharmacies are described in Section 1.5.1.1. There are 63 community pharmacies in Croydon (including three DSPs), compared to 72 in the last PNA (which included 4 DSPs).

The Croydon average of 15.8 pharmacies per 100,000 is lower than the national average of 18.0 community pharmacies per 100,000 population and is the lowest amongst the South West London boroughs. Section 1.2 noted the level of national community pharmacy closures due to funding challenges and workforce pressures.

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

Table 24 shows the change in the numbers of pharmacies over recent years compared with regional and national averages.

Table 24: Number of community pharmacies per 100,000 population

Area	2022	2025
Croydon	18.5	15.8
England	20.5	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 for each locality is explored in Section 6.2.

Table 25 provides a breakdown, by locality, of the number of community pharmacies and the rate per 100,000 population.

Table 25: Average number of community pharmacies in 100,000 population by locality[79]

Area	Number of community pharmacies (May 2025)	Total population	Average number of community pharmacies per 100,000 population (May 2025)	Number of community pharmacies (2022 PNA including DSPs)	Average number of community pharmacies per 100,000 population (2022 PNA)
North East	8	50,985	15.7	11	21.4
North West	9	59,335	15.2	9	15.1
Central East	8	59,720	13.4	9	15.1
Central West	17	102,374	16.6	19	19.0
South East	6	41,878	14.3	9	21.3
South West	15	77,932	19.2	15	19.7
Croydon	**63**	**397,741**[80]	**15.8**	**72**	**18.5**
England	**10,394**[81]	**57,690,323**[82]	**18.0**	**11,600**	**20.5**

Analysis of dispensing data has highlighted out approximately 388,850 prescription items dispensed each month (between September 2024 – January 2025), accounting for an average of 6,172 items per community pharmacy in Croydon.[83] This is lower than the England average of 7,109 items per pharmacy monthly.[84]

[79] ONS. Mid-year 2022 ward-level population estimates (official statistics in development). [Accessed May 2025] https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/wardlevelmidyearpopulationestimatesexperimental

[80] ONS. Estimates of the population for the UK, England, Wales, Scotland and Northern Ireland – Mid 2023. October 2024. [Accessed May 2025] https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland

[81] NHS Business Services Authority (BSA). Pharmacy Openings and Closures – April 2025. May 2025. [Accessed May 2025] https://opendata.nhsbsa.net/dataset/pharmacy-openings-and-closures/resource/e5b4e783-9c0a-4a42-85a3-3a5554864f19

[82] ONS. Estimates of the population for the UK, England, Wales, Scotland and Northern Ireland – Mid 2023. October 2024. [Accessed May 2025] https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland

[83] NHS BSA. Dispensing Contractors' Data. Sept 2024 – Jan 2025. [Accessed May 2025] https://www.nhsbsa.nhs.uk/prescription-data/dispensing-data/dispensing-contractors-data

[84] 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 Croydon, one less than in the 2022 PNA. One of these DSPs is located in the North East and the other two in the Central West Croydon locality. 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 Croydon.

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 Croydon.

There are 111 DACs in England.[85]

3.5 Dispensing GP practices

Dispensing GP practices are described in Section 1.5.3.

There are no dispensing GP practices in Croydon.

3.6 Local Pharmaceutical Service (LPS) providers

LPS providers are described in Section 1.5.1.4.

There are no LPS pharmacies in Croydon.

3.7 Pharmacy Access Scheme (PhAS) pharmacies

The Pharmacy Access Scheme is described in Section 1.5.1.3.

There are three PhAS providers in Croydon, one in South West and two in Central East Croydon. Details of these can be found in Appendix A.

3.8 Pharmaceutical service provision provided from outside Croydon

London has a transient population with good transport links; therefore, populations may find community pharmacies in the neighbouring seven boroughs more accessible and/ or more convenient. Neighbouring areas include the London Boroughs of Sutton, Merton, Lambeth and Bromley, as well as Surrey (Tandridge and Reigate and Banstead districts).

It is not practical to list here all those pharmacies outside the Croydon area by which Croydon residents will access pharmaceutical services. A number of providers lie within close proximity to the borders of Croydon area boundaries, as shown in Figure 9 in Section 3.1.

Further analysis of cross-border provision is undertaken in Section 6.

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

Total items prescribed by Croydon GPs between March 2024 and February 2025 (financial period) was 6,366,103. Of these items, 87% were dispensed by pharmacies in Croydon, and 13% dispensed in pharmacies outside Croydon.

It should also be noted that Croydon pharmacies can be accessed by residents in neighbouring boroughs, and a total of 428,038 items were prescribed outside Croydon and dispensed by Croydon pharmacies in the same period 2024/25.

3.9 Access to community pharmacies

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

Figure 10: Map of pharmacies in Croydon with population density

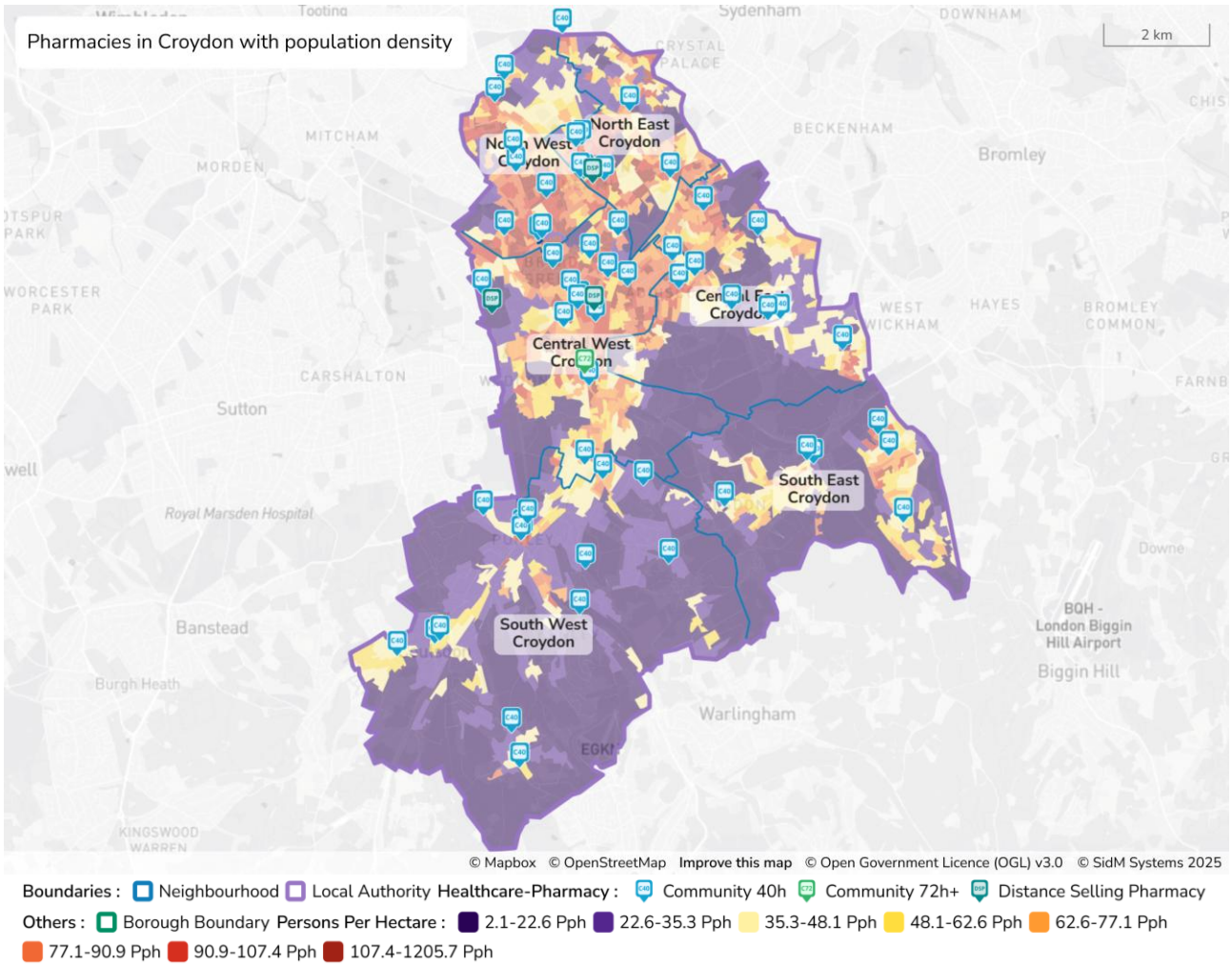
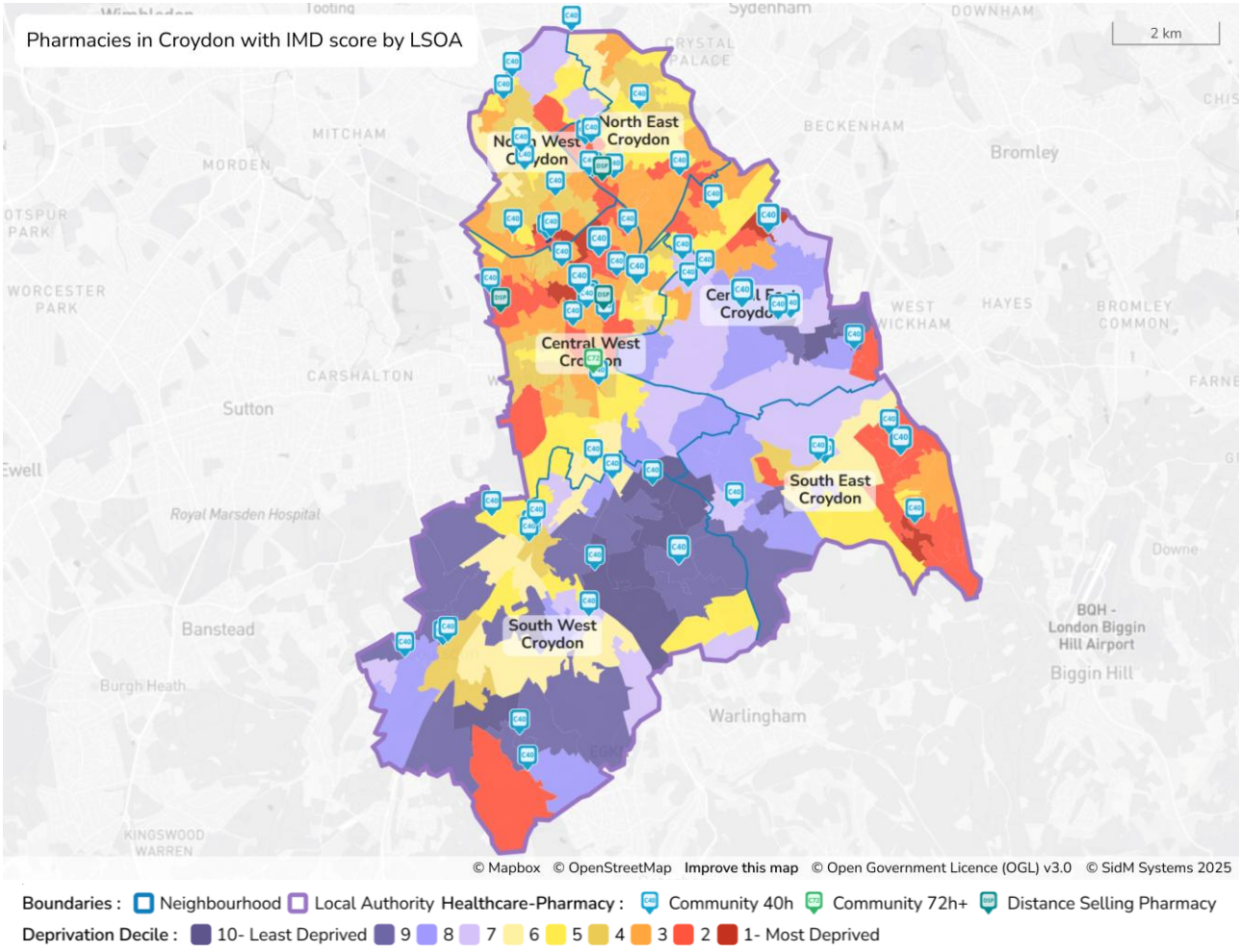


Figure 11: Map of pharmacies in Croydon with IMD score by LSOA



A previously published article[86] 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 Croydon and their opening hours can be found in Appendix A.

[86] 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 that have access to at least one car or van is 66.4% in Croydon, compared to 57.9% in London and 76.5% in England.[87]

Table 26: Percentage of households across Croydon with access to at least one car or van

Area	Households with access to at least one car or van (%)
North East Croydon	58.2%
North West Croydon	64.8%
Central East Croydon	70.8%
Central West Croydon	53.8%
South East Croydon	74.9%
South West Croydon	83.6%
Croydon	**67.7%**
London	**57.9%**
England	**76.5%**

3.9.1.2 Travel time to pharmacy

The following maps and tables below show travel times to community pharmacies using a variety of options. A breakdown of travel within each locality is shown in Section 6.2. 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 27: Time to pharmacy and population coverage (%) with various methods of transportation across Croydon

Transport	0-10 minutes	0-20 minutes	0-30 minutes
Walking	63.3%	97.3%	99.9%
Driving (peak)	100%	100%	100%
Driving (off-peak)	100%	100%	100%
Public transport (peak)	66.1%	98.0%	99.9%
Public transport (off-peak)	65.3%	98.2%	99.9%

[87] 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

Table 28: Walking time to pharmacy by locality: population coverage (%)

Area	0-10 minutes	0-20 minutes	0-30 minutes
North East Croydon	70.4%	100%	100%
North West Croydon	82.8%	99.7%	100%
Central East Croydon	62.8%	98.6%	100%
Central West Croydon	69.2%	99.1%	100%
South East Croydon	57.0%	95.3%	99.4%
South West Croydon	40.2%	91.4%	99.8%
Croydon	**63.3%**	**97.3%**	**99.9%**

Table 29: Driving time to pharmacy by locality: population coverage (%)

Area	0-10 minutes (off-peak)	0-20 minutes (off-peak)	0-30 minutes (off-peak)	0-10 minutes (peak)	0-20 minutes (peak)	0-30 minutes (peak)
North East Croydon	100%	100%	100%	100%	100%	100%
North West Croydon	100%	100%	100%	100%	100%	100%
Central East Croydon	100%	100%	100%	100%	100%	100%
Central West Croydon	100%	100%	100%	100%	100%	100%
South East Croydon	100%	100%	100%	99.7%	100%	100%
South West Croydon	99.9%	100%	100%	99.9%	100%	100%
Croydon	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

Table 30: Public transport time to pharmacy by locality: population coverage (%)[88]

Area	0-10 minutes (off-peak)	0-20 minutes (off-peak)	0-30 minutes (off-peak)	0-10 minutes (peak)	0-20 minutes (peak)	0-30 minutes (peak)
North East Croydon	74.8%	100%	100%	75.6%	100%	100%
North West Croydon	80.3%	99.6%	100%	80.2%	99.2%	100%
Central East Croydon	65.9%	98.0%	100%	64.5%	97.8%	100%
Central West Croydon	67.5%	99.9%	100%	71.1%	99.2%	100%

[88] Please note there may be a marginal higher coverage in some areas for public transport during peak times compared to off-peak, which is and likely down to better transport links during peak times in those areas.

Area	0-10 minutes (off-peak)	0-20 minutes (off-peak)	0-30 minutes (off-peak)	0-10 minutes (peak)	0-20 minutes (peak)	0-30 minutes (peak)
South East Croydon	59.7%	97.7%	100%	60.4%	97.1%	99.2%
South West Croydon	47.5%	94.3%	99.3%	47.4%	95.1%	100%
Croydon	**65.3%**	**98.2%**	**99.9%**	**66.1%**	**98.0%**	**99.9%**

In summary, for Croydon:

- 97.3% of the population can reach a community pharmacy in 20 minutes walking.
- 100% of the population that have access to private transport in Croydon can drive to a pharmacy within 20 minutes, whether this is off peak or peak.
- 98.0% can travel to a community pharmacy via public transport within 20 minutes at peak times, and 98.2% off-peak.

Figure 12: Average walk times to community pharmacies in Croydon

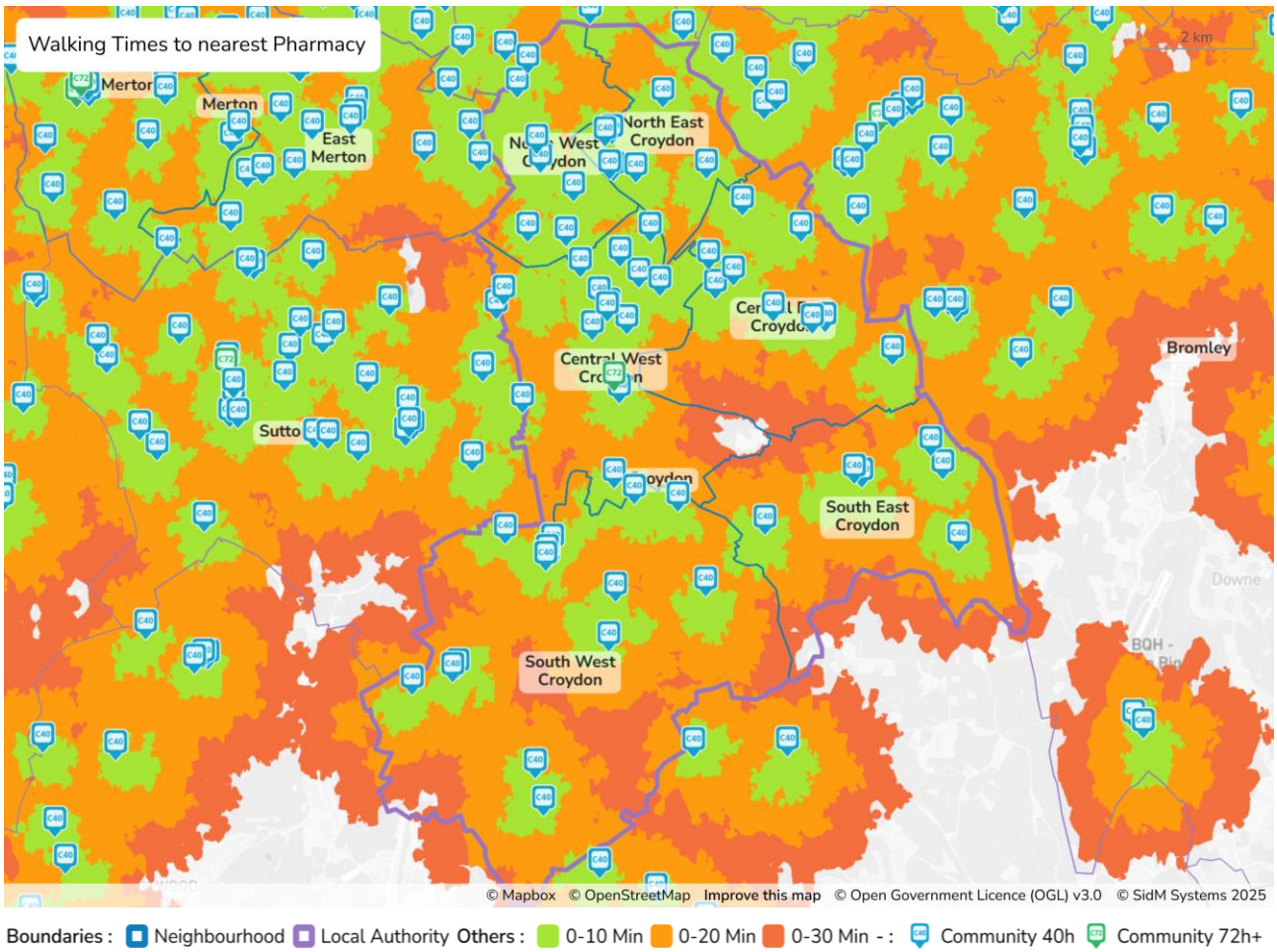


Figure 13: Time to the nearest pharmacy with private transport in Croydon (off peak)

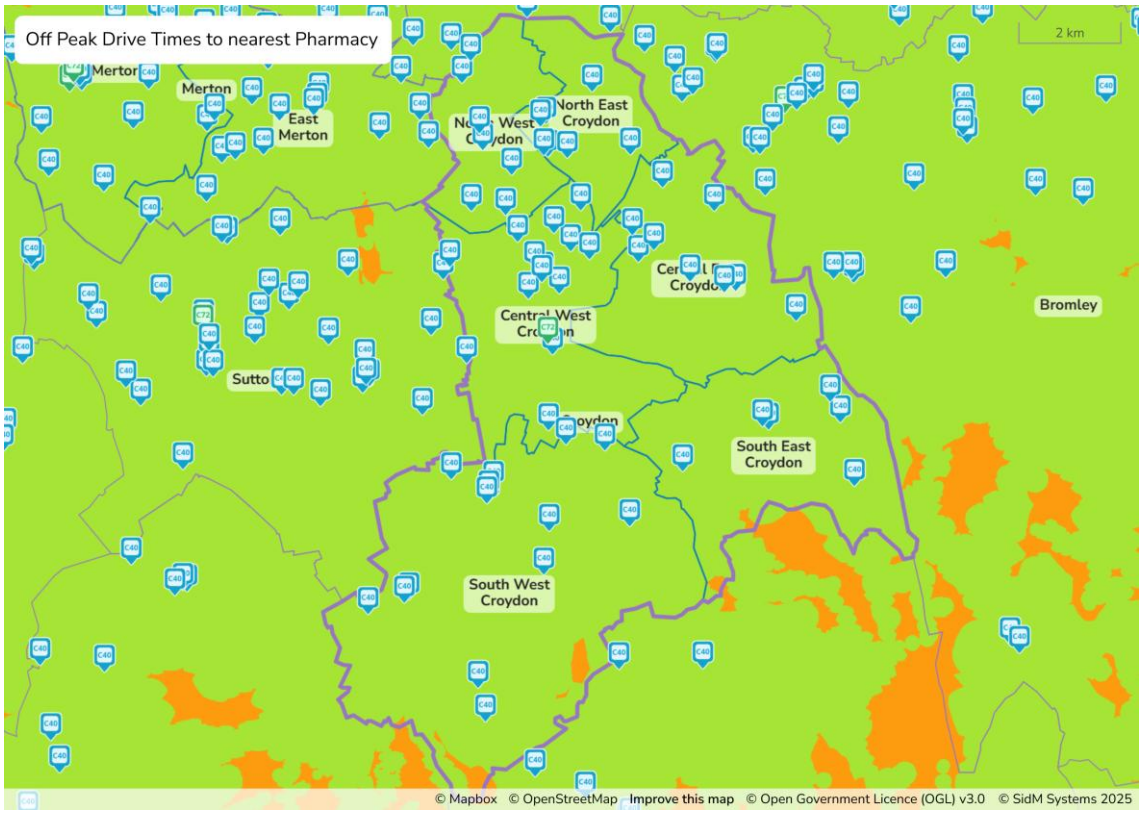


Figure 14: Time to the nearest pharmacy with private transport in Croydon (peak)

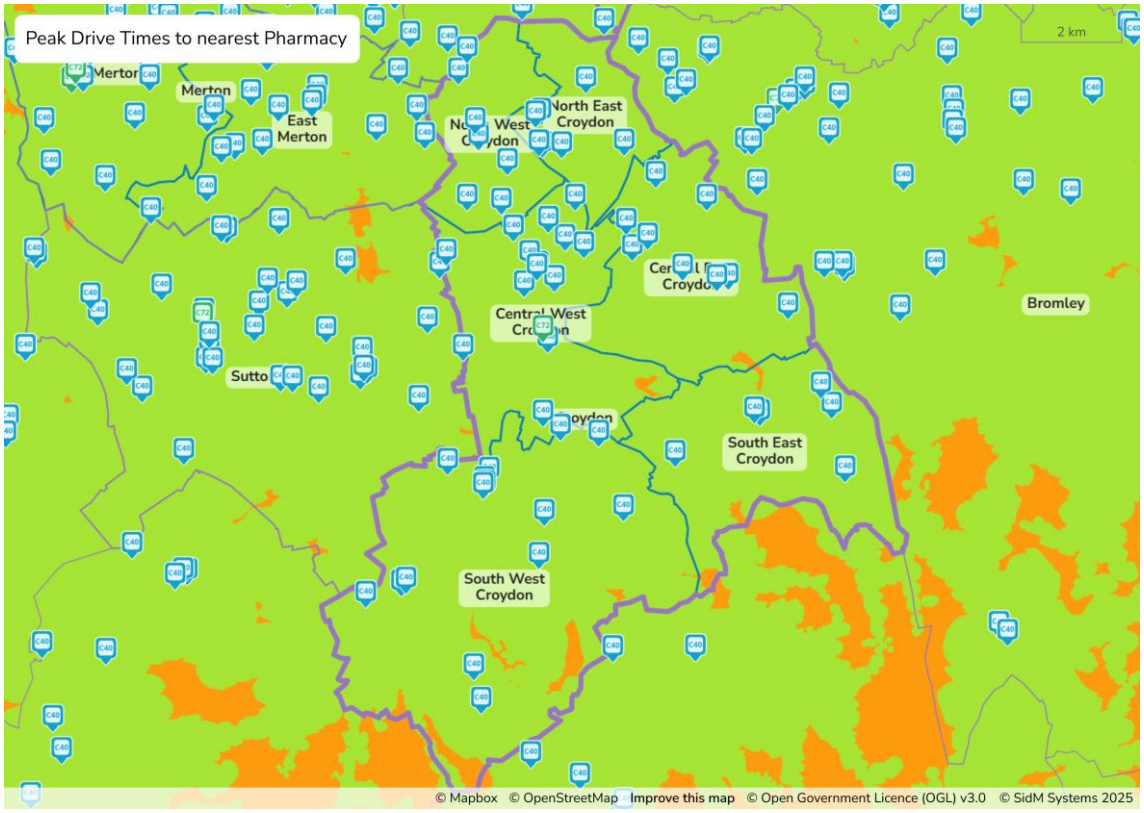


Figure 15: Public transport times to the nearest pharmacy in Croydon (off peak)

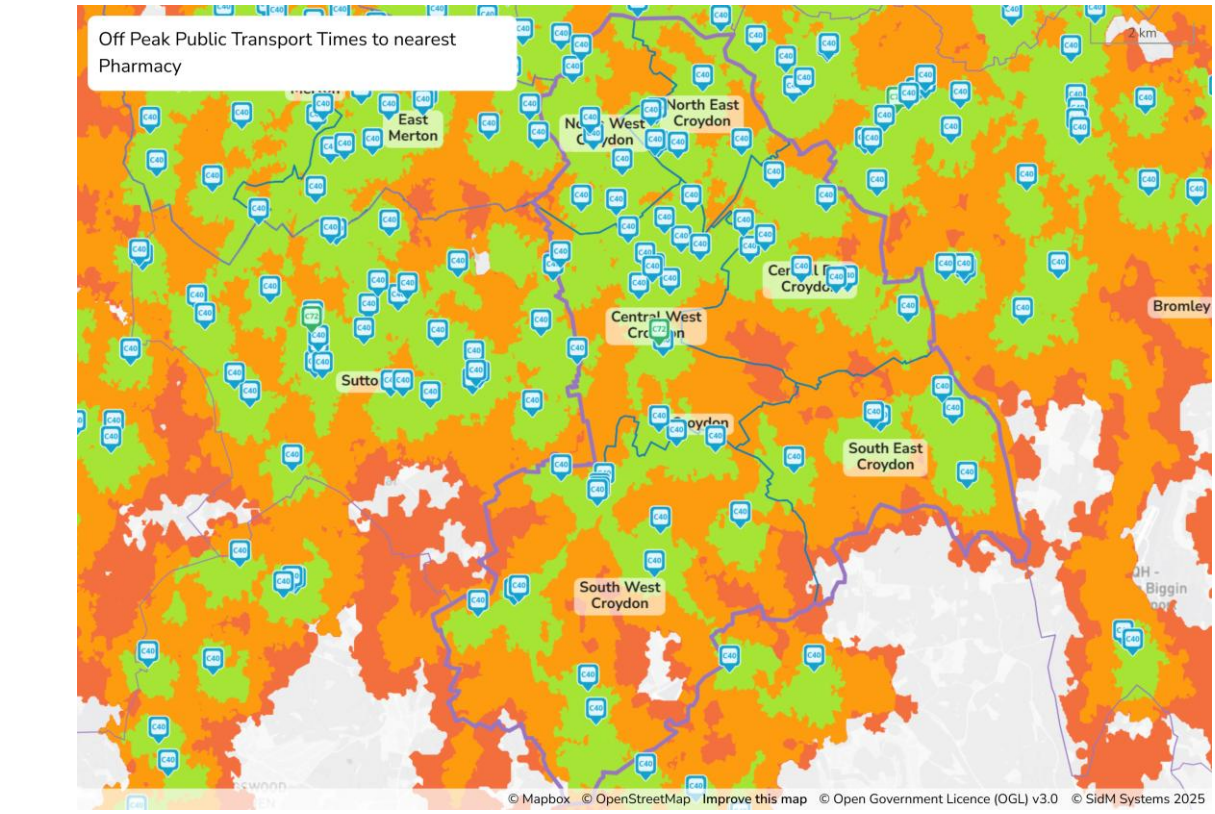
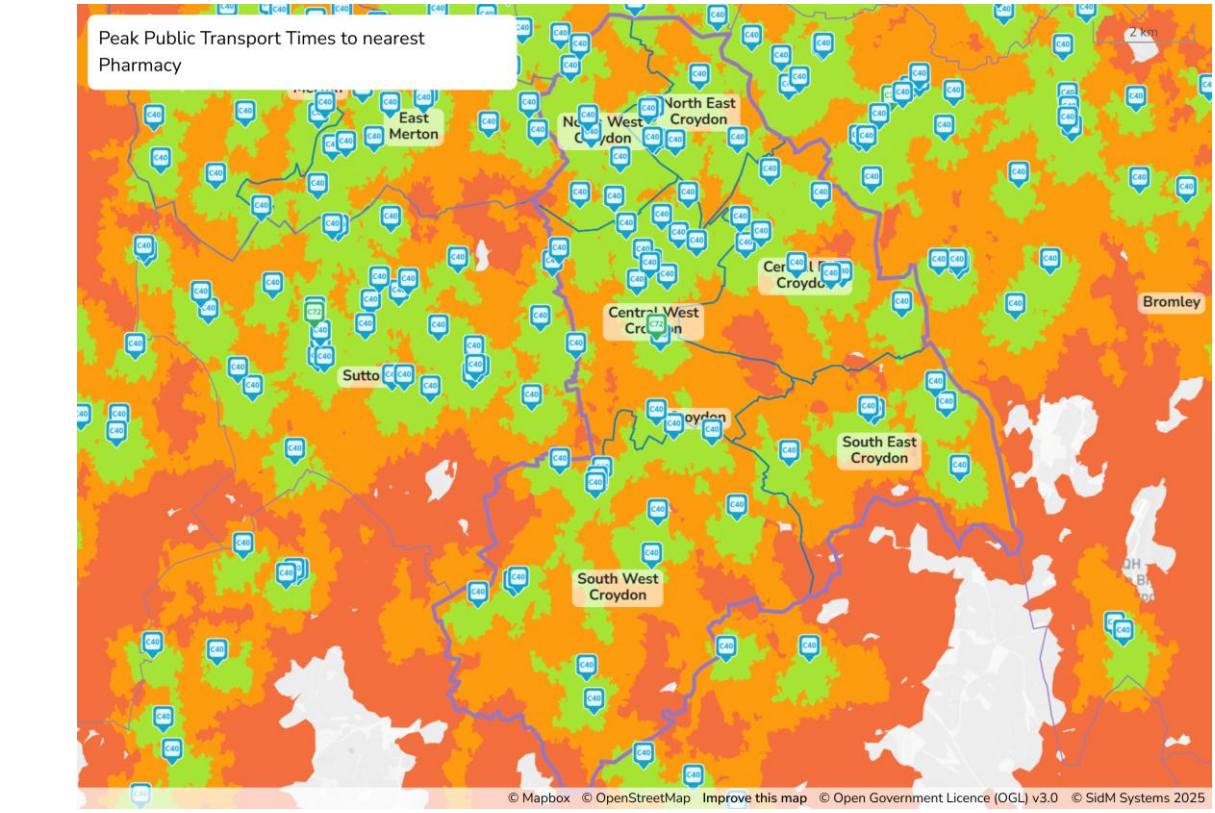


Figure 16: Public transport times to the nearest pharmacy in Croydon (peak)



3.9.2 Weekend and evening provision

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

In the 2022 PNA, Croydon had three 100-hour pharmacies (4.1%) compared to one (2%) 72-hour pharmacy now open in May 2025. Nationally, there has been a decline too, 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%.

Currently, only the Central West locality has a 72-hour plus community pharmacy; all others do not.

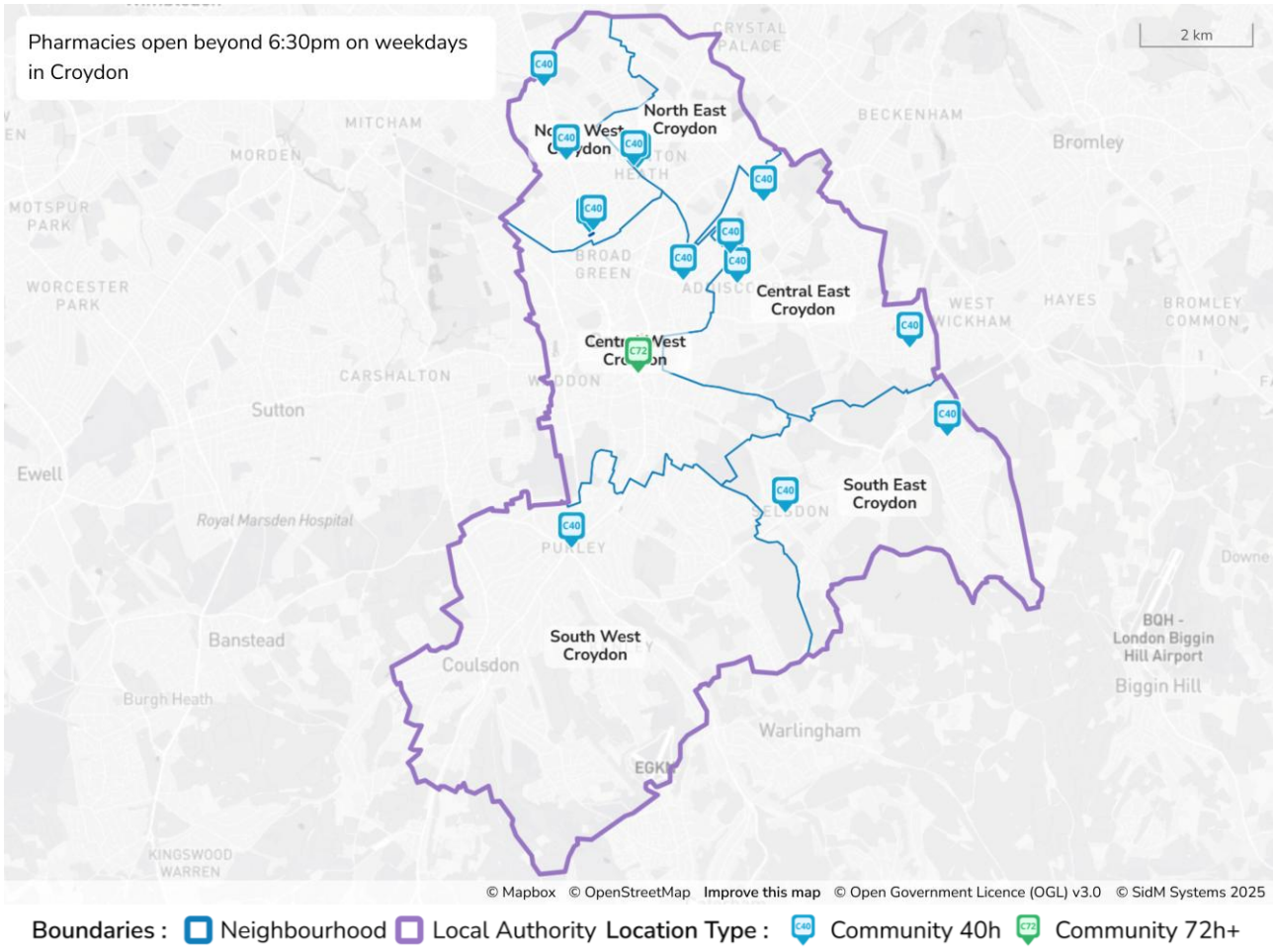
3.9.2.1 Routine weekday evening access to community pharmacies

The number, location and opening hours of community pharmacy providers open beyond 6:30 pm, Monday to Friday (excluding bank holidays), vary within each locality. 'Average' access is difficult, given the variety of opening hours and locations. Access is therefore considered at locality level and can be found in Table 31 below, which shows that 25% of pharmacies are open beyond 6:30 pm across Croydon. Full details of all pharmacies' opening hours can be found in Appendix A and assessment by locality in Section 6.2.

Table 31: Number and percentage (excluding 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
North East Croydon	1 (14%)	5 (71%)	3 (43%)	0 (0%)
North West Croydon	5 (56%)	8 (89%)	5 (56%)	3 (33%)
Central East Croydon	3 (38%)	7 (88%)	5 (63%)	1 (13%)
Central West Croydon	3 (20%)	13 (87%)	10 (67%)	4 (27%)
South East Croydon	2 (33%)	5 (83%)	2 (33%)	1 (17%)
South West Croydon	1 (7%)	12 (80%)	5 (33%)	3 (20%)
Croydon	**15 (25%)**	**51 (85%)**	**30 (50%)**	**12 (20%)**

Figure 17: Community pharmacies open beyond 6:30 pm on weekdays across Croydon



3.9.2.2 Routine Saturday daytime access to community pharmacies

The number, location and opening hours of community pharmacy providers open on Saturdays vary within each locality. Of the pharmacies in Croydon, 51 (85%) are open on Saturdays until 1 pm, and 30 (50%) are open on Saturdays after 1 pm, see Table 31 above. 'Average' access is difficult given the variety of opening hours and locations. Access is therefore considered at locality level in Section 6.2. Full details of all pharmacies open on a Saturday can be found in Appendix A. Please see Figure 18 and Figure 19 below.

Figure 18: Community pharmacies open on Saturday until 1 pm in Croydon

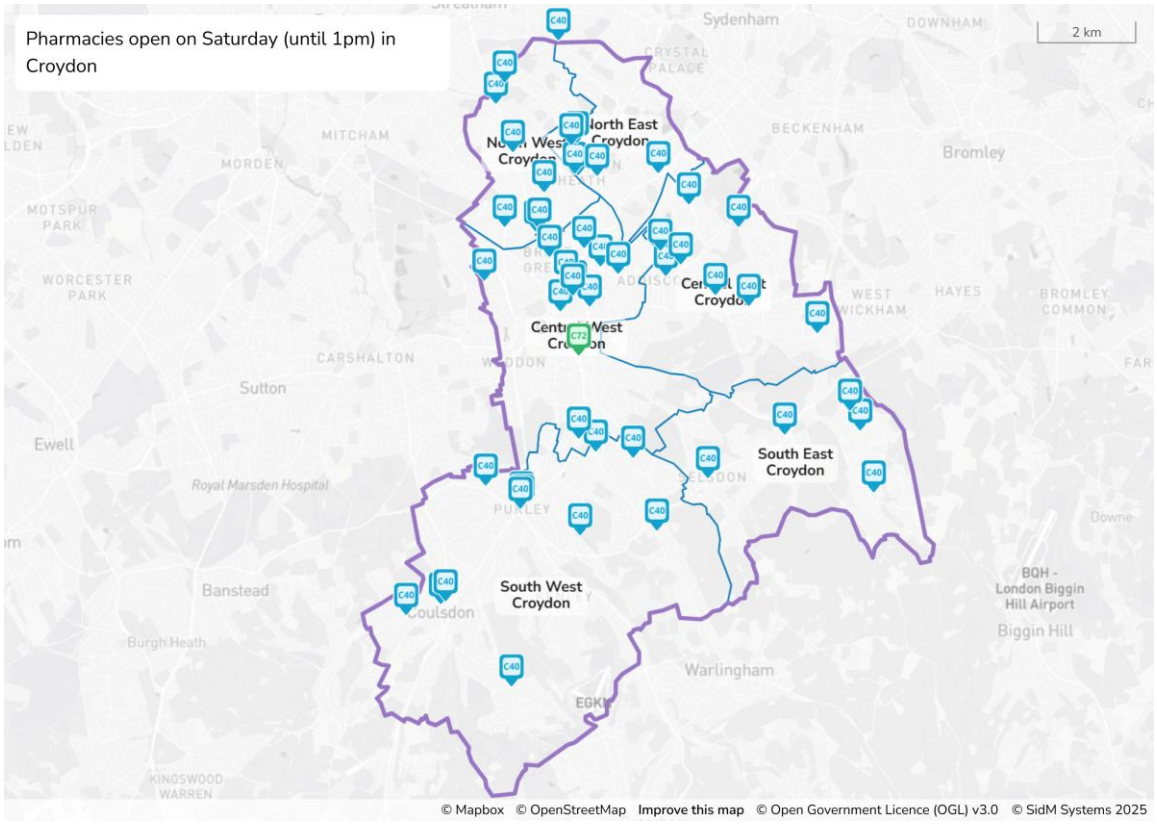
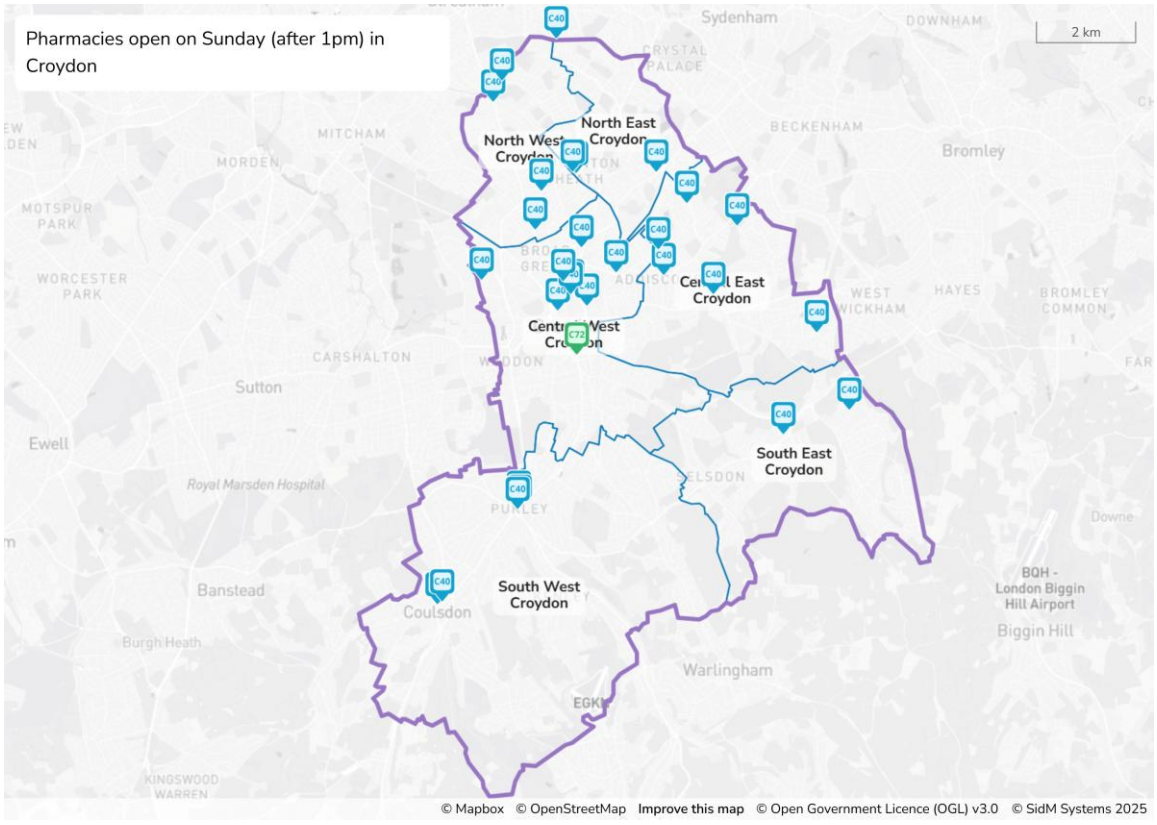


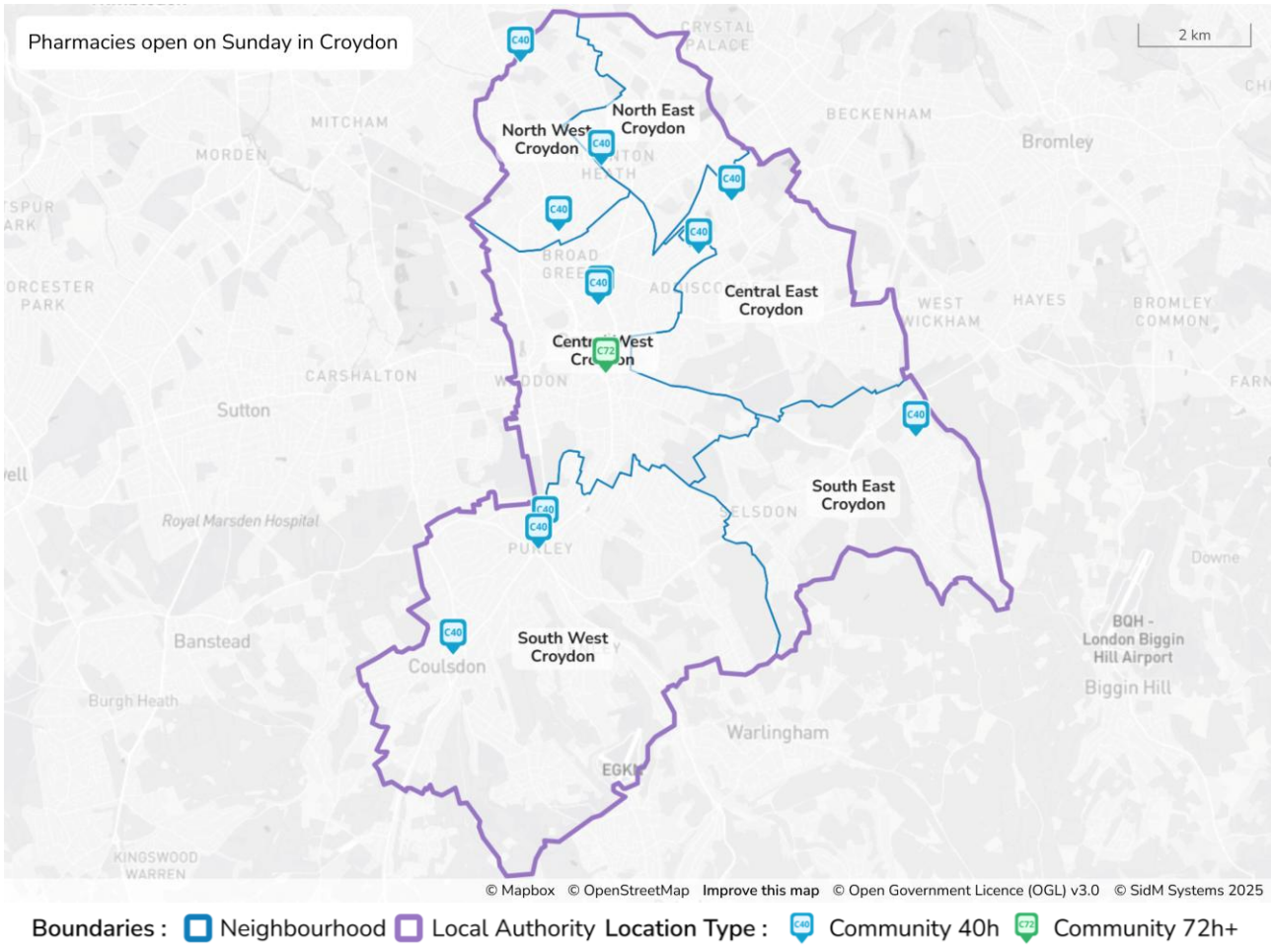
Figure 19: Community pharmacies open on Saturday after 1 pm in Croydon



3.9.2.3 Routine Sunday daytime access to community pharmacies

The number, location and opening hours of community pharmacy providers open on Sundays vary within each locality. Fewer pharmacies (12, 20%) are open on Sundays than on any other day in Croydon, which typically mirrors the 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 Table 31 above and Figure 20 below.

Figure 20: Community pharmacies open on Sunday in Croydon



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 Service 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 32 below.

Data supplied from the ICB has been used to demonstrate how many community pharmacies per district have signed up to provide the Advanced Services, and data from the 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 in certain localities, 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.

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

Newer advanced services are increasing in activity based on activity recorded in the 2022 PNA. The Hypertension case finding service previously had low uptake across all localities; however, data suggests good uptake by contractors in all localities in Croydon.

The national Smoking Cessation Service currently has very low uptake locally, following the national trend. Only four pharmacies in Croydon are providing the service, based on who is claiming payment currently. This service relies on a referral from secondary care; therefore, numbers should be interpreted with care, as they are low due to a lack of referral. The HWB would encourage the local community pharmacy network to sign up to provide the services, even though referrals for residents are via the local trust.

Table 32: Summary of Advanced and Enhanced Service provision by community pharmacy across Croydon

(The numbers in the table below represent the percentage of providers claiming payment from NHS BSA (September 2024 to January 2025) and within the brackets the percentage known to the ICB as signed up to provide the service, where available).

Service	North East Croydon	North West Croydon	Central East Croydon	Central West Croydon	South East Croydon	South West Croydon	Croydon
Pharmacy First	88% (100%)	89% (100%)	88% (100%)	88% (94%)	100% (100%)	100% (93%)	**92% (97%)**
Flu Vaccination service	88% (13%)	89% (0%)	100% (25%)	76% (12%)	83% (17%)	100% (33%)	**89% (17%)**
Pharmacy Contraception Service	50% (50%)	56% (89%)	50% (25%)	59% (41%)	50% (50%)	53% (27%)	**54% (44%)**
Hypertension Case Finding Service	75% (88%)	89% (100%)	88% (100%)	76% (88%)	83% (83%)	100% (93%)	**86% (92%)**
New Medicine Service	100% (N/A)	89% (N/A)	100% (N/A)	88% (N/A)	83% (N/A)	100% (N/A)	**94% (N/A)**
Smoking Cessation Service	0% (13%)	22% (22%)	13% (0%)	6% (6%)	0% (0%)	0% (0%)	**6% (6%)**
Appliance Use Review*	0% (N/A)	0% (N/A)	0% (N/A)	0% (N/A)	0% (N/A)	0% (N/A)	**0% (N/A)**
Stoma Appliance Customisation*	0% (N/A)	0% (N/A)	0% (N/A)	0% (N/A)	0% (N/A)	0% (N/A)	**0% (N/A)**
LFD Service	25% (50%)	67% (100%)	63% (75%)	24% (65%)	33% (50%)	60% (67%)	**44% (68%)**
COVID-19 Vaccination Service**	N/A (25%)	N/A (44%)	N/A (50%)	N/A (29%)	N/A (50%)	N/A (60%)	**N/A (43%)**

* This service is typically provided by the DACs.

** Pharmacies signed up for the Autumn 2024 campaign.

3.11 Enhanced Service provision from community pharmacy

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

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 the number of pharmacies signed up is available in Table 32 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 NHSE website: https://www.nhs.uk/service-search/pharmacy/find-a-pharmacy.
- The Measles, Mumps and Rubella (MMR) vaccination service is currently commissioned in four pharmacies in Croydon until the end of March 2026:
    - Bids Chemists at 1495 London Road, Norbury, SW16 4AE.
    - A-Z Pharmacy at 20 London Road, West Croydon, CR0 2TA.
    - Brigstock Pharmacy at 141 Brigstock Road, Thorntonheath, CR7 7JN.
    - Fieldway Pharmacy at 3 Wayside, Fieldway, New Addington, CR0 9DX.
- Details of pharmacies signed up for the Pneumococcal Polysaccharide Vaccine (PPV) service were not available at the time of writing.
- The London Flu vaccination service will come into effect from 1 September 2025. In previous campaigns, one of the requirements for eligibility was for pharmacies to be providing the national Advanced Flu service first.

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

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

Community pharmacies and GP practices provide a range of other services. These are not considered 'pharmaceutical services' under the PLPS Regulations 2013 and may be either free of charge, privately funded or commissioned by the Local Authority or ICB.

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

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

4.1 SWL ICB-commissioned services

There are currently two services commissioned by SWL ICB:

- 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 Croydon 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.[89]

4.2 Croydon Council commissioned services

There are currently five services commissioned across Croydon by the local council, and they are shown in Table 33 below.

Table 33: Summary of local authority-commissioned services provision by community pharmacy across Croydon (count and percentage)

Area	Enhanced sexual health (emergency contraception)	Chlamydia screening	NHS Health Checks	Supervised consumption*	Needle exchange*
North East Croydon	1 (13%)	2 (25%)	0 (0%)	7 (88%)	2 (25%)
North West Croydon	1 (11%)	2 (22%)	0 (0%)	6 (67%)	0 (0%)
Central East Croydon	1 (13%)	1 (13%)	0 (0%)	5 (63%)	2 (25%)
Central West Croydon	2 (12%)	3 (18%)	2 (12%)	10 (59%)	7 (41%)

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

Area	Enhanced sexual health (emergency contraception)	Chlamydia screening	NHS Health Checks	Supervised consumption*	Needle exchange*
South East Croydon	1 (17%)	1 (17%)	0 (0%)	2 (33%)	2 (33%)
South West Croydon	0 (0%)	0 (0%)	1 (7%)	8 (53%)	2 (13%)
Croydon	**6 (10%)**	**9 (14%)**	**3 (5%)**	**38 (60%)**	**15 (24%)**

* This service is provided via a contract with the national charity Change, Grow, Live (CGL)

These services may also be provided by other providers, for example, GP practices and community health services. A full list of community pharmacy providers for each service in Croydon 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 or 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 are 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 Croydon, 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,[90] community pharmacies are required to make 'reasonable adjustments' to their services to ensure they are accessible to all groups, including persons with a disability.

From the 259 responders to the public questionnaire, 23% have identified that they have a disability. It should be noted that out of those who stated they have a disability, 60% stated it affects their mobility.

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

4.3.3 Language services

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

4.4 Other providers that reduce the need for pharmaceutical service provision

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

4.4.1 NHS hospitals

Pharmaceutical service provision is provided to patients by the hospital:

- Croydon University Hospital, 530 London Road, Thornton Heath, CR7 7YE.

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. Please see below a map with the location of GP practices across Croydon.

Figure 21: GP and dental practices across Croydon

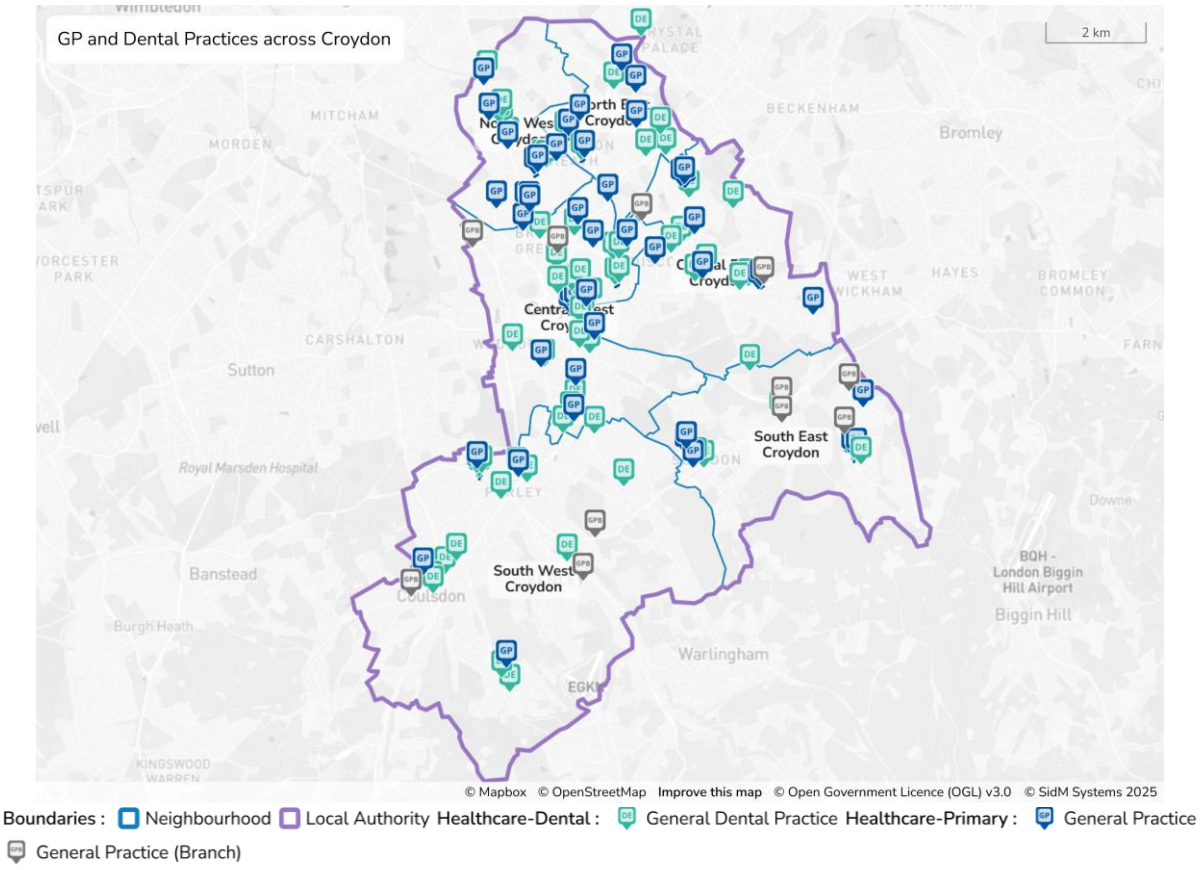
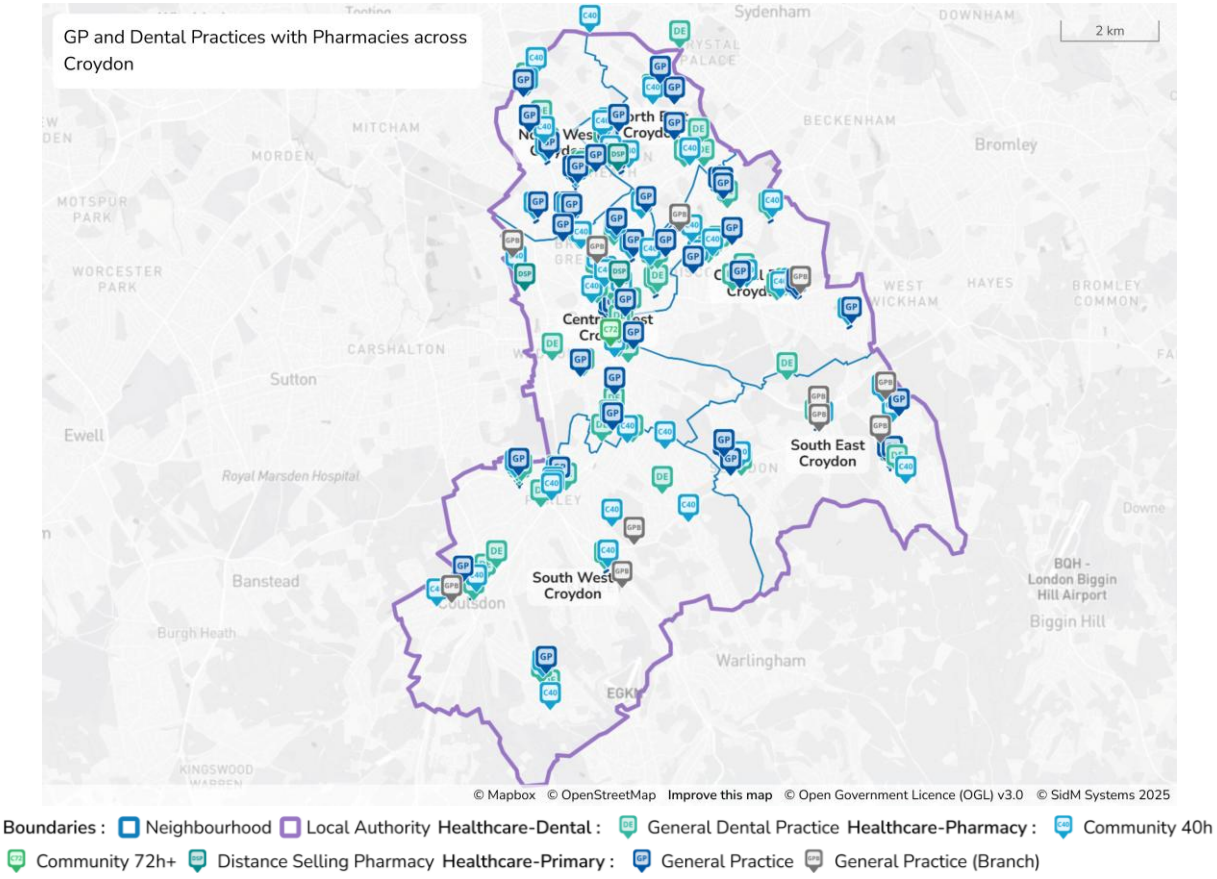


Figure 22: GP and dental practices with pharmacies across Croydon



4.4.3 Vaccination services by GP practices

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

4.4.4 Prison pharmacies

There are no prison pharmacy services in Croydon.

4.4.5 Substance misuse services

The national charity Change, Grow, Live (CGL) are commissioned to provide treatment and recovery services for people who experience substance use disorders. As part of this service, Croydon Council require CGL to contract with Croydon's community pharmacies to provide some services for the prevention of medicine diversion and reduction of harm to individuals from blood-borne virus injections and injection site wounds through the sharing or reuse of injecting equipment and paraphernalia. These services are:

- Supervised administration of medications, including methadone and buprenorphine.
- Needle and syringe programmes.

These services have been provided since 1 October 2021 for a period of five years, with the option to extend for a further two years. Details of community pharmacies accredited for these services are included in Section 4.2 and in Appendix A.

The DrinkCoach free app provides tools and information to support sensible drinking.

There are also lots of other national support services available for Croydon residents.[91]

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

4.5.1 Urgent care centres

Residents of Croydon have access to treatment for minor illnesses and urgent medical problems at:

- Croydon University Hospital, 530 London Road, Croydon, CR7 7YE.
- Purley Hospital, 856 Brighton Road, Purley, CR8 2YL.

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 homes.

4.5.4 Dental services

Dentists are able to prescribe through their dental practices and may issue prescriptions for their patients when necessary. See Figure 21 and Figure 22 above for the local of dental services across Croydon.

4.5.5 End of life services

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

4.5.6 Sexual health centres

Sexual health clinics are available from:

- Croydon Sexual Health Centre, Croydon University Hospital, 530 London Road, Croydon, CR7 7YE.

Provision is also available from Getting It On, which provides 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.

[91] NHS. Drug addiction: getting help. [Accessed June 2025] https://www.nhs.uk/live-well/addiction-support/drug-addiction-getting-help/.
NHS. Alcohol support. [Accessed June 2025] https://www.nhs.uk/live-well/alcohol-advice/alcohol-support/

4.6 Other services

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

Privately provided services – most pharmacy contractors and DACs will provide services by private arrangement between the pharmacy/DAC and the customer/patient.

The following are examples of services and may fall within the definition of an Enhanced Service. However, as the service has not been commissioned by the NHS and is funded and provided privately, it is not a pharmaceutical service:

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

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

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

Section 5: Findings from the public questionnaire

A public questionnaire about pharmacy provision was developed by the steering group to understand the views of the public in Croydon. This questionnaire was available online through the Croydon Council consultation website, Get Involved, between 28 April 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.
- Fliers distributed in pharmacies, GP surgeries and libraries.
- Paper copies available in all Croydon libraries.
- Newsletters to residents, members and council staff.
- Croydon Council network including GPs, community bodies, HWB members, Health and Care Board members.
- Croydon Council network including.
- Healthwatch SWL network.
- Healthwatch Croydon network.
- SWL network.

There were 259 responses (239 online, 12 paper, 8 easy read paper) from a population of 397,741 (0.06%), 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

- 68% of the responders identified themselves as female, 30% as male, 2% preferred not to say.
- The age group that submitted the most responses was 55-64 (26%), followed by the 65-74 (18%), 45-54 (16%) and 75-84 (16%). There were two responses for the 16-19 group and two from those aged 20-24.
- 23% identified themselves as disabled.
- Of responders, the ethnicity group with the highest percentage came from a White English, Welsh, Scottish, Northern Irish, British background (67%).
- Responders from other ethnic backgrounds were Black Caribbean (6%), White – any other background (5%), Asian or Asian British – Indian (4%), White and Black Caribbean (2%), Asian or Asian British – Bangladeshi (2%), Black African (2%). The following ethnicities had 1% or fewer respondents: White Irish, White and Asian, Mixed or Multiple ethnic groups – any other mixed or multiple ethnic background, Asian or Asian British – Pakistani, Asian or Asian British – Chinese, Asian or Asian British – any other Asian background, Arab, any other ethnic group.

- For religion, most of the responders identified as Christian (58%), followed by 24% who answered atheist or no religious belief. 4% identified themselves as Hindu, 3% identified themselves as Muslim and 1% identified themselves as Jewish. 9% preferred not to say.
- The sexual orientation of responders was predominantly heterosexual (87%), whilst 7% preferred not to say, and the remaining 6% identified themselves as gay/lesbian (4%), bisexual (2%).

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

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

5.2 Visiting a pharmacy

- 89% had a regular or preferred local community pharmacy. Only 1% stated that they exclusively used an online pharmacy and 6% said that they used a combination of both.
- Most of the responders (36%) visited a pharmacy a few times a month, closely followed by those going to the pharmacy once a month (27%). A further 21% responded that they go once every few months. Only 9% went once a week or more and 5% did it once every six months. 2% of the responders stated that they had not visited/ contacted a pharmacy in the last six months.
- The most popular response for the most convenient day for the responder to visit a pharmacy the responder was Saturday (33%), although the majority (60%) stated that it varies. Responder could select multiple days for this question.
- The most convenient time also varies (46%) and when choosing a specific time, 21% of responders selected between 9 am-1 pm. Before 9 am was chosen by 3% and after 7 pm was not chosen by anyone.

5.3 Reason for visiting a pharmacy

- The main reason for visiting a pharmacy for most (89%) was to collect prescriptions for themselves. 48% went to collect prescriptions for somebody else.
- 64% went to buy over the counter medicines.
- 52% were seeking advice from a pharmacist.

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

- Of the 21 responders that stated other reasons, the main reason for usually going to a pharmacy was to get vaccinations.

5.4 Choosing a pharmacy

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

The responses show that the availability of medication was an extremely important factor for 67%. Also extremely important were the quality of service (expertise) for 55%, location of pharmacy for 55%, customer service for 49% and services provided for 47% of the 258 people that submitted their responses.

Public transport, communications (languages/ interpreting service) and accessibility (wheelchair/ buggy access) were considered as not important at all by 40%, 42% and 46% respectively. However, some did consider it important, and this may be reflected by the lower number that required the need for any particular accessible or language services.

5.5 Access to a pharmacy

- The main way patients reported accessing a pharmacy was walking (49%). The next most common method for getting to the pharmacy was by car (36%). A further 10% used public transport.
- Only 1% indicated that they do not travel to a pharmacy but instead use a delivery service or an online pharmacy.
- 87% reported that they were able to travel to a pharmacy in less than 20 minutes and, overall, 97% were able to get to their pharmacy within 30 minutes. 1% stated that it took them longer, between 30-40 minutes, to get to their pharmacy, and 2% said that they do not usually travel to the pharmacy.

5.6 Other comments

When asked about any other comments about pharmaceutical services, 23 pharmacy users expressed their satisfaction with the pharmacy provision and services, and a further 18 praised the role of pharmacies in the community, highlighting the importance of being able to seek advice from a pharmacist for minor ailments before making an appointment with their GP.

Other common themes were concerns about pharmacy pressures, closures and capacity (eight comments), expressing a need for longer opening hours outside normal working hours (15 comments), and two commented about receiving poor service from their pharmacy.

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

Between October 2024 and February 2025, South West London Integrated Care System conducted extensive community engagement to understand residents' experiences and challenges in accessing urgent care services during the winter months. This initiative was part of the Winter Engagement Fund, which awarded 115 small grants to voluntary and community sector (VCSE) organisations across the region, including Croydon.[92]

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

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.
- 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 a 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 Croydon. Those relevant to community pharmacy or how community pharmacy could support are highlighted below:

- Culturally sensitive maternity care needed, including home visits postnatally for families where leaving the home early is not culturally appropriate.
- Improve support for infant feeding choices, ensuring women's voices are heard.
- Reduce delays in accessing GP care for children to prevent escalation to A&E.
- Tackle fear of judgement in services when parents seek care for their children.
- Signposting to adult mental health services.
- CAMHS (Child and Adolescent Mental Health Services for Intellectual Disabilities) and SEND (Special Educational Needs and Disabilities) processes require clarity, signposting to parent support groups.

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

Section 6: Analysis of health needs and pharmaceutical service provision

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

6.1 Pharmaceutical services and health needs

Pharmaceutical services in Croydon contribute to the delivery of priorities set out in the Croydon 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 Croydon plays a key role in delivering the aims of the South West London Integrated Care Strategy, the Croydon Joint Local Health and Wellbeing Strategy (JLHWS), and the Croydon Health and Care Plan by providing accessible, preventative care in local communities. Through essential services such as dispensing, public health advice, and health promotion campaigns, pharmacies help tackle health inequalities and support priorities around mental wellbeing, cost of living, and healthy neighbourhoods. Their strong local presence 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 national smoking cessation also support older people and reduce preventable illness, aligning with the prevention-first approach across all plans.

By supporting medication 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.

The following have been considered as part of the assessment for Croydon 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 Croydon from the JSNA, JLHWS and the ICS.
- Population changes and housing developments across the next three years.
- IMD and deprivation ranges compared with the relative location of pharmacy premises.
- The burden of diseases and the lifestyle choices people make across Croydon.

- The health profile of the population based on ONS and QOF data.

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

- The number and location of pharmacy contractors across each locality.
- What choice do individuals have to which pharmacy they choose to visit.
- Weekend and evening access across each locality.
- How long it takes to travel to the nearest pharmacy based on various transportation methods.
- What services are provided across each locality.
- 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.

6.2 PNA localities

There are 63 pharmaceutical contractors in Croydon, all of them community pharmacies (including three DSPs). Table 22 in Section 3.1 provides a breakdown by contractor type and Table 31 in Section 3.9.2.1 provides a breakdown of the number and percentage of community pharmacies open beyond 6:30 pm and at weekends. Individual community pharmacy opening times are listed in Appendix A.

The health needs of the Croydon population influence pharmaceutical service provision in Croydon. This has been discussed in detail in Section 2, and it's summarised in 6.3. Health and population information was not always provided on a locality basis; where it was provided, it was discussed in the relevant locality section. Where data was only available at the area level, it will be discussed in Section 6.3.

The breakdown of Advanced, Enhanced and locally commissioned services provision by locality can be found in Section 3.10, 3.11, 4.1 and 4.2, respectively.

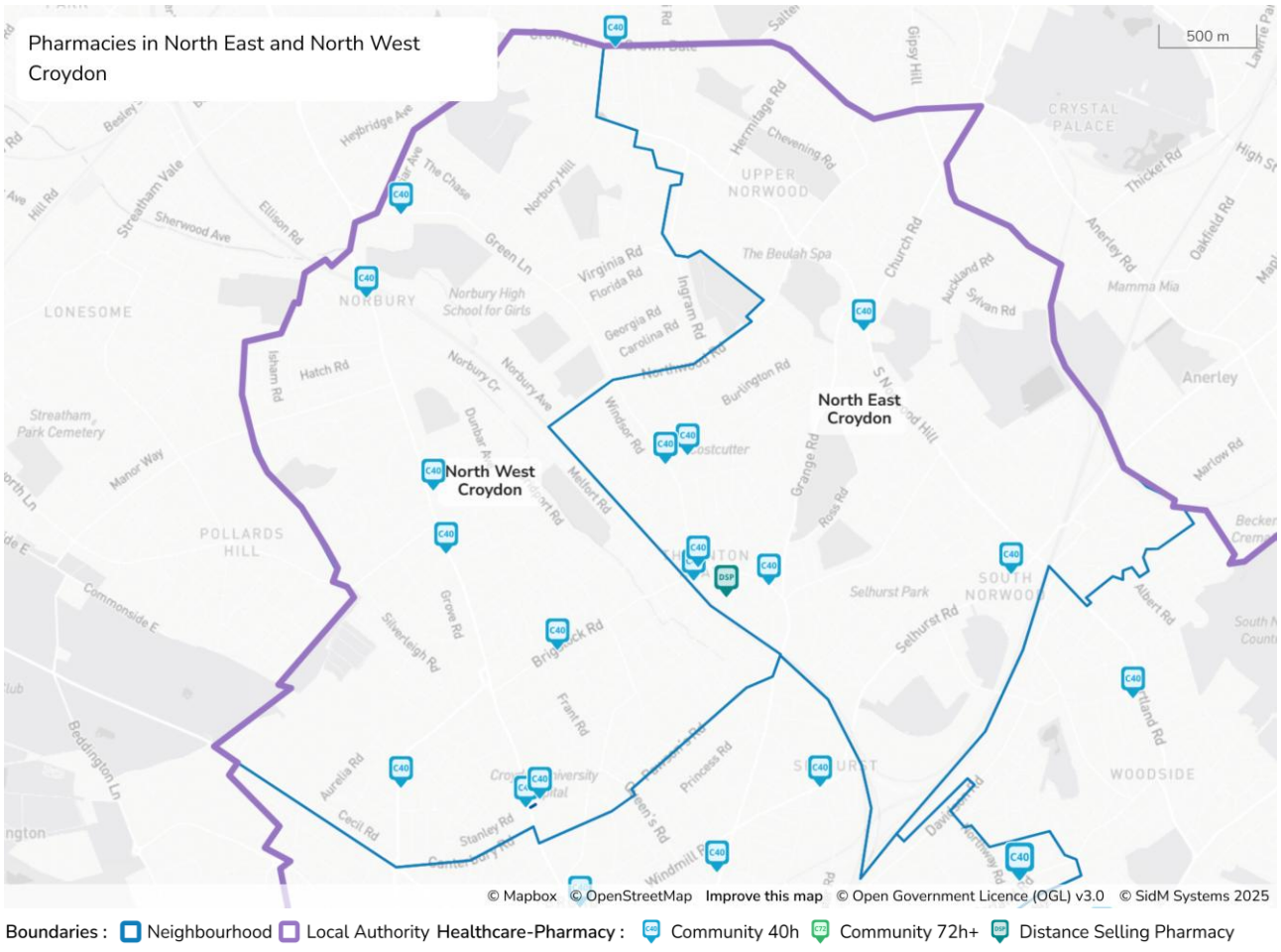
When discussing Advanced Service provision, the AUR and SAC are excluded from the narrative, as mentioned in Section 3.4 DACs typically provide these services nationally.

For the purpose of the PNA, the Croydon geography has six localities:

- North East Croydon.
- North West Croydon.
- Central East Croydon.
- Central West Croydon.
- South East Croydon.
- South West Croydon.

6.2.1 North East Croydon

Figure 23: Pharmacies in North East and North West Croydon



6.2.1.1 Necessary Services: essential services current provision

Essential services must be provided by all community pharmacies. There are eight community pharmacies (including one DSP) in North East Croydon. The estimated average number of community pharmacies per 100,000 population is 15.7. In the previous PNA, there were 11 community pharmacies (including two DSPs) and an average of 21.4.

There are currently seven pharmacies that hold a standard 40-core hour contract and one DSP in the North East locality. There are no DACs and no dispensing GP practices.

Of the seven community pharmacies (excluding the DSP):

- One pharmacy (14%) is open after 6.30 pm on weekdays.
- Five pharmacies (71%) are open on Saturdays until 1 pm.
- Three pharmacies (43%) are open on Saturdays after 1 pm.
- No pharmacies are open on Sundays.

Residents also have access to DSPs operating nationally and community pharmacy providers across the border in the neighbouring localities and boroughs.

6.2.1.2 Necessary Services: gaps in provision

Based on the spread and number of community pharmacies across North East Croydon, 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 is based on:

- Comprehensive coverage across the area. The existing network ensures geographic coverage, including provision in areas of higher population density and deprivation areas and support via DSPs in the area and nationally.
- Adequate access during normal and extended hours. There is provision after 6.30pm and on a Saturday in North East Croydon. Although there are no pharmacies open on a Sunday, there are pharmacies in the neighbouring localities providing access, including North West Croydon. Although residents may need to travel further, this would reflect any other healthcare provision on a Sunday.
- Accessibility via the different methods of transport:
    - 58.2% have access to at least one car or van in North East Croydon, which is slightly higher than the London average of 57.9%.
    - 100% of the population can reach a community pharmacy in 20 minutes walking.
    - 100% of the population can reach a community pharmacy by private transport in 10 minutes in peak and off-peak times.
    - 100% of the population can reach a community pharmacy by public transport in 20 minutes in peak times and off-peak times.
- Utilisation of pharmacies in bordering areas: Residents are able to access services from pharmacies across the border in each direction.

Future need across North East Croydon

North East Croydon’s population is expected to shrink slightly over the next five years by 0.5%. At the time of writing, no plans for housing developments were expected in this locality.

The current assessment concludes that the community pharmacy network is able to accommodate the needs of the local population over the next three years in providing the essential services. This should be 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.

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

Croydon 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 North East Croydon.

6.2.1.3 Other relevant services: current provision

Table 34 shows the pharmacies providing Advanced and Enhanced services in North East Croydon locality. 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.

Table 34: North East Croydon Advanced and Enhanced Services (count and percentage)

Service	Pharmacies signed up	Pharmacies providing*
Pharmacy First	8 (100%)	7 (88%)
Seasonal influenza vaccination	1 (13%)	7 (88%)
Pharmacy contraception	4 (50%)	4 (50%)
Hypertension case-finding	7 (88%)	6 (75%)
New Medicine Service	N/A	8 (100%)
National Smoking cessation	1 (13%)	0 (0%)
Lateral Flow Device tests supply	4 (50%)	2 (25%)
COVID-19 vaccination service	2 (25%)	N/A

*Based on pharmacies claiming payment between September 2024 - January 2025.

Advanced 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 the availability of services similar from other healthcare providers. The national Smoking Cessation Service provision is currently low; however, this is due to the reliance on secondary care referral. There is currently just one pharmacy signed up to provide this service in North East Croydon.

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

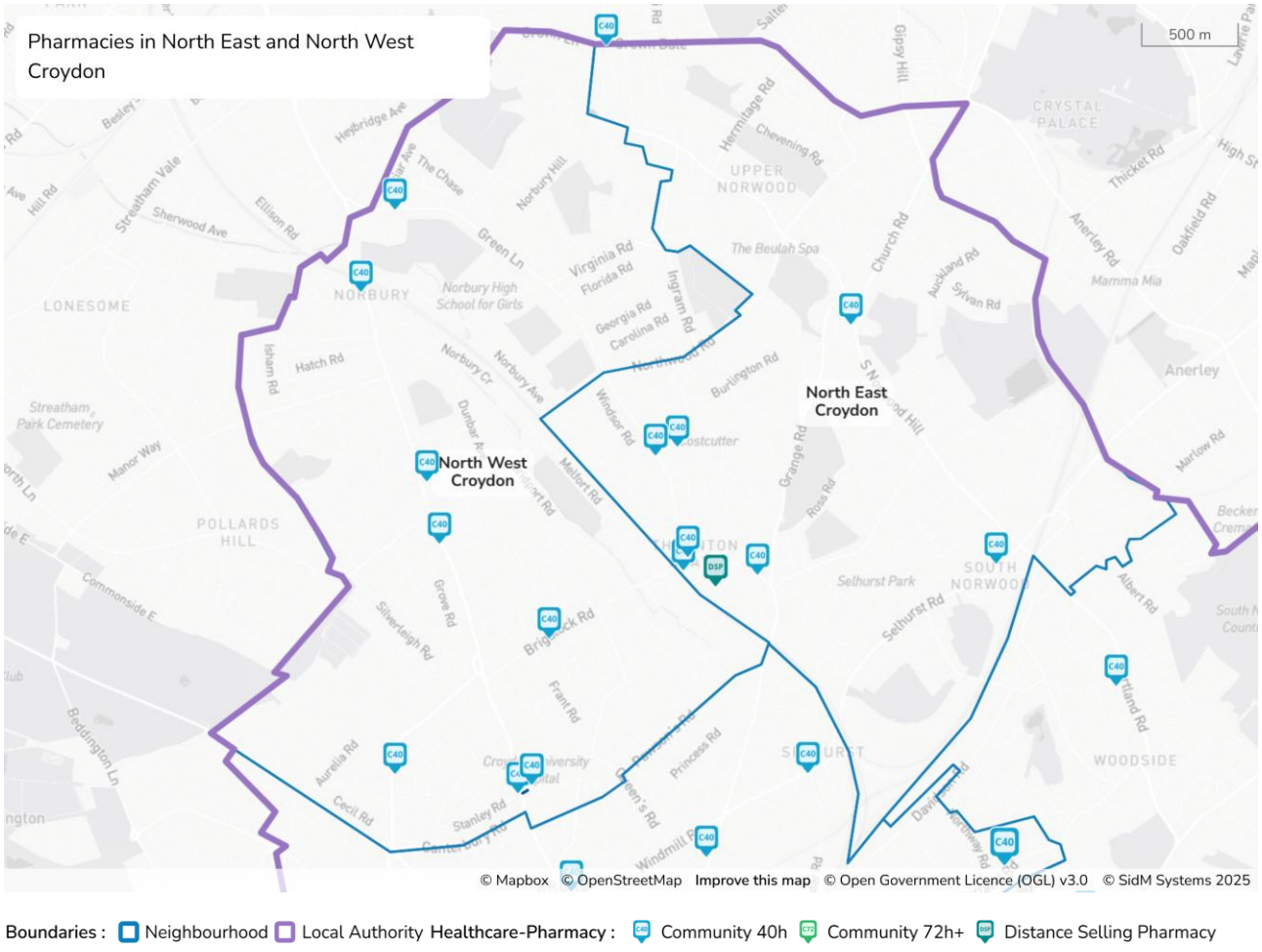
No gaps in the provision of other relevant services have been identified for North East Croydon.

6.2.1.4 Improvements and better access: gaps in provision

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 North East Croydon.

6.2.2 North West Croydon

Figure 24: Pharmacies in North East and North West Croydon



6.2.2.1 Necessary Services: essential services current provision

Essential services must be provided by all community pharmacies. There are nine community pharmacies in North West Croydon. The estimated average number of community pharmacies per 100,000 population is 15.2. In the previous PNA, there were nine too, and an average of 15.1.

All nine pharmacies hold a standard 40-core hour contract. There are no DSPs, no DACs and no dispensing practices in North West Croydon.

Of the nine community pharmacies:

- Five pharmacies (56%) are open after 6.30 pm on weekdays.
- Eight pharmacies (89%) are open on Saturdays until 1 pm.
- Five pharmacies (56%) are open on Saturdays after 1 pm.
- Three pharmacies (33%) are open on Sundays.

There are also a number of accessible providers open in the neighbouring localities and boroughs.

6.2.2.2 Necessary Services: gaps in provision

There has been no reduction in the number of community pharmacies across North West Croydon.

Based on the spread and number of community pharmacies across North West Croydon, there is good access to the essential services provided by all community pharmacies. This is based on:

- Comprehensive coverage across the area. The existing network ensures geographic coverage, including provision in areas of higher population density and deprivation areas and support via DSPs available nationally.
- Good access during normal and extended hours. There is good provision on an evening and at the weekend in North West Croydon.
- Accessibility via the different methods of transport:
    - 64.8% have access to at least one car or van in North West Croydon, which is higher than the London average of 57.9%.
    - 99.7% of the population can reach a community pharmacy in 20 minutes walking.
    - 100% of the population can reach a community pharmacy by private transport in 10 minutes in peak and off-peak times.
    - 99.2% of the population can reach a community pharmacy by public transport in 20 minutes in peak times, and 99.6% during off-peak times.
- Utilisation of pharmacies in bordering areas: Residents are able to access services from pharmacies across the border in each direction.

Future need across North West Croydon

North West Croydon's population is expected to remain constant over the next five years, increasing by only 0.3% by 2030. In parallel, the number of dwellings due for completion by 2030 is predicted to be around 55.

With the relatively smaller projected increases in population and housing growth, compared to other localities in Croydon, there may be some increased demand. Pharmacies, particularly sole providers, may experience some increase in footfall and service pressures.

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 if 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.

Croydon 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 North West Croydon locality.

6.2.2.3 Other relevant services: current provision

Table 35 shows the pharmacies providing Advanced and Enhanced services in North West Croydon locality.

Table 35: North West Croydon Advanced and Enhanced Services (count and percentage)

Service	Pharmacies signed up	Pharmacies providing*
Pharmacy First	9 (100%)	8 (89%)
Seasonal influenza vaccination	0 (0%)	8 (89%)
Pharmacy contraception	8 (89%)	5 (56%)
Hypertension case-finding	9 (100%)	8 (89%)
New Medicine Service	N/A	8 (89%)
National Smoking cessation	2 (22%)	2 (22%)
Lateral Flow Device tests supply	9 (100%)	6 (67%)
COVID-19 vaccination service	4 (44%)	N/A

*Based on pharmacies claiming payment between September 2024 - January 2025.

Advanced 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 the availability of services similar from other healthcare providers. The national Smoking Cessation Service provision is currently low; however, this is due to the reliance on secondary care referral. Two (22%) pharmacies are signed up to provide the service in North West Croydon.

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

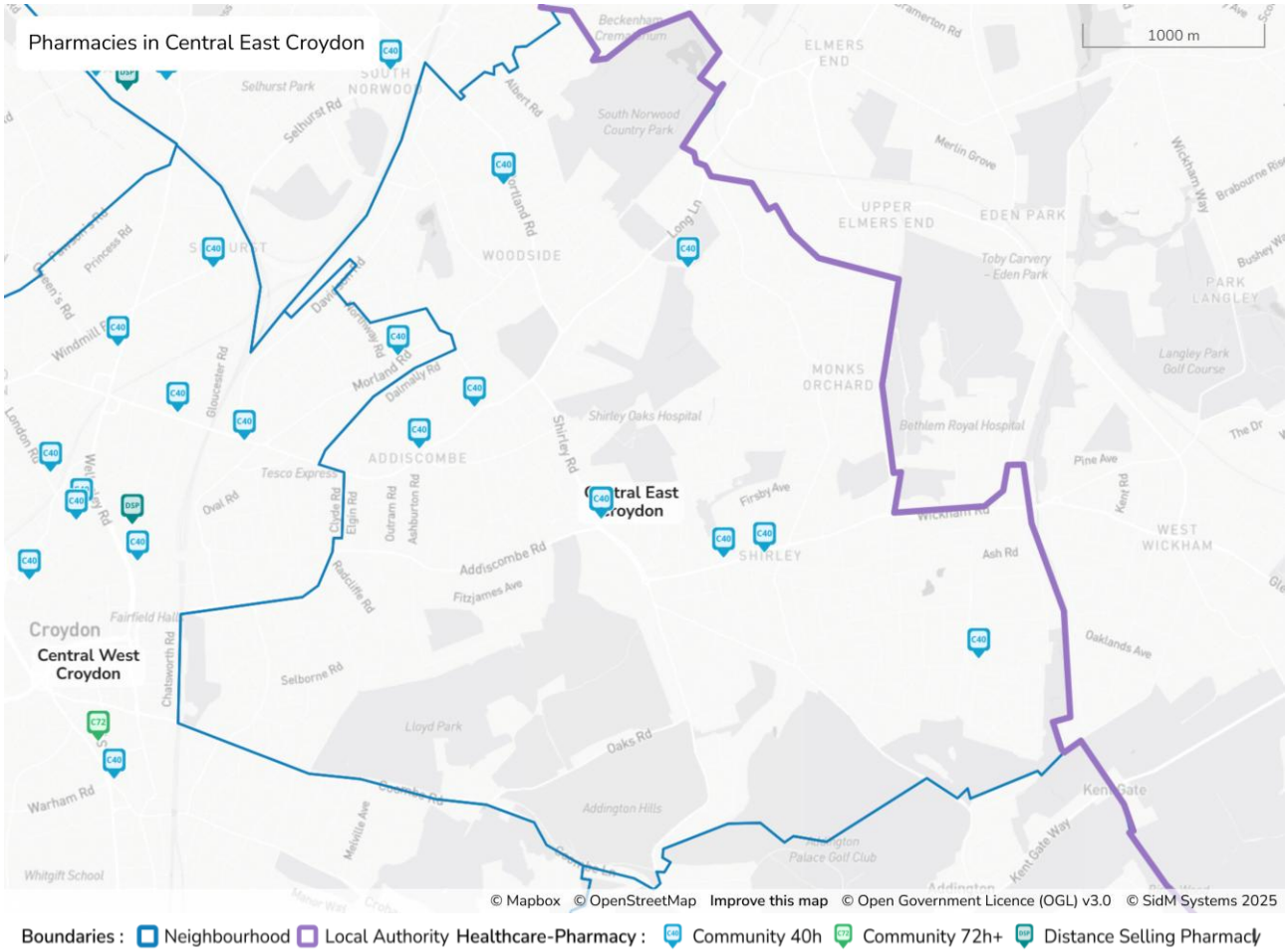
No gaps in the provision of Relevant Services have been identified for North West Croydon locality.

6.2.2.4 Improvements and better access: gaps in provision

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 North West Croydon.

6.2.3 Central East Croydon

Figure 25: Pharmacies in Central East Croydon



6.2.3.1 Necessary Services: essential services current provision

Essential services must be provided by all community pharmacies. There are eight community pharmacies in Central East Croydon. The estimated average number of community pharmacies per 100,000 population is 13.4. In the previous PNA, there were nine, an average of 15.1.

All eight pharmacies hold a standard 40-core hour contract. There are no DSPs, no DACs and no dispensing practices in Central East Croydon.

Of the eight community pharmacies:

- Three pharmacies (38%) are open after 6.30 pm on weekdays.
- Seven pharmacies (88%) are open on Saturdays until 1 pm.
- Five pharmacies (63%) are open on Saturdays after 1 pm.
- One pharmacy (13%) is open on Sundays.

There are also a number of accessible providers open in the neighbouring localities and neighbouring boroughs.

6.2.3.2 Necessary Services: gaps in provision

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

There has been a small reduction in the number of community pharmacies, but despite this, there is still good access. This is based on:

- Comprehensive coverage across the area. The existing network ensures geographic coverage, including provision in areas of higher population density. The area is not as deprived as other localities in the area however, pockets of deprivation may exist and can be supported by the current network. There is support via DSPs available nationally.
- Adequate access during normal and extended hours. There is provision across Central East Croydon on a weekday evening and weekend. Although residents may need to travel further, this would reflect any other healthcare provision on a Sunday, in particular with only one pharmacy open.
- Accessibility via the different methods of transport:
    - 70.8% have access to at least one car or van in Central East Croydon, which is higher than the London average of 57.9%.
    - 98.6% of the population can reach a community pharmacy in 20 minutes walking.
    - 100% of the population can reach a community pharmacy by private transport in 10 minutes in peak and off-peak times.
    - 97.8% of the population can reach a community pharmacy by public transport in 20 minutes in peak times, and 98.0% during off-peak times.
- Utilisation of pharmacies in bordering areas: Residents are able to access services from pharmacies across the border in each direction.

Future need across Central East Croydon

Central East Croydon's population is expected to remain broadly constant over the next five years, increasing by only 0.3%. There are currently 132 sites planned for development by 2030 to accommodate for this small growth.

With the relatively small projected increases in population and housing, there may be some increase in demand. Pharmacies, particularly sole providers, may experience a small increase in footfall and service pressures.

Current assessment concludes that the community pharmacy network is currently able to accommodate this limited growth, supported by pharmacies' ability to adjust staffing levels and service delivery models if 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.

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

Croydon 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 Central East Croydon locality.

6.2.3.3 Other relevant services: current provision

Table 36 shows the pharmacies providing Advanced and Enhanced services in the Central East Croydon locality. It is important to note a discrepancy in certain services 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 provided.

Table 36: Central East Croydon Advanced and Enhanced Services

Service	Pharmacies signed up	Pharmacies providing*
Pharmacy First	8 (100%)	7 (88%)
Seasonal influenza vaccination	2 (25%)	8 (100%)
Pharmacy contraception	2 (25%)	4 (50%)
Hypertension case-finding	8 (100%)	7 (88%)
New Medicine Service	N/A	8 (100%)
National Smoking cessation	0 (0%)	1 (13%)

Service	Pharmacies signed up	Pharmacies providing*
Lateral Flow Device tests supply	6 (75%)	5 (63%)
COVID-19 vaccination service	4 (50%)	N/A

*Based on pharmacies claiming payment between September 2024 - January 2025.

Advanced 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 the availability of services similar from other healthcare providers. The national Smoking Cessation Service provision is currently low; however, this is due to the reliance on secondary care referral. There is one pharmacy currently claiming payment to provide the service in Central East Croydon.

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

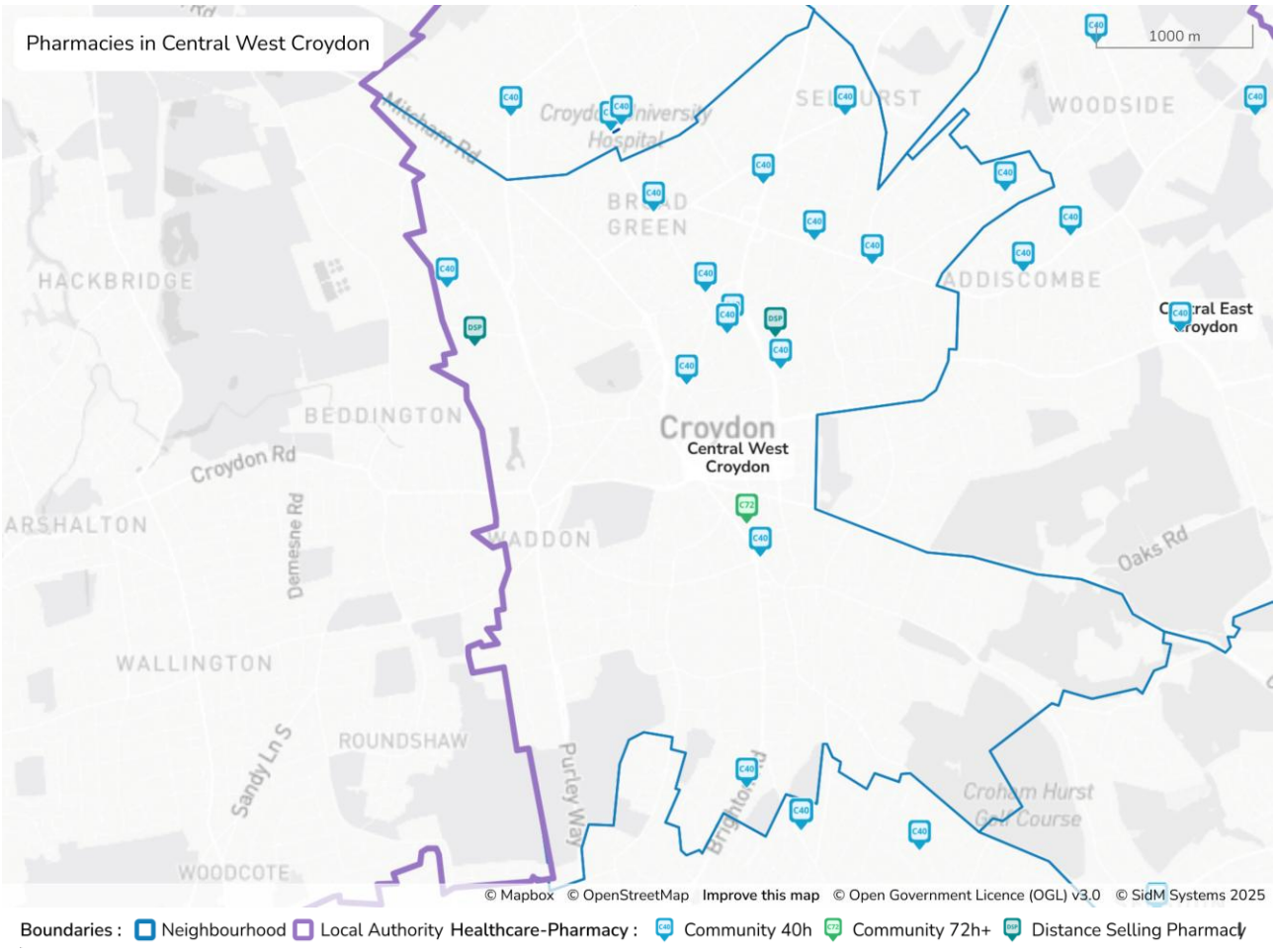
No gaps in the provision of Relevant Services have been identified for Central East Croydon locality.

6.2.3.4 Improvements and better access: gaps in provision

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 Central East Croydon.

6.2.4 Central West Croydon

Figure 26: Pharmacies in Central West Croydon



6.2.4.1 Necessary Services: current provision

Essential services must be provided by all community pharmacies. There are 17 community pharmacies (including 2 DSPs) in Central West Croydon. The estimated average number of community pharmacies per 100,000 population is 16.6. In the previous PNA, there were 19 pharmacies (including 2 DSPs), an average of 19.0.

There are 14 pharmacies (82%) that hold a standard 40-core hour contract, one (6%) 72+hour pharmacy and two DSPs (12%). There are no DACs and no dispensing practices in Central West Croydon.

Of the 15 community pharmacies (excluding DSPs):

- Three pharmacies (20%) are open after 6.30 pm on weekdays.
- 13 pharmacies (87%) are open on Saturdays until 1 pm.
- 10 pharmacies (67%) are open on Saturdays after 1 pm.
- Four pharmacies (27%) are open on Sundays.

There are also a number of accessible providers open in the neighbouring localities and boroughs.

6.2.4.2 Necessary Services: gaps in provision

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

There has been a reduction in the number of community pharmacies since the previous PNA but, despite this, there is still good access. This is based on:

- Comprehensive coverage across the area. The existing network ensures geographic coverage, including provision in areas of higher population density and deprivation. There is support via DSPs available locally and nationally.
- Good access during normal and extended hours. There is good provision across Central West Croydon on a weekday evening and weekend.
- Accessibility via the different methods of transport:
    - 53.8% have access to at least one car or van in Central West Croydon, which is lower than the London average of 57.9%.
    - 99.1% of the population can reach a community pharmacy in 20 minutes walking.
    - 100% of the population can reach a community pharmacy by private transport in 10 minutes in peak and off-peak times.
    - 99.2% of the population can reach a community pharmacy by public transport in 20 minutes in peak times, and 99.9% during off-peak times.
- Utilisation of pharmacies in bordering areas: Residents are able to access services from pharmacies across the border in each direction.

Future need across Central West Croydon

Central West Croydon's population is expected to grow over the next five years by 7.6%. There are currently 2,684 sites planned for development over the next five years.

With the projected increases in population and housing growth, which is the highest amongst all Croydon localities, there will be an increased corresponding demand. Pharmacies, particularly sole providers, may experience an increase in footfall and service pressures.

Current assessment concludes that the community pharmacy network is able to accommodate this growth, supported by pharmacies' ability to adjust staffing levels and service delivery models if 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.

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

Croydon 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 Central West Croydon locality.

6.2.4.3 Other relevant services: current provision

Table 37 shows the pharmacies providing Advanced and Enhanced services in the Central West Croydon locality. It is important to note a discrepancy in certain services 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 provided.

Table 37: Central West Croydon Advanced and Enhanced Services (count and percentage)

Service	Pharmacies signed up	Pharmacies providing*
Pharmacy First	16 (94%)	15 (88%)
Seasonal influenza vaccination	2 (12%)	13 (76%)
Pharmacy contraception	7 (41%)	10 (59%)
Hypertension case-finding	15 (88%)	13 (76%)
New Medicine Service	N/A	15 (88%)
National Smoking cessation	1 (6%)	1 (6%)
Lateral Flow Device tests supply	11 (65%)	4 (24%)
COVID-19 vaccination service	5 (29%)	N/A

*Based on pharmacies claiming payment between September 2024 - January 2025.

Advanced 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 the availability of services similar from other healthcare providers. The national Smoking Cessation Service provision is currently low; however, this is due to the reliance on secondary care referral. There is one pharmacy signed up to provide the service in Central West Croydon.

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

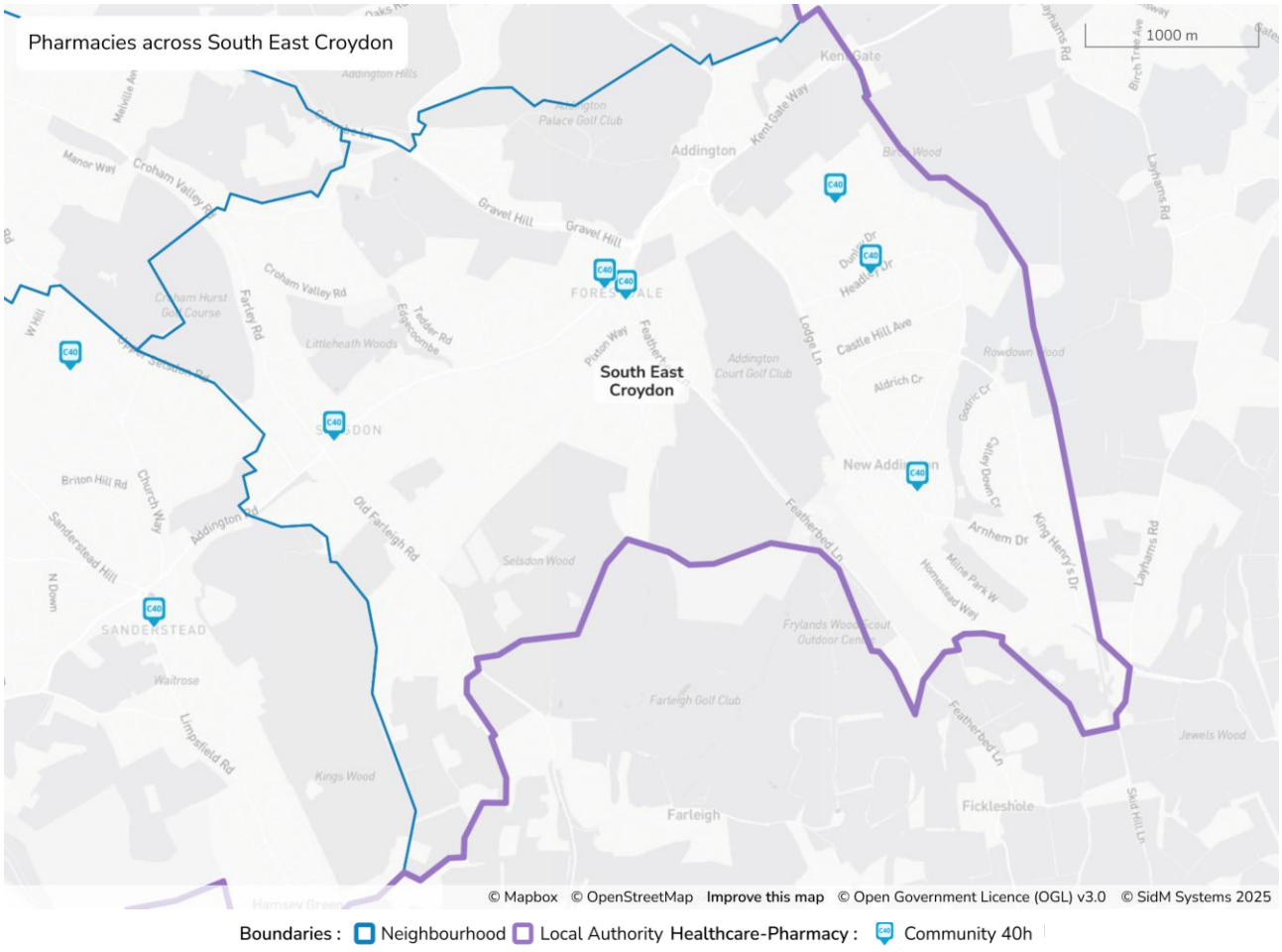
No gaps in the provision of Relevant Services have been identified for Central West Croydon locality.

6.2.4.4 Improvements and better access: gaps in provision

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 Central West Croydon.

6.2.5 South East Croydon

Figure 27: Pharmacies in South East Croydon



6.2.5.1 Necessary Services: current provision

Essential services must be provided by all community pharmacies. There are six community pharmacies in South East Croydon. The estimated average number of community pharmacies per 100,000 population is 14.3. In the previous PNA, there were nine, an average of 21.3.

All six pharmacies hold a standard 40-core hour contract. There are no DSPs, no DACs and no dispensing practices in South East Croydon.

Of the six community pharmacies:

- Two pharmacies (33%) are open after 6.30 pm on weekdays.
- Five pharmacies (83%) are open on Saturdays until 1 pm.
- Two pharmacies (33%) are open on Saturdays after 1 pm.
- One pharmacy (17%) is open on Sundays.

Residents also have access to DSPs in the borough and nationwide.

There are also a number of accessible providers open in the neighbouring localities and boroughs.

6.2.5.2 Necessary Services: gaps in provision

Based on the spread and number of community pharmacies across South East Croydon, there is adequate 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 adequate access. This is based on:

- Coverage across the area. The existing network ensures geographic coverage, including provision in areas of higher population density. The area is not as deprived as other localities in the area; however, pockets of deprivation may exist and can be supported by the current network. There is support via DSPs available nationally.
- Adequate access during normal and extended hours. There is provision across South East Croydon on a weekday evening and weekend. Although residents may need to travel further, this would reflect any other healthcare provision on a Sunday, in particular with only one pharmacy open.
- Accessibility via the different methods of transport:
    - 74.9% have access to at least one car or van in South East Croydon, which is higher than the London average of 57.9%.
    - 95.3% of the population can reach a community pharmacy in 20 minutes walking.
    - 99.7% of the population can reach a community pharmacy by private transport in 10 minutes in peak and 100% in off-peak times.
    - 97.1% of the population can reach a community pharmacy by public transport in 20 minutes in peak times, and 97.7% during off-peak times.
- Utilisation of pharmacies in bordering areas: Residents are able to access services from pharmacies across the border in each direction.

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

Future need across South East Croydon

South East Croydon's population is expected to remain constant over the next five years, increasing by only 0.1%. At the time of writing, there were no planned housing developments over the next five years.

With the relatively small projected increases in population and no housing growth, there may be a small increase in corresponding demand. Pharmacies, particularly sole providers, may experience some increase in footfall and service pressures.

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 if 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.

Croydon 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 South East Croydon locality.

6.2.5.3 Other relevant services: current provision

Table 38 shows the pharmacies providing Advanced and Enhanced services in South East Croydon locality.

Table 38: South East Croydon Advanced and Enhanced Services (count and percentage)

Service	Pharmacies signed up	Pharmacies providing*
Pharmacy First	6 (100%)	6 (100%)
Seasonal influenza vaccination	1 (17%)	5 (83%)
Pharmacy contraception	3 (50%)	3 (50%)
Hypertension case-finding	5 (83%)	5 (83%)
New Medicine Service	N/A	5 (83%)
National Smoking cessation	0 (0%)	0 (0%)
Lateral Flow Device tests supply	3 (50%)	2 (33%)
COVID-19 vaccination service	3 (50%)	N/A

*Based on pharmacies claiming payment between September 2024 - January 2025.

Advanced 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 the availability of services similar from other healthcare providers. The national Smoking Cessation Service provision is currently low; however, this is due to the reliance on secondary care referral. There are no pharmacies currently signed up to provide the service in South East Croydon.

Based on the information available, there is adequate access to the majority of other relevant services across the locality through the existing community pharmacy network.

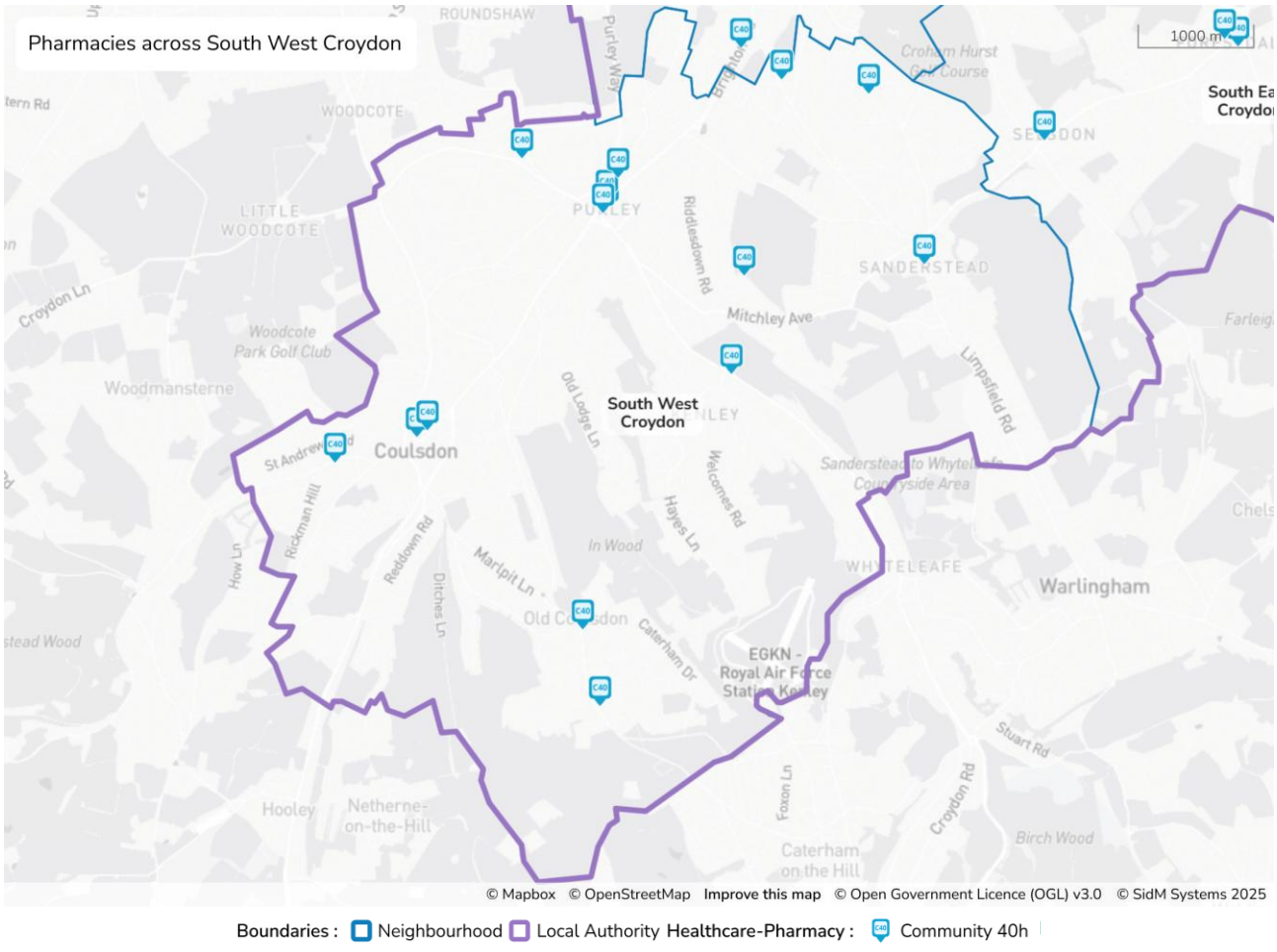
No gaps in the provision of Relevant Services have been identified for South East Croydon locality.

6.2.5.4 Improvements and better access: gaps in provision

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 South East Croydon.

6.2.6 South West Croydon

Figure 28: Pharmacies in South West Croydon



6.2.6.1 Necessary Services: current provision

Essential services must be provided by all community pharmacies. There are 15 community pharmacies in South West Croydon. The estimated average number of community pharmacies per 100,000 population is 19.2. In the previous PNA, there were also 15 and an average of 19.7.

All 15 pharmacies hold a standard 40-core hour contract. There are no DSPs, no DACs and no dispensing practices in South West Croydon.

Of the 15 community pharmacies:

- One pharmacy (7%) is open after 6.30 pm on weekdays.
- 12 pharmacies (80%) are open on Saturdays until 1 pm.
- Five pharmacies (33%) are open on Saturdays after 1 pm.
- Three pharmacies (20%) are open on Sundays.

There are also a number of accessible providers open in the neighbouring localities and boroughs.

6.2.6.2 Necessary Services: gaps in provision

There has been no reduction in the number of community pharmacies since the previous PNA.

Based on the spread and number of community pharmacies across South West Croydon, there is good access to the essential services provided by all community pharmacies. This is based on:

- Comprehensive coverage across the area. The existing network ensures geographic coverage, including provision in areas of higher population density. The area is not as deprived as other localities in the area; however, pockets of deprivation may exist and can be supported by the current network. There is support via DSPs available nationally.
- Good access during normal and extended hours. There is good provision on an evening and at weekends in South West Croydon.
- Accessibility via the different methods of transport:
    - 83.6% have access to at least one car or van in South West Croydon, which is significantly higher than the London average of 57.9%.
    - 91.4% of the population can reach a community pharmacy in 20 minutes walking.
    - 99.9% of the population can reach a community pharmacy by private transport in 10 minutes in peak and off-peak times.
    - 95.1% of the population can reach a community pharmacy by public transport in 20 minutes in peak times, and 94.3% during off-peak times.
- Utilisation of pharmacies in bordering areas: Residents are able to access services from pharmacies across the border in each direction.

Future need across South West Croydon

South West Croydon's population is expected to grow over the next five years by 3.3%. In parallel, the number of dwellings due for completion by 2030 is predicted to be around 467.

South West Locality has the second largest projected increase in population; however, a relatively small amount of new housing units. With this increase in population over the next five years, there may be an increased corresponding demand. Pharmacies, particularly sole providers, may experience some increase in footfall and service pressures.

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 if 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.

Croydon 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 South West Croydon locality.

6.2.6.3 Other relevant services: current provision

Table 39 shows the pharmacies providing Advanced and Enhanced services in the South West Croydon locality. It is important to note a discrepancy in certain services 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 provided.

Table 39: South West Croydon Advanced and Enhanced Services (count and percentage)

Service	Pharmacies signed up	Pharmacies providing*
Pharmacy First	14 (93%)	15 (100%)
Seasonal influenza vaccination	5 (33%)	15 (100%)
Pharmacy contraception	4 (27%)	8 (53%)
Hypertension case-finding	14 (93%)	15 (100%)
New Medicine Service	N/A	15 (100%)
National Smoking cessation	0 (0%)	0 (0%)
Lateral Flow Device tests supply	10 (67%)	9 (60%)
COVID-19 vaccination service	9 (60%)	N/A

*Based on pharmacies claiming payment between September 2024 - January 2025.

Advanced 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 the availability of services similar from other healthcare providers. The national Smoking Cessation Service provision is currently low; however, this is due to the reliance on secondary care referral. There are no pharmacies signed up to provide the service in South West Croydon.

Based on the information available, there is adequate access to the majority of other relevant services across the locality through the existing community pharmacy network.

No gaps in the provision of Relevant Services have been identified for South West Croydon locality.

6.2.6.4 Improvements and better access: gaps in provision

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 South West Croydon.

6.3 Summary: Croydon current and future health needs

Croydon HWB area has a population of 397,741 (2023 mid-year estimate). The population age profile indicates a higher proportion of children of all ages and adults aged 25-39, and a lower proportion of young adults aged 18-24 and older adults aged 55 and above, compared to national averages. The area has mixed levels of deprivation, with 18% of the population in the most deprived quintile, 12% in the least deprived and the remaining 70% within the central three quintiles. Male life expectancy in Croydon was similar to both London and England, while female life expectancy was similar to London but above the national average. Healthy life expectancy at birth in Croydon is similar to England but lower than in London.

These indicators reflect a relatively stable and established population, with implications for longer-term condition management, preventive services, and healthy ageing.

According to 2021 Census data, 48.4% of usual residents in Croydon identified as White and the remaining 51.6% identified as being from other ethnic groups. Excluding those who identify as white British, the most common ethnic groups were Black (22.6% of total residents) and Asian (17.5% of total residents).

The majority of Croydon residents speak English as their main language (all adults in 80.4% of the households and at least one adult in 8.0% of households). However, there may be pockets within the borough where language diversity is more pronounced, particularly in urban and more densely populated areas.

Population projections indicate a 2.7% increase by 2030, with an extra 3,338 new houses planned by 2030.

Prevalence data from GP practice disease registers show that most long-term conditions are recorded at rates below the national averages but higher than the London rates. These include heart failure (0.7%), stroke (1.3%), CHD (2.1%), atrial fibrillation (1.3%), hypertension (12.8%), PAD (0.3%), asthma (5.1%) and COPD (1.1%). The prevalence of diabetes (7.8%) and rheumatoid arthritis (0.8%) is also above London levels but in line with the England rates.

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 learning disability (0.6%), depression (1.3%), epilepsy (0.7%) and dementia (0.7%) are equal or just below the national rates but equal to or higher than the London percentages. The exception is mental health conditions (1.2%), which is just a bit higher than both London and England values.

In relation to lifestyle choices and behaviours, Croydon shows higher levels compared to the national figures for adult smoking prevalence (17.1%) and hospital admissions for dental caries in 0-5 year olds (332.6 per 100,000). In contrast, the following indicators are all lower than national figures: pregnancy smoking prevalence (5.9%), adult overweight including obesity prevalence (62%), child overweight including obesity prevalence (21.5%), hospital admissions from alcohol-related conditions (1,329 per 100,000) and deaths from drug misuse (4.7 per 100,000). When compared to London, the only indicators that differ from their national comparison are adult and child overweight, including obesity prevalence; these indicators are higher than in London but lower than national values.

The sexual health indicators are quite varied. Chlamydia (1,762 per 100,000) and HIV (5.63 per 1,000) have higher prevalences than both London and England. New STI diagnoses (845 per 100,000) are lower than in London but higher than in England. LARC (34.9 per 1,000) and under-18 conception (10.8 per 100,000) are higher than the London averages but lower than the national ones.

6.3.1 Necessary Services: essential services current provision across Croydon

Essential services must be provided by all community pharmacies. There are 63 community pharmacies (including three DSPs) in Croydon. The estimated average number of community pharmacies per 100,000 population is 15.8. There are:

- 59 pharmacies that hold a standard 40-core hour contract.
- One 72+ hours pharmacy.
- Three DSPs.

There are no DACs and no dispensing practices in Croydon.

In the previous PNA, there was an average of 18.5 community pharmacies per 100,000, which was also below the national average of 20.5 at the time.

Of the 72 pharmacy contractors:

- 65 were 40h contracted community pharmacies, compared to 59 in May 2025.
- Three held a 100h contract, compared to one in May 2025.
- Four were DSPs, compared to three in May 2025.

The majority of community pharmacies (85%) are open on Saturdays until 1 pm, 30 (50%) are open on Saturdays after 1pm and 25% of community pharmacies open after 6.30 pm on weekdays. There are also 12 pharmacies (20%) open on Sundays in Croydon.

Patients living in more rural areas have access to three DSPs to access pharmaceutical services.

There are also a number of accessible providers open in the neighbouring HWB areas in each direction.

6.3.2 Necessary Services: essential services gaps in provision across Croydon

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

This conclusion is based on:

- Comprehensive coverage across the borough: There are 63 community pharmacies across Croydon providing essential service access, including provision in areas of higher population density and deprivation. The population also have access and support via DSPs in the area and nationally.
- Adequate access during normal and extended hours: The majority of community pharmacies (85%) are open on Saturdays until 1pm, 50% are open on Saturdays after 1pm and 25% of community pharmacies open after 6.30 pm on weekdays. There are also 12 pharmacies (20%) open on Sundays in Croydon. These opening patterns ensure that access is maintained during and outside of normal working hours.
- Accessibility via transport: 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 at the weekends.
    - 67.7% of households have access to a car or van, which is higher than the London average (57.9%).
    - 97.3% of the population are able to walk to a pharmacy within 20 minutes.
    - 100% of the population that have access to private transport in Croydon can get to a pharmacy within 10 minutes driving at peak and off-peak times.
    - 98% can get to a pharmacy using public transport within 20 minutes at peak and off-peak times.
- 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 (49%) and could get there in under 20 minutes (87%). Almost everyone (97%) who responded and travelled to the pharmacy could reach it within 30 minutes.

Future need

A key consideration in this determination is planned population and housing growth. Population projections indicate a 2.7% increase by 2030, with an extra 3,338 new houses planned by 2030.

The current community pharmacy network across Croydon, including the Central West locality, where most of the developments are planned, is well placed to meet the predicted population and housing growth across Croydon 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.

Croydon 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 Croydon 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 32 in Section 3.10 shows the pharmacies providing Advanced and Enhanced services in the Croydon HWB area. Regarding access to **Advanced** services, it can be seen that there is very good availability of Pharmacy First (92%), NMS (94%), flu vaccination service (89%), and hypertension case-finding (86%). There is currently a lower number of providers of the pharmacy contraception (54%) and lateral flow tests (44%). There is a low number of providers of the national smoking cessation (6%); however, this is typical of national figures. The HWB would encourage the local community pharmacy network to sign up to provide the services, even though referrals for residents are via the local trust.

There are no DACs in Croydon; however, residents can access services from DACs nationwide, which also provide the AUR and SAC services.

Regarding access to National **Enhanced** Service, 27 pharmacies (43%) offer the COVID-19 vaccination service. Providers for this service can change with each campaign. There are also four pharmacies commissioned for the MMR vaccination service as detailed in Section 3.11.

Advanced and Enhanced Services look to ease the burden on primary care services by providing access to a healthcare professional in a high street setting. However, the absence of a service due to a community pharmacy not signing up does not result in a gap due to the availability of similar services from other healthcare providers. The HWB would encourage the local community pharmacy network to sign up to provide the services, even though referrals for residents are via the local trust.

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

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

6.3.4 Improvements and better access: gaps in provision across Croydon

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 Croydon.

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 Croydon to meet the health needs of the population. The provision of current pharmaceutical services and LCS are distributed across localities, providing good access throughout Croydon.

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

7.1.1 Current provision of Necessary Services

Necessary Services – gaps in provision

Essential services are Necessary Services, which are described in Section 1.5.5.1. Access to Necessary Service provision in Croydon is provided in Section 6.2 by locality and in Section 6.3 for the whole Croydon HWB area.

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 Croydon 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 Croydon 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 circumstances across Croydon.

7.1.3 Other relevant services – gaps in provision

Advanced and Enhanced Commissioned 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 Croydon is discussed in Section 6.2 by locality and in Section 6.3 for the whole Croydon HWB area.

Section 6.3.4 discusses improvements and better access to services in relation to the health needs of Croydon.

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 any of the localities across Croydon.

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 Croydon.

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 Croydon.

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 Croydon is discussed in Section 3.11 and Section 6.2 by locality and in Section 6.3 for the whole Croydon HWB area.

Section 6.3.4 discusses improvements and better access to services in relation to the health needs of Croydon.

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 any of the localities across Croydon.

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 Croydon.

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 Croydon to meet the needs of the population.

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

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 Croydon 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 Croydon 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 Croydon 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 the highest risk factors for causing death and disease for the Croydon 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 Croydon.

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 Croydon, 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.[93] These themes are reflected below and adapted for Croydon.

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.
    - The local authority could explore commissioning a local walk-in smoking cessation service, that would complement the national SCS service.
    - Community pharmacies could support new parents by providing culturally sensitive infant feeding advice and signposting to oral health and perinatal wellbeing support, particularly benefiting families in communities where postnatal travel is restricted.
2) **Reducing health inequalities through targeted pharmacy services**
    - Commissioners should focus on increasing the uptake of Essential, Advanced, and LCS in areas of deprivation, ensuring equitable access to services such as sexual health, smoking cessation, cardiovascular risk screening, and weight management.
    - Incentives should be considered for pharmacies in under-served areas to expand their service offering and address local health disparities, particularly where there is under provision of LCSs.
    - Address language barriers and digital exclusion by enhancing translation, access to NHS App support, and alternative routes to care for digitally excluded populations (aligned with Winter 2024/25 Community Insights report).
3) **Embedding pharmacy into integrated NHS neighbourhood health services providing clinical care for patients**
    - Community pharmacy should be positioned as a core provider within primary care, ensuring seamless referrals and collaboration between ICSs, local authorities and PCNs.
    - Medicines optimisation services, including repeat dispensing, the New Medicine Service and the Discharge Medicines Service, should be embedded within primary care pathways to enhance patient safety and medication adherence.

[93] 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).
- Pharmacies could support early help pathways for children and families by signposting to services for children with educational needs and intellectual disabilities, and local parent support groups, helping to clarify access routes.

4) **Supporting workforce development and expanding pharmacy services**

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

5) **Enhancing public awareness and digital transformation**

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

6) **Monitoring future demand and improving public engagement**

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

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

- Community pharmacy provides patient access to a local expert to support advice and safe access to medicines.
- The growth of independent prescribing in community pharmacy offers greater opportunities to take pressure off 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 in 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 Croydon residents.

Appendix A: List of pharmaceutical services providers in Croydon by locality

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 – Enhanced sexual health (emergency contraception)

LAS2 – Chlamydia screening

LAS3 – NHS health checks

LAS4 – Supervised consumption

LAS5 – Needle exchange

North East Croydon

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
Day Lewis Pharmacy	FH167	CP	3 High Street, South Norwood, London	SE25 6EP	09:00-18:30	09:00-16:30	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	-	-	-	Y	-
Klub Pharmacy	FRD93	CP	10 Crown Point Parade, Upper Norwood, London	SE19 3NG	09:00-18:30	09:00-14:30	Closed	-	-	Y	Y	-	-	Y	-	-	Y	-	Y	-	Y	Y
Prescription Counter	FQ347	DSP	Ground Fl,Grosvenor House, 160 Gillett Road, Thornton Heath	CR7 8SN	09:00-17:00	10:00-14:00	Closed	-	-	Y	-	Y	Y	Y	-	-	-	-	-	-	-	-
Superdrug Pharmacy	FXK58	CP	1-2 Cotford Parade, Brigstock Road, Thornton Heath	CR7 7JG	08:30-14:00; 14:30-19:00	09:00-14:00,14:30-17:30	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	-	-	-	Y	Y
Thompsons Chemist	FLM48	CP	86-88 Beulah Road, Thornton Heath	CR7 8JF	08:30-18:30 (Thu: 08:30-13:00)	08:30-13:00	Closed	-	-	Y	Y	-	-	Y	-	-	-	-	-	-	Y	-
Thornton Heath Pharmacy	FDK71	CP	27 High Street, Thornton Heath	CR7 8RU	09:00-13:00; 14:00-18:30	09:00-13:00	Closed	-	-	Y	Y	-	Y	Y	-	-	-	Y	Y	-	Y	-
Wilkes Chemist	FNM41	CP	105 Parchmore Road, Thornton Heath	CR7 8LZ	09:00-18:30	09:00-13:00	Closed	-	-	Y	Y	-	Y	Y	-	-	-	-	-	-	Y	-
Zeefah Pharmacy	FFD91	CP	283 South Norwood Hill, South Norwood, London	SE25 6DP	09:00-18:00	Closed	Closed	-	-	-	Y	Y	Y	Y	-	Y	-	-	-	-	Y	-

North West Croydon

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
Bids Chemists	FW670	CP	1495 London Road, Norbury, London	SW16 4AE	09:00-19:00	09:00-18:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	-
Brigstock Pharmacy	FY424	CP	141 Brigstock Road, Thornton Heath	CR7 7JN	09:00-13:00; 14:00-18:30	08:30-18:30	Closed	-	-	Y	Y	-	Y	Y	Y	Y	-	-	Y	-	Y	-

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	LAS1	LAS2	LAS3	LAS4	LAS5
Cranston Pharmacy	FTH38	CP	951 London Road, Thornton Heath	CR7 6JE	08:30-19:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	Y	-	-	-	-	-
Day Lewis Pharmacy	FYE37	CP	506 London Road, Thornton Heath	CR7 7HQ	09:00-19:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	-	-	-	Y	-
Mayday Community Pharmacy	FXE24	CP	514 London Road, Thornton Heath	CR7 7HQ	09:00-22:00	09:00-22:00	09:00-22:00	-	-	Y	Y	-	Y	Y	Y	Y	Y	Y	Y	-	Y	-
Norbury Pharmacy	FGX20	CP	1102 London Road, Norbury, London	SW16 4DT	09:00-13:00; 14:00-18:30	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	-	-	-	Y	-
Parade Pharmacy	FRQ83	CP	299A Thornton Road, Croydon	CR0 3EW	09:00-18:30	09:00-13:00	Closed	-	-	-	-	-	-	-	-	-	Y	-	-	-	Y	-
Superdrug Pharmacy	FPM10	CP	1491-1493 London Road, Norbury, London	SW16 3LU	09:00-15:00; 15:30-18:00	09:00-13:30,14:00-17:30	11:00-17:00	-	-	Y	Y	-	Y	Y	-	Y	-	-	-	-	Y	-
Tesco Instore Pharmacy	FT363	CP	Tesco Superstore, 32 Brigstock Road, Thornton Heath	CR7 8RX	09:00-13:00; 14:00-19:00	09:00-13:00; 14:00-19:00	11:00-17:00	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	-

Central East Croydon

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
Addiscombe Pharmacy	FEK78	CP	331 Lower Addiscombe Road, Croydon	CR0 6RF	09:00-18:00	09:00-13:00	Closed	-	-	Y	Y	-	Y	Y	-	-	Y	-	-	-	Y	-
Fishers Enmore Pharmacy	FQH24	CP	1 Enmore Road, South Norwood, London	SE25 5NT	08:00-22:00	08:00-18:00	11:00-13:00	-	-	Y	Y	Y	Y	Y	-	Y	Y	Y	Y	-	Y	Y
Greenchem	FGW16	CP	15 Broom Road, Shirley, Croydon	CR0 8NG	09:00-13:00,14:00-19:00 (Wed: 09:00-13:00)	09:00-13:00,14:00-17:00	Closed	-	Y	Y	Y	-	Y	Y	-	Y	-	-	-	-	-	-

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	LAS1	LAS2	LAS3	LAS4	LAS5
Greenchem Pharmacy	FF475	CP	20 Bywood Avenue, Shirley, Croydon	CR0 7RA	09:00-13:00,14:00-18:30 (Wed: 09:00-13:00)	09:00-15:00	Closed	-	Y	Y	Y	-	Y	Y	-	-	-	-	-	-	-	-
Larchwood Pharmacy	FVE79	CP	215 Lower Addiscombe Road, Croydon	CR0 6RB	09:00-19:00	09:00-18:00	Closed	-	-	Y	Y	Y	Y	Y	Y	-	-	-	-	-	Y	-
Mona Pharmacy	FGG61	CP	246 Wickham Road, West Wickham, Croydon	CR0 8BJ	09:00-13:00; 14:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	-	-	-	-	-
Shirley Pharmacy	FC506	CP	175 Shirley Road, Shirley, Croydon	CR0 8SS	09:00-18:00	09:00-15:00	Closed	-	-	-	Y	-	-	Y	-	Y	-	-	-	-	Y	Y
Wickham Road Pharmacy	FNK40	CP	143 Wickham Road, Shirley, Croydon	CR0 8TE	09:00-18:30	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	-	-	-	Y	-

Central West Croydon

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
Allcorn Chemist	FYD76	CP	197 St.James Road, Croydon	CR0 2BZ	09:00-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	Y	-	-	-	Y	-	-	Y	-
A-Z Pharmacy	FKQ95	CP	20 London Road, West Croydon	CR0 2TA	09:00-18:30	09:30-18:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	-
Barkers Chemist	FN330	CP	105 Church Street, Croydon	CR0 1RN	09:00-18:00	09:00-15:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	-	-	-	Y	Y
Boots	FAN61	CP	10 Daniell Way, Valley Plaza Retail Park, Croydon	CR0 4YJ	09:00-17:00	10:00-18:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	Y	Y
Boots	FC324	CP	12-18 Whitgift Centre, Croydon	CR9 1SN	09:30-18:00	09:30-18:00	11:00-17:00	-	-	Y	Y	Y	Y	Y	-	-	-	-	-	-	Y	Y

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	LAS1	LAS2	LAS3	LAS4	LAS5
Croychem Ltd	FTJ31	CP	38 Lower Addiscombe Road, Croydon	CR0 6AA	09:00-13:00,14:00-19:00 (Mon: 09:00-13:00,14:00-20:00)	09:00-14:00	Closed	-	-	Y	Y	-	Y	Y	-	-	-	-	-	-	-	-
Croydon Pharmacy	FR707	CP	44 South End, Croydon	CR0 1DP	09:00-21:00	09:00-21:00	09:00-19:00	Y	-	Y	-	Y	Y	Y	-	-	-	-	Y	Y	Y	Y
Day Lewis Pharmacy	FJA94	DSP	5 Peterwood Park, Croydon	CR0 4UQ	09:00-17:00	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
E-Medicina	FWJ51	DSP	Room 229, Landsdowne Building, East Croydon	CR9 2ER	09:00-13:00; 14:00-18:00	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Lloyd George Pharmacy	FDX49	CP	63 Whitehorse Road, Croydon	CR0 2JG	09:00-18:30	09:00-17:30	Closed	-	-	Y	Y	-	Y	Y	-	-	Y	-	-	-	Y	-
Mccoig Pharmacy	FLW45	CP	367 Brighton Road, South Croydon	CR2 6ES	09:00-18:30	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	Y	-	-	-	Y	Y
Medibank Pharmacy	FVT52	CP	263 Morland Road, Croydon	CR0 6HE	08:00-20:00	09:00-18:00	12:00-16:00	-	-	Y	Y	-	-	Y	-	-	-	-	-	-	-	-
Selhurst Pharmacy	FMK45	CP	8 Selhurst Road, South Norwood, London	SE25 5QF	09:00-13:00; 14:00-18:30	Closed	Closed	-	-	Y	Y	-	-	Y	-	-	-	-	-	-	-	-
Shivas Pharmacy	FQ434	CP	298-300 London Road, West Croydon	CR0 2TG	09:00-18:30	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	-	Y	-	Y	Y
St Clare Pharmacy	FCX48	CP	21 Norfolk House, George Street, Croydon	CR0 1LG	08:00-18:30	09:00-18:30	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	-	-	-	-	-
Superdrug Pharmacy	FLV75	CP	3-4 Woolworth Development, Whitgift Centre, Croydon	CR0 1US	09:00-15:00; 15:30-18:00	09:00-13:30,14:00-17:30	11:00-17:00	-	-	Y	Y	Y	Y	Y	-	-	-	-	-	-	Y	Y
Swan Pharmacy	FG191	CP	119 South End, South Croydon, Croydon	CR0 1BJ	09:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	-	-	-	Y	-

South East Croydon

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
Aumex Pharmacy	FMQ11	CP	43 Central Parade, New Addington, Croydon	CR0 0JD	08:30-18:30	09:00-13:00	Closed	-	-	Y	Y	-	Y	Y	-	-	Y	-	-	-	-	-
Day Lewis Pharmacy	FWF34	CP	150 Addington Road, Selsdon, South Croydon	CR2 8LB	09:00-19:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-
Dougans Chemist	FG587	CP	114 Headley Drive, New Addington, Croydon	CR0 0QF	09:00-18:30	09:00-13:00	Closed	-	-	Y	Y	-	Y	-	-	-	-	-	-	-	Y	Y
Fieldway Pharmacy	FJ040	CP	3 Wayside, Fieldway, New Addington, Croydon	CR0 9DX	08:30-19:00	08:30-19:00	10:00-14:00	-	-	Y	Y	Y	Y	Y	-	Y	Y	Y	Y	-	-	-
Goldmantle Pharmacy	FPE73	CP	2 Forestdale Centre, Featherbed Lane, Croydon	CR0 9AS	09:00-18:30	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	-	-	-	Y	Y
Harris Chemist	FG701	CP	3 Crossways Parade, Selsdon Park Road, South Croydon	CR2 8JJ	09:00-18:00	09:00-17:00	Closed	-	-	Y	-	-	-	Y	-	-	-	-	-	-	-	-

South West Croydon

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
Boots	FJA14	CP	17 High Street, Purley	CR8 2AF	09:00-17:30	09:00-17:30	Closed	-	-	Y	Y	-	Y	Y	-	-	-	-	-	-	Y	-
Boots	FNG24	CP	118-120 Brighton Road, Coulsdon	CR5 2ND	09:00-18:30	09:00-17:30	10:00-16:00	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	Y	Y
Day Lewis Pharmacy	FGQ57	CP	45 Elmfield Way, Sanderstead, Croydon	CR2 0EJ	08:30-13:00; 14:00-17:30	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	Y	-
Foxley Lane Pharmacy	FQ724	CP	32 Foxley Lane, Purley	CR8 3EE	08:30-18:00 (Wed: 08:30-20:00)	09:00-12:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	-	-	-	-	-
Hobbs Pharmacy	FXC31	CP	Purley War Memorial Hosp, 856 Brighton Road, Purley	CR8 2YL	09:00-13:00; 14:00-18:00	Closed	17:00-20:00	-	-	Y	Y	Y	Y	Y	-	-	Y	-	-	-	-	-

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	LAS1	LAS2	LAS3	LAS4	LAS5
Holmes Pharmacy	FK701	CP	10 The Parade, Coulsdon Road, Old Coulsdon	CR5 1EH	08:30-13:00,14:00-17:30 (Wed: 08:30-13:00,14:00-16:30)	08:30-13:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	Y	-
Infohealth Pharmacy	FM824	CP	28 Chipstead Valley Road, Coulsdon	CR5 2RA	09:00-18:00	09:00-16:00	Closed	-	-	Y	Y	-	Y	Y	-	-	Y	-	-	-	-	-
Makepeace & Jackson	FK170	CP	7 Station Parade, Sanderstead Road, Sanderstead, South Croydon	CR2 0PH	09:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	-	-	-	Y	-
Medipharm	FQ662	CP	37 Limpsfield Road, Sanderstead, South Croydon	CR2 9LA	09:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	-	-	-	Y	Y
Old Coulsdon Pharmacy	FRM04	CP	217 Coulsdon Road, Old Coulsdon, Croydon	CR5 1EN	09:00-13:00; 14:00-18:00	Closed	Closed	-	-	Y	Y	-	Y	Y	-	-	-	-	-	-	Y	-
Orion Pharmacy	FJY76	CP	939 Brighton Road, Purley	CR8 2BP	09:00-18:00	09:00-14:00	Closed	-	-	Y	Y	-	Y	Y	-	Y	Y	-	-	-	-	-
Riddlesdown Pharmacy	FD662	CP	104 Lower Barn Road, Purley	CR8 1HR	09:00-13:00; 14:15-17:30 (Wed: 09:00-13:00; 14:30-17:30)	09:00-13:00	Closed	-	Y	Y	Y	-	Y	Y	-	Y	Y	-	-	-	-	-
Tesco Instore Pharmacy	FP526	CP	Tesco Superstore, 8 Purley Road, Purley	CR8 2HA	08:00-13:00; 14:00-20:00	08:00-13:00,14:00-20:00	11:00-17:00	-	-	Y	Y	-	Y	Y	-	-	-	-	-	-	-	-
Valley Pharmacy	FW033	CP	209 Chipstead Valley Road, Coulsdon, Croydon	CR5 3BR	09:00-18:30 (Fri: 09:00-18:00)	09:00-13:00	Closed	-	-	Y	Y	-	Y	Y	-	-	Y	-	-	Y	-	-
Zina Chemist	FVH66	CP	76-78 Godstone Road, Kenley, Croydon	CR8 5AA	09:00-18:30	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	-	-	-	Y	-

Appendix B: PNA project plan

	Mar 2025	Apr 2025	May 2025	Jun 2025	Jul 2025	Aug 2025	Sep 2025
Stage 1: Project planning and governance • 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 • 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 • 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 PNA HWB							
Stage 4: Consultation and final draft production • 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 PNA 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 demonstrates 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: **259**, of which 239 online and 20 paper versions.

The questionnaire was open for responses between 28 April and 1 June 2025.

When reporting the details of the responses, please note:

- Due to small numbers, responses are not broken down by locality.
- 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 other 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: 254, Skipped: 5)

Options	%	Number
To buy over-the-counter medicines	64%	163
To collect prescriptions for myself	**89%**	**225**
To collect prescriptions for somebody else	48%	122
To get advice from a pharmacist	52%	133
Other (please specify)	8%	20

Other comments (themes)	Number
Vaccinations (Flu, Covid)	13
I don't visit, they deliver	3
Buy other items, eg. cosmetics, toiletries	3
Other (one comment each)	2

2) **How often have you visited or contacted a pharmacy in the last six months?** (Answered: 257, Skipped: 2)

Options	%	Number
Once a week or more	9%	24
A few times a month	**36%**	**92**
Once a month	27%	69
Once every few months	21%	55
Once in six months	5%	13
I have not visited/contacted a pharmacy in the last six months	2%	4

3) What time is most convenient for you to use a pharmacy? (Answered: 257, Skipped: 2)

Options	%	Number
Before 9am	3%	7
9am-1pm	**21%**	**54**
1pm-5pm	14%	35
5pm-7pm	17%	43
After 7pm	0%	0
It varies	**46%**	**118**

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: 257, Skipped: 2)

Options	%	Number
Monday	25%	64
Tuesday	25%	65
Wednesday	28%	72
Thursday	25%	64
Friday	29%	74
Saturday	**33%**	**84**
Sunday	20%	51
It varies	**60%**	**153**

5) Do you have a regular or preferred local community pharmacy? (Answered: 257, Skipped: 2)

Options	%	Number
Yes	**89%**	**228**
No	4%	11
I prefer to use an internet/online pharmacy (An internet pharmacy is one which operates partially or completely online where prescriptions are sent electronically, and dispensed medication is sent via a courier to your home)	1%	3
I use a combination of traditional and internet pharmacy	6%	15

6) Is there a more convenient and/or closer pharmacy that you don't use and why is that? (Answered: 251, Skipped: 8)

Options	%	Number
No	**72%**	**181**
Yes, but I do not use it because:	28%	70

Other comments (themes)	Number
Poor service or worse customer service at other pharmacy	20
Habit, personal preference or recommendation	14
Stock levels	10
Longer or more convenient or more reliable opening hours	7
Easier to get to, park or better public transport links	6
Assigned pharmacy for repeat prescriptions	4
They deliver	3
Convenience (eg. when shopping)	2
Good location near doctor surgery	1
Nearer pharmacy has closed	1
Preference for bigger pharmacy	1

7) What influences your choice of pharmacy? (Please tick one box for each reason) (Please note percentages are calculated for each factor) (Answered: 258, Skipped: 1)

Reasons	Extremely important	Very Important	Moderately Important	Fairly important	Not at all important
Quality of service (expertise)	**141 (55%)**	87 (34%)	22 (9%)	4 (2%)	2 (1%)
Customer service	**123 (49%)**	100 (40%)	23 (9%)	5 (2%)	1 (0%)
Location of pharmacy	**137 (55%)**	80 (32%)	30 (12%)	3 (1%)	0 (0%)
Opening times	**106 (42%)**	96 (38%)	44 (17%)	4 (2%)	2 (1%)
Parking	64 (26%)	54 (22%)	39 (16%)	14 (5%)	76 (31%)
Public transport	39 (16%)	39 (16%)	44 (18%)	25 (10%)	**99 (40%)**
Accessibility (wheelchair / buggy access)	24 (10%)	32 (13%)	39 (16%)	36 (15%)	**112 (46%)**
Communication (languages / interpreting service)	51 (21%)	47 (19%)	29 (12%)	16 (7%)	**101 (41%)**

Reasons	Extremely important	Very Important	Moderately Important	Fairly important	Not at all important
Space to have a private consultation	55 (22%)	**84 (34%)**	56 (23%)	29 (12%)	24 (10%)
Availability of medication	**168 (67%)**	73 (29%)	9 (4%)	2 (1%)	0 (0%)
Services provided	**113 (47%)**	87 (36%)	28 (12%)	11 (4%)	3 (1%)

8) Are there any other reasons that influence your choice of pharmacy? (Answered: 91, Skipped or N/A: 168)

Other reasons (themes)	Number
Good customer service, friendly staff, personalised service	27
Good service and advice	20
Walking distance	9
Convenient location	8
Opening hours	4
Speed of dispensing prescriptions	4
Stock	4
Delivery	3
There is no other option nearby	2
Habit	2
Parking	2
Prices	2
Vaccinations	1
Public Health nurse	1
Accessibility (no steps)	1
Online	1

9) How do you usually travel to the pharmacy? (Answered: 257, Skipped: 2)

Options	%	Number
Walk	**49%**	**125**
Car	36%	92
Public transport	10%	25
Bicycle	0%	0
Electric scooter	0%	1
Taxi	0%	1

Options	%	Number
Wheelchair/mobility scooter	1%	2
I don’t, someone goes for me	1%	2
I don't, I use a delivery service	1%	3
I don't, I use an online pharmacy	1%	3
Other (please specify)	1%	3

10) What services have you used from your pharmacy? (Please tick all that apply) (Please note number and percentages may add up to more than 100% due to multiple responses) (Answered: 258, Skipped: 1)

Options	%	Number
Collecting prescriptions or repeat prescriptions	**95%**	**245**
Buying over the counter medicine (that do not need a prescription)	84%	217
Flu vaccinations	45%	116
Travel vaccinations	7%	18
Buying over-the-counter medical devices and other health-related products e.g., plasters, cough medicine etc.	58%	150
Advice and information on medication	58%	150
Advice and information on healthy lifestyles and disease prevention	4%	11
Advice and information on minor aliments/injuries	43%	111
Blood pressure, cholesterol and/or weight checks Screening checks (e.g. diabetes)	12%	32
Sexual health checks (e.g. chlamydia, HIV)	1%	2
H-Pylori testing (stomach ulcer breath test)	0%	1
Contraception	3%	9
Emergency contraception (the morning after pill)	3%	7
Disposing of old or unwanted medicines	37%	95
Support for drug problems	1%	3
Support for alcohol problems	0%	0
Accessing Needle and syringe programmes (NSPs)	0%	0
Other	3%	7

Other comments (themes)	Number
COVID vaccinations	6
Pharmacy First for UTI	1

11) How long does it usually take you to travel to your pharmacy? (Answered: 257, Skipped: 2)

Options	%	Number
Less than 20 minutes	**87%**	**224**
20-30 minutes	10%	26
30-40 minutes	1%	3
More than 40 minutes	0%	0
Not applicable - I don't travel to the pharmacy	2%	4

12) Do you have any other comments that you would like to add regarding pharmaceutical services in Croydon? (Answered: 81, Skipped or no comment: 178)

Other comments (themes)	Number
Very good service, happy with pharmacy	23
Praising role of pharmacy in the community and to see pharmacist instead of doctor	18
Need for longer opening hours outside normal working hours, including lunch time, evenings and weekends	15
Concerns about pharmacy closures and increased demand	8
Request for more services (out of hours, travel vaccinations, delivery)	3
Access issues: parking difficulties, lack of public transport, access for wheelchair (split if many)	3
Poor service, including waiting time for prescriptions or wrong medicines dispensed	2
Preference for independent pharmacies, with more personal service	2
Issues with lack of stock and availability of medicines	1
Others (one comment each)	6

About you

13) Do you live in Croydon? (Answered: 256, Skipped: 3)

Options	%	Number
Yes	**96%**	**245**
No	4%	11

14) What is your sex? (Answered: 257, Skipped: 2)

Options	%	Number
Female	**68%**	**175**

Options	%	Number
Male	30%	77
Prefer not to say	2%	5

15) Is the gender you identify with the same as your sex registered at birth? (This question is for respondents aged 16 and over) (Answered: 258, Skipped: 1)

Options	%	Number
Yes	**97%**	**249**
No	1%	3
Prefer not to say	2%	6

16) Which of the following best describes your sexual orientation? (Answered: 257, Skipped: 2)

Options	%	Number
Straight / Heterosexual	**87%**	**225**
Gay / Lesbian	4%	9
Bi-sexual	2%	5
Any other sexual orientation	0%	0
Prefer not to say	7%	17
Other (please specify, if you wish)	0%	1

17) Which age range are you in? (Answered: 257, Skipped: 2)

Options	%	Number
16 - 19	1%	3
20 - 24	1%	2
25 - 34	5%	13
35 - 44	12%	31
45 - 54	16%	42
55 - 64	**26%**	**66**
65 - 74	18%	45
75 - 84	16%	40
85+	3%	7
Prefer not to say	3%	8

18) How would you describe your ethnic group? (Answered: 255, Skipped: 4)

Options	%	Number
White - English, Welsh, Scottish, Northern Irish, British	**67%**	**172**
White - Irish	1%	3
White - Gypsy or Irish Traveller	0%	0
Roma	0%	0
White - Any other White Background	5%	12
White and Black Caribbean	2%	6
White and Black African	0%	0
White and Asian	1%	3
Mixed or Multiple ethnic groups - any other Mixed or Multiple ethnic background (please specify below)	1%	2
Asian or Asian British - Indian	4%	10
Asian or Asian British - Pakistani	1%	3
Asian or Asian British - Bangladeshi	2%	4
Asian or Asian British - Chinese	0%	1
Asian or Asian British - any other Asian background (please specify below)	1%	3
Black, African	2%	6
Black, Caribbean	6%	15
Black, African, Caribbean, Black British - any other background (please specify below)	0%	0
Arab	0%	1
Prefer not to say	4%	10
Any other ethnic group	0%	1

19) Currently, what is your legal marital or registered civil partnership status? (Answered: 257, Skipped: 2)

Options	%	Number
Never married and never registered a civil partnership	19%	49
Married	**60%**	**154**
In a registered civil partnership	2%	5
Separated, but still legally married	2%	4
Separated, but still legally in a civil partnership	0%	1
Divorced	6%	14

Options	%	Number
Formerly in a civil partnership which is now legally dissolved	0%	0
Widowed	7%	17
Surviving partner from a registered civil partnership	0%	0
Prefer not to say	5%	12

20) Have you or your partner had a baby in the last 12 months? (Answered: 255, Skipped: 4)

Options	%	Number
Yes	0%	0
No	**99%**	**252**
Prefer not to say	1%	3

21) Do you consider yourself to have a disability? (Answered: 257, Skipped: 2)

The Equality Act 2010 defines someone as a disabled person if they have a physical or mental impairment which has a long term and substantial adverse effect on their ability to carry out normal day to day activities.

A disability may include progressive conditions such as HIV and cancer, mobility, sight or hearing impairments or mental health issues such as depression.

In considering whether you have a disability you should not take into account the effect of any medication or treatments used or adaptations made which reduce the effects of an impairments (other than glasses or contact lenses used to correct a visual impairment).

Options	%	Number
Yes	23%	60
No	**75%**	**193**
Prefer not to say	2%	4

22) Please select the disability(ies) you consider yourself to have. (Please tick all that apply) (Please note number and percentages may add up to more than 100% due to multiple responses) (Answered: 50, Skipped: 209)

Options	%	Number
Visually impaired	12%	6
Hearing impaired	30%	15
Mobility disability	**60%**	**30**
Learning disability	6%	3
Communication difficulty	6%	3

Options	%	Number
Hidden disability: autism (ASD)	12%	6
Hidden disability: ADHD	6%	3
Hidden disability: Asthma	14%	7
Hidden disability: Epilepsy	6%	3
Hidden disability: Diabetes	24%	12
Hidden disability: Sickle cell	2%	1
Prefer not to say	4%	2
Other (please specify, if you wish)	22%	11

23) What is your religion? (Answered: 255, Skipped: 4)

Options	%	Number
Baha'i	0%	0
Buddhist	0%	1
Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	**58%**	**148**
Hindu	4%	9
Jain	0%	0
Jewish	1%	2
Muslim	3%	8
Sikh	0%	0
No religion	24%	62
Prefer not to say	9%	24
Other (please specify, if you wish) _____	0%	1

24) Which Croydon ward to you live in? (Answered: 257, Skipped: 2)

Options	%	Number
Addiscombe East	3%	8
Addiscombe West	1%	2
Bensham Manor	1%	2
Broad Green	2%	5
Coulsdon Town	5%	14
Crystal Palace and Upper Norwood	6%	15
Fairfield	1%	2
Kenley	21%	53

Options	%	Number
New Addington North	2%	4
New Addington South	5%	13
Norbury and Pollards Hill	0%	1
Norbury park	0%	0
Old Coulsdon	2%	4
Park Hill and Whitgift	0%	1
Purley and Woodcote	7%	18
Purley Oaks and Riddlesdown	4%	9
Sanderstead	4%	9
Selhurst	0%	0
Selsdon and Addington Village	4%	10
Selsdon Dale and Forestdale	2%	5
Shirley North	3%	7
Shirley South	11%	27
South Croydon	4%	9
South Norwood	4%	9
Thornton Heath	2%	6
Waddon	1%	3
West Thornton	1%	2
Woodside	2%	4
Prefer not to say	3%	7
Other (please specify)	3%	8

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 doctor 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)[94]. These projections were rebased to align with Lower Layer Super Output Area (LSOA)-level[95] and Output Area (OA)-level population estimates[96] (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.

[94] ONS. Population projections for local authorities: Table 2 – 2018 based. March 2020. [Accessed April 2025]
https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandtable2

[95] ONS. Lower layer Super Output Area population estimates (supporting information) – Mid 2019 to Mid-2022. November 2024. [Accessed April 2025]
https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/lowersuperoutputareamidyearpopulationestimates

[96] ONS. Census Output Area Population Estimates (supporting information). [Accessed April 2025]
https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/censusoutputareapopulationestimatessupportinginformation

- **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)

- Croydon Local Pharmaceutical Committee (Community Pharmacy South West London).
- Croydon Local Medical Committee.
- Pharmacies in Croydon.[97]
- Healthwatch Croydon.
- NHS Trust or NHS Foundation Trusts:
    - Croydon Health Services NHS Trust.
    - Epsom and St Helier University Hospitals NHS Trust.
    - The Royal Marsden NHS Foundation Trust.
    - South West London and St George's Mental Health NHS Trust.
- South West London ICB.
- Neighbouring Health and Wellbeing Boards (HWB):
    - Bromley HWB.
    - Lambeth HWB.
    - Merton HWB.
    - Sutton HWB.
    - Surrey HWB.

Other consultees

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

[9797] Please note there are no dispensing appliance contractors, no dispensing GP practices and no pharmacies with a Local Pharmaceutical Services contract in Croydon.

Appendix G: Summary of consultation responses

As required by the Pharmaceutical Regulations 2013, Croydon 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 Croydon council website and invitations to review the assessment, and comment, were sent to a wide range of stakeholders including all community pharmacies in Croydon. A range of public engagement groups in Croydon, 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. 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 (85%) from members of the public.
- 2 (6%) from neighbouring HWBs.
- 1 (3%) from pharmacies in Croydon.
- 1 (3%) from another organisation in Croydon.
- 1 (3%) from Local Medical Committee.

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, 12 (35%) agreed with the conclusions of Croydon Draft 2025 PNA, 18 (53%) 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: 34, Skipped: 0)

Options	Number	%
A member of the public	29	85%
Local Pharmaceutical Committee	0	0%
Local Medical Committee	1	3%
Pharmacy or dispensing appliance contractor in Croydon	1	3%
Pharmacy contractor with a Local Pharmaceutical Services	0	0%
Healthwatch or other patient, consumer or community group	0	0%
An NHS Trust or NHS Foundation Trust	0	0%
Integrated Care Board	0	0%
A neighbouring Health and Wellbeing Board	2	6%
Other organisation in Croydon	1	3%
Other organisation outside Croydon	0	0%

If responding on behalf of an organisation, please tell us its name (Answered: 4, Skipped: 30)

The two neighbouring HWBs identified as Sutton HWB and Merton Council Public Health team.

The organisation in Croydon identified as Positive Life Courses.

The pharmacy in Croydon identified as Boot UK Limited.

2) Has the purpose of the Pharmaceutical Needs Assessment been explained? (Please refer to Section 1 pages 12-27 in the draft PNA) (Answered: 34, Skipped: 0)

Options	Number	%
Yes	28	82%
No	0	0%
I don't know/ can't say	6	18%

3) Does the draft Pharmaceutical Needs Assessment reflect the needs of Croydon's population? (Section 2 pages 31-59 in the draft PNA) (Answered: 34, Skipped: 0)

Options	Number	%
Yes	19	56%
No	5	15%
I don't know/ can't say	10	29%

4) Are there any gaps in service provision; i.e. when, where and which services are available that have not been identified in the Pharmaceutical Needs Assessment? (Section 6 pages 90-115, Section 7 pages 116-118 and Appendix A pages 123-128 in the draft PNA) (Answered: 34, Skipped: 0)

Options	Number	%
Yes	9	26%
No	14	41%
I don't know/ can't say	11	32%

5) Has the Pharmaceutical Needs Assessment provided information to inform market entry decisions i.e. decisions on applications for new pharmacies and dispensing appliance contractor premises? (Answered: 34, Skipped: 0)

Options	Number	%
Yes	14	41%
No	1	3%
I don't know/ can't say	19	56%

6) Does the Pharmaceutical Needs Assessment reflect the current provision of pharmaceutical services within Croydon? (Section 3 pages 61-79 in the draft PNA) (Answered: 34, Skipped: 0)

Options	Number	%
Yes	16	47%
No	4	12%
I don't know/ can't say	14	41%

7) Has the Pharmaceutical Needs Assessment provided information to inform how pharmaceutical services may be commissioned in the future (within the lifetime of the PNA, which is three years)? (Answered: 34, Skipped: 0)

Options	Number	%
Yes	16	47%
No	2	6%
I don't know/ can't say	16	47%

8) Has the Pharmaceutical Needs Assessment provided enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors? (Section 6 pages 90-115 in the draft PNA) (Answered: 34, Skipped: 0)

Options	Number	%
Yes	16	47%
No	3	9%
I don't know/ can't say	15	44%

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? (Answered: 33, Skipped: 1)

Options	Number	%
Yes	5	15%
No	13	39%
I don't know/ can't say	15	46%

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

Options	Number	%
Yes	12	36%
No	3	9%
I don't know/ can't say	18	55%

11) If you have any other comments, please write them below: (Answered: 9, Skipped or "no comment": 25)

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 3**: Does the draft Pharmaceutical Needs Assessment reflect the need of Croydon's population? If you have answered 'No', please add a comment below.

From	Comment	Steering Group response
A member of the public	The 10 year plan has been published – I am unsure if this plan has sufficient flexibility in it to allow all that has been asked of it	We acknowledge your concern about flexibility, and ongoing policy developments will be monitored to assess their impact on pharmaceutical services.
A member of the public	Where I live we have had 2 pharmacies close and the third cannot cope at all (Selsdon)	Thank you for your comment. Selsdon in the South East Croydon locality where there is access to six community pharmacies as well as pharmacies across the border in the neighbouring localities. We recognise individual experiences can vary. Patients can share their experience which is best addressed through provider feedback or NHS complaints routes.
A member of the public	It does reflect needs in Croydon but one plan don't fit all	Thank you for your comment.
A member of the public	This is the first time I or any person (sent to over 300 people in Croydon today) has seen this - So there is not enough explanation as yet	Thank you for comment. The PNA is accompanied by an executive summary and details of the purpose and scope of the PNA within Section 1 of this document.
A member of the public	It does not fully cater to the disabled	Under the Equality Act 2010, community pharmacies are required to make reasonable adjustments to ensure services are accessible to all, including less-abled persons.

Comments to **question 4**: Are there any gaps in service provision; i.e. when, where and which services are available that have not been identified in the draft Pharmaceutical Needs Assessment? If you have answered 'Yes', please add a comment below.

From	Comment	Steering Group response
A member of the public	It shows the pharmacies that are open – but not if there will be qualified staff to carry out all that is going to be expected of the pharmacist in the new NHS	Thank you for your comment. Quality of service is outside of the scope of the PNA process. Patients can share their experience which is best addressed through provider feedback or NHS complaints routes.
A member of the public	You state cost of living, how will the pharmacies tackle this, when a lot of pharmacists don't know what is going on in their local area and only refer reside ts into NHS provisions, when not all issues need that type of support for example someone has cost of living issues around debt, there are many services outside of citizens advice that can help, and outside of broke council services. Also the flu jab is no cure for every issue, so if i seek support for cost of living Crisis, preaching about flu jab isn't helpful	Thank you for your comment. Community pharmacies play an important role in signposting, but we acknowledge that awareness of wider local support services can vary. Future opportunities outside of the market entry process have been discussed in Section 8 of this document.
A member of the public	I believe that more pharmacies need to be open on Sundays and Saturday afternoons.	Thank you for your comment. Weekend provision was assessed as part of this PNA and concluded as adequate across the borough. Community pharmacy opening hours outside or normal working hours is based on local need and commercial viability.
A member of the public	This is the first time I or any person (sent to over 300 people in Croydon today) has seen this - So there is not enough data to compare as yet but there are gaps in services across this borough - who/what is that cause is not clear as yet	The current PNA has been produced in line with statutory requirements, which includes a comprehensive level of information and evidence to support its conclusions.

From	Comment	Steering Group response
Other organisation in Croydon	The PNA does not reflect the (large) gap in education (ie provision of knowledge & personal/interpersonal skills) of adults in the following a) health and b) mental health & well-being areas: a) improving sleep & nutrition and b) how to build relationships of all kinds, as well as many personal communication & 'handling life-challenges' topics incl. setting/achieving goals, developing courage, breaking destructive habits, stopping procrastination, making decisions & assertiveness, saying 'No', moving on from a 'bad' situation, taking risks, earning respect, dealing with weaknesses, poor motivation; and better handling many 'life challenges' (eg criticism, rejection, conflict, 'difficult' people, personality differences, change/setbacks, mistakes, time-management & anger). All of the above (and more) are covered by training courses provided by my organisation: 'Positive Life Courses'. Refer to Charlotte Harrow, Partnership Programme Manager, Local Area Co-ordination - Public Health for further details.	Thank you for your comment. The PNA focuses specifically on NHS pharmaceutical services, such as dispensing and pharmacy-based clinical services. Broader health education and wellbeing topics, including those you've outlined, fall outside the PNA's statutory scope.
A member of the public	Getting prescriptions can be hit and miss. Certain drugs are hard to get a post code lottery. The American movement into taking over pharmacies has been a nightmare as it is notba goldmine as they thought.	Medication shortages are a national issue however, are outside the scope of the PNA

From	Comment	Steering Group response
Local medical committee	There are only two Croydon LPC pharmacy dispensaries within the neighbourhood of Crystal Palace and Norwood. The geography of this area is hilly, public transport is bus dependent and the demographic is relatively elderly/ageing, including many elders living alone and many who cannot safely use buses. The proximity of dispensaries creates a reliance on home delivery, which pushes more patients into the use of online pharmacy companies, which is not good for the local high street or for engagement with Croydon specific pharmacy programmes. Fast access to antibiotics, analgesia and end of life care medications already present challenges and can be a cause of residents having to go to A+E. Access to dressings for wound care and to orthotics (for children and adults) are also problematic.	Thank you for your comment. We note the provision in Crystal Palace and Norwood and the challenges this may pose for older residents and those with limited mobility. While current provision is considered to be adequate your concerns about access to urgent medicines and other items are important. The future direction of travel is for better integration of community pharmacy services within the primary care infrastructure and is noted by the steering group.
A member of the public	Local availability of flu/ covid vaccines. It's v difficult to find a pharmacy offering this nearby.	Thank you for your comment. We acknowledge concerns about local access to flu and COVID-19 vaccines. While many pharmacies do offer these services, provision can vary. A list of providers is provided in Appendix A and can also be found by visiting: https://www.nhs.uk/service-search/pharmacy/
A member of the public	Not enough Pharmacies (3 in my area have closed permanently	Thank you for your comment. The reduction in pharmacy numbers is noted and reflects national trends however the PNA concludes that current provision remains sufficient.

Comments to **question 6**: Does the Pharmaceutical Needs Assessment reflect the current provision of pharmaceutical services within Croydon? If you have answered 'No', please add a comment below.

From	Comment	Steering Group response
A member of the public	I note the reducing in the number of pharmacies per 100,000 pts over the last 3 years and wonder if this will worsen as more is asked of fewer pharmacies	Thank you for your comment. The reduction in pharmacy numbers is noted and reflects national trends. While pharmacy services have expanded, the PNA concludes that current provision remains sufficient.
A member of the public	Can generalise pharmacy services, pharmacy near my home aint great they do the basics but no real art of conversation, but 5 minutes away pharmacy helpful friendly chatty supportive	Thank you for your comment. We recognise that experiences can vary between pharmacies. While the PNA assesses overall service provision, individual service quality is important and best addressed through provider feedback or NHS complaints routes.
A member of the public	The loss of pharmacies has led to less choice	Thank you for your comment. The reduction in pharmacy numbers is noted and reflects national trends. The steering acknowledges choice may have changed, the PNA concludes that current provision remains sufficient.

Comments to **question 7**: Has the Pharmaceutical Needs Assessment 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 answered 'No', please add a comment below.

From	Comment	Steering Group response
A member of the public	A brief mention of the 10 year plan - but now comment on how this will be addressed. By the end of this years - we will be a 1/3rd way through the 10 year plan - planning should therefore start now - before more lost pharmacies	Thank you for your comment. The 10-Year Plan was published shortly after the PNA was finalised. Local healthcare partners will now begin work on implementing its priorities, including planning for the role of community pharmacy.
A member of the public	This has not been fully explained as yet	Thank you for your comment. Without further detail, it is difficult to clarify which aspect of the PNA you are referring to.

Comments to **question 8**: Has the Pharmaceutical Needs Assessment provided enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors? If you have answered 'No', please add a comment below.

From	Comment	Steering Group response
A member of the pubic	Need to understand the expertise of the staff working	Expertise and the quality of service is outside of scope of the PNA process. Patients can share their experience which is best addressed through provider feedback or NHS complaints routes.
A member of the pubic	not as yet	Thank you for your comment. Without further detail, it is difficult to clarify which aspect of the PNA you are referring to.

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? If you have answered 'Yes', please add a comment below.

From	Comment	Steering Group response
A member of the public	We desperately need another dispensing pharmacy restored to Selsdon. There is a huge gap in south Croydon/Sanderstead/Selsdon/New Addington	Thank you for your comment. Selsdon in the South East Croydon locality where there is access to six community pharmacies as well as pharmacies across the border in the neighbouring localities. We recognise individual experiences can vary. Patients can share their experience which is best addressed through provider feedback or NHS complaints routes.
A member of the public	Perhaps but this will require a lot more data gathering	The current PNA has been produced in line with statutory requirements, which includes a comprehensive level of information and evidence to support its conclusions.
A member of the public	Weightloss management services, e.g., advice about healthy eating and weight loss programmes.	Thank you for your suggestion.

From	Comment	Steering Group response
A member of the public	Treatment of Trump Derangement Syndrome - especially affecting BBC employees, sadly. What he does may be news - but it doesn't need to lead the World News for about 3 days when he has a minor circulation or fluid retention problem. Compare with ignoring the precipitate decline of his predecessor, which was not mentioned until, after the debate, we all knew he was gaga.	Noted.
Local medical committee	Wound care supplies hubs in North, Central and South Croydon would be useful.	Thank you for your comment. Wound care supply hubs are outside the scope of the PNA, which focuses on NHS pharmaceutical services. However, your suggestion has been noted

Comments to **question 10**: Do you agree with the conclusions of the Pharmaceutical Needs Assessment? If you have answered 'No', please add a comment below.

From	Comment	Steering Group response
A member of the public	More houses are being demolished and flats being built which will increase the population in south east and south west Croydon	Thank you for your comment. Population growth and housing developments were considered in the assessment to ensure future pharmaceutical needs are considered.
A member of the public	Digital innovation should be prioritised, ensuring pharmacies have access to modern clinical decision-support tools and NHS-integrated patient records NO WAY SHOULD PHARMACYS HAVE ACCESS TO PATIENT RECORDS	Thank you for your comment. Views on digital access and patient records are noted.

From	Comment	Steering Group response
A member of the public	The document will require supporting evidence	The current PNA has been produced in line with statutory requirements, which includes a comprehensive level of information and evidence to support its conclusions.

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

From	Comment	Steering Group response
A member of the public	plan will only work if the pharmacies are open and have stock of necessary medications.	Thank you for your comment. Community pharmacies are required to open for the hours set out in their NHS contracts. However, stock control and supply issues are outside the scope of the PNA
A member of the public	South East and South West Croydon NEED another pharmacy each, the ones we have cannot cope with demand. We aren't numbers, we are patients waiting an average of 45 working days for our medications.	The PNA acknowledges increasing demand and contractors may experience increased footfall and service pressures. However, the current assessment concludes that the community pharmacy network is currently able to accommodate, supported by pharmacies' ability to adjust staffing levels and service delivery models where necessary.
A member of the public	To many services being put into pharmacy's, Health should be dealt with by gp with support from pharmacy's Gps already tried social prescribers which were waste of time and money, it's bad enough having to bear your sole to the receptionist without having to aor your issues in a pharmacy. If its medical advice from the pharmacy this should be done privately and not in a make shift non sound proof room in the middle of a shop	Thank you for your comment. Pharmacies are increasingly supporting the NHS by providing accessible healthcare, but we recognise concerns about privacy and the appropriate setting for certain services. Consultations should always take place in a private consultation room however individual experience can vary. Patients can share their experience which is best addressed through provider feedback or NHS complaints routes.

From	Comment	Steering Group response
A member of the public	Good that this has been sent out, poor that no one in administration has managed to engage widely.	We acknowledge your concern about wider engagement and will review consultation processes to help improve participation in future assessments.
Pharmacy in Croydon	"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 if necessary." - similar wording used throughout- is the PNA suggesting if PC can not adjust staffing levels, this would create a gap? This should be clarified either way.	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	Although on paper it all looks rosy. It assumes that the figures are correct and that we do not have another epidemic and that we do not have a large influx of individuals. Also that no more pharmacies go out of business. So no one can say categorically that all needs are met for the future.	Thank you for your comment. The PNA provides an assessment based on the best available data at the time of writing. We recognise that unforeseen events, such as changes in population, public health emergencies, or pharmacy closures, could impact future provision however based on the information available current provision and for the next three years has been considered adequate.
A member of the public	Sorry but I don’t know much about this	Noted.
A member of the public	when I attended a pharmacy for treatment I was told that they don't treat people over 64 which means one has to go to GP which may be a long wait and shouldn't be necessary.	Thank you for your comment. Age-related exclusions are not determined by individual pharmacies but by service specifications.
A member of the public	Pay pharmacist sufficient to incentivise them to open/continue services in the Borough where they are needed	Thank you for your comment. Decisions on remuneration and contractual arrangements are made at a national level.

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
Page 65, there is a typographical error. 3.8 reads …..Neighbouring areas include the London Boroughs of Croydon, Merton, Lambeth and Bromley, as well as Surrey (Tandridge and Reigate and Barnstead districts). As this is the PNA for Croydon, the other borough should be Sutton and not Croydon.	Amended for the final PNA