

**KENT HEALTH AND WELLBEING BOARD**

**Thursday, 25th September, 2025**

**2.00 pm**

**Council Chamber**







## AGENDA

### KENT HEALTH AND WELLBEING BOARD

**Thursday, 25 September 2025 at 2.00 pm**  
**Council Chamber**

Ask for: **Georgina Little**  
Telephone: **03000 414 034**

#### **UNRESTRICTED ITEMS**

*(During these items the meeting is likely to be open to the public)*

**Item  
No**

- 1 Chairman's Welcome
- 2 Membership Update
- 3 Appointment of Co-opted Member(s)
- 4 Election of Chair
- 5 Election of Vice-Chair
- 6 Apologies and Substitutes
- 7 Declarations of Interest by Members in items on the agenda for this meeting
- 8 Minutes of the Meeting held on 11 February (Pages 1 - 12)
- 9 Director of Public Health - Verbal Update
- 10 Pharmaceutical Needs Assessment (PNA) 2025-2028 (Pages 13 - 414)
- 11 Public Health Service Transformation Programme Update (Pages 415 - 426)
- 12 Update from the Integrated Care Board on the NHS 10 Year Plan

#### **EXEMPT ITEMS**

*(At the time of preparing the agenda there were no exempt items. During any such items which may arise the meeting is likely NOT to be open to the public)*

Benjamin Watts  
General Counsel  
03000 416814

**Wednesday, 17 September 2025**





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## KENT COUNTY COUNCIL

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### KENT HEALTH AND WELLBEING BOARD

MINUTES of a meeting of the Kent Health and Wellbeing Board held in the Council Chamber, Sessions House, County Hall, Maidstone on Tuesday, 11 February 2025.

PRESENT: Mr D Watkins (Chairman), Dr B Bowes (Vice-Chairman), Cllr M Blakemore, Mrs S Chandler, Mrs P T Cole, Mr R W Gough, Dr A Ghosh, Mr R Goatham, Mrs S Hammond, Cllr Mrs A Harrison, Cllr J Howes and Mr R Smith

IN ATTENDANCE: Dr M Gogarty (Strategic Lead Public Health Consultant), Ms M Varshney (Consultant in Public Health), Sosanya (Public Health Pharmacy and Quality Lead) and Dr A George (Consultant in Public Health)

### UNRESTRICTED ITEMS

#### **47. Chairman's Welcome** (Item 1)

#### **48. Apologies and Substitutes** (Item 2)

Apologies were received from Mr Paul Bentley, representative of the Integrated Care Board. Ms Malti Varshney was in attendance.

#### **49. Declarations of Interest by Members in items on the agenda for this meeting** (Item 3)

Ms Varshney declared that she was a non-executive Director in one of the voluntary sector organisations in Maidstone.

#### **50. Minutes of the Meeting held on 25 April 2024** (Item 4)

RESOLVED that the minutes of the meeting held on 25 April 2024 were an accurate record and that they be signed by the Chairman

#### **51. Director of Public Health Verbal Update** (Item 5)

1. Dr Ghosh provided a verbal update on the following:

- (a) Kent County Council had been awarded a Public Health Grant of £81,469 for 2025-26 which was the second highest grant in the country, with Birmingham receiving the largest allocation and Lancashire receiving the third highest. However, in terms of allocation per head in terms of size of population, there was a level of discrepancy with Birmingham receiving £92.48 per head, Lancashire approximately £65 per head, and Kent £49

per head. However, the allocation and early announcement would ensure earlier planning compared to previous years.

- (b) The 9<sup>th</sup> March was the Covid Day of Reflection and marked the 5<sup>th</sup> year of the start of the Covid pandemic. A number of events were set to take place across Kent, with the locally adopted theme focussed on Healing and Hope. KCC would also be launching a virtual remembrance wall for staff and members to share experiences.
- (c) KCC's public health priorities had been developed for 2025-26, these were as follows:
1. Three priorities which were set to continue from the previous year:
    - delivery of the integrated care strategy
    - public health service transformation program
    - prevention program, really putting a rocket booster under prevention, although everything that public health does in a way is prevention, but this is specifically looking at how we can prevent, reduce, and delay the use of adult social care strategy services through the adult social care prevention framework that we're working very closely with adult social care colleagues on
  2. Family hubs and Start For Life Programme
  3. Stop Smoking Services and vaping
  4. Tackling health inequalities across Kent through the Marmot Coastal Region, the Work and Health Strategy and the Housing Strategy.
  5. Mental health and the reimagining of mental health services to create better integration between children's and adults
- (d) The strategic work underway was set to be delivered through the Integrated Care Strategy's Delivery Plan which featured as an agenda item.
- (e) Coastal Kent would be the first region in the UK to call itself a Marmot Coastal Region. KCC Public Health has commissioned the UCL Institute of Health Equity (IHE) for a period of two years from October 2024 to October 2026 to support the initial stages of the programme. The plan for Kent was to adopt a layered approach starting with two of the eight Marmot principles, 'skills for work' and 'work and employment' which focussed on tackling health inequalities by improving deprivation through jobs, which was one of the most important sustainable wider determinants of health. The six areas are Swale, Canterbury, Thanet, Dover, Folkestone and Hythe, and Ashford. The senior leadership of all these districts and boroughs had endorsed the programme and committed to support it. [Kent Marmot Coastal Region Programme](#)
- (f) The consultation on Kent and Medway's Work and Health Strategy was due to close on 20<sup>th</sup> March 2025. This strategy had been designed to support employers in creating healthier workplaces and to support people with all long-term health conditions and disabilities to start, stay and succeed in work

- (g) The Pharmaceutical Needs Assessment was a statutory requirement of the Health and Wellbeing Board and featured as an agenda item.
- (h) The transformation program was at its business end, making this year pivotal for several services. The 0-2 Health Visiting Services, Community Infant Feeding Services, 5-19 School Nursing, and Children's Emotional and Mental Well-being Therapeutic Services had all undergone key decision-making processes and were about to start procurement. Following these, lifestyle services such as One You Kent, NHS Health Checks, and Sexual Health Services will also be taken through the governance process for key decisions in the coming year.
- (i) In terms of health protection, COVID, flu, and other infections, had put significant pressure on NHS trusts. Unfortunately, vaccine uptake among healthcare workers had been low, and therefore a strong focus remained on learning from the past and improving this in the coming year. Similarly, norovirus cases were high in winter, nearly double the seasonal average, both in Kent and nationally. Work was underway to strengthen efforts with care homes, particularly around infection prevention and control.
- (j) Public Health continued to work closely with children, young people and education to enhance integrated working. KCC had received notification of the 2025-26 family hubs allocation, which was a positive step.
- (k) One of the focal areas for Public Health was mental health. Work was underway to complete a mental health needs assessment, which would serve as the evidence base for work throughout the year. Additionally a mental health summit was scheduled to be held in April, to bring together key stakeholders from across Kent to discuss this important issue.
- (l) Regarding suicide prevention, the strategy was due for an update later in the year. Encouragingly, the most recent OANIS data showed that suicide rates in Kent were falling despite them rising in other parts of the country. However, it was important to note that even one death was too many, and Public Health continued to deliver a range of projects in this area.
- (m) On the 22<sup>nd</sup> September the Baton of Hope was scheduled to visit Kent as part of its national tour. The baton would be carried across Kent by members of the public, touched by the painful issue of suicide, in an attempt to raise the profile of suicide prevention activity, as well as bring people together to explore the concept of hope.
- (n) Regarding substance misuse, there were renewed efforts to get people on opiates into treatment, with some improvement in numbers, though more work was needed. There was also a continued focus on reducing drug-related deaths in Kent. While it was difficult to predict the number of deaths in the last quarter, real-time surveillance suggested a slight decrease. Additionally, efforts were being strengthened on the supply side by working with the police and improving continuity of care for individuals coming out of the criminal justice system.

2. In response to comments and questions from Members of the Board, it was noted:
- (a) Queries were raised regarding the disappointing allocation per head and whether this was partly due to the diversity in the Kent population. It was noted that previous allocations for public health efforts were based on lower super output area (LSOA) deprivation, and that Tunbridge Wells had an LSOA in the bottom decile, which it did not have previously. Dr Ghosh advised that the government was being lobbied on two main points: creating multi-year settlements for better service planning and clarifying the current allocation pattern. He acknowledged that deprivation played a role in allocations, citing Birmingham's higher per head allocation compared to Kent. However, he noted that historical allocations and other factors also influenced the current pattern. Dr Ghosh emphasised the need to review the allocation formula, which had been a complex and ongoing issue. He expressed hope for more clarity on how allocations were to be calculated in the future.
  - (b) In response to queries raised regarding what the Marmot programme would like in practice, Dr Ghosh confirmed that the two-year program was in its early stages, with initial focus on compiling and analysing existing data to create a monitoring dashboard. Efforts were being made to map ongoing work across the coast to prevent duplication. Key focus areas included the adult social care workforce, NHS workforce (excluding doctors and nurses), children not in education, employment, or training, looked-after children, rough sleepers, the homeless, and individuals transitioning from the criminal justice system. Collaboration with various partners, including the education and private sectors, aimed to create job pathways and support the exploration of new initiatives.
  - (c) Concerns were raised about the allocation of funding, noting the wide variety of demographics in Kent and the potential disadvantage to rural communities due to the emphasis on deprivation. Dr Ghosh provided assurance that this was a significant area of focus with an opportunity to utilise the alliances with districts and boroughs for hyperlocal work. He highlighted models that had been used in Canterbury, Tonbridge and Malling, Folkestone and Hythe, where specific locations had been chosen based on deprivation or rural poverty with a focus on improving outcomes for those communities over a year.
  - (d) Members commented on the importance of the prevention program in adult social care and the need to take a proactive approach in the immediate term to help prevent costs in the long term.

3. RESOLVED to note the verbal update

## **52. 2025 Kent Joint Strategic Needs Assessment (JSNA) Summary Report (Item 6)**

*Abraham George, Consultant in Public Health was in attendance for this item*

1. Mr George introduced the 2025 Kent Joint Strategic Needs Assessment (JSNA) exception report which highlighted the health needs assessments, reports and analyses completed in 2024, as well as key population health figures. The JSNA allowed both the Board and the Kent and Medway Integrated Care Partnership to be aware of the relevant issues and trends which needed to be addressed and reflected in the key priorities and outcomes of the Integrated Care Strategy and district local plans. Mr George highlighted that there had been a total of 12 needs assessments completed over the last year (highlighted throughout the report) by the KCC Public Health team and other partners organisations . Where available, final reports were published on the Kent Health Observatory (KPHO) [website](#) . Mr George highlighted the key findings from the report and welcomed questions.
2. In response to comments and questions from Members of the Board, it was noted:
  - (a) In response to members interest regarding the Kent and Medway Care Record (KMCR) and its promising application, Mr George explained that the KMCR which had been developed over several years as part of the NHS's national digital and data infrastructure program, was a shared care record contracted to GraphNet. Initially intended for direct care planning, its use expanded during COVID to include population health intelligence, aiding JSNI-related work. Despite its benefits, Mr George highlighted the need for a strategy to incorporate non-social care NHS datasets to better understand the broader at-risk population. Efforts were underway, particularly in West Kent Health and Care Partnerships (HCP), to explore data integration from local councils and voluntary organisations. The record's risk stratification tools had been useful for profiling high-risk patients
  - (b) Members expressed appreciation for the data available and noted its usefulness in addressing inequalities, with specific reference made to Tunbridge Wells. A request was made that the maps from the KPHO were better labelled to help focus on communities with problems. Mr George agreed to further discuss the suggested improvements offline.
  - (c) With regard to A&E admissions for children and whether there was any assessment of other influencing factors, such as primary care availability or temporary housing conditions, which identified commonality of need; Mr George explained that the current public health data sets were high-level and did not allow for detailed analysis. However, with the Kent care record, there was potential to link multiple data sets to better understand these risk factors. He emphasised the need to collaborate with NHS healthcare partnership colleagues to ensure accurate interpretation of the analysis.
  - (d) In response to the healthy weight statistics for children and whether local efforts had made an impact on trends becoming more static as opposed to worse, Dr Ghosh emphasised the importance of looking beyond Kent and comparing its data with similar areas like Hampshire or Surrey, but with caution. He acknowledged that maintaining current obesity levels ("standing still") might have seemed counterintuitive, but it was a debated and agreed-upon target in the log frame. The goal was to prevent obesity rates from increasing and eventually reduce them. Achieving a stable state was still seen as progress, though its duration was uncertain due to various influencing factors. Dr Ghosh noted that if

they could maintain the current level of stability and begin to see a decline by next year, it would be an achievement.

- (e) In response to the recommendation regarding “Online parenting courses should be available and promoted, with a focus on “understanding your child” and developing personal, social, and emotional skills in families”, a point was raised that parenting courses were a significant factor in the delivery of Family Hubs, delivered both in-person and online, and this would help to address one of the selected recommendations from the needs assessment.
  - (f) Members commented on the stakeholder insight, specifically in relation to transgender men and non-binary patients with a cervix invited for cervical screening and inquired whether any discussions had taken place, given that these programs were nationally commissioned and delivered. It was suggested that the recommendation might be better phrased to ensure that anyone with a cervix is offered screening. Furthermore, a better understanding was needed of the National Screening Commission's role, as the cervical screening program was commissioned nationally and it was therefore important to assess the feasibility of the recommendation and determine whether it should be directed to GPs or the national commissioners. Dr Ghosh advised that it was currently an aspiration to implement the recommendation, however, further liaison was needed with the relevant leadership groups to determine if the recommendation could be actioned as the findings were specific to analysis in East Kent practices.
  - (g) Ms Varshney offered support from the NHS perspective, referencing section 3.3.4 of the report in relation to health characteristics of Kent residents in receipt of social care services.
  - (h) A suggestion was made to revise the statement in section 2.6.1 on page 20 to indicate there are 1,310 serving UK Armed Forces personnel, including 900 Gurkhas, to avoid upsetting the Nepalese community by not considering Gurkhas as UK serving personnel.
  - (i) Members queried the high rate of dementia in Folkestone and Hythe and whether this correlated with the higher age profile in the area, or whether it was becoming more prevalent in younger people. Dr Ghosh Advised that it was common practice in public health to standardise for age when examining prevalence rates of long-term conditions like dementia across different sub-geographical areas. This meant that the data was adjusted to account for age distribution in those areas
3. RESOLVED that the Kent Health and Wellbeing Board approve the actions to be undertaken in relation to the specific recommendations outlined in the JSNA exceptions report, specifically:

**Health needs assessment for 5-11 year olds in Kent**

- Online parenting courses should be available and promoted, with a focus on “understanding your child” and developing personal, social, and emotional skills in families.
- Trauma informed approaches should be used more widely, and all professionals working with children should be trained.



- Activities which address wider determinants of health should be undertaken, for example addressing damp and mould in housing and reducing excess weight in children.

#### **Sexual Health Needs Assessment**

- Increasing monitoring and methods to prevent human immunodeficiency virus (HIV) transmission by increasing collaboration with wider partners to help identify at risk individuals and refer them for testing, for example drug and alcohol services, adult social care, domestic abuse.
- Raise awareness to increase visibility of sexual health services through marketing and campaigns.

#### **Armed Forces and Veteran Community in Kent Needs Assessment**

- Service providers in Kent should be “veteran aware” to accommodate their treatment needs.

#### **Kent & Medway Housing Strategy Evidence**

- Kent County Council (KCC) and partners should commit to activities which prevent, reduce and delay the need for Adult Social Care including, monitoring and evaluating the impact of interventions on falls in the elderly.

#### **Dartford, Gravesham and Swanley HCP Needs Assessment**

- Local survey data should be collected to explore the efficiency of service utilisation for children aged 0-4 in Dartford, Gravesham and Swanley Health Care Partnership (HCP), such as GP, pharmacy and urgent care.

#### **East Kent HCP Needs Assessment**

- A dedicated mental health needs assessment should be carried out to review services for mental health and evaluate the increase in the burden of depression in East Kent.

#### **Stakeholder insight**

- GP surgeries should also invite transgender men and non-binary patients with a cervix for their cervical screening, if they are not registered as female and keep an updated register.

#### **Kent JSNA Evaluation**

- KCC Public Health will coordinate with the Kent JSNA Steering Group to put in place a regular online process for disseminating reports, updates or any new data to the public.

### **53. 2025 Pharmaceutical Needs Assessment**

*(Item 7)*

*Oluwatoyin Sosanya MPH, MRPharmS, Public Health Pharmacy and Quality Lead was in attendance for this item*

1. Dr Ghosh introduced the report which set out the plan to update the Pharmaceutical Needs Assessment (PNA) and proposed sign-off process to ensure 2025 PNA was published according to legislative requirements. The current Kent PNA was published in September 2022 and was due to be revised by October 2025. A specialist provider called Soar Beyond Limited had been

commissioned, via a competitive tender process, to support delivery of the 2025 PNA. The PNA was a key document used by the National Health Service (NHS) and Kent County Council (KCC), to support commissioning decisions; including, but not limited to, approving applications to open new pharmacies and commissioning services through pharmacies based on population health needs. Dr Ghosh advised that due to the scheduled 2025 Health and Wellbeing Board meetings and local Kent election, approval was sought from the Health and Wellbeing Board to delegate authority to the Director of Public Health, in consultation with the Chair of the Health and Wellbeing Board, to draft and approve the first iteration of the PNA to go out to statutory consultation.

2. Ms Sosanya added that the PNA would assess the current pharmaceutical services in Kent, including pharmacies, dispensing doctors, and appliance contractors. The goal was to identify gaps and make recommendations for improvement across the county. The current PNA was published in September 2022, and a revised version must be published within three years.
3. The process of refreshing the PNA began in September last year, and a steering group had been established. Members include representatives from Kent County Council engagement, the Kent Public Health Observatory, the local medical committee, the local pharmaceutical committee, Health Watch, and the ICB. The steering group had met twice and completed several activities, including data collection, stakeholder engagement via questionnaires, validation of the current pharmaceutical list, mapping exercises, and drafting the health needs chapter based on the Joint Strategic Needs Assessment (JSNA). The information was being triangulated, and the first draft was scheduled to be ready by the end of March or beginning of April. Once approved, it would go to consultation for 60 days. The final draft would be brought to members at the September Health and Wellbeing Board for approval and publication before October.
4. In response to comments and questions from Members of the Board, it was noted:
  - (a) In response to whether online pharmaceutical providers are captured within the needs assessment, Ms Sosanya clarified that online pharmacies within the health and wellbeing board boundary would be included in the pharmaceutical list, and that they had the capability to supply medicines nationwide.
  - (b) With regard to whether the assessment focused solely on providers based in the area rather than accessibility. Ms Sosanya confirmed that online pharmacies were counted as providers within the Kent boundary, although essential services such as picking up prescriptions required physical pharmacies. Ms Sosanya clarified that the scope of the pharmaceutical needs assessment aimed to evaluate the population's access to pharmaceutical services. This included tests, locally commissioned services, services by the Integrated Care Board (ICB), and nationally commissioned services for dispensing medication. The assessment would consider dividing Kent into districts to ensure each district's population could access essential services listed by the NHS, as well as advanced services under the NHS contract.
  - (c) The discussion underscored the importance of ensuring comprehensive access to both essential and advanced pharmaceutical services for all

residents within the Kent boundary. The assessment will involve a detailed analysis of service availability and accessibility across different districts, addressing any gaps in provision.

- (d) It was noted that online pharmacies supplied medicines similarly to high street pharmacies, however, concerns were raised regarding the lack of additional services, such as treating minor illnesses and conducting health checks, which were beneficial to primary care and assurance was sought that future assessments would include additional services. Ms Sosanya confirmed that discussions had taken place with ICB colleagues and a list of advanced services provided by each pharmacy had been obtained. This would be highlighted in the PNA.

5. RESOLVED that the Kent Health and Wellbeing Board:

- (a) AGREE the production plan and sign-off process of the Pharmaceutical Needs Assessment (PNA) 2025
- (b) DELEGATE authority to the Director of Public Health, in consultation with the Chair of the Health and Wellbeing Board, to draft and approve the first iteration of the PNA to go out to statutory consultation.
- (c) DELEGATE authority to the Director of Public Health, in consultation with the Chair of the Health and Wellbeing Board, to revise the PNA following the statutory consultation and identify if a subsequent consultation period is required.
- (d) CONFIRM that approval of the PNA will be subject to decision making by the Health and Wellbeing Board in the autumn of 2025

**54. Kent County Council Integrated Care Strategy (KCC ICS) Delivery Plan**  
(Item 8)

*Author Dr Mike Gogarty, Interim Strategic Lead for Public Health, was in attendance for this item*

1. Dr Ghosh and Dr Gogarty introduced the report which provided members of the Board with a overview of the Kent County Council Integrated Care Strategy (ICS) Delivery Plan. The plan and priority actions were endorsed by the Health Reform and Public Health Cabinet Committee on 21st January, and approved by Cabinet on 30th January. The Kent Health and Wellbeing Board were asked to endorse the ICS Delivery Plan in its role as the delivery plan for Kent's Joint Local Health and Wellbeing Strategy. Dr Gogarty advised that the Delivery Plan was one facet of the work needed to shift health and wellbeing. Concurrently, work was being done at the district level to develop district plans, supported by the Kent Association of Local Councils. Collaborative work was also underway with the NHS, particularly through the acute trust, to deliver health and wellbeing. Dr Gogarty thanked colleagues within Kent County Council for their hard work and enthusiasm despite conflicting priorities. The Plan captured ongoing work and also defined new priorities and actions for the next one to three years to improve the population's health. It was recognised that this work would need to be done against a challenging financial background, with many options being low or no

cost. Credit was given to the Director of Public Health and Mr Watkins (Chair of the Kent Health and Wellbeing Board and Cabinet Member for Adults Social Care and Public Health) for their leadership.

2. In response to comments and questions from Members of the Board, it was noted:
  - (a) Members commented on the path-breaking approach for the Council in its commitment to the level of detail in delivering the Integrated Care Strategy (ICS). Whilst recognising that there were initial questions about the substance of the ICS, the actions of the Council and other partners had brought real practical meaning to it, demonstrating its trackable delivery.
  - (b) In response to the level of accountability that would be placed on individuals within the public health system, Dr Ghosh advised that multiple stakeholders, including KCC and NHS trusts in Kent, were involved and were keen to contribute. Direct conversations had also been held with the executives of NHS trusts who were eager to be involved. Dr Gogarty's work over the next year involved working with NHS trusts and internally within KCC's directorates to embed and hardwire the initiatives. KCC's directorates were jointly accountable for the strategy, and work was underway to develop mechanisms for implementation, monitoring, and accountability. The collaborative approach aimed to capitalise on the momentum and intentions of all partners involved.
  - (c) With regard to targets and how these would be measured and reported, Dr Ghosh confirmed that the Integrated Care Partnership (ICP) was ultimately accountable for delivery, along with the Health and Wellbeing Board. There was also a log frame that linked with the JSNA work, which contained a set of indicators developed to provide a sense of progress rather than performance management. The first two shared outcomes, childhood obesity and mental health and employment, would be reported at the integrated care partnership. The Strategic Oversight Group (SOG) would then review the indicators and make recommendations on areas to focus on. This approach aimed to ensure delivery was managed in practical sections of work, as opposed to trying to solve all problems at once.
  - (d) In response to how the priorities would be communicated at a local level to ensure that the initiative could be contributed to effectively, Dr Ghosh advised that there were eight functioning health alliances out of twelve districts, with more expected soon. Each health alliance had developed local priorities, often involving children, mental health, and employment. Communication strategies were under development at both professional and public levels as whilst it was recognised that there were channels within KCC, more work was required to ensure effective communication with residents through parish councils, health alliances, and other local organisations.
3. **RESOLVED** that the Health and Wellbeing board endorse the Kent County Council Integrated Care Strategy (KCC ICS) Delivery Plan in its role as the delivery plan for Kent's Joint Local health and Wellbeing Strategy.



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**From:** Diane Morton, Cabinet Member for Adult Social Care and Public Health  
Dr Anjan Ghosh, Director of Public Health

**To:** Kent Health and Wellbeing Board, 25 September 2025

**Subject:** Pharmaceutical Needs Assessment (PNA) 2025-2028

**Classification: Unrestricted**

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**Summary:**

Since 1 April 2013, every Health and Wellbeing Board has had a statutory responsibility to publish and keep up to date a statement of the needs of pharmaceutical services for the population in its area. This is referred to as the Pharmaceutical Needs Assessment (PNA). As part of its responsibility, the Health and Wellbeing Board is also required to reassess and revise the PNA within three years of its previous publication.

The PNA provides an overview of the pharmaceutical services of Kent and detailed statements for each of the local authority areas. It looks to identify gaps, if any, in pharmaceutical service provision now and in the future. Population changes anticipated within the lifetime of this document are taken into consideration, such as the predicted population growth and health needs.

Given the current predicted population, housing projections and distribution of service providers across the county, the 2025-2028 PNA concludes that NHS pharmaceutical service are well distributed across Kent, serving all the main population centers. There is adequate access to a range of NHS services commissioned from pharmaceutical service providers; no gaps in the provision of necessary pharmaceutical services have been identified either now or in the next three years.

**Recommendation(s):**

The Health and Wellbeing Board is asked to **APPROVE** the final 2025-2028 Pharmaceutical Needs Assessment and **NOTE** that the previously approved PNA process has occurred.

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**1. Introduction**

- 1.1 The Health and Social Care Act 2012 transferred responsibility for the Pharmaceutical Needs Assessment from Primary Care Trusts to Health and Wellbeing Boards on the 1 April 2013.

- 1.2 The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 (the regulations) set out the legislative basis for developing and updating PNAs.
- 1.3 Every Health and Wellbeing Board (HWB) in England has a statutory responsibility to publish and keep up to date a statement of the need for pharmaceutical services in its area, otherwise referred to as a Pharmaceutical Needs Assessment (PNA). Each HWB is required to publish, revise and renew its PNA at least every three years (for Kent, the last PNA was published in September 2022).
- 1.4 In the interim, supplementary statements may be published to describe changes to the availability of pharmaceutical services when relevant to the granting of applications or preventing significant detriment to the provision of pharmaceutical services. Once published, supplementary statements form part of the PNA.
- 1.5 The main aim of the Kent PNA is to describe the pharmaceutical services in Kent and systematically identify any gaps/unmet needs, consult with stakeholders and make recommendations for service improvement.
- 1.6 The PNA is a key document used by the National Health Service (NHS) to make decisions on new applications for pharmacies and change of services or relocations by current pharmacies. It is also used by commissioners reviewing the health needs for services within their particular area, to identify if any of their services can be commissioned through pharmacies.

## **2. The Pharmaceutical Needs Assessment 2025-2028**

- 2.1 The final draft of the PNA has been developed with support from a specialist provider (commissioned via a competitive tender process) and oversight from the Kent PNA Steering Group.
- 2.2 Section 1 is the introduction and sets out the purpose and scope of the PNA. It defines the Necessary and Relevant Pharmaceutical Services for the purpose of this document. This includes services commissioned by NHS England from pharmacies, dispensing appliance contractors and dispensing General Practices. Section 1 also outlines the process and key developmental stages of the PNA, as well as the explanation of the localities used for the purpose of the PNA.
- 2.3 Section 2 highlights local and national plans/strategies for health, care and wellbeing, before detailing the population, demographic and specific health needs of Kent; all of which provide context for the Kent PNA. Detailed population characteristics and health needs are expanded on in Appendix H.
- 2.4 Section 3 focuses on the current provision of pharmaceutical services across Kent. Maps and travel analyses are used to help illustrate their distribution and accessibility; Appendix G provides the full travel analysis. Services listed in Section 4 are provided for information only as they fall outside the scope of the



PNA but have been included as they impact the need for pharmaceutical services.

- 2.5 Results from the public engagement which ran between November – December 2024 are described in section 5, which explored how, why and when local residents use pharmaceutical services using a questionnaire; Appendix D provides a summary and the qualitative analysis.
- 2.6 Taking into consideration the health needs for each district and pharmaceutical service provision, Section 6 provides the pharmaceutical needs assessment for each local authority area.
- 2.7 Section 7 concludes with the statement of need of pharmaceutical services across the county and opportunities for consideration to improve pharmaceutical services.
- 2.8 Each appendix gives (additional) detail about the following:
  - Appendix A: List of pharmaceutical service provider premises in Kent and services provided
  - Appendix B: The PNA project plan
  - Appendix C: Steering Group Terms of Reference
  - Appendix D: Summary and qualitative analysis of the Public Engagement
  - Appendix E and F: Pharmaceutical service provider Engagement Summary
  - Appendix G: Full travel analysis
  - Appendix H: Population demographics and health of the population
  - Appendix I: Consultation Report
- 2.9 The draft PNA was signed off for the statutory 60-day consultation under delegated authority by the Director of Public Health, in line with established governance arrangements. The consultation concluded in August 2025, and the report is found in Appendix I.
- 2.10 As stipulated by the regulations, a supplementary statement and map update have been produced alongside the PNA report to reflect changes to the pharmaceutical list and keep up to date the map identifying premises in Kent providing pharmaceutical services.
- 2.11 The final draft of the PNA now requires formal approval from the Health and Wellbeing Board prior to publication.

### **3. Financial Implications**

- 3.1 A specialist provider has been commissioned at a cost of £33,500 to support delivery of the PNA following a competitive tender process in 2024.
- 3.2 A British Sign Language translation service was procured from the Adult Social Care & Health Sensory Services team at a cost of £698 to support the PNA Consultation.

## 4. Legal implications

- 4.1 Under the Health and Social Care Act 2012, the Health and Wellbeing Board have a statutory responsibility to produce and publish the next PNA within three years of its last publication (September 2022).

## 5. Conclusions

- 5.1 The Pharmaceutical Needs Assessment has the following conclusions based on information available at the time of writing. For the 12 districts in Kent:
- a) There is no gap in the provision of Necessary Services during normal working hours across Kent to meet the needs of the population.
  - b) There are no gaps in the provision of Necessary Services outside normal working hours across Kent to meet the needs of the population.
  - c) No gaps have been identified in the need for Necessary Services in specified future circumstances across Kent.
  - d) 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 Kent.
  - e) 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 Kent.
  - f) 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 Kent to meet the needs of the population. However, community pharmacies should be encouraged to sign up to Advanced Services to improve access where possible.

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## 6. Recommendation(s):

- 6.1 The Health and Wellbeing Board is asked to **APPROVE** the final 2025-2028 Pharmaceutical Needs Assessment and **NOTE** that the previously approved PNA process has occurred.

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## 7. Background Documents

The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013. <https://www.legislation.gov.uk/uksi/2013/349/regulation/3/made>

Kent Pharmaceutical Needs Assessment 2025-2028 (including appendices A-F)

Kent Pharmaceutical Needs Assessment 2025-2028 Appendix G

Kent Pharmaceutical Needs Assessment 2025-2028 Appendix H

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# Pharmaceutical Needs Assessment 2025

Kent  
Health and Wellbeing Board

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

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## Abbreviations

AS	Advanced Service
AUR	Appliance Use Review
BSA	Business Services Authority
CCT	Cultural Competency Training
COPD	Chronic Pulmonary Obstructive Disease
CP	Community Pharmacy
CPCS	Community Pharmacist Consultation Service
CVD	Cardiovascular Disease
DAC	Dispensing Appliance Contractor
DHSC	Department of Health and Social Care
Disp	Dispensing GP Practices
DMS	Discharge Medicines Service
DRUMs	Dispensing Review of Use of Medicines
DSP	Distance Selling Pharmacy
DSQS	Dispensing Services Quality Scheme
EOC	Emergency Oral Contraception
ES	Essential Service
EU	European Union
GFR	General Fertility Rate
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
KCC	Kent County Council
KCHFT	Kent Community Health NHS Foundation Trust
JLHWS	Joint Local Health and Wellbeing Strategy
JSNA	Joint Strategic Need Assessment
LAS	Local Authority-commissioned Service

LCS	Locally Commissioned Services
LES	Local Enhanced Service
LFD	Lateral Flow Device
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Queer/Questioning and others
LPC	Local Pharmaceutical Committee
LPS	Local Pharmaceutical Service
LSOA	Lower-layer Super Output Area
LTP	Long Term Plan
MAT	Medicine Assisted Therapy
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
OCUs	Opiate and Crack User
PhAS	Pharmacy Access Scheme
PLPS	Pharmaceutical and Local Pharmaceutical Services
PNA	Pharmaceutical Needs Assessment
PCN	Primary Care Network
PCS	Pharmacy Contraception Service
PCT	Primary Care Trust
PGD	Patient Group Direction
RSV	Respiratory Syncytial Virus
SAC	Stoma Appliance Customisation
SCS	Smoking Cessation Service
STI	Sexually Transmitted Infection
THN	Take Home Naloxone
UK	United Kingdom

## Executive summary

Every Health and Wellbeing Board (HWB) is required to produce a Pharmaceutical Needs Assessment (PNA). There is also a requirement to reassess and revise the PNA within three years of its previous publication. The last PNA for Kent was published in September 2022 and has been kept up to date with supplementary statements reflecting changes in provision. This 2025 PNA for Kent HWB meets the regulatory requirement by being published within three years.

This mapping of pharmaceutical services against local health needs provides a framework for the strategic development and commissioning of services. It will enable the local pharmacy service providers and commissioners to:

- Understand the pharmaceutical needs of the population
- Gain a clearer picture of pharmaceutical services currently provided
- Make appropriate decisions on applications for NHS pharmacy contracts
- Commission appropriate and accessible services from community pharmacies
- Clearly identify and address any local gaps in pharmaceutical services
- Target services to reduce health inequalities within local health communities.

This PNA has been produced through the PNA Steering Group on behalf of Kent HWB by Kent County Council (KCC) with authoring support from Soar Beyond Ltd.

### National Health Service pharmaceutical services in England

National Health Service (NHS) pharmaceutical services are provided by contractors on the pharmaceutical list held by NHS England (NHSE). Types of providers are:

- Community pharmacy contractors (CP), including Distance Selling Pharmacies (DSPs)
- Local Pharmaceutical Service (LPS) providers
- Dispensing Appliance Contractors (DACs)
- Dispensing doctor practices.

### Pharmaceutical service providers in Kent

Kent has 251 community pharmacies (as of March 2025), for a population of around 1,610,251. In addition to the 251 community pharmacies, Kent has two dispensing appliance contractors and 41 dispensing doctor practices providing pharmaceutical services from a total of 44 sites.

### Conclusions

NHS pharmaceutical services are well distributed across Kent, serving all the main population centres. There is adequate access to a range of NHS services commissioned from pharmaceutical service providers. 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 the Kent 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 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 Regulations 2013 (hereafter referred to as the PLPS Regulations 2013).

The PLPS Regulations 2013 updated in 2013 (SI 2013/349),<sup>1</sup> came into force on 1 April 2013.

The initial PNAs were published in 2011.

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

<sup>1</sup> The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. July 2017. [Accessed April 2025] [www.legislation.gov.uk/uksi/2013/349/contents/made](http://www.legislation.gov.uk/uksi/2013/349/contents/made)

This document should be revised within three years of its previous publication. The last PNA for Kent HWB was published in September 2022.

This PNA for Kent HWB fulfils this regulatory requirement.

## 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 Integrated Care Systems (ICS). 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<sup>2</sup>** – NHS England has funded a national programme of work to test the role that independent prescribing can play in community pharmacy clinical services to feed into the development of a commissioning framework. Within the Kent and Medway ICB area, two pharmacies in Kent are participating with the service launching on 1st May and expected to conclude later in the year, to support national evaluations.
- The Community Pharmacy sector has reported **workforce challenges** and pressures reported by the National Pharmacy Association (NPA)<sup>3</sup> and Healthwatch.<sup>4</sup> Both highlighted that the current rate of **store closures** for 2024 was higher than previous years, mainly due to a combination of funding and workforce challenges. A recent report commissioned by NHSE found that around 47% of pharmacies were not profitable in their last accounting year.<sup>5</sup>

<sup>2</sup> NHS England. Independent prescribing. [Accessed April 2025] <https://www.england.nhs.uk/primary-care/pharmacy/pharmacy-integration-fund/independent-prescribing/>

<sup>3</sup> NPA. 2024 pharmacy closures second highest on record. [Accessed April 2025] <https://www.npa.co.uk/news/2025/january/2024-pharmacy-closures-second-highest-on-record/>

<sup>4</sup> Healthwatch. Pharmacy closures in England. September 2024. [Accessed April 2025] <https://www.healthwatch.co.uk/report/2024-09-26/pharmacy-closures-england>

<sup>5</sup> Economic Analysis of NHS Pharmaceutical Services in England. March 2025. [Accessed April 2025] <https://www.frontier-economics.com/media/aazb0awt/frontier-iqvia-economic-analysis-pharmacy-final-report-web.pdf>

- **Pharmacy First Service<sup>6</sup>** – The Pharmacy First service commenced on 31 January 2024 and builds upon the previous Community Pharmacist Consultation Service (CPCS). The service incorporates elements of the previous CPCS (minor illness consultations with a pharmacist and the supply of urgent medicines) and introduces seven clinical pathways for which patients can be assessed and treated with prescription medicines if clinically appropriate. The service can be accessed via referral from general practice, NHS 111, urgent and emergency care centres and walk-ins.
- **Hypertension Case-Finding Service<sup>7</sup>** 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. This service is now called the NHS community pharmacy blood pressure check service.
- **Hepatitis C testing service** was decommissioned from 1 April 2023.

### 1.3 Key upcoming changes

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

- **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.
- New Medicine Service will be expanded to include depression from October 2025.
- Childhood Flu Vaccination Service, which covers all children aged 2 and 3 years old, will be trialled as an Advanced Service for one season from October 2025.<sup>8</sup>

<sup>6</sup> Community Pharmacy England. Pharmacy First Service. [Accessed April 2025] <https://cpe.org.uk/national-pharmacy-services/advanced-services/pharmacy-first-service/>

<sup>7</sup> Community Pharmacy England. Hypertension Case-Finding service. July 2024. [Accessed April 2025]. <https://cpe.org.uk/national-pharmacy-services/advanced-services/hypertension-case-finding-service/>

<sup>8</sup> Community Pharmacy England. Childhood Flu Vaccination Service. July 2025 [Accessed August 2025] <https://cpe.org.uk/national-pharmacy-services/advanced-services/childhood-flu-vaccination-service/>

- Smoking Cessation Service will have PGDs introduced to enable the 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. NHSE 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.

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. 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 Kent County Council (KCC) website and is updated regularly. The JSNA informs Kent's Joint Local Health and Wellbeing Strategy (JLHWS).

The PNA assesses how pharmaceutical services meet the public health needs identified in the JSNA, 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'. This excludes pharmacy departments within hospitals.

#### **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 (Disp).

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 Kent HWB areas, as listed in Appendix A, those in neighbouring HWB areas and remote suppliers, such as DSPs.

There are 10,436 community pharmacies in England in January 2025 at the time of writing (this includes DSPs).<sup>9</sup> This number has decreased from 11,071 community pharmacies since the previous PNA was published in 2022.

#### 1.5.1.1 Community Pharmacies (CPs)

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

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<sup>9</sup> National Health Service (NHS) Business Services Authority (BSA). Pharmacy Openings and Closures. January 2025. [Accessed April 2025] <https://opendata.nhsbsa.net/dataset/pharmacy-openings-and-closures>

The ICB is responsible for administering opening hours for pharmacies, which is handled locally by ICBs through the delegated responsibility. A pharmacy normally has 40 core contractual hours or 72+ for those that opened under the former exemption from the control of entry test. These hours cannot be amended without the consent of the ICB. All applications are required to be considered and outcomes determined within 60 days, and if approved, may be implemented 30 days after approval.<sup>10</sup> This is due to change as mentioned in [Section 1.3](#).

#### **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. The PLPS Regulations 2013 state that DSPs must not provide Essential Services face to face, but they may provide Advanced and Enhanced Services on the premises, as long as any Essential Service that forms part of the Advanced or Enhanced Service is not provided in person on the premises. This is due to change as mentioned in [Section 1.3](#).

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 Kent will receive pharmaceutical services from a DSP outside Kent.

Figures for 2023-24 show that in England, there were 409 DSPs,<sup>11</sup> 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.

#### **1.5.1.3 Pharmacy Access Scheme (PhAS) providers<sup>12</sup>**

The PhAS has been designed to capture the pharmacies that are 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.

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<sup>10</sup> Community Pharmacy England. Changing Core Opening Hours. June 2024. [Accessed April 2025] <https://cpe.org.uk/changing-core-opening-hours/>

<sup>11</sup> NHS Business Services Authority. General Pharmaceutical Services in England 2015-16 – 2023-24. [Accessed April 2025] [NHS BSA General Pharmaceutical Services in England 2015-16 - 2023-24](#)

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

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.

### **1.5.2 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.

### **1.5.3 Dispensing Appliance Contractors (DACs)**

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

DACs must provide a range of Essential Services such as dispensing of appliances, advice on appliances, signposting, clinical governance and home delivery of appliances. In addition, DACs may provide the Advanced Services of Appliance Use Review (AUR) and Stoma Appliance Customisation (SAC). As of December 2024<sup>13</sup> 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.

### **1.5.4 Dispensing GP practices**

The PLPS Regulations 2013, as set out in Part 8 and Schedule 6, permit General Practitioners (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.

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<sup>13</sup> NHS Business Services Authority (BSA). Dispensing contractors' data December 2024. [Accessed April 2025] <https://www.nhsbsa.nhs.uk/prescription-data/dispensing-data/dispensing-contractors-data>



### 1.5.5 Other providers of NHS pharmaceutical services in neighbouring areas

There are six other HWBs that border Kent:

- Thurrock<sup>14</sup>
- Medway
- East Sussex
- Surrey
- Bromley
- Bexley

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

West Sussex, although not bordering with Kent, has been mentioned in certain areas of Kent as some pharmacies in West Sussex fall within a 5 km buffer zone and therefore may be convenient for some Kent residents.

### 1.5.6 Pharmaceutical services

The Community Pharmacy Contractual Framework, last agreed in 2019,<sup>15</sup> 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 Kent.

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<sup>14</sup> The Thames acts as a natural boundary between the two HWBs; however, there is access via the Dartford Crossing.

<sup>15</sup> DHSC. Community Pharmacy Contractual Framework: 2019 to 2024. May 2023. [Accessed April 2025]  
[www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024](https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024)



### 1.5.6.1 Essential Services (ES)

The Essential Services<sup>16</sup> of the community pharmacy contract **must** be provided by all contractors.

- **ES1: Dispensing medicines** – The supply of medicines and appliances ordered on NHS prescriptions, together with information and advice, to enable safe and effective use by patients and carers, and maintenance of appropriate records.
- **ES2: Repeat dispensing/electronic repeat dispensing (eRD)** – The management and dispensing of repeatable NHS prescriptions for medicines and appliances, in partnership with the patient and the prescriber.
- **ES3: Disposal of unwanted medicines** – Acceptance, by community pharmacies, of unwanted medicines from households and individuals which require safe disposal.
- **ES4: Public health (promotion of healthy lifestyles)** – Each financial year (1 April to 31 March), pharmacies are required to participate in up to six health campaigns at the request of 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.

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

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

Kent HWB, through the Steering Group, designated that all Essential Services are to be regarded as Necessary Services.

### 1.5.6.2 Advanced Services (AS)

Advanced Services<sup>17</sup> are all considered relevant for the purpose of this PNA.

There are nine Advanced Services within the Community Pharmacy Contractual Framework. Advanced Services are not mandatory for providers 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 Kent can be seen in [Section 3.10](#) and in [Section 6.2](#) by locality.

- **AS1: Pharmacy First service** – The Pharmacy First service commenced on 31 January 2024 and builds upon the previous Community Pharmacist Consultation Service (CPCS). The service incorporates elements of the previous CPCS (minor illness consultations with a pharmacist and the supply of urgent medicines) and introduces seven clinical pathways for which patients can be assessed and treated with prescription medicines if clinically appropriate. The service can be accessed via referral from general practice, NHS 111, urgent and emergency care centres and walk-ins.
- **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 includes both initiation and on-going supply of oral contraception. The supplies are authorised via a Patient Group Direction (PGD), with appropriate checks, such as the measurement of the patient’s blood pressure and body mass index, being undertaken, where necessary.

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<sup>17</sup> Community Pharmacy England. Advanced Services. [Accessed April 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 test results will then be shared with the GP practice where the patient is registered. This service is now called the NHS community pharmacy blood pressure check service
- **AS5: New Medicine Service (NMS)** – The service provides support to people who are prescribed a new medicine to manage a long-term condition, which will generally help them to appropriately improve their medication adherence and enhance self-management of the long-term condition. Specific conditions and medicines are covered by the service.
- **AS6: 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 (LTP) 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 all 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.

### 1.5.6.3 Enhanced Services

Under the pharmacy contract, Enhanced Services are those directly commissioned by NHS England (NHSE).

National Enhanced Services (NES)<sup>18</sup> 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.
- **NES2: 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 is one service commissioned regionally by Kent and Medway ICB.

- **LES1: Bank Holiday Service:** provides coverage over Bank Holidays, Good Friday, Easter Sunday, and Christmas Day, to ensure that there are pharmacies open on these days so patients can access medication if required.

Enhanced Services are considered Relevant Services for the purpose of this PNA.

### 1.5.7 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 Kent, 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 ICBs.

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<sup>18</sup> Community Pharmacy England. Advanced Services. February 2024. [Accessed December 2024]  
<https://cpe.org.uk/national-pharmacy-services/national-enhanced-services/>

## 1.6 Process for developing the PNA

Kent HWB has statutory responsibilities under the Health and Social Care Act to produce and publicise a revised PNA at least every three years. The last PNA for Kent was published in September 2022 and is therefore due to be reassessed and published by September 2025. Public Health in Kent County Council (KCC) has a duty to complete this document on behalf of the Kent HWB.

Soar Beyond Ltd was chosen from a selection of potential candidates due to its significant experience in providing services to assist pharmaceutical commissioning, including the production and publication of PNAs.

- **Step 1: Project set up** and governance established between KCC Public Health and Soar Beyond Ltd.
- **Step 2: Steering Group** – On 15 October 2024, the Kent PNA Steering Group was established. 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 local authority presented and 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 JSNA** – Through the project manager, the PNA Steering Group reviewed the existing PNA and JSNA.
- **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. A total of 1,009 responses were received. A copy of the public questionnaire can be found in Appendix D with detailed responses. An Equalities Impact Assessment was completed for the PNA process.
- **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. A total of 74 responses were received. A copy of the pharmacy questionnaire can be found in Appendix E with detailed responses.
- **Step 5c: Dispensing practice questionnaire** – A questionnaire was agreed and distributed to all dispensing practices across Kent. There were 31 responses to this questionnaire. A copy of the dispensing practice questionnaire can be found in Appendix F with detailed responses.
- **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 March 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 Pharmaceutical Regulations 2013, a consultation on the draft PNA was undertaken between 6 June and 4 August 2025. The draft PNA and consultation response form were issued to all identified stakeholders. These are listed in the final PNA as a separate Appendix I document.
- **Step 9: Collation and analysis of consultation responses** – The consultation responses were collated by the council and analysed by the PNA Steering Group. A summary of the responses received is noted in the separate Appendix I, that also includes full comments. The Equalities Impact Assessment was updated following this consultation.
- **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 Steering Group. The final PNA was signed off by the Health and Wellbeing Board and subsequently published on the council's website.

## 1.7 Localities for the purpose of the PNA

The PNA Steering Group, at its first meeting, considered how the localities within Kent geography would be defined. The localities that have been used for the pharmaceutical needs assessment match the boundaries of the district, city, and borough councils of Kent. This approach is consistent with the Joint Strategic Needs Assessment.

The localities used for the PNA for Kent are:

- Ashford Borough Council
- Canterbury City Council
- Dartford District Council
- Dover District Council
- Folkestone and Hythe District Council
- Gravesham District Council
- Maidstone Borough Council
- Sevenoaks District Council
- Swale Borough Council
- Thanet District Council
- Tonbridge and Malling Borough Council
- Tunbridge Wells Borough Council.

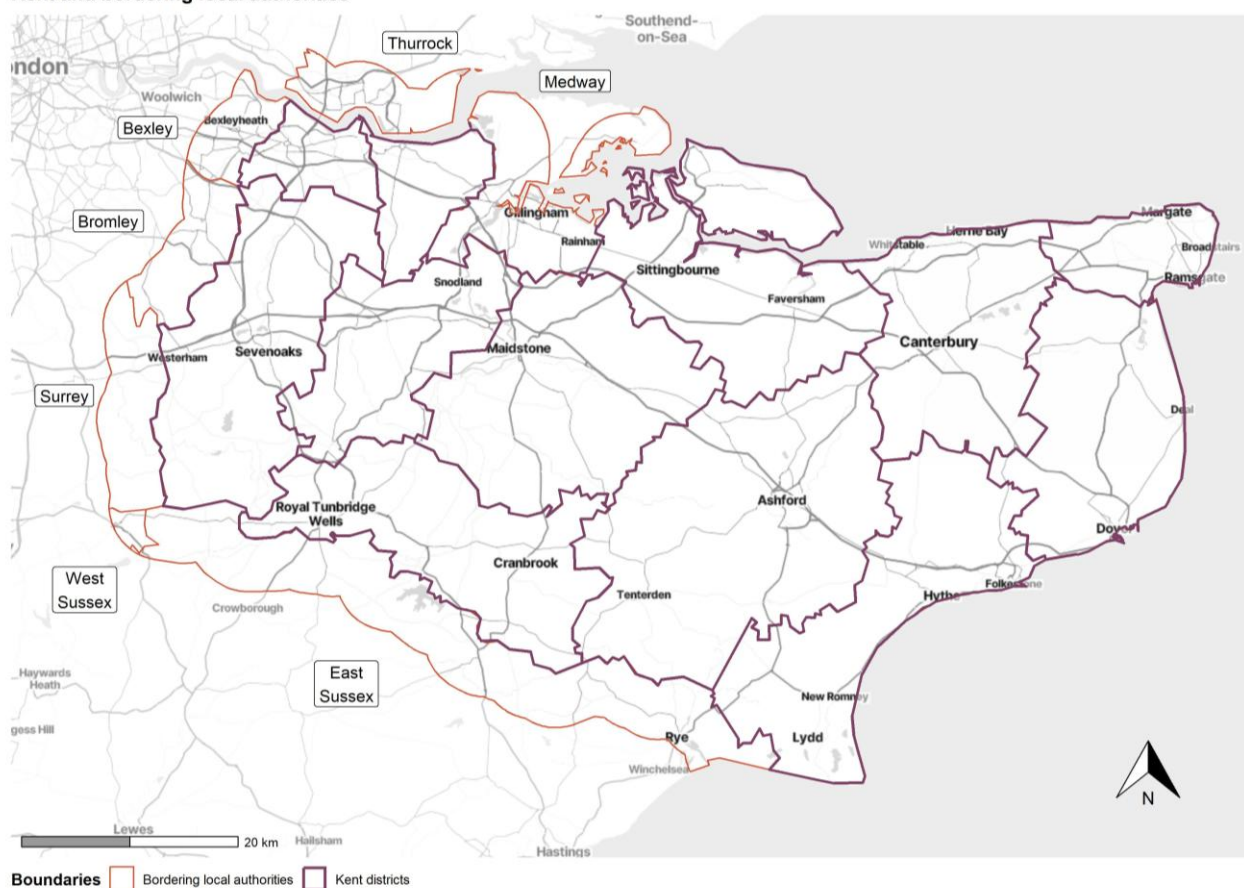
A list of providers of pharmaceutical services within these localities is found in Appendix A.

The localities for the purpose of this PNA will be referred to as districts to reflect the local naming convention for the area.

The information contained in Appendix A has been provided by NHS, Kent and Medway ICB and KCC. Once collated, it was ratified by the Steering Group during the second Steering Group meeting.

*Figure 1: Map of Kent with districts and bordering local authorities*

**Kent and bordering local authorities**



Digital boundary source:  
Office for National Statistics licensed under the Open Government License v3.0  
Contains OS data © Crown Copyright and database 2024  
Map baselayer source: Stadia Maps  
Base map of Kent and bordering local authorities (5km)  
Produced by KPHO

## 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 Joint Strategic Needs Assessment of the local area. The strategies for meeting the needs identified in JSNAs are contained in the Joint Local 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 the pharmaceutical service provision requirements for Kent. This section should be read in conjunction with these detailed documents.

Appropriate links have been provided within each subsection. There are opportunities for the ICB and HWB to maximise Community Pharmacy Contractual Framework services to support the Kent Health and Wellbeing Strategy.

### 2.1 NHS Long Term Plan (LTP)

NHS LTP was published in January 2019,<sup>19</sup> and it set out the priorities for healthcare for the next ten years. It is wide-ranging and includes chapters on new service models, action on prevention and health inequalities, and progress on care quality and outcomes.

Priority clinical areas in the LTP include:

- Prevention
  - Smoking
  - Obesity
  - Alcohol
  - Antimicrobial resistance
  - Stronger NHS action on health inequalities
  - Hypertension.
- Better care for major health conditions
  - Cancer
  - Cardiovascular Disease
  - Stroke care
  - Diabetes
  - Respiratory disease
  - Adult mental health services.

There are specific aspects of the LTP that include community pharmacy and pharmacists:

- Section 4.21 states that ‘Pharmacists have an essential role to play in delivering the Long-Term Plan’. ‘In community pharmacy, we will work with government to make greater use of community pharmacists’ skills and opportunities to engage patients, while also exploring further efficiencies through reform of reimbursement and wider supply arrangements.’

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<sup>19</sup> NHS. NHS Long Term Plan. [Accessed April 2025] [www.longtermplan.nhs.uk/](https://www.longtermplan.nhs.uk/)



- Section 1.10 refers to the creation of 'fully integrated community-based healthcare. This will be supported through the ongoing training and development of multidisciplinary teams in primary and community hubs. From 2019, NHS 111 started to directly book into GP practices across the country, as well as refer on to community pharmacies who support urgent care and promote patient self-care and self-management'.
- Section 1.12 identifies 'pharmacist review' of medication as a method to reduce avoidable Accident and Emergency (A&E) attendances, admissions and delayed discharge, streamlining patient pathways to reduce avoidable outpatient visits and over-medication.
- Section 3.68 identifies community pharmacists as part of the process of improving the effectiveness of approaches such as the NHS Health Check, 'rapidly treating those identified with high-risk conditions', including high blood pressure.
- Section 3.86 states: 'We will do more to support those with respiratory disease to receive and use the right medication.' Of NHS spend on asthma, 90% goes on medicines, 'but incorrect use of medication can also contribute to poorer health outcomes and increased risk of exacerbations or even admission'.
- Section 6.17 identifies ten priority areas. Section 6.17(v) identifies pharmacists as key in delivering value for the £16 billion spent on medicines annually. It states: 'Research shows as many as 50% of patients do not take their medicines as intended and pharmacists will support patients to take their medicines to get the best from them, reduce waste and promote self-care.'

The LTP has implications for the current Community Pharmacy Contractual Framework. Essential Services ([1.5.6.1](#)) and Advanced Services ([1.5.6.2](#)), by providing benefits to the ICS to maximise these services into care pathways. Services such as the Hypertension case-finding service, Pharmacy First, PCS and NMS can help meet the needs of the LTP.

## 2.2 Core20PLUS5

'Core20PLUS5<sup>20</sup> is a national NHSE approach to support the reduction of health inequalities at both national' and ICS levels. 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. people with a learning disability and hidden deprivation in coastal communities (PLUS). Additionally, there are five (5) key clinical areas:

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

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

## 2.3 The 10 Year Health Plan

The NHS's forthcoming 10-Year Health Plan<sup>21</sup> aims to modernise healthcare in England by focusing on three pivotal shifts:

- Transitioning care from hospitals to communities: This strategy addresses the challenges posed by an aging population with complex health conditions and the high costs associated with hospital treatments. By enhancing services in primary care, pharmacies, local health centres, and patients' homes, the plan looks to reduce hospital admissions, decrease waiting times, and promote healthier, more independent living.
- Enhancing technological integration: Recognising the drawbacks of outdated systems, the plan emphasises the adoption of modern technology across the NHS. This includes moving away from paper-based processes and pagers, ensuring uniform access to advanced treatments regardless of location, and providing healthcare professionals with the tools they need to deliver efficient care.
- Prioritising preventive healthcare: Shifting the focus from solely treating illnesses to preventing them, the plan advocates for proactive health measures. This involves early detection initiatives, public health campaigns, and community-based programs designed to maintain wellness and reduce the incidence of serious health issues.

Collectively, these shifts aim to create a modernised NHS that delivers efficient, patient-centred care, meeting the evolving needs of the population. This is currently out for consultation, and the details are to be agreed and finalised.

## 2.4 Neighbourhood Health Guidelines

In January 2025, NHS England published the Neighbourhood Health Guidelines 2025/26<sup>22</sup> 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.

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

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<sup>21</sup> Change NHS. The three shifts. [Accessed April 2025] <https://change.nhs.uk/en-GB/projects/three-shifts>

<sup>22</sup> NHSE. Neighbourhood health guidelines 2025/26. March 2025. [Accessed April 2025] <https://www.england.nhs.uk/long-read/neighbourhood-health-guidelines-2025-26/>

## 2.5 Pioneers of reform – Strategic commissioning

In March 2025, the Secretary of State called for ICBs to become "pioneers of reform"<sup>23</sup> 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, 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 Joint Strategic Needs Assessment (JSNA)

The purpose of JSNAs and related JLHWS (see below) is 'to improve the health and wellbeing of the local community and reduce inequalities for all ages'. They are not an end in themselves, but a continuous process of strategic assessment and planning – the core aim is to develop local evidence-based priorities for commissioning that will improve the public's health and reduce inequalities. Their outputs, in the form of evidence and the analysis of needs, and agreed priorities, will be used to help determine what actions local authorities, the local NHS and other partners need to take to meet health and social care needs, and to address the wider determinants that affect health and wellbeing'.<sup>24</sup>

The Kent JSNA<sup>25</sup> is a statutory requirement to regularly assess the health and wellbeing needs of the population. It is a compendium of data resources, tools and reports that give local planners robust information on the local population and evidence to support future planning of services to best fit local needs. The JSNA is the statutory responsibility of the Kent Health and Wellbeing Board, which has membership from local government, health (NHS) and other agencies.

Products include health needs assessments (topic based, area based, or inclusive health groups), district profiles, social health and care maps, JSNA population cohort model, Health and Care partnership (HCP) and Primary Care Networks (PCN) profiles and the JSNA Cohort Model.

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

<sup>24</sup> Gov.uk. Department of Health. JSNAs and JHWS statutory guidance. August 2022. [Accessed April 2025] <https://www.gov.uk/government/publications/jsnas-and-jhws-statutory-guidance>

<sup>25</sup> Kent Public Health Observatory [Accessed April 2025]. <https://www.kpho.org.uk/joint-strategic-needs-assessment>

The annual JSNA Exception Reports provide an overview of key population highlights, summarise the health needs assessments, analyse insight work conducted in the past year and describe any recent changes to the Kent JSNA process and other notable wider improvements in data and intelligence across the health system. The PNA should therefore be read alongside the JSNA. The latest JSNA Exception Report was published in February 2025.

## **2.7 Kent and Medway ICS Integrated Care Strategy 2024**

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

The latest ICS Integrated Care Strategy,<sup>26</sup> published in 2024, identifies the following vision and priorities:

Vision: Work together to make health and wellbeing better than any partner can do alone.

Priorities:

- Give children and young people the best start in life: We will make sure the conditions and support are in place for all children and young people to be healthy, resilient and ambitious for the future.
- Tackle the wider determinants to prevent ill health: We know that lots of other things impact on health (social, economic and environmental factors), we will address these to improve the physical and mental health of all residents, tackling inequalities and focussing on those most vulnerable.
- Support happy and healthy living: We will help people manage their own health and wellbeing and be proactive partners in the care so they can live happy, independent and fulfilling lives; adding years to life and life to years.
- Empower people to best manage their health conditions: We will support people with multiple health conditions to be part of a team with health and social care professionals working compassionately to improve their health and wellbeing.
- Improve health and care services: We will improve access for all to health and care services, providing services as locally as possible and creating centres of excellence for specialist care that improves quality, safety and sustainability.
- Support and grow our workforce: Making Kent and Medway a great place for our colleagues to live, learn and work.

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<sup>26</sup> KM Health and Care. Kent and Medway Integrated Care Strategy. [Accessed April 2025]  
<https://www.kmhealthandcare.uk/about-us/vision-and-priorities/kent-and-medway-integrated-care-strategy>

## 2.8 Kent Joint Local Health and Wellbeing Strategy (JLHWS)

Building on the evidence provided by the JSNA, the Kent JLHWS outlines the key priorities and the actions being taken to meet Kent's health and wellbeing needs. The ICS fulfils the function of the JLHWS.

## 2.9 Kent the place

This section has been summarised for ease of reading within this report. A comprehensive assessment of the health needs has been included in a separate document called Appendix H - Population demographics and health of the population.

### 2.9.1 Geography

A significant portion of Kent is rural, with the largest urban areas in terms of population being in Maidstone, Ashford, Dartford, Margate and Gravesend. These areas are the most densely populated too.

### 2.9.2 Kent residents

#### 2.9.2.1 Population estimates

Kent's total population in 2023<sup>27</sup> was 1,610,251, an 8.1% increase since 2013. Maidstone (184,187) had the largest population, while Gravesham (107,737) had the smallest.

*Table 1: Total population of Kent districts in 2023, ONS mid-year population estimates*

Area	Population
Ashford	138,283
Canterbury	159,939
Dartford	120,699
Dover	118,591
Folkestone and Hythe	110,995
Gravesham	107,737
Maidstone	184,187
Sevenoaks	121,262
Swale	155,893
Thanet	140,439
Tonbridge and Malling	135,206
Tunbridge Wells	117,020
<b>Kent</b>	<b>1,610,251</b>

<sup>27</sup> Office for National Statistics. Population estimates for England and Wales. Mid-2023. 2024. [Accessed April 2025]

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

### 2.9.2.2 Age profile and trends:

- Kent has a higher proportion of people aged 65-84 compared to England.
- There is a lower proportion of people in the 15-24 and 25-34 age groups when compared to the national average.
- The median age in Kent is 42, slightly higher than England's median of 40.
- There are more women than men in older age groups.

These trends highlight the ageing population in Kent, which may impact healthcare, social care, and workforce planning.

*Table 2: Age profile of Kent districts and England in 2023, ONS mid-year population estimates*

Area	Aged 0 to 15	Aged 16 to 24	Aged 25 to 49	Aged 50 to 64	Aged 65+
Ashford	19.7%	8.8%	31.7%	20.2%	19.6%
Canterbury	16.0%	15.6%	27.5%	18.7%	22.2%
Dartford	22.8%	8.8%	37.7%	17.1%	13.6%
Dover	17.5%	8.1%	28.4%	21.5%	24.5%
Folkestone and Hythe	16.4%	8.3%	28.1%	21.6%	25.5%
Gravesham	21.4%	9.6%	32.9%	18.9%	17.2%
Maidstone	19.7%	8.5%	33.5%	19.4%	18.9%
Sevenoaks	19.7%	8.3%	29.2%	20.7%	22.2%
Swale	19.8%	9.2%	32.0%	19.9%	19.1%
Thanet	17.9%	8.4%	29.3%	20.4%	24.0%
Tonbridge and Malling	20.0%	8.8%	31.5%	20.4%	19.3%
Tunbridge Wells	20.0%	8.3%	30.8%	20.9%	20.0%
<b>Kent</b>	<b>19.2%</b>	<b>9.3%</b>	<b>31.1%</b>	<b>19.9%</b>	<b>20.5%</b>
<b>England</b>	<b>18.5%</b>	<b>10.7%</b>	<b>32.9%</b>	<b>19.3%</b>	<b>18.7%</b>

### 2.9.2.3 Fertility

Kent's General Fertility Rate (GFR)<sup>28</sup> declined from 61 per 1,000 in 2013 to 53 per 1,000 in 2023, mirroring a national decline (from 62 to 50).

District-level trends (2023):

- Highest GFR: Gravesham (61), Dartford (58), and Swale (57).
- Lowest GFR: Canterbury (38) is consistently the lowest due to its high student population.

This decline aligns with broader national trends and demographic shifts.

<sup>28</sup> NOMIS. Live births in England and Wales: Birth rates down to local authority areas. 2024. [Accessed April 2025] <https://www.nomisweb.co.uk/datasets/lebirthsla>

### 2.9.2.4 Life expectancy

Life expectancy in Kent<sup>29</sup> remains higher than the national average, but the gap has narrowed since 2012.

- Female life expectancy: 83.3 years (Kent) vs. 83.1 years (England).
- Male life expectancy: 79.3 years (Kent) vs. 79.1 years (England).

District-level trends:

- Lowest life expectancy: found in coastal and deprived areas, including Thanet, Folkestone and Hythe, Swale, Dartford, Gravesham, Dover, and Canterbury.
- Highest life expectancy: Sevenoaks, Tonbridge and Malling, Tunbridge Wells, Maidstone, and Ashford.

Health inequality<sup>30</sup>: The life expectancy gap between the most and least deprived areas in Kent (2018-2020):

- Males: 7.8 years
- Females: 5.6 years.

This highlights significant health inequalities across the county.

### 2.9.3 Population projections and forecasts

By 2028, Kent's population<sup>31</sup> is projected to reach 1.74 million (+5%), with growth driven by housing developments, natural change, and migration. The forecasts help inform healthcare, housing, and infrastructure planning across the county.

*Table 3: Population forecast of Kent districts between 2024 and 2030, KCC Housing-based population forecasts (numbers are in 1,000s)*

Area	Year 2024	Year 2025	Year 2026	Year 2027	Year 2028	Year 2029	Year 2030
Ashford	138.5	141.0	143.7	146.2	148.8	151.4	154.0
Canterbury	173.1	176.0	178.7	181.2	183.7	186.1	188.5
Dartford	122.5	124.4	125.9	127.4	128.8	130.2	131.5
Dover	123.5	125.7	128.0	128.3	128.7	129.2	129.6
Folkestone and Hythe	116.5	118.2	119.5	120.7	122.0	123.3	124.3

<sup>29</sup> ONS. Life expectancy for local areas of Great Britain. 2024. [Accessed April 2025]

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/datasets/lifeexpectancyforlocalareasofgreatbritain>

<sup>30</sup> Office for Health Improvement and Disparities (OHID). Inequality in Life expectancy at birth - Slope index of inequality. [Accessed April 2025]

<https://fingertips.phe.org.uk/search/life%20expectancy#page/3/gid/1938133217/pat/6/par/E12000008/ati/502/are/E10000016/iid/92901/age/1/sex/2/cat/-1/ctp/-1/yr/3/cid/4/tbm/1/page-options/car-do-0>.

<sup>31</sup> Kent Analytics. KCC Housing Led forecasts 2021. [Accessed April 2025] <https://www.kent.gov.uk/about-the-council/information-and-data/facts-and-figures-about-kent/population-and-census#tab-3>.



Area	Year 2024	Year 2025	Year 2026	Year 2027	Year 2028	Year 2029	Year 2030
Gravesham	110.5	111.9	113.3	114.7	116.1	116.6	117.2
Maidstone	181.2	183.2	184.6	185.9	187.2	188.5	189.8
Sevenoaks	125.8	127.5	129.1	130.6	132.2	133.7	135.3
Swale	157.2	159.0	160.4	161.9	163.3	164.8	166.3
Thanet	145.7	148.5	151.5	154.4	157.3	160.2	163.2
Tonbridge and Malling	138.6	140.3	142.0	143.6	145.2	146.8	148.5
Tunbridge Wells	123.2	124.3	125.1	126.0	126.9	127.8	128.7
<b>Kent</b>	<b>1,656.2</b>	<b>1,680.1</b>	<b>1,701.9</b>	<b>1,721.0</b>	<b>1,740.3</b>	<b>1,758.6</b>	<b>1,776.7</b>

District-level growth (2024-2028):

- Thanet (+8%), Ashford (+7%), and Canterbury (+6%) are expected to have the highest population growth.
- Dover (+4%), Dartford (+5%), Sevenoaks (+5%), Folkestone and Hythe (+5%), Gravesham (+5%), Swale (+4%), and Tonbridge and Malling (+5%) will see steady increases.
- Tunbridge Wells (+3%) and Maidstone (+3%) will experience slightly slower growth.

Key forecasts (2025-2028):

- The 85+ age group is expected to see the highest increase (+33.9%), followed by those aged 65-84 (+13.7%).
- The 5-14 age group is projected to decline slightly (-0.6%), while all other age groups will experience moderate growth.

By 2028, the ageing population and increasing demand for services will require strategic planning for healthcare, housing, and workforce development.

#### 2.9.4 Housing developments

To understand the future need of pharmaceutical service provision across Kent, it is important to understand the planned housing developments. Currently, planned housing development across Kent between 2023 and 2028 includes approximately 49,000 new dwellings, based on local authority five-year land supply data.

- Ashford and Thanet are projected to have particularly significant increases in housing delivery in later years (2026–2028).
- Canterbury, Dartford, and Maidstone show high levels of housing delivery consistently across the five years.
- Sevenoaks has the lowest total forecast, which aligns with its extensive Green Belt coverage and planning constraints.



These figures include housing units with:

- Full planning permission
- Allocations in Local Plans
- Other agreed sites, windfalls, and some Class C2 (e.g., student/elderly accommodation) contributions.

*Table 4: Five-year phased housing supply in Kent (2023/24 to 2027/28)*

Area	2023/24	2024/25	2025/26	2026/27	2027/28	Total (5 years)
Ashford	753	576	578	1,118	1,809	4,834
Canterbury	1,149	967	1,295	1,265	1,486	6,162
Dartford	741	1,310	1,415	1,011	977	5,454
Dover	621	1,194	828	316	247	3,206
Folkestone and Hythe	385	545	825	789	872	3,416
Gravesham	399	621	531	407	489	2,447
Maidstone	1,181	1,527	1,319	1,049	683	5,759
Sevenoaks	266	882	399	249	70	1,866
Swale	744	1,123	1,132	1,112	1,268	5,379
Thanet	492	448	903	1,282	1,967	5,092
Tonbridge and Malling	737	961	836	554	494	3,582
Tunbridge Wells	842	736	708	615	246	3,147
<b>Total (Kent)</b>	<b>8,283</b>	<b>10,857</b>	<b>10,733</b>	<b>9,680</b>	<b>10,169</b>	<b>49,722</b>

Source: Housing Information Audit (HIA), Kent Analytics, Kent County Council: Data as of 31 March 2023.

*Table 5: Five-year housing supply by type and percentage in Kent (2023/24 to 2027/28)*

Area	Total	Permissions	Allocations	Other agreed sites	Windfalls	Class C2
Ashford	4,834	3,397	857	330	250	0
Canterbury	6,162	803	4,268	0	176	915
Dartford	5,454	1,955	3,202	157	140	0
Dover	3,206	1,601	1,605	0	0	0
Folkestone and Hythe	3,416	935	2,291	0	190	0
Gravesham	2,447	2,147	150	0	150	0
Maidstone	5,759	3,676	2,083	0	0	0
Sevenoaks	1,866	1,866	0	0	0	0
Swale	5,379	4,351	450	0	578	0
Thanet	3,800	3,215	0	135	450	0

Area	Total	Permissions	Allocations	Other agreed sites	Windfalls	Class C2
Tonbridge and Malling	3,582	3,179	104	0	140	159
Tunbridge Wells	3,147	2,679	164	0	304	0
<b>Total Kent</b>	<b>49,052</b>	<b>29,804</b>	<b>15,174</b>	<b>622</b>	<b>2,378</b>	<b>1,074</b>

Source: Housing Information Audit (HIA), Kent Analytics, Kent County Council: Data as of 31 March 2023.

## 2.9.5 Identity

### 2.9.5.1 Ethnicity

In the 2021 Census,<sup>32</sup> 89.4% of Kent's population identified as 'White: English, Welsh, Scottish, Northern Irish or British', higher than the 73.5% in England.

Apart from White British, the largest ethnic groups in Kent were:

- Other White (5%)
- African (1.9%)
- Indian (1.7%)
- Other Asian (1.6%)
- Any other ethnic group (1%).

Ethnic diversity varies across Kent's districts:

- Dartford and Gravesham have the most diverse populations, with higher proportions of Asian and Black ethnic groups.
- Dover, Folkestone and Hythe, and Swale have the highest percentage of White residents (above 92%).
- Gravesham has the highest Asian population (11.2%), while Dartford has the highest Black population (10.5%).

Kent remains less ethnically diverse than England as a whole, with a higher proportion of White residents and lower representation of other ethnic groups.

### 2.9.5.2 Main language

Kent is a linguistically diverse county, with 98 distinct main languages spoken. English is the predominant language (89.8%), followed by Polish (0.7%), Romanian (0.6%), Nepalese (0.5%) and Panjabi (0.3%).<sup>33</sup>

Across districts, the most common non-English languages include:

- Nepalese in Ashford (2.5%) and Folkestone and Hythe (1.8%).

<sup>32</sup> Nomis. 2021 Census Area Profile. Kent Local Authority. [Accessed April 2025]  
[https://www.nomisweb.co.uk/sources/census\\_2021/report?compare=E10000016](https://www.nomisweb.co.uk/sources/census_2021/report?compare=E10000016)

<sup>33</sup> Nomis. 2021 Census Area Profile. Kent Local Authority. [Accessed April 2025]  
[https://www.nomisweb.co.uk/sources/census\\_2021/report?compare=E10000016](https://www.nomisweb.co.uk/sources/census_2021/report?compare=E10000016)

- Romanian in Dartford (1.1%), Gravesham (1.5%), Maidstone (1.0%), and Canterbury (0.7%).
- Polish in Gravesham (1.3%), Maidstone (1.1%), Dartford (1.0%), and Thanet (0.7%).
- Panjabi in Gravesham (3.7%).

Some districts, such as Sevenoaks and Tonbridge and Malling, have no additional language spoken by more than 0.5% of the population. This diversity highlights the importance of accessible language services in healthcare and community settings.

### 2.9.5.3 Religion

In Kent, from the Census 2021,<sup>33</sup> 48.5% are Christian, 1.6% are Muslim and 1.2% Hindu. 40.9% declared no religion, and 5.8% declined to answer.

### 2.9.5.4 Sexual orientation and gender identity

In the 2021 Census,<sup>33</sup> 90.6% of Kent residents aged 16 and over identified as straight or heterosexual, while 2.7% identified as gay, lesbian, bisexual, or another sexual orientation. 6.7% did not answer the question.

Regarding gender identity, 94.4% of residents stated their gender was the same as their sex at birth, while 0.5% identified as a different gender. 5.1% did not respond.

This data highlights the importance of inclusive healthcare and support services for Lesbian, Gay, Bisexual, Transgender, Queer/Questioning and other (LGBTQ+) communities in Kent.

## 2.9.6 Veterans and Armed Forces

The Armed Forces and Veteran Community Needs Assessment examines the needs of armed forces personnel and veterans in Kent. It covers the Armed Forces Covenant, governance, and support structures in Kent and Medway.

According to the 2021 Census,<sup>33</sup> Kent had 52,542 veterans, representing 4.1% of the adult population, compared to 3.8% in England. The proportion of veterans increases with age, reaching 11% for those aged 75-84 and 26% for those 85 and over.

As of January 2024, Kent had 410 serving UK Armed Forces personnel and 900 Gurkha soldiers, mainly based in Canterbury, Folkestone, and Maidstone. The county also has 11 Reserve Units with 340 Army Reserves and a cadet community.<sup>34</sup>

Veteran populations are highest in Dover (5.9%), Folkestone and Hythe (5.7%), and Thanet (5%) and lowest in Dartford (2.6%) and Gravesham (2.8%).

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<sup>34</sup> Cochrane S, George A, Hopton H. 'Armed Forces and Veteran Community Needs Assessment 2024'. Kent Public Health Department. 2024. [Accessed April 2025]  
[https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.kpho.org.uk%2F\\_data%2Fassets%2Fword\\_doc%2F0010%2F176932%2FArmed-Forces-and-Veteran-Community-Needs-Assessment-Technical-Report.docx&wdOrigin=BROWSELINK](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.kpho.org.uk%2F_data%2Fassets%2Fword_doc%2F0010%2F176932%2FArmed-Forces-and-Veteran-Community-Needs-Assessment-Technical-Report.docx&wdOrigin=BROWSELINK)

## 2.9.7 Disability

### 2.9.7.1 Limited day-to-day activities

The Census 2021<sup>33</sup> defines disabled individuals as those whose day-to-day activities are limited by long-term physical or mental health conditions, aligning with the Equality Act (2010).

In Kent, 17.9% of residents are disabled by this definition (limited day-to-day activities), slightly above the England average of 17.3%. The highest disability rates are in Thanet (22.9%), Folkestone and Hythe (21.8%), Dover (21.2%), Canterbury (19.6%), and Swale (19.5%). The lowest rates are in Dartford (14.0%), Tunbridge Wells (15.0%), Sevenoaks (15.0%), Tonbridge and Malling (15.3%), and Maidstone (15.9%).<sup>35</sup>

### 2.9.7.2 Economic inactivity

In Kent, 3.7% are economically inactive due to long-term sickness or disability<sup>33</sup> which is lower than the England average 4.1%. It is highest in Thanet (5.4%), Folkestone and Hythe (5%), Dover (4.8%) and Swale (4.5%). Sevenoaks, Tunbridge Wells, Dartford and Tonbridge and Malling are all less than 3%.<sup>36</sup>

### 2.9.7.3 Unpaid carers

An unpaid carer may look after, give help or support to anyone who has long-term physical or mental ill-health conditions, illness or problems related to old age. This does not include any activities as part of paid employment.

Of all Kent residents aged five years and over, just over 9% provide some form of unpaid care. This is slightly higher than the England average (8%). It is highest in Dover and Thanet (10.4%), and Folkestone and Hythe (10.3%). It is lowest in Dartford and Tunbridge Wells (about 8%).<sup>37</sup>

## 2.9.8 Homeless and rough sleeping

### 2.9.8.1 Rough sleeping

The 2023 rough sleeping snapshot<sup>38</sup> estimates 126 people sleeping rough in Kent (7.9 per 100,000 population), higher than the England average of 6.8 per 100,000. Of those identified, 75% are from the United Kingdom (UK), 13% from the European Union (EU), and 7% from outside the EU. 80% are male, and 83% are over 25, with no under-18s recorded.

Canterbury had the highest number of rough sleepers (33), followed by Thanet (23) and Folkestone and Hythe (16). The lowest numbers were in Tonbridge and Malling and Sevenoaks (one each), and Dartford (three).

<sup>35</sup> NOMIS. Day to day activities limited by long-term physical or mental health conditions or illnesses. 2021. [Accessed April 2025] <https://www.nomisweb.co.uk/datasets/c2021ts038>.

<sup>36</sup> NOMIS. Economic activity status. 2021. [Accessed April 2025] <https://www.nomisweb.co.uk/datasets/c2021ts066>.

<sup>37</sup> Unpaid carers 2021. [Accessed April 2025]. <https://www.nomisweb.co.uk/datasets/c2021ts039>

<sup>38</sup> Dashboards on rough sleeping. GOV.UK. [Accessed April 2025] <https://www.gov.uk/government/publications/dashboards-on-rough-sleeping>

### 2.9.8.2 Homeless

Across Kent, the threat rate of homelessness in Ashford, Dartford, Gravesham and Maidstone was greater than the national average of 6.0 per 1,000 households, and greatest in Maidstone (8.2 per 1,000 households). However, the rate of homelessness was greatest in Ashford (7.8 per 1,000 households), followed by Maidstone (6.9 per 1,000 households).

In Kent, the threat of homelessness was highest in Maidstone (8.2 per 1,000 households), followed by Ashford (7.2), Dartford (6.4), and Gravesham (6.3), all exceeding the national average of 6.0.

Ashford had the highest actual homelessness rate (7.8 per 1,000 households), followed by Maidstone (6.9) and Gravesham (6.7). Canterbury's data was not published to be able to compare.<sup>39</sup>

### 2.9.9 Students

According to the 2021 Census,<sup>33</sup> Kent had 44,806 full-time students, representing 3.6% of the adult population, compared to 5.2% in England. These figures include students aged 18 and over in further education.

Canterbury has six electoral wards where students make up 13% to 53% of the adult population, including Blean Forest, St Stephen's, and Northgate. In Medway, Gillingham North and River ward have student populations of 11% and 8%, respectively.

### 2.9.10 Deprivation

The Indices of Deprivation 2019 (IoD2019)<sup>40</sup> measures deprivation using 39 indicators across seven domains, combined into the Index of Multiple Deprivation (IMD).

Kent ranks 95th out of 154 upper-tier local authorities, where 1 is the most deprived. Swale (27.1) and Thanet (31.3) have the highest average IMD scores and the highest proportions of areas in the most deprived 10% nationally (18.8% and 21.4%, respectively). Sevenoaks, Tonbridge and Malling, and Tunbridge Wells have no areas in the most deprived 10%.

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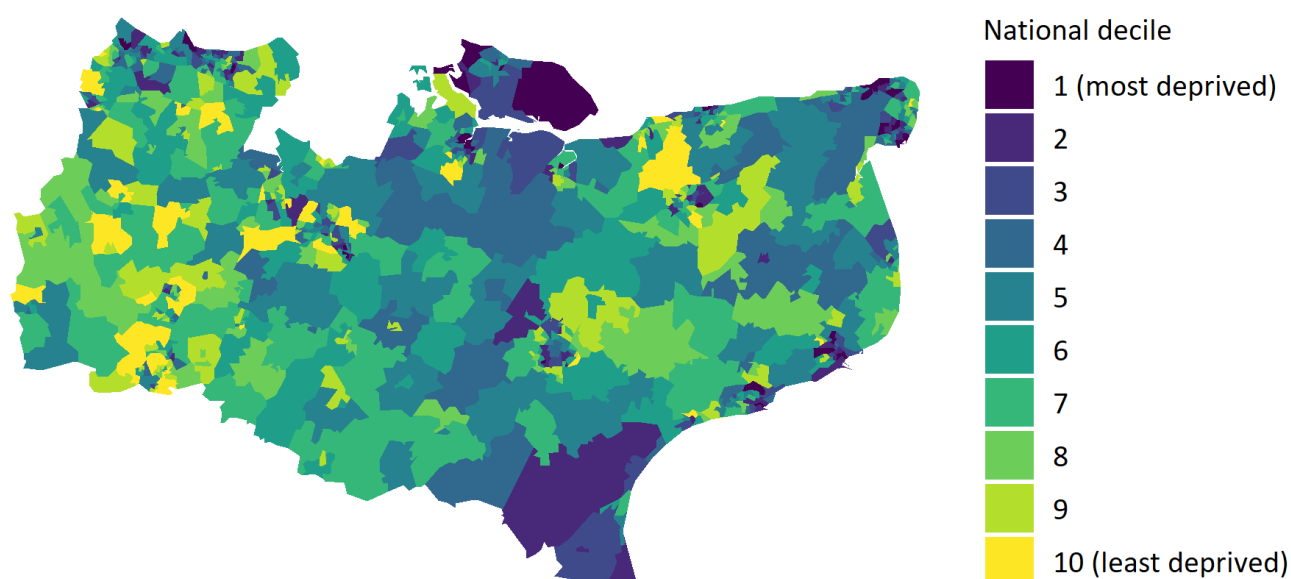
<sup>39</sup> Homelessness statistics. GOV.UK. [Accessed April 2025]

<https://www.gov.uk/government/collections/homelessness-statistics>

<sup>40</sup> Ministry of Housing, Communities & Local Government. The English Indices of Deprivation 2019 - Statistical Release. 2019. [Accessed April 2025].

[https://assets.publishing.service.gov.uk/media/5d8e26f6ed915d5570c6cc55/IoD2019\\_Statistical\\_Release.pdf](https://assets.publishing.service.gov.uk/media/5d8e26f6ed915d5570c6cc55/IoD2019_Statistical_Release.pdf)

Figure 2: Index of Multiple Deprivation, 2019



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Data source: Indices of Deprivation 2019, Ministry of Housing, Communities &amp; Local Government

## 2.10 Burden of disease

### 2.10.1 Cardiovascular Disease (CVD)<sup>41</sup>

Prevalence (November 2024):

- An estimated 86,000 people in Kent have CVD, with a crude prevalence rate of 4.9% and an age-standardised rate of 4.7%.
- Higher than Kent's average: Thanet, Swale, Folkestone and Hythe, and Dover.
- Lower than Kent's average: Maidstone, Sevenoaks, Tonbridge and Malling, and Tunbridge Wells.
- Gender differences: Males (6.3%) have nearly double the prevalence compared to females (3.3%).

Inequalities:

- Ethnicity: The highest prevalence is among the Asian or Asian British group (5%), followed by the White group (4.8%). Prevalence in the Black, Black British, and Caribbean groups is significantly lower.
- Deprivation: The most deprived areas in Kent have a CVD prevalence of 5.9%, compared to 3.9% in the least deprived areas, showing a strong link between deprivation and CVD.

<sup>41</sup> OHID. Fingertips. Department of Health and Social Care (DHSC). [Accessed April 2025]

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

## Mortality rates (2021-2023):

- The under-75 CVD mortality rate in Kent was 69.3 per 100,000, with 3,009 deaths recorded.
- Worse than England: Gravesham and Thanet.
- Better than England: Kent overall, Ashford, Dartford, Maidstone, Sevenoaks, Tonbridge and Malling, and Tunbridge Wells.

## Trends (2001-2023):

- CVD mortality rates declined until 2017, but have slightly increased since, mirroring the national trend.

**2.10.2 Diabetes<sup>42</sup>**

## Prevalence (November 2024):

- An estimated 105,000 people in Kent have diabetes, with a crude prevalence of 6.01% and an age-standardised rate of 5.96%.
- Higher than Kent's average: Gravesham, Dartford, Swale, Thanet, and Maidstone.
- Lower than Kent's average: Canterbury, Tonbridge and Malling, Sevenoaks, and Tunbridge Wells.
- Gender differences: Males (7.09%) have a 40% higher prevalence than females (4.92%).

## Inequalities:

- Ethnicity: Asian or Asian British group has the highest prevalence (12.55%), significantly higher than all other ethnic groups. Black, Black British, and Caribbean group follows (9.56%), significantly higher than Other Ethnic Groups and White.
- Deprivation: The most deprived areas have a prevalence of 8.13%, compared to 4.28% in the least deprived areas, showing a strong link between deprivation and diabetes.

**2.10.3 Respiratory disease<sup>43</sup>**

## Prevalence (November 2024):

- An estimated 121,000 people in Kent have respiratory disease, with a crude prevalence of 7% and an age-standardised rate of 6.9%.
- Higher than Kent's average: Thanet, Dover, Folkestone and Hythe, Swale, and Canterbury.
- Lower than Kent's average: Maidstone, Tonbridge and Malling, Sevenoaks, Tunbridge Wells, Dartford, and Gravesham.

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<sup>42</sup> Kent and Medway Care Record. Kent and Medway ICS. [Accessed April 2025] <https://www.kmhealthandcare.uk/your-health/kent-and-medway-care-record>

<sup>43</sup> Kent and Medway Care Record. Kent and Medway ICS. [Accessed April 2025] <https://www.kmhealthandcare.uk/your-health/kent-and-medway-care-record>

OHID. Fingertips. DHSC. [Accessed April 2025] <https://fingertips.phe.org.uk/profiles>

- Gender differences: Females (7.4%) have a 20% higher prevalence than males (6.4%).

Inequalities:

- Ethnicity: The White group has the highest prevalence (7.4%), significantly higher than all other ethnic groups. Mixed or multiple ethnic groups follow (5.7%), significantly higher than Other Ethnic Groups, Asian or Asian British, and Black, Black British & Caribbean.
- Deprivation: Age-standardised rates are generally higher in the more deprived areas.

#### 2.10.4 Dementia<sup>44</sup>

Prevalence (November 2024):

- An estimated 14,000 people in Kent have dementia, with a crude prevalence of 0.8% and an age-standardised rate of 0.7%.
- Higher than Kent's average: Dartford and Canterbury.
- Lower than Kent's average: Tonbridge and Malling, Thanet, and Gravesham.
- Gender differences: Prevalence is 20% higher in females (0.8%) than in males (0.7%).

Inequalities:

- Ethnicity: The Black, Black British, and Caribbean group has the highest prevalence (1%), significantly higher than the White and Asian or Asian British groups. Mixed or multiple ethnic groups follow (0.8%), but no groups are significantly lower than this. Wide confidence intervals limit direct comparisons.
- Deprivation: The most deprived areas have a prevalence of 0.9%, compared to 0.7% in the least deprived areas, but there is insufficient evidence of a strong link with deprivation.

#### 2.10.5 Cancer<sup>45</sup>

Prevalence (November 2024):

- An estimated 74,000 people in Kent have cancer, with a crude prevalence of 4.26% and an age-standardised rate of 4.15%.
- Higher than Kent's average: Canterbury, Dover, and Sevenoaks.
- Lower than Kent's average: Dartford and Gravesham.
- Gender differences: Prevalence is similar between males (4.29%) and females (4.1%).

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<sup>44</sup> Kent and Medway Care Record. Kent and Medway ICS. [Accessed April 2025] <https://www.kmhealthandcare.uk/your-health/kent-and-medway-care-record>

<sup>45</sup> Kent and Medway Care Record. Kent and Medway ICS. [Accessed April 2025] <https://www.kmhealthandcare.uk/your-health/kent-and-medway-care-record>

OHID. Fingertips. DHSC. [Accessed April 2025] <https://fingertips.phe.org.uk/profiles>



## Inequalities:

- Ethnicity: The White group has the highest prevalence (4.32%), significantly higher than Black, Black British, Caribbean, Other Ethnic Groups, and Asian or Asian British. Mixed or multiple ethnic groups follow (3.82%), significantly higher than Other Ethnic Groups and Asian or Asian British.
- Deprivation: Cancer prevalence is higher in less deprived areas (4.35%) than in the most deprived (3.84%), showing a strong association with lower deprivation.

## Mortality (2021-2023):

- The under-75 cancer mortality rate in Kent was 119.8 per 100,000, with 5,209 deaths recorded.
- Worse than England: Thanet.
- Better than England: Ashford, Maidstone, Sevenoaks, and Tonbridge and Malling.

**2.10.6 Mental health<sup>46</sup>**

## Depression (November 2024):

- Prevalence: An estimated 227,000 people in Kent have depression, with a crude rate of 13% and an age-standardised rate of 13.4%.
- Higher than Kent's average: Thanet, Dover, Folkestone and Hythe, Swale, Canterbury, and Ashford.
- Lower than Kent's average: Tonbridge and Malling, Sevenoaks, Tunbridge Wells, Maidstone, Gravesham, and Dartford.
- Gender differences: Prevalence is 60% higher in females (16.4%) than in males (10.2%).

## Severe mental illness (November 2024):

- Prevalence: An estimated 15,000 people in Kent have a severe mental illness, with a crude rate of 0.86% and an age-standardised rate of 0.88%.
- Higher than Kent's average: Folkestone and Hythe, Thanet, Canterbury, and Dover.
- Lower than Kent's average: Ashford, Dartford, Swale, Sevenoaks, Gravesham, and Tonbridge and Malling.
- Gender differences: Prevalence is similar between females (0.89%) and males (0.86%).

## Inequalities:

- Depression: The White group has the highest prevalence (15%), significantly higher than all other ethnic groups. The Mixed or multiple ethnic groups follow (9.5%), significantly higher than Other Ethnic Groups, Black, Black British, Caribbean, and Asian or Asian British.

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<sup>46</sup> Kent and Medway Care Record. Kent and Medway ICS. [Accessed April 2025]  
<https://www.kmhealthandcare.uk/your-health/kent-and-medway-care-record>

- Severe mental illness: The Mixed or multiple ethnic groups have the highest prevalence (1.14%), significantly higher than Asian or Asian British and Other Ethnic Groups. The White group follows (0.94%).
- Depression prevalence is higher in more deprived areas (17.3%) than in the least deprived (9.9%), showing a strong link between deprivation and depression.

## 2.11 Behavioural risk factors

Behavioural risk factors that affect the health of a population include the use of alcohol, drugs and other substances, which can lead to mental health issues such as depression, anxiety and substance use disorders.

Another risk factor is inadequate emotional regulation, and coping mechanisms can increase vulnerability to mental health conditions.

A lack of social connections and support can contribute to feelings of loneliness and depression.

### 2.11.1 Excess weight and obesity<sup>47</sup>

Overall prevalence

- According to the Active Lives Adult Survey from Sport England (2022-2023), obesity prevalence in Kent is 27.8%, and excess weight prevalence is 67%, both significantly higher than the England average.
- According to GP records of obesity for people of all ages, the following areas are higher than Kent's average: Swale, Dartford, Dover, Thanet, Maidstone, Folkestone and Hythe, and Gravesham.
- Lower than Kent's average: Ashford, Tonbridge and Malling, Canterbury, Sevenoaks, and Tunbridge Wells.
- Gender differences: Obesity prevalence is 1.3 times higher in females than in males.

Inequalities:

- The Black, Black British, and Caribbean group has the highest prevalence, significantly higher than all other ethnic groups.
- The White group follows, significantly higher than Other Ethnic Groups and Asian or Asian British.
- More deprived areas have a higher obesity prevalence compared to the least deprived, showing a strong link between deprivation and obesity.

Physical inactivity (2022-23):

- 20.4% of adults in Kent are physically inactive.
- Worse than England: Gravesham and Swale.

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<sup>47</sup> Kent and Medway Care Record. Kent and Medway ICS. [Accessed April 2025]

<https://www.kmhealthandcare.uk/your-health/kent-and-medway-care-record>

OHID. Fingertips. DHSC. [Accessed April 2025] <https://fingertips.phe.org.uk/profiles>

- Better than England: Kent overall, Ashford, Maidstone, Sevenoaks, Folkestone and Hythe, Tonbridge and Malling, and Tunbridge Wells.
- Trend (2015/16–2022/23): Physical inactivity in Kent has fluctuated between 20% and 22%, mirroring national trends.

### 2.11.2 Smoking<sup>48</sup>

Prevalence:

- The estimated smoking prevalence among adults in Kent in 2023 was 11.4%, with a 95% confidence interval of 9% to 13.9%.
- Better than England: Sevenoaks and Tonbridge and Malling.
- No areas in Kent are significantly worse than England.

Impact of smoking:

- Smoking is a major risk factor for 16 types of cancer, Chronic Pulmonary Obstructive Disease (COPD), heart disease, and stroke, causing approximately 6,000 deaths per year in Kent.
- Rates remain high in deprived areas, among people with mental illness, and in LGBTQ+ groups.
- Smoking contributes to health inequalities and accounts for half of the difference in life expectancy between the most and least affluent communities in England.
- Contrary to belief, smoking increases anxiety and depression, whereas quitting is linked to improved mood and reduced stress.

Trend (2011-2023): Smoking prevalence in Kent has shown a clear decreasing trend, dropping by approximately 9% over this period, mirroring the national trend.

### 2.11.3 Substance misuse<sup>49</sup>

Prevalence (May 2024):

- An estimated 81,000 people in Kent use illegal drugs, including 32,000 Class A drug users.
- The estimated number of Opiate and/or Crack Users (OCUs) in Kent is 5,600, with an unmet need rate of 63%, higher than the national average of 54%.

National comparison (2019-2020):

- The estimated opiate and/or crack use rate in England is 9.5 per 1,000 population.
- Male prevalence (15.07 per 1,000) is nearly four times higher than female prevalence (4.01 per 1,000).

<sup>48</sup> OHID. Fingertips. DHSC. [Accessed April 2025] <https://fingertips.phe.org.uk/profiles>

<sup>49</sup> Guo L. 'Opiate & Crack Users in Substance Misuse Treatment Services'. Briefing. Unpublished. Kent County Council Public Health. 2024.

UK Health Security Agency and OHID. Estimates of opiate and crack use in England: main points and methods - GOV.UK. [Accessed April 2025] <https://www.gov.uk/government/publications/opiate-and-crack-cocaine-use-prevalence-estimates/estimates-of-opiate-and-crack-use-in-england-main-points-and-methods>

OHID. Fingertips. DHSC. [Accessed April 2025] <https://fingertips.phe.org.uk/profiles>

Drug and alcohol treatment (May 2024):

- 5,463 clients were in Kent's Drug and Alcohol Treatment Services, including:
- 882 opiate-only clients
- 922 opiate and crack users (OCUs)
- 2,140 alcohol-only clients
- A 3% reduction in OCUs entering treatment was observed, while the number of alcohol-dependent people in treatment increased.
- An estimated 200 people per year in Kent require inpatient detox.

Drug misuse deaths (2020-2022):

- The age-standardised drug misuse death rate in Kent for 2020-2022 was 4.5 per 100,000, with 205 deaths recorded.
- Better than England: Kent overall.
- No areas in Kent were significantly worse than England.
- Some areas are missing values due to small case numbers preventing robust rate calculations.

Trend (2001-2022): The rate of drug misuse deaths in Kent increased significantly between 2012 and 2016, rising from 2.5 to 5 per 100,000, mirroring a national increase.

#### **2.11.4 Alcohol<sup>50</sup>**

Further to the alcohol and drug treatment in [Section 2.11.3](#), these were the alcohol-related hospital admissions (2022-23):

- The age-standardised rate of alcohol-related hospital admissions (narrow definition) in Kent for 2022-23 was 412 per 100,000, with 6,550 admissions recorded.
- Worse than England: Gravesham.
- Better than England: Kent overall, Ashford, Canterbury, Maidstone, Sevenoaks, Swale, Thanet, Tonbridge and Malling, and Tunbridge Wells.

Trend (2016/17–2022/23):

- The alcohol-related hospital admission rate in Kent increased by 7% over this period.
- The trend for England is less clear, showing more fluctuation.

#### **2.11.5 Sexual health<sup>51</sup>**

High-risk population groups:

Certain groups in Kent are at higher risk of poor sexual health, including:

- Young people

<sup>50</sup> OHID. Fingertips. DHSC. [Accessed April 2025] <https://fingertips.phe.org.uk/profiles>

<sup>51</sup> Kent Sexual Health Needs Assessment. 2024. Kent Public Health Observatory. [Accessed April 2025] <https://www.kpho.org.uk/joint-strategic-needs-assessment/health-intelligence/lifestyle/sexual-health#tab1>  
OHID. Fingertips. DHSC. [Accessed April 2025] <https://fingertips.phe.org.uk/profiles>

- People in deprived areas
- Black and ethnic minorities, migrants, and Gypsy, Roma, and Traveller communities
- LGBTQ+ individuals
- Homeless populations
- People in contact with the justice system
- Individuals misusing drugs and alcohol
- Survivors of sexual abuse and violence.

Barriers to sexual health services include a lack of awareness, cultural differences, stigma around sexual health discussions, and the need for more inclusive sex education for LGBTQ+ individuals.

Impact of COVID-19 and policy changes: The COVID-19 pandemic changed the sexual health landscape, leading to greater availability of online services, including symptomatic testing introduced in 2019. Since 2020, several national policy changes have influenced sexual health, including:

- The Women's Health Strategy
- Oral contraception availability in pharmacies
- Statutory relationship and sex education in schools
- Changes in access to termination of pregnancy services.

Funding challenges: Sexual health services in Kent have been affected by cuts to the public health grant, impacting overall service provision.

Sexually Transmitted Infection (STI) testing and diagnoses (2023):

- STI testing rate (excluding chlamydia under 25) in Kent was 3,284 per 100,000, with 52,325 tests conducted.
- Worse than England: Kent overall, Ashford, Dover, Gravesham, Maidstone, Sevenoaks, Folkestone and Hythe, Swale, Thanet, Tonbridge and Malling, and Tunbridge Wells.
- Better than England: Canterbury.
- Trend (2012-2023): Testing rates increased by 80%, though there was a temporary decline during COVID-19 (2020-2021).
- New STI diagnoses (excluding chlamydia under 25) in Kent were 345 per 100,000, with 5,491 cases recorded.
- Better than England: Kent overall, Ashford, Canterbury, Dartford, Dover, Gravesham, Maidstone, Sevenoaks, Folkestone and Hythe, Swale, Thanet, Tonbridge and Malling, and Tunbridge Wells.
- No areas in Kent were significantly worse than England.

Chlamydia detection in young people (2023):

- Detection rate among 15–24-year-olds: 1,712 per 100,000, with 1,405 cases recorded.
- No areas in Kent were significantly better or worse than England.

Under-18 conception rates (2021):

- Kent's under-18 conception rate was 13.9 per 1,000, with 373 occurrences.
- Worse than England: Swale and Thanet.
- Better than England: Tunbridge Wells.
- Trend (1998-2021): The under-18 conception rate decreased by 67%, mirroring national trends.

### **2.11.6 Immunisations and vaccinations<sup>52</sup>**

Measles, Mumps and Rubella (MMR) vaccination (aged 2) (2010/11–2023/24):

- MMR vaccination coverage for two-year-olds in Kent has fluctuated between 89% and 95% over the period.
- Trend (2010/11–2023/24): The England trend follows a similar pattern, with fluctuations in coverage over time.

Flu vaccination (aged 65+) (2010/11–2023/24):

- Flu vaccination coverage for those aged 65+ varied between 68% and 73% before 2020/21.
- Trend (2010/11–2023/24): A 10% increase since 2020/21, likely due to COVID-19 and concerns about respiratory viruses. This pattern is consistent with the national trend.

Flu vaccination (at-risk individuals) (2010/11–2023/24):

- Flu vaccination coverage for at-risk individuals fluctuated between 43% and 49% before 2020/21.
- Trend (2010/11–2023/24): A 10% increase since 2020/21, mirroring the trend in England. Coverage has now returned to pre-pandemic levels.

## **2.12 Health of specific populations**

### **2.12.1 Coastal communities<sup>53</sup>**

Kent's coastal areas face significant health inequalities, with higher disease prevalence, worse health outcomes, and lower life expectancy than non-coastal areas. This "coastal excess" is linked to an older population, higher deprivation, poorer healthcare access, and workforce shortages.

Key facts:

- 23.5% of Kent's population lives in coastal areas, primarily in Canterbury, Dover, Folkestone and Hythe, Thanet, and Swale.
- Major coastal towns include Margate, Ramsgate, Dover, Folkestone, Herne Bay, and Whitstable.

<sup>52</sup> OHID. Fingertips. DHSC. [Accessed April 2025] <https://fingertips.phe.org.uk/profiles>

<sup>53</sup> Kent Public Health Annual Report for 2021. Kent Public Health Observatory. [Accessed April 2025] <https://www.kpho.org.uk/annual-reports#tab1>

Health challenges in coastal areas:

- Highest disease burden is in Dover, Folkestone, Margate, and Ramsgate, where conditions such as Coronary Heart Disease, hypertension, diabetes, COPD, depression, smoking, and obesity are significantly more prevalent.
- COPD rates are 60% higher than in non-coastal areas.
- Higher rates of premature mortality, alcohol-related hospital admissions, and self-harm in young people highlight both physical and mental health concerns.
- Even when adjusting for deprivation and demographics, coastal areas consistently show worse health outcomes, reinforcing the need for targeted health interventions and improved healthcare access.

### 2.12.2 Gypsy Roma Traveller communities

Kent has a higher proportion of Gypsy, Traveller, and Roma communities than the England average. A lack of national focus on these groups in Joint Strategic Needs Assessments has led to their health and service needs being overlooked. In response, Kent County Council conducted a Gypsy, Roma, and Traveller Health Needs Assessment<sup>54</sup> to update the 2015 Health Needs Assessment. Findings reported significantly poorer health outcomes, which included high rates of childhood illness, unhealthy lifestyle behaviours, e.g. high prevalence of smoking and obesity. Additional concerns for older community members included musculoskeletal issues, especially in men, and the care of individuals with dementia. All groups have a strong tradition of elder care, which may deter help seeking for older relatives. Poor mental health was reported across the life course, specifically perinatal mental health for Gypsy and Traveller mothers. Stakeholders highlighted that the concept of mental health is unfamiliar amongst Roma communities, which negatively impacts help seeking and treatment.

The 2021 Census recorded:

- 5,405 people (0.3%) in Kent identifying as Gypsy or Irish Traveller, compared to 0.1% in England.
- High concentrations are found in Maidstone, Swale and Ashford.
- Other communities are located near Dartford Bypass, Shadoxhurst, and South Alkam (Dover).
- 2,255 people (0.1%) in Kent identifying as Roma, compared to 0.2% in England.

These figures highlight Kent's significant Gypsy, Traveller, and Roma populations, reinforcing the need for targeted health and support services.

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<sup>54</sup> Jolly A, Abbott M, and Chapman S. Kent 'Gypsy, Roma and Traveller Populations' Joint Strategic Needs Assessment (2023). [Accessed April 2025] [https://www.kpho.org.uk/\\_data/assets/word\\_doc/0003/154803/Gypsy-Roma-Traveller-HNA-2023.docx](https://www.kpho.org.uk/_data/assets/word_doc/0003/154803/Gypsy-Roma-Traveller-HNA-2023.docx). Ethnicity - Kent Public Health Observatory. [Accessed April 2025] <https://www.kpho.org.uk/joint-strategic-needs-assessment/health-intelligence/population-groups/ethnicity#tab1>



### 2.12.3 Homeless and rough sleepers<sup>55</sup>

People experiencing long-term homelessness, particularly rough sleepers, face significantly higher health risks and mortality rates than the general population. Contributing factors include poor living conditions, inadequate hygiene, stress, and alcohol or drug dependence.

Key health challenges:

- High prevalence of chronic physical illnesses, mental health conditions, and substance misuse.
- Higher rates of communicable diseases, including Human Immunodeficiency Virus (HIV), Tuberculosis, Hepatitis B and Hepatitis C.
- Mental ill-health affects 32% to 90% of rough sleepers, with depression and anxiety being the most common conditions.
- Over 40% report substance misuse.
- 4.5% to 59% have long-term conditions such as diabetes, heart disease, cancer, and epilepsy.
- Higher prevalence of respiratory disease, coronary heart disease, and hypertension.

The full extent of homelessness is underreported, as hidden homelessness (e.g., individuals in temporary or insecure housing) is not fully captured in statistics.

### 2.12.4 People in contact with the justice system<sup>56</sup>

People in the justice system –including prisoners and those under probation– experience significant health inequalities and poor access to healthcare. They have higher rates of mental and physical health issues, learning difficulties, substance misuse, and premature mortality, often linked to poverty, unemployment, and homelessness.

Prison population and health challenges (September 2023):

- 3,865 prisoners (3,770 male) across seven institutions in Kent and Medway.
- Higher prevalence of infectious diseases (Hepatitis C, tuberculosis, STIs), chronic conditions (CVD, diabetes, asthma), and substance misuse.
- Prison healthcare services in Kent are commissioned by NHS England and provided by Oxleas NHS Foundation Trust.

Young offenders (September 2023): Young offenders are a highly vulnerable group with complex health and social care needs.

- 441 young offenders in secure institutions, a significant reduction from 3,654 in 2002.

<sup>55</sup> Kent Rough Sleepers Needs Assessment. 2022. Kent Public Health Observatory. [Accessed April 2025] [https://www.kpho.org.uk/\\_data/assets/pdf\\_file/0014/134042/Rough-Sleepers-Needs-Assessment.pdf](https://www.kpho.org.uk/_data/assets/pdf_file/0014/134042/Rough-Sleepers-Needs-Assessment.pdf)

<sup>56</sup> Kent Probation Community Offenders. Health Needs Assessment. 2013. [Accessed April 2025] [KM-Community-Offenders-Final-Documen-3rdMarch-2014-V16-2-1.pdf](https://www.kentprobation.org.uk/_data/assets/pdf_file/0014/134042/KM-Community-Offenders-Final-Documen-3rdMarch-2014-V16-2-1.pdf)



Probation population and health concerns (January 2025):

- 7,480 individuals under Kent Probation services, 90% male.

Key health issues:

- Mental health conditions: 47%
- Drug misuse: 20%
- Alcohol misuse: 14%
- General health conditions: 36%
- Recorded disabilities: 25%
- Housing instability: 23%.

Healthcare access and support: Limited healthcare access, with mental illness and substance misuse linked to higher reoffending rates.

### **2.12.5 Refugees and asylum seekers<sup>57</sup>**

As of mid-2024, 122.6 million people were forcibly displaced worldwide, including 37.9 million refugees and 8 million asylum seekers. In 2023, the UK received 72,464 asylum applications, with 4,880 (6.7%) from unaccompanied children.

Asylum seekers in Kent (September 2024):

- 744 asylum seekers were supported by local authorities.
- Highest numbers are in Ashford (189), Folkestone and Hythe (162) and Canterbury (108).
- Since 2014, 560 refugees have been resettled in Kent, primarily in Ashford, Swale, and Canterbury.

Health challenges and barriers to healthcare:

- Common health concerns:
  - Poorly managed non-communicable diseases
  - Communicable diseases (e.g., measles, tuberculosis)
  - Mental health issues (post-traumatic stress disorder, depression, anxiety).
- Barriers to healthcare:
  - Language difficulties
  - Lack of understanding of the UK healthcare system
  - Stigma around health issues
  - Financial constraints.

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<sup>57</sup> Immigration system statistics data tables. GOV.UK [Accessed April 2025]

<https://www.gov.uk/government/statistical-data-sets/immigration-system-statistics-data-tables#asylum-and-resettlement>

Children looked after in England. 2023. GOV.UK [Accessed April 2025] <https://explore-education-statistics.service.gov.uk/data-catalogue/data-set/4cd4f681-d54b-4835-97dc-426bb6b7b99e#dataSetFootnotes>

Unaccompanied children seeking asylum. 2016. Kent Public Health Observatory [Accessed April 2025] [https://www.kpho.org.uk/\\_data/assets/pdf\\_file/0011/58088/Unaccompanied-children-HNA.pdf](https://www.kpho.org.uk/_data/assets/pdf_file/0011/58088/Unaccompanied-children-HNA.pdf)

### 2.12.6 Veterans<sup>58</sup>

Veterans often face complex health issues similar to the general population, including mental health conditions, musculoskeletal problems, hearing loss, respiratory issues, limb loss, and an increased risk of certain cancers. However, some health concerns are linked to their military service.

In Kent, veterans are more likely to seek alcohol misuse treatment than non-veterans, with Maidstone having the highest recorded cases. Veterans also face wider challenges, such as employment difficulties, housing instability, and access to training.

Barriers to healthcare include stigma around mental health and addiction, difficulty relating to civilian healthcare providers, and a lack of culturally appropriate services for Gurkha and Nepalese communities.

The Armed Forces Covenant,<sup>59</sup> supported by Kent County Council, ensures veterans and their families receive fair access to healthcare, employment, and public services.

### 2.12.7 Visitors<sup>60</sup>

Kent, known as the "Garden of England", is a major tourist destination, receiving 66 million visitors in 2023, mostly domestic. The USA, France, and Germany were the top nations for overseas overnight visitors. Dartford, Canterbury, and Swale had the highest visitor numbers, while Gravesham, Tonbridge and Malling, and Sevenoaks had the fewest.

Visitors' health needs are generally similar to Kent's residents, but are typically short-term. They may require:

- Acute treatment (e.g., prescription dispensing)
- Repeat medication
- Self-care support
- Signposting to health services (GPs, NHS 111).

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<sup>58</sup> Armed Forces and Veteran Community in Kent Needs Assessment. 2024. Kent Public Health Observatory. [Accessed April 2025]

[https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.kpho.org.uk%2F\\_data%2Fassets%2Fword\\_doc%2F0009%2F176931%2FArmed-Forces-and-Veteran-Community-Needs-Assessment-2024.docx&wdOrigin=BROWSELINK](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.kpho.org.uk%2F_data%2Fassets%2Fword_doc%2F0009%2F176931%2FArmed-Forces-and-Veteran-Community-Needs-Assessment-2024.docx&wdOrigin=BROWSELINK)

<sup>59</sup> Ministry of Defence. Armed Forces Covenant Duty Statutory Guidance. November 2022. [Accessed April 2025] <https://www.gov.uk/government/publications/armed-forces-covenant-duty-statutory-guidance>

<sup>60</sup> Visit Kent Business. Kent Tourism Economic Impact Study. 2023. [Accessed April 2025] <https://www.visitkentbusiness.co.uk/media/117895/economic-impact-of-tourism-kent-2023-report.pdf>

### 2.12.8 People with sensory impairment

People with sensory impairments face significant barriers to safe and effective medicine use, as highlighted in the Safety Gap report (March 2025).<sup>61</sup> Challenges include difficulties accessing information, both written (including digital) and verbal, during consultations and when seeking support. Limited awareness and training among healthcare professionals, including pharmacy staff, further contribute to these issues. As a result, people with sensory impairments tend to have lower medication-related knowledge and face a higher risk of harm. In the UK, over 2 million people have visual impairments<sup>62</sup> (320,000 registered blind or partially sighted), and around 18 million adults have some form of hearing impairment,<sup>63</sup> with 1.2 million experiencing severe hearing loss affecting everyday conversation.

### 2.13 Impact of the changing climate

Climate change is a major health determinant, disproportionately affecting deprived and vulnerable groups such as older people, children, those with existing conditions, and people who are homeless or work outdoors. In Kent, its effects are expected to be acute due to the county's long coastline and warmer summers. Risks include heatwaves, flooding, and droughts, all linked to excess mortality and health impacts. The UK saw 2,295 heat-related deaths in summer 2023 and nearly 3,000 in 2022, with extreme heat disrupting hospital services. Climate change may also drive the spread of resistant infections and, despite warming, cold-related deaths may rise due to an ageing population. Kent's top five climate risks are: increased mortality from heat, overheating in homes and public buildings, overheating of public spaces, water scarcity and droughts, and increased flood risk affecting homes, businesses, and health and care services.<sup>64 65 66</sup>

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<sup>61</sup> Patient safety commissioner. The safety Gap: Safety and Accessibility of Medicine and Medical Devices for people with sensory impairment. March 2025. [Accessed July 2025]

[https://www.patientsafetycommissioner.org.uk/wp-content/uploads/2025/03/The-Safety-Gap\\_Accessible.pdf](https://www.patientsafetycommissioner.org.uk/wp-content/uploads/2025/03/The-Safety-Gap_Accessible.pdf)

<sup>62</sup> Royal Institute of Blind People. RNIB Insight snapshots: Population and demographics. RNIB Insight snapshots – Population and demographics. [Accessed July 2025]

[https://media.rnib.org.uk/documents/Population\\_and\\_demographics\\_-\\_Insight\\_snapshot.pdf](https://media.rnib.org.uk/documents/Population_and_demographics_-_Insight_snapshot.pdf)

<sup>63</sup> Royal Institute of Deaf People. Prevalence of deafness and hearing loss. Prevalence of deafness and hearing loss – RNID. [Accessed July 2025] <https://rnid.org.uk/get-involved/research-and-policy/facts-and-figures/prevalence-of-deafness-and-hearing-loss/>

<sup>64</sup> Deakin, S, Schwartz, E. Implications of Climate Change for Public Health (2024). The Public Health Department Kent County Council. [Accessed July 2025]

<https://democracy.kent.gov.uk/mgConvert2PDF.aspx?ID=127475>

<sup>65</sup> UK Health Security Agency. Health Effects of Climate Change (HECC) in the UK (2024). Health Effects of Climate Change in the UK: state of the evidence 2023. [Accessed July 2025]

<https://assets.publishing.service.gov.uk/media/659ff6a93308d200131f8e78/HECC-report-2023-overview.pdf>

<sup>66</sup> The Pharmaceutical Journal. Heat-related illnesses: preparing for periods of high temperatures. Heat-related illnesses: preparing for periods of high temperatures - The Pharmaceutical Journal. [Accessed July 2025] <https://pharmaceutical-journal.com/article/ld/heat-related-illnesses-preparing-for-high-temperatures>

## Section 3: NHS pharmaceutical services provision, currently commissioned

### 3.1 Overview

There are a total of 297 contractors in Kent.

Table 6: Contractor type and number in Kent

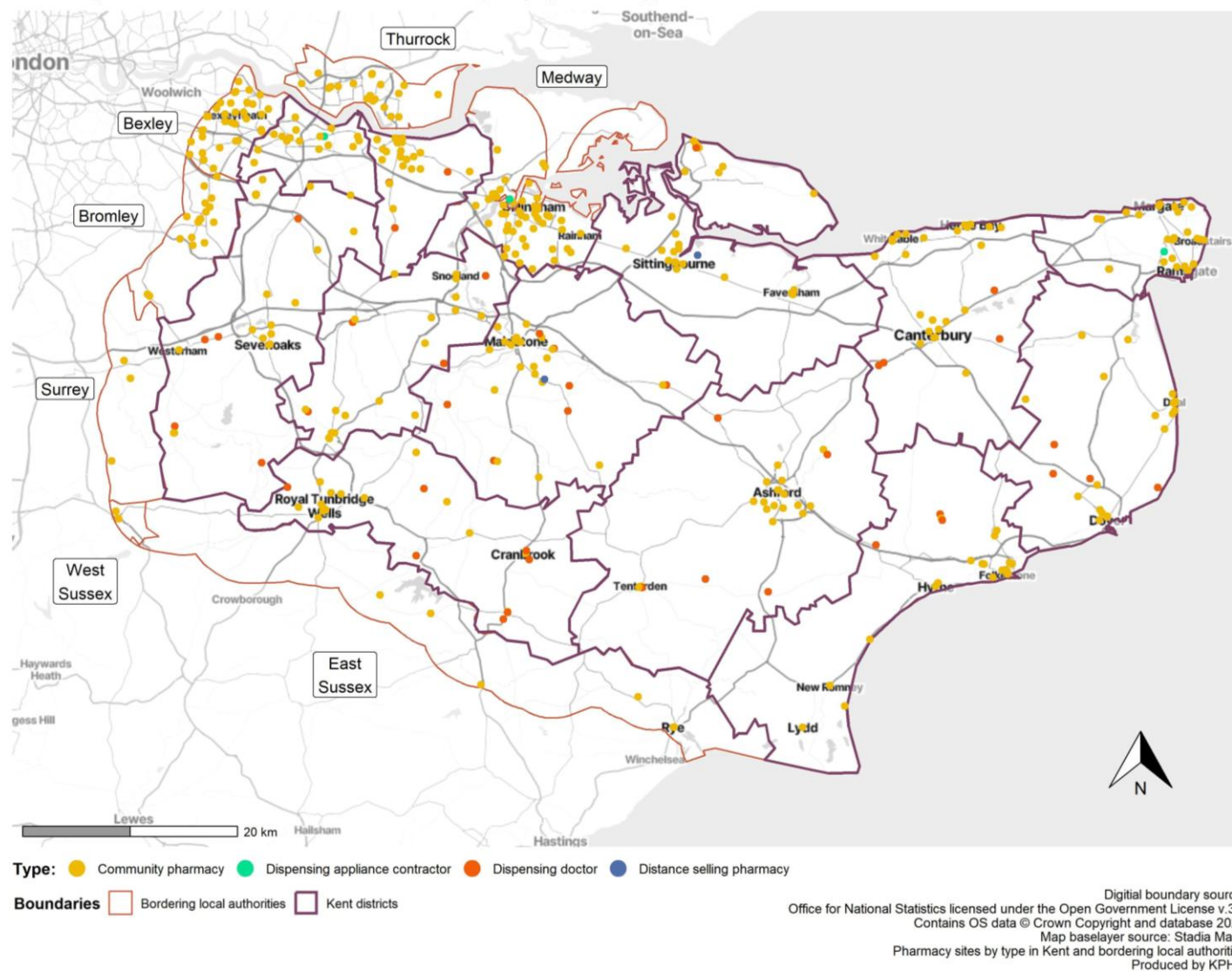
Type of contractor	Number
40-hour community pharmacies (including the 42 PhAS)	229
72-hour plus community pharmacies	20
Distance Selling Pharmacies	2
Local Pharmaceutical Service providers	0
Dispensing Appliance Contractors	2
Dispensing GP Practices	44 (41 plus 3 branch sites)
<b>Total</b>	<b>297</b> (including all sites)

A list of all contractors in Kent and their opening hours can be found in Appendix A.

Figure 3 shows all contractor locations within Kent.

Figure 3: Map of pharmacies in Kent and across borders (5 km)

Pharmacy sites: Kent and border local authorities (5km) by service type



### 3.2 Community pharmacies

*Table 7: Number of community pharmacies in Kent*

<b>Number of community pharmacies</b>	<b>Population of Kent</b>	<b>Ratio of pharmacies per 100,000 population</b>
251 (includes 2 DSPs)	1,610,251	15.6

Correct as of April 2025

Community pharmacies are described in [Section 1.5.1.1](#). There are 251 community pharmacies in Kent, which has decreased from 272 in the last PNA. This decrease has reduced the number of community pharmacies per 100,000 residents down to 15.6, which is lower than the England average of 18.1 community pharmacies per 100,000 population. Although the England average has also reduced (from 20.6), it cannot be used as a direct comparator due to the rural nature of Kent and the supplemented access of dispensing doctor practices within Kent.

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

Residents in Kent may also find community pharmacies in the bordering HWBs more accessible and or more convenient, as shown in Figure 3 above.

Table 8 shows the change in the number of pharmacies over recent years compared with regional and national averages.

*Table 8: Number of community pharmacies per 100,000 population*

	<b>Kent</b>	<b>England</b>
<b>2023-24</b>	15.6	18.1
<b>2021-22</b>	17.1	20.6

Source: Office for National Statistics (ONS) 2020 and 2023 mid-year population estimates and NHS BSA for number of pharmacies

[Section 1.5.6.1](#) 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 of each district is explored in [Section 6.2](#).

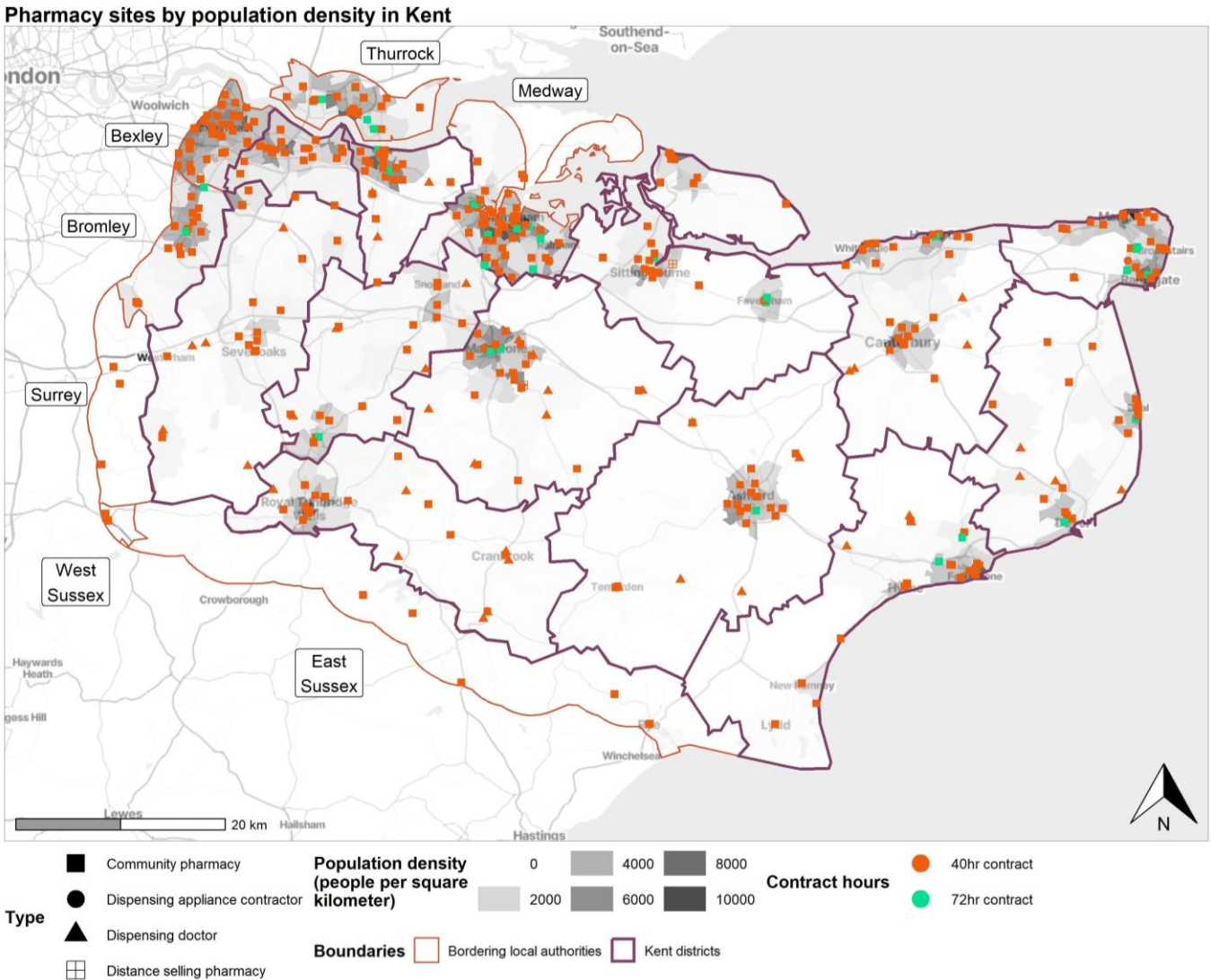
Table 9 provides a breakdown, by district, of the average number of community pharmacies per 100,000 population. The number and rate of community pharmacies vary by district and also vary within the district. As shown in Figure 4, community pharmacies are typically located in areas of high population density and less so in rural areas.

*Table 9: Average number of community pharmacies in 100,000 population by district*

<b>Area</b>	<b>Number of community pharmacies</b>	<b>Total population (ONS mid-2024)</b>	<b>Average number of CPs per 100,000 population (March 2025)</b>
Ashford	19	138,283	13.7
Canterbury	26	159,939	16.3
Dartford	18	120,699	14.9
Dover	20	118,591	16.9
Folkestone and Hythe	20	110,995	18
Gravesham	22	107,737	20.4
Maidstone	22	184,187	11.9
Sevenoaks	18	121,262	14.8
Swale	28	155,893	18.0
Thanet	26	140,439	18.5
Tonbridge and Malling	17	135,206	12.6
Tunbridge Wells	15	117,020	12.8
<b>Kent</b>	<b>251</b>	<b>1,610,251</b>	<b>15.6</b>



Figure 4: Map of pharmacy providers in Kent and across borders with population density



Digital boundary source:  
Office for National Statistics licensed under the Open Government License v.3.0  
Contains OS data © Crown Copyright and database 2024  
Map baselayer source: Stadia Maps  
Pharmacy sites and population density across Kent  
Produced by KPHO



### 3.3 Distance-Selling Pharmacies (DSPs)

Distance-Selling Pharmacies are described in [Section 1.5.1.2](#). There are two DSPs in Kent, one fewer than in the 2022 PNA. These DSPs are located in Maidstone and Swale. Full details can be found in Appendix A.

### 3.4 Dispensing GP practices

Dispensing GP practices are described in [Section 1.5.4](#).

In addition to the 251 community pharmacies (including the DSPs), Kent has 41 dispensing doctor practices in Kent, providing access through a total of 44 sites. However, it should be noted that the dispensing doctor practices can only dispense to a defined list of residents within a controlled locality.

*Table 10: Number of dispensing practices per district*

District	Main practices	Branches	Total
Ashford	5	0	5
Canterbury	4	0	4
Dartford	0	0	0
Dover	4	0	4
Folkestone and Hythe	3	0	3
Gravesham	2	1	3
Maidstone	6	1	7
Sevenoaks	5	0	5
Swale	1	0	1
Thanet	1	0	1
Tonbridge and Malling	4	0	4
Tunbridge Wells	6	1	7
<b>Kent</b>	<b>41</b>	<b>3</b>	<b>44</b>

### 3.5 Dispensing Appliance Contractors (DACs)

Dispensing Appliance Contractors are described in [Section 1.5.3](#). There are two DACs in Kent, based in Dartford and Thanet.

The community pharmacy contractor questionnaire received 74 responses to the appliance dispensing question, and 95% of them reported that they dispense all types of appliances.

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 Kent. There are 111 DACs in England.<sup>67</sup>

<sup>67</sup> NHS BSA. General Pharmaceutical Services in England 2015-16 – 2023-24. October 2024. [Accessed April 2025] <https://www.nhsbsa.nhs.uk/statistical-collections/general-pharmaceutical-services-england/general-pharmaceutical-services-england-2015-16-2023-24>

### 3.6 Local Pharmaceutical Service (LPS) providers

LPS providers are described in [Section 1.5.2](#).

There are no LPS pharmacies in Kent.

### 3.7 Pharmacy Access Scheme (PhAS) pharmacies

The Pharmacy Access Scheme is described in [Section 1.5.1.3](#). There are 42 PhAS providers in Kent, and details of these can be found in Appendix A.

### 3.8 Pharmaceutical service provision provided from outside Kent

Kent borders with six other HWBs and has good transport links. Populations may therefore find community pharmacies in neighbouring HWB areas more accessible and/or more convenient. Neighbouring areas include: Thurrock, Medway, East Sussex, Surrey, Bromley and Bexley. Although West Sussex does not directly border Kent, residents may also find accessing pharmacies in West Sussex more convenient.

It is not practical to list here all those pharmacies outside the Kent area by which Kent residents will access pharmaceutical services. A number of providers lie within close proximity to the borders of the Kent area boundaries, as shown in Figure 3 in [Section 3.1](#). Further analysis of cross-border provision is undertaken in [Section 6](#).

Analysis of dispensing data<sup>68</sup> between September and December 2024 shows approximately 2,230,254 prescription items were dispensed each month. This equates to an average of 8,815 items dispensed per community pharmacy per month in Kent, slightly below the pharmacy average of 9,184 items per month in England for the same period.

Total items dispensed for Kent during 2024 (January to December) was 31,459,650. Of these items, 88% were dispensed by a pharmacy as opposed to dispensing doctors prescribing or an appliance contractor. Of this 88%, 74% of items were dispensed in Kent pharmacies, with 15% dispensed in pharmacies in Medway or outside Kent. If just looking at Kent pharmacies, they dispensed 27,830,999 items, with 83% being dispensed by Kent pharmacies and 17% dispensed in pharmacies in Medway (8%) and outside Kent (9%).

### 3.9 Access to community pharmacies

Community pharmacies in Kent are particularly located around areas with a higher density of population or deprivation, as shown in Figure 4. Many also provide extended opening hours and/or open at weekends.

A previously published article<sup>69</sup> suggests:

- 89% of the population in England has access to a community pharmacy within a 20-minute walk.

<sup>68</sup> NHS BSA. Dispensing Contractors' Data September-December 2024. [Accessed April 2025] <https://www.nhsbsa.nhs.uk/prescription-data/dispensing-data/dispensing-contractors-data>

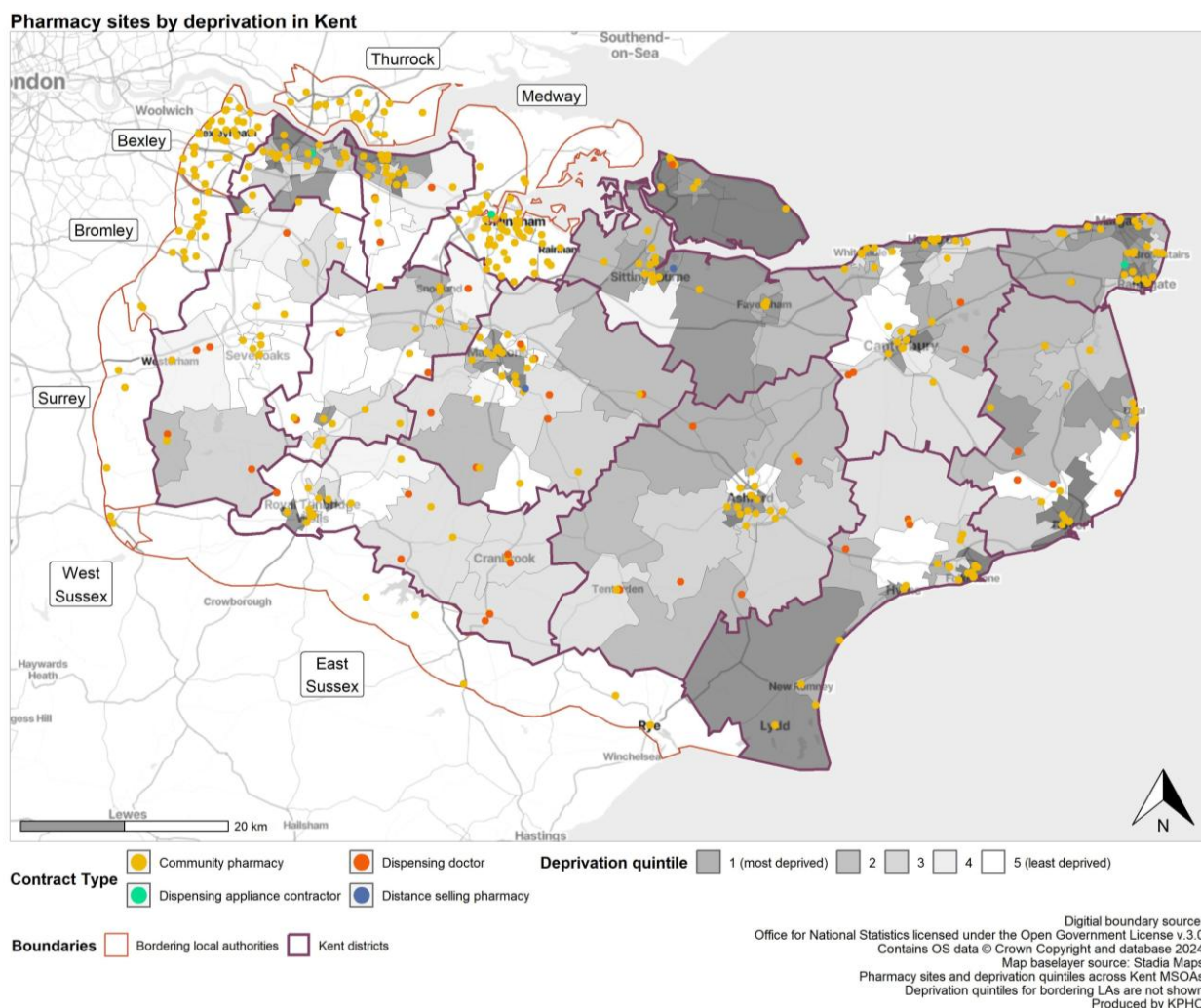
<sup>69</sup> Todd A, Copeland A, Husband A. The positive pharmacy care law: an area-level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England. BMJ Open 2014, Vol. 4, Issue 8. <http://bmjopen.bmj.com/content/4/8/e005764.full.pdf%20html>

- This figure 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. See Figure 5 for Kent pharmacies in relation to deprivation levels.

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 Kent and their opening hours can be found in Appendix A.

*Figure 5: Map of pharmacy providers in Kent and across borders with deprivation quintiles*



### 3.9.1 Travel analysis

#### 3.9.1.1 Car or van availability

In Kent, 82.5% of households own at least one car or van or have one available. All districts within Kent are higher than the England average (76.5%) apart from Thanet, which is 73.9%.<sup>70</sup>

*Table 11: Car or van availability by Kent districts in 2021, Office for National Statistics (ONS) Census 2021*

Area	At least one car or van in household
Ashford	85.6%
Canterbury	79.2%
Dartford	83.1%
Dover	79.9%
Folkestone and Hythe	79.5%
Gravesham	80.3%
Maidstone	85.4%
Sevenoaks	88.6%
Swale	83.4%
Thanet	73.9%
Tonbridge and Malling	87.7%
Tunbridge Wells	84.5%
<b>Kent</b>	<b>82.5%</b>
<b>England</b>	<b>76.5%</b>

#### 3.9.1.2 Travel time to pharmacy

Full details of how long it takes for residents in Kent to travel to the nearest pharmacy are available in Appendix G as a separate document.

In summary, for Kent:

Driving access (for those who have access to private transport):

- 99.7% of Kent's population can reach a pharmacy within 10 minutes off-peak, and 98.6% during peak hours.
- 99.7% of residents can access a pharmacy within 20 minutes by car, both at peak times and off-peak times.

<sup>70</sup> ONS. 2021 Census Profile for areas in England and Wales. [Accessed April 2025]  
[https://www.nomisweb.co.uk/sources/census\\_2021/report?compare=E92000001#section\\_6](https://www.nomisweb.co.uk/sources/census_2021/report?compare=E92000001#section_6)

## Public transport access:

- Weekday mornings: 79.2% can reach a pharmacy within 10 minutes, 94.2% within 20 minutes, and 97.6% within 30 minutes.
- Weekend mornings: Access is lower, with 63.8% reaching a pharmacy within 10 minutes, 84.1% within 20 minutes and 89.1% within 30 minutes.

## Walking access (20-minute walking distance to a pharmacy):

- Highest accessibility: Gravesham (94.6%) and Thanet (93.5%).
- Lowest accessibility: Dover (66.7%) and Ashford (70.5%).
- Overall, 81.1% of Kent's population can reach a pharmacy within 20 minutes.

Full details can be found in Appendix G and discussed within the analysis in [Section 6](#).

### 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, Kent had 31 100-hour pharmacies (11%) compared to the 20 (8%) 72-hour pharmacies now open in March 2025. Nationally, there has been a decline too, with the number of 100-hr community pharmacies in England open in 2022 being 9.4% and now for 72-hours or more per week being 7.7%.

All districts apart from Dartford and Tunbridge Wells have at least one 72-hour pharmacy.

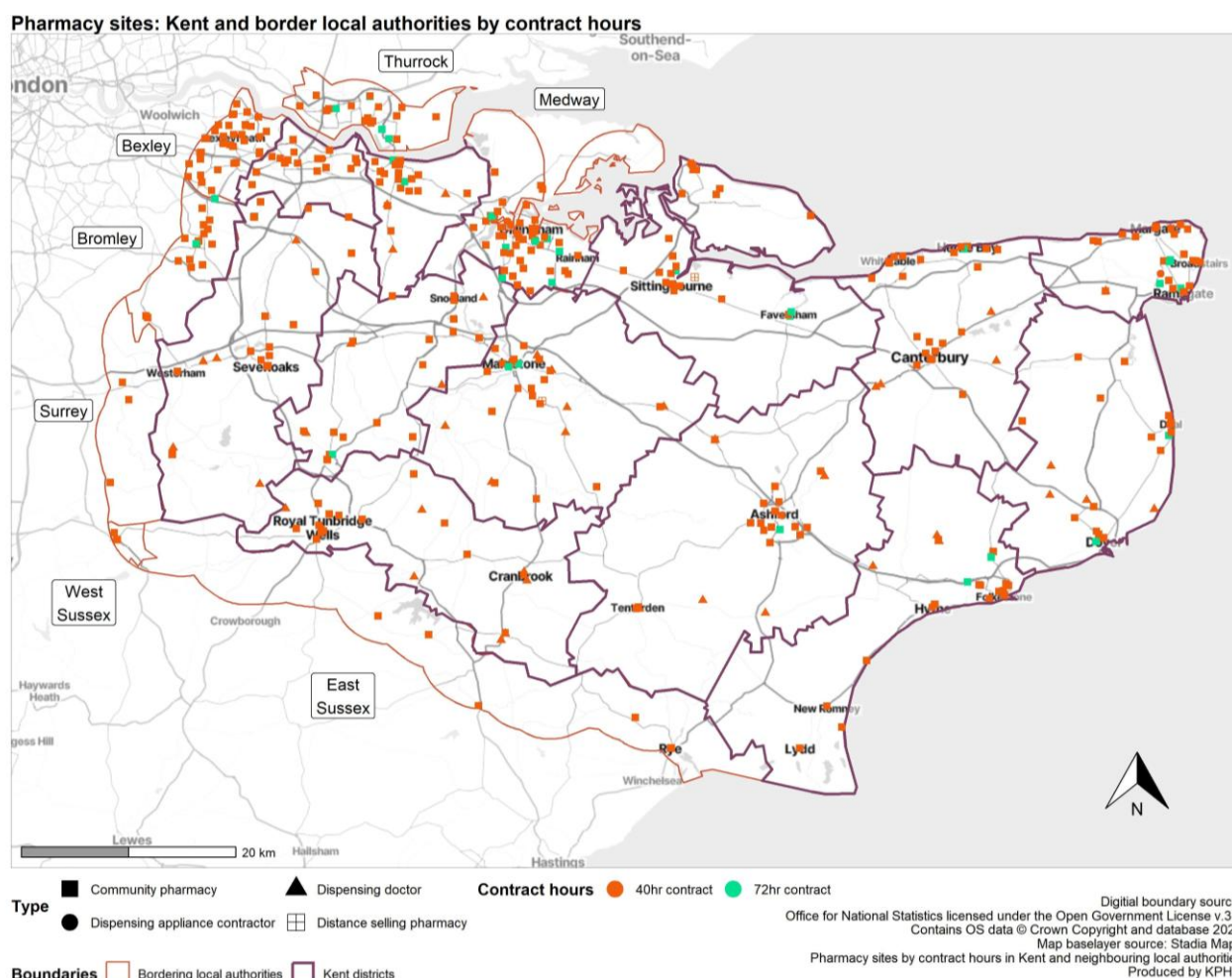
*Table 12: Number of 72-hour community pharmacies (and percentage of total)*

Area	Number (%) of 72+ hour pharmacies
Ashford	1 (5%)
Canterbury	2 (8%)
Dartford	0
Dover	2 (10%)
Folkestone and Hythe	2 (10%)
Gravesham	2 (9%)
Maidstone	2 (9%)
Sevenoaks	1 (6%)
Swale	3 (11%)
Thanet	4 (15%)
Tonbridge and Malling	1 (6%)
Tunbridge Wells	0
<b>Kent</b>	<b>20 (8%)</b>
<b>England<sup>71</sup></b>	<b>806 (7.7%)</b>

<sup>71</sup> NHS BSA. Pharmacy Openings and Closures. November 2024. [Accessed April 2025]  
<https://opendata.nhsbsa.net/dataset/pharmacy-openings-and-closures>



Figure 6: Community pharmacy contract hours in Kent and across borders



### 3.9.2.1 Routine weekday evening access to community pharmacies

The number, location and opening hours of community pharmacy providers open beyond 6 pm, Monday to Friday (excluding bank holidays), vary within each district; they are listed in Table 13 below. Full details of all pharmacies' opening hours can be found in Appendix A. 'Average' access is difficult, given the variety of opening hours and locations. Access is therefore considered at district level and can be found in Table 13, which shows that 33% of community pharmacies are open beyond 6 pm across Kent.

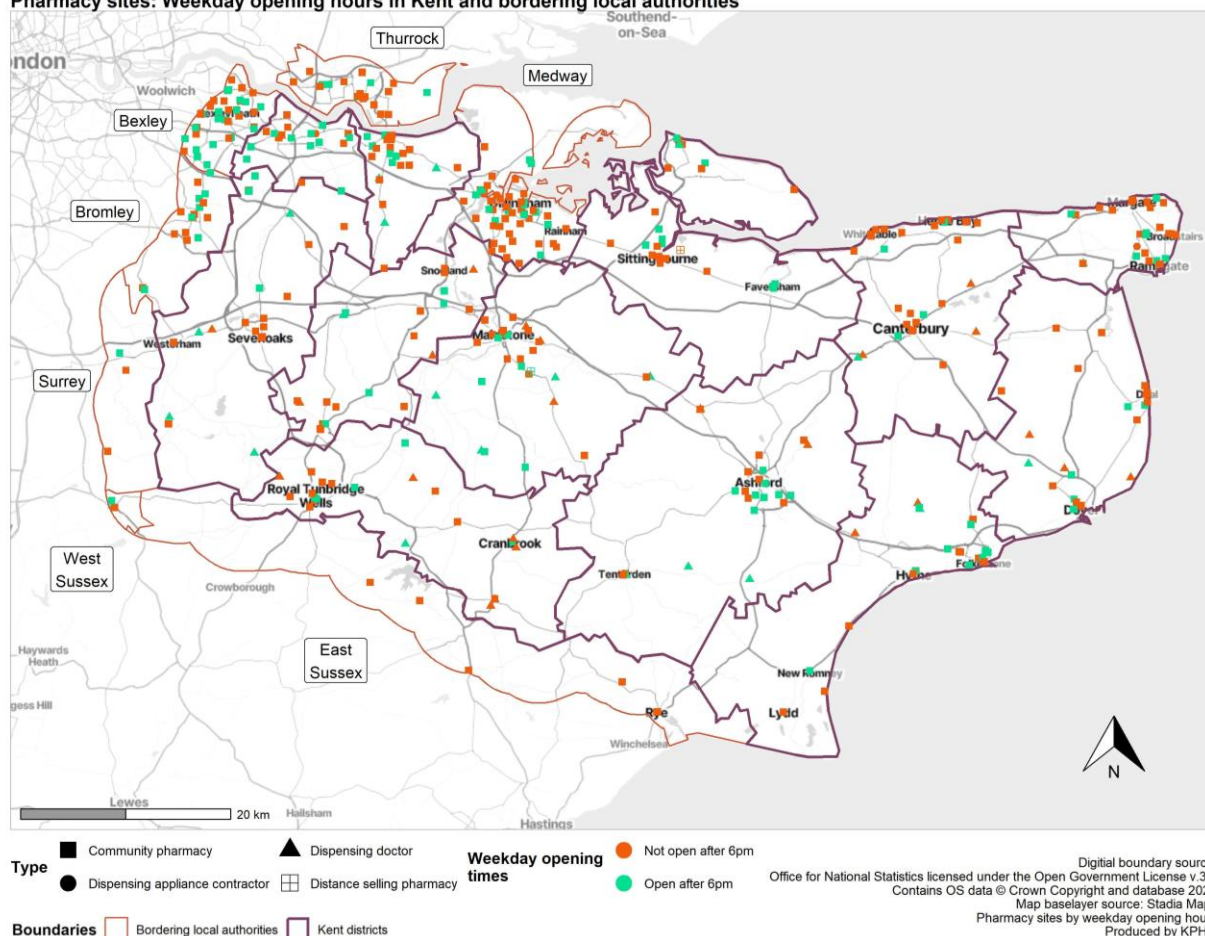
Including the dispensing GP practices that are open beyond 6 pm, the total number for Kent is 104 (35% of all contractors).

**Table 13: Number and percentage (including DSPs) of community pharmacy providers open Monday to Friday (excluding bank holidays) beyond 6 pm, and on Saturday and Sunday**

Area	Number (%) of pharmacies open beyond 6 pm	Number (%) of pharmacies open on Saturday	Number (%) of pharmacies open on a Sunday
Ashford	8 (42%)	18 (95%)	5 (26%)
Canterbury	6 (23%)	17 (65%)	6 (23%)
Dartford	10 (56%)	15 (83%)	3 (17%)
Dover	5 (25%)	17 (85%)	3 (15%)
Folkestone and Hythe	9 (45%)	18 (90%)	3 (15%)
Gravesham	6 (27%)	16 (73%)	2 (9%)
Maidstone	7 (32%)	20 (91%)	3 (14%)
Sevenoaks	4 (22%)	17 (94%)	2 (11%)
Swale	11 (39%)	22 (79%)	4 (14%)
Thanet	7 (27%)	20 (77%)	5 (19%)
Tonbridge and Malling	5 (29%)	16 (94%)	3 (18%)
Tunbridge Wells	5 (33%)	14 (93%)	1 (7%)
<b>Kent</b>	<b>83 (33%)</b>	<b>210 (84%)</b>	<b>40 (16%)</b>

**Figure 7: Opening hours weekday evening**

Pharmacy sites: Weekday opening hours in Kent and bordering local authorities

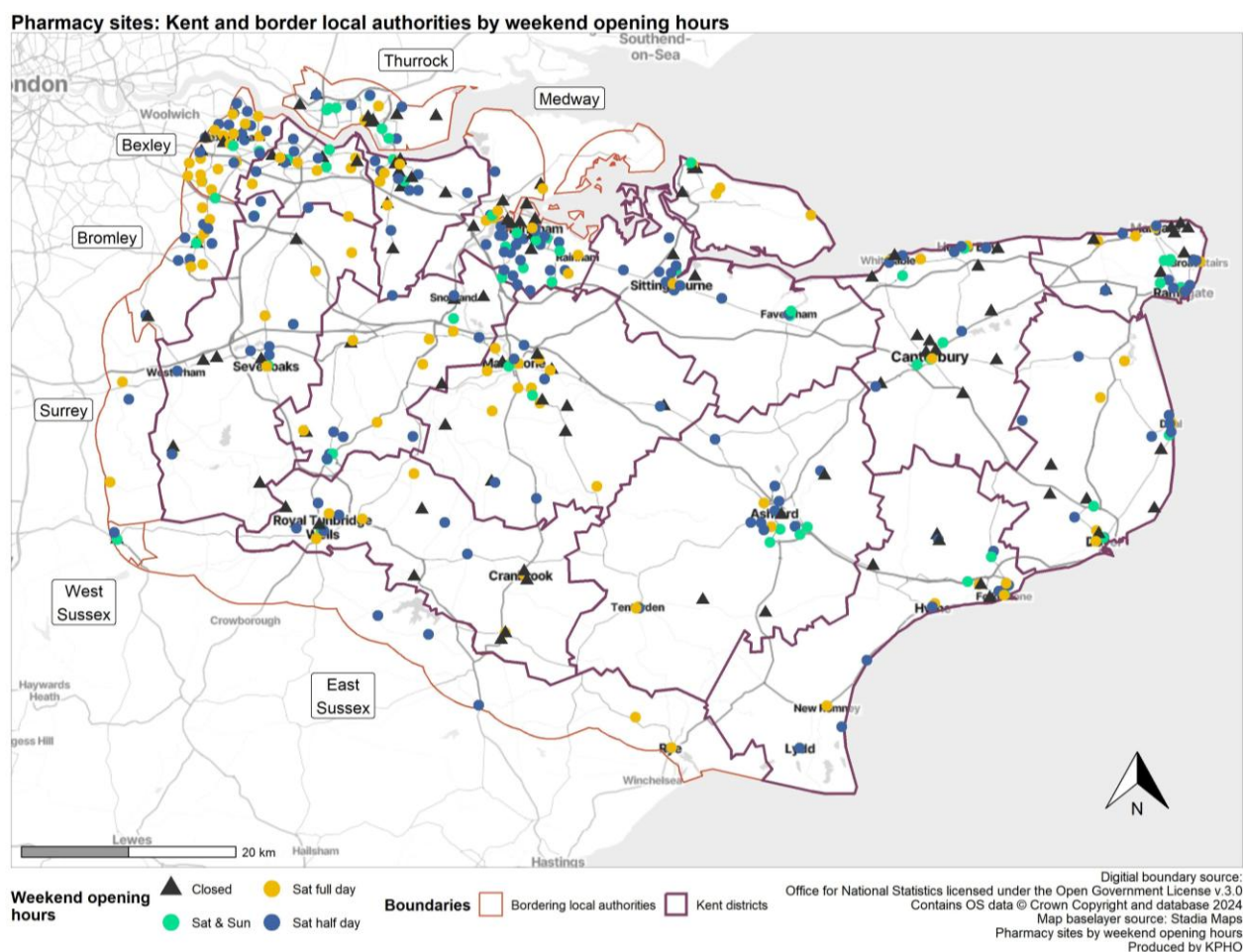


### 3.9.2.2 Routine Saturday daytime access to community pharmacies

The number, location and opening hours of community pharmacy providers open on Saturdays vary within each district. Of the pharmacies in Kent, 210 (84%) are open on Saturdays, the majority of which are open into the late afternoon. 'Average' access is difficult given the variety of opening hours and locations. Access is therefore considered at district level. Please see Table 13 above and Figure 8 below. Full details of all pharmacies open on a Saturday can be found in Appendix A.

Including the dispensing GP practices that are open on Saturday, the total number for Kent is 213 (72%). More details for each district in [Section 6.2](#).

Figure 8: Opening hours weekends



### 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 district. Fewer pharmacies, 40 (16%), are open on Sundays than on any other day in Kent, which typically mirrors the availability of other healthcare providers open on a Sunday. Please see Table 13 and Figure 8 above. Full details of all pharmacies open on a Sunday can be found in Appendix A.



### 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.

To ensure patients can access medications on bank holidays, Good Friday, Easter Sunday and Christmas Day, Kent and Medway ICB commissions an enhanced service, which helps maintain pharmacy coverage during these times. If low provision is identified on these days, based on location, travel time and population, and no pharmacies volunteer to provide the enhanced service, the ICB will direct a pharmacy to open to improve access. Details of pharmacies open during bank holidays are available on the website

<https://www.nhs.uk/service-search/pharmacy/find-a-pharmacy>.

### 3.10 Advanced Service provision from community pharmacies

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

[Section 1.5.6.2](#) 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 14. Details of pharmacy providers can be seen in Appendix A.

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 (BSA) demonstrates whether the service has been provided, based on pharmacies claiming payment.

It is important to note a discrepancy in certain districts 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) provide these services. Newer advanced services are increasing in activity based on activity recorded in the 2022 PNA. The Hypertension case finding service previously had low uptake across all districts; however, data suggests very good uptake for the majority of contractors in all districts.

The Smoking Cessation Service, as described in [Section 1.5.6.2](#), currently has low uptake locally as well as nationally; however, on average, half of the pharmacies have signed up to start providing this service in all districts. This service relies on a referral from secondary care. Therefore, numbers should be interpreted with care as they are low due to referral, not due to the lack of appetite to provide them.

Please note the numbers in the table represent the percentage of providers who have claimed payment for service (from September to December 2024) and those shown in brackets are the ones who signed up to the service, where information is available.

Table 14: Summary of Advanced and Enhanced Services provision by community pharmacy across Kent

Area	Pharmacy First	Flu vaccination	PCS	Hypertension case-finding	NMS	SCS	AUR*	SAC*	LFD tests	COVID-19** vaccination
Ashford	95% (95%)	100% (79%)	79% (84%)	89% (95%)	100% (95%)	0% (58%)	0%	0%	68% (89%)	- (53%)
Canterbury	100% (96%)	100% (88%)	81% (92%)	88% (85%)	96% (92%)	0% (50%)	0%	0%	62% (81%)	- (42%)
Dartford	100% (100%)	83% (89%)	72% (94%)	78% (83%)	89% (94%)	0% (61%)	0%	0%	33% (72%)	- (44%)
Dover	100% (95%)	100% (100%)	60% (85%)	95% (100%)	100% (100%)	0% (60%)	0%	0%	75% (95%)	- (60%)
Folkestone and Hythe	100% (100%)	95% (90%)	70% (85%)	70% (100%)	95% (95%)	0% (60%)	0%	5%	65% (85%)	- (55%)
Gravesham	100% (95%)	95% (77%)	36% (36%)	82% (82%)	91% (91%)	0% (18%)	0%	0%	45% (41%)	- (36%)
Maidstone	100% (100%)	100% (82%)	64% (95%)	91% (95%)	100% (91%)	0% (59%)	0%	0%	64% (77%)	- (68%)
Sevenoaks	94% (94%)	89% (94%)	61% (72%)	78% (89%)	83% (89%)	0% (44%)	0%	6%	56% (67%)	- (44%)
Swale	96% (89%)	96% (71%)	50% (79%)	82% (75%)	93% (93%)	0% (46%)	0%	0%	54% (79%)	- (32%)
Thanet	100% (100%)	100% (100%)	81% (96%)	96% (100%)	100% (100%)	0% (46%)	0%	4%	73% (96%)	- (38%)
Tonbridge and Malling	100% (100%)	100% (100%)	76% (100%)	100% (100%)	100% (100%)	0% (59%)	0%	0%	76% (88%)	- (59%)
Tunbridge Wells	93% (93%)	87% (87%)	53% (67%)	73% (73%)	93% (87%)	0% (60%)	0%	0%	67% (80%)	- (20%)
<b>Kent</b>	<b>99% (96%)</b>	<b>96% (88%)</b>	<b>65% (82%)</b>	<b>86% (90%)</b>	<b>95% (94%)</b>	<b>0% (51%)</b>	<b>0%</b>	<b>1%</b>	<b>61% (79%)</b>	<b>- (46%)</b>

Source: NHS BSA August-October based on claims from dispensing data (and in brackets pharmacies signed up to the service where available).

\* This service is typically provided by the DACs.

\*\*At the time of writing the service had only just restarted and therefore activity data does not reflect provision due to the seasonal trend in activity.

### 3.11 Enhanced Service provision from community pharmacy

As described in [Section 1.5.6.3](#), there are two National Enhanced Services and one Local Enhanced Service commissioned through community pharmacies in Kent.

The National Enhanced Services (NES) are the COVID-19 vaccination service and the RSV and Pertussis vaccination services, although the latter is currently under procurement and due to go live in autumn 2025.

- COVID-19 vaccination service: Actual provision numbers are not available at the time of writing, as this activity is seasonal, but Table 14 above shows there is a spread across all localities of community pharmacies signed up to provide this service for the last campaign. Details 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 Local Enhanced Service (LES) is the bank holiday opening.

- Bank holiday opening: As discussed in [Section 3.9.2.4](#) **Error! Reference source not found.**, there is a local enhanced service to ensure that there are pharmacies open on these days so patients can access medication if required. Providers typically changes each bank holiday, however provision is spread across the area and details can be found on the NHSE website: <https://www.nhs.uk/service-search/pharmacy/find-a-pharmacy>.

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 as Locally Commissioned Services (LCSs) 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. Most of these services are also not exclusive to community pharmacies and are often commissioned through a range of providers.

Table 15 and Table 16 show the locally commissioned services provided across Kent. A list of all contractors and commissioned services can be found in Appendix A.

### 4.1 Local Authority-commissioned Services (LAS) provided by community pharmacies in Kent

KCC commissions eight services from community pharmacies in Kent.

Currently commissioned services by KCC are:

- **LAS1: NHS Health Checks** - The NHS Health Check programme represents the national primary prevention screening programme for cardiovascular disease (CVD) risk assessment and risk management for 40-74 year olds.
- **LAS2: Medicine Assisted Therapy (MAT)** - The service will require the pharmacist or other competent member of staff to supervise the consumption of the prescribed medication when indicated by the prescriber, ensuring that the dose has been administered appropriately to the service user.
- **LAS3: Take Home Naloxone (THN) provision** - Take home naloxone provision is available to all individuals aged 18 and over.
- **LAS4: Needle exchange** - Needle and Syringe Programmes supply needles, syringes and other equipment used to prepare and take illicit drugs. They reduce the transmission of blood-borne viruses, including hepatitis B and C, and other infections caused by sharing injecting equipment.
- **LAS5: Chlamydia treatment** - The service is available and accessible for all service users who have received a positive diagnosis for chlamydia and their contacts, regardless of age.
- **LAS6: Sexual health dispensing** - Pharmacies are to supply oral contraception, GUM treatments and Emergency Oral Contraception (EOC) under a Patient Specific Direction (PSD) which has been issued by a Kent Community Health NHS Foundation Trust (KCHFT) prescriber following a virtual consultation. This service is available for all ages in Kent.

- **LAS7: Emergency Oral Contraception (EOC)** - Provide a free, confidential service for females, resident in Kent aged 29 years and under.
- **LAS8: Smokefree service** - Smokefree service provides free, face-to-face support in local community, offering one-to-one sessions across Kent. Stop smoking medication, such as patches, gum or tablets, is available.

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 Kent can be found in Appendix A.

These services are listed for information only and would not be considered or used as part of a Market Entry determination.

*Table 15: Number and percentage of community pharmacy providers for KCC commissioned services in Kent*

Area	NHS health checks	MAT	THN	Needle exchange	Chlamydia treatment	Sexual health	EOC	Smoke free
Ashford	1 (5%)	7 (37%)	0 (0%)	2 (11%)	8 (42%)	6 (32%)	8 (42%)	11 (58%)
Canterbury	0 (0%)	17 (65%)	0 (0%)	5 (19%)	6 (23%)	4 (15%)	6 (23%)	12 (46%)
Dartford	5 (28%)	6 (33%)	2 (11%)	3 (17%)	9 (50%)	9 (50%)	9 (50%)	10 (56%)
Dover	0 (0%)	11 (55%)	0 (0%)	3 (15%)	10 (50%)	9 (45%)	11 (55%)	14 (70%)
Folkestone and Hythe	1 (5%)	10 (50%)	0 (0%)	3 (15%)	10 (50%)	10 (50%)	11 (55%)	10 (50%)
Gravesham	3 (14%)	10 (45%)	1 (5%)	1 (5%)	6 (27%)	5 (23%)	6 (27%)	9 (41%)
Maidstone	2 (9%)	13 (59%)	2 (9%)	2 (9%)	9 (41%)	1 (5%)	9 (41%)	10 (45%)
Sevenoaks	3 (17%)	11 (61%)	1 (6%)	1 (6%)	8 (44%)	1 (6%)	8 (44%)	9 (50%)
Swale	1 (4%)	18 (64%)	0 (0%)	6 (21%)	8 (29%)	7 (25%)	8 (29%)	12 (43%)
Thanet	4 (15%)	15 (58%)	0 (0%)	4 (15%)	18 (69%)	12 (46%)	18 (69%)	14 (54%)
Tonbridge and Malling	2 (12%)	10 (59%)	3 (18%)	2 (12%)	9 (53%)	0 (0%)	9 (53%)	10 (59%)
Tunbridge Wells	2 (13%)	12 (80%)	5 (33%)	1 (7%)	12 (80%)	3 (20%)	12 (80%)	7 (47%)
<b>Kent</b>	<b>24 (10%)</b>	<b>140 (56%)</b>	<b>14 (6%)</b>	<b>33 (13%)</b>	<b>113 (45%)</b>	<b>67 (27%)</b>	<b>115 (46%)</b>	<b>128 (51%)</b>

## 4.2 ICB-commissioned Services (ICBS)

The ICB that covers the HWB geography, **Kent and Medway ICB** commissions three services across Kent:

- ICBS1: Palliative Care - Tier 1
- ICBS2: Palliative Care - Tier 2
- ICBS3: Anticoagulation Service

There is currently also a community pharmacy pathfinder service, but it is only temporary and will finish in September 2025.

*Table 16: Number and percentage of community pharmacy providers for Kent and Medway ICB commissioned services in Kent*

Area	Palliative care – tier 1	Palliative care – tier 2	Anticoagulation service
Ashford	2 (11%)	2 (11%)	1 (5%)
Canterbury	0 (0%)	5 (19%)	5 (19%)
Dartford	0 (0%)	2 (11%)	0 (0%)
Dover	0 (0%)	3 (15%)	5 (25%)
Folkestone and Hythe	0 (0%)	2 (10%)	6 (30%)
Gravesham	1 (5%)	1 (5%)	0 (0%)
Maidstone	2 (9%)	4 (18%)	0 (0%)
Sevenoaks	1 (6%)	1 (6%)	0 (0%)
Swale	1 (4%)	1 (4%)	0 (0%)
Thanet	2 (8%)	1 (4%)	3 (12%)
Tonbridge and Malling	0 (0%)	3 (18%)	0 (0%)
Tunbridge Wells	0 (0%)	3 (20%)	0 (0%)
<b>Kent</b>	<b>9 (4%)</b>	<b>28 (11%)</b>	<b>20 (8%)</b>

## 4.3 Other services provided from community pharmacies

There were 74 respondents to the community pharmacy contractor questionnaire. Of the respondents, 92% didn't feel there was a particular need for LCS in their area or a service that they wanted to provide, which currently wasn't commissioned in the area.

When asked about capacity, 97% responded that they have the capacity to meet an increased demand for dispensing of medication and for services provided. A report of the community pharmacy contractor questionnaire responses is detailed in Appendix E.

## 4.4 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.

From the pharmacy contractor questionnaire, up to 96% (71) of community pharmacies provide home delivery services free of charge on request, and 95% (70) stated they collect prescriptions from GP practices. However, due to the small number of responses to this questionnaire, responses may not be entirely representative.

“We deliver free of charge on request to elderly, immunosuppressed or immobile patients—within 1–3 miles depending on staffing.”

“Must be housebound patients. There’s no funding mechanism but we still do it.”

Free delivery is required to be offered without restriction by all DSPs to patients who request it throughout England. There are two DSPs based in Kent, and there are 409 throughout England as of December 2024. Free delivery of appliances is also offered by DACs, and there are 111 DACs throughout England as of December 2024.<sup>72</sup>

#### 4.5 Services for less-abled people

Under the Equality Act 2010,<sup>73</sup> community pharmacies are required to make ‘reasonable adjustments’ to their services to ensure they are accessible to all groups, including less-abled persons.

From the 1,009 responders to the public questionnaire, 39% have identified that they have a disability, and 210 responses indicated they have a physical disability.

#### 4.6 Other services provided by dispensing GP practices

Although not listed as a pharmaceutical service within the PLPS Regulations 2013, Dispensing Review of Use of Medicines (DRUMs) may be provided by a dispensing GP practice that has opted to provide the Dispensing Services Quality Scheme (DSQS). The DSQS is an optional service commissioned by NHSE for dispensing GP practices to provide annually. A DRUM is a face-to-face review with the patient to find out their compliance with an agreement to their prescribed medicines, and to help identify any problems that they may be having.

Of the 31 respondents to the dispensing practice questionnaire, 94% (29) indicated they are participating in the current DSQS.

It should also be noted that dispensing doctor practices also typically provide the following services:

- Flu vaccination
- COVID-19 vaccination
- NHS health checks

<sup>72</sup> NHS Business Services Authority (BSA). Dispensing contractors’ data December 2024. [Accessed April 2025] <https://www.nhsbsa.nhs.uk/prescription-data/dispensing-data/dispensing-contractors-data>

<sup>73</sup> Legislation. Equality Act 2010. October 2024. [Accessed April 2025] [www.legislation.gov.uk/ukpga/2010/15/contents](http://www.legislation.gov.uk/ukpga/2010/15/contents)

- Sexual health services
- Stop smoking services
- Contraception
- Hypertension management.

#### **4.7 Other NHS commissioned providers**

The following are providers of pharmacy services in Kent, 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.

##### **4.7.1 NHS hospitals**

There are five NHS Trusts that provide pharmaceutical services in Kent, all of them with community services, inpatient and outpatient hospital facilities:

- East Kent Hospital NHS Foundation Trust (three large general hospitals and two satellite hospitals)
- Kent Community Health NHS Foundation Trust (12 community hospitals and minor injury units)
- Kent and Medway NHS and Social Care Partnership Trust
- Maidstone and Tunbridge Wells NHS Trust (three hospitals)
- Dartford and Gravesham NHS Trust (including Gravesham Community Hospital and North Kent Community Diagnostic Centre).

Outside Kent HWB, residents also have access to:

- Medway NHS Foundation Trust.

##### **4.7.2 Personal administration of items by GP practices**

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

##### **4.7.3 Prison pharmacies**

There are six prisons in Kent with inhouse pharmaceutical services. NHS England commissions prison healthcare services, currently provided by Oxleas NHS Foundation Trust in Kent.

##### **4.7.4 Substance misuse services**

Change Grow Live provides a drug and alcohol wellbeing service in West Kent, and the Forward Trust, through East Kent Forward, provides the support service in the East.

##### **4.7.5 Flu vaccination service by GP Practices**

GPs provide access to flu vaccination in addition to the service commissioned in pharmacies through the NHS Enhanced service.



## **4.8 Other services that may increase the demand for pharmaceutical service provision**

### **4.8.1 Urgent care centres**

- Buckland Hospital
- Estuary View Medical Centre
- Faversham Medical Practice
- Gravesham Community Hospital
- Kent and Canterbury Hospital
- Maidstone Hospital
- Queen Elizabeth The Queen Mother Hospital
- Queen Victoria Memorial Hospital
- Royal Victoria Hospital
- Sevenoaks Hospital
- Tunbridge Wells Hospital
- Victoria Memorial Hospital
- William Harvey Hospital.

### **4.8.2 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.

There are 20 72-hour pharmacies in Kent. Details are found in Appendix A.

### **4.8.3 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.

### **4.8.4 Dental services**

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

### **4.8.5 End of life services**

Palliative care services are provided by community pharmacy as commissioned by the ICB. The service is also available through a number of other providers across Kent:

- Kent Community Health NHS Foundation Trust
- McMillian Palliative care teams (based in East Kent Hospital and Maidstone Hospital)
- Marie Curie teams
- Pilgrims Hospices
- Ellenor Lions Hospice
- Heart of Kent Hospice
- Hospice in the Weald.

#### 4.8.6 Walk-in centres

No walk-in centres have been listed as notable in this and in the 2022 PNA. However, details surrounding urgent care centres have been noted in [Section 4.8.1](#) above.

#### 4.8.7 Sexual health centres

There are a number of sexual health clinics in Kent that supply a testing kit in the post and can also help with:

- Contraception and contraceptive advice
- Testing and treatment for sexually transmitted infections
- General sexual health advice.

#### 4.9 Other services

The following are out of scope of the PNA and are not for consideration for Market Entry purposes.

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

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

- Care home service, e.g. direct supply of medicines/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.

From the contractor survey, there was a desire to provide other services, and the commissioning model would need to evolve to support some of the untapped potential that community pharmacies could provide.

*“We would like funded dosette and compliance aids, funded delivery, and to be able to offer additional services like smoking cessation and minor illness—just like GP practices.”*

*“We would like to offer structured medicine reviews, weight management, and health screening for atrial fibrillation and diabetes.”*

Full details of the results from the contractor survey can be found in Appendix E.

## Section 5: Findings from the public engagement questionnaire

The PNA Steering Group developed a public questionnaire to gather insights into the views of Kent residents regarding pharmacy provision. The questionnaire explored how, why, and when local residents used pharmaceutical services.

This questionnaire was publicised through various channels listed below, with the support of the Steering Group members and KCC's communications team.

The questionnaire was made available online through KCC's engagement website, Let's Talk Kent. Paper copies were available on request. The questionnaire was available between 6 November and 13 December 2024.

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

- Healthwatch Kent network, including website, newsletter and mental health voice updates.
- KCC communication channels, including:
  - Let's Talk Kent and e-newsletter was sent to 9,240 registered users
  - Engagement promotion poster sent to all pharmacies across Kent
  - Internal communication platforms
  - Corporate social media channels, including Facebook, Nextdoor, X and LinkedIn
  - Family Hubs Team – for onward sharing and also on social media, Facebook
  - Gypsy, Roma, Traveller team – for onward sharing
  - District and Borough comms network
  - Residents' e-newsletter
  - Local media
  - Kent Association of Local Councils (KALC) - for inclusion in December newsletter and promotion across their channels
- Kent and Medway ICB network, including GP and Kent and Medway (KAM) news bulletins.
- Kent Local Medical Committee weekly practice bulletin.
- Kent Local Pharmaceutical Committee weekly bulletin.

There were 1,009 responses (of which 1,008 were to the online questionnaire and one paper copy received through the post) from a population of 1,610,251 (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 respondents do not fully reflect population demographics, with certain groups not adequately represented, limiting how generalisable the findings are.

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).

Due to small numbers, responses are not broken down by district. However, responses were received from each district within Kent and some responses from outside of Kent, including Medway. Table 17 below shows the number and percentage received from each district.

*Table 17: Breakdown of public questionnaire responses per district*

Area	%	Number
Ashford	6%	60
Canterbury	8%	81
Dartford	3%	32
Dover	6%	62
Folkestone and Hythe	8%	85
Gravesham	7%	68
Maidstone	9%	94
Sevenoaks	5%	49
Swale	12%	123
Thanet	14%	136
Tonbridge and Malling	8%	81
Tunbridge Wells	8%	82
Outside Kent (including Medway)	5%	54

A detailed report of the results can be found in Appendix D. Qualitative information as direct quotes, has been added to support some of the quantitative data collected.

### 5.1 Demographic analysis

- 71% of the respondents were female compared to 29% being male, and the majority answering the questionnaire aged 65-74 (30%).
- 38% reported having a disability or long-standing illness.
- Majority of the respondents came from a white background (97%).

The questionnaire is skewed towards older adults; however, it can be assumed that these are the typical users of pharmacy services.

A significant 38% report a disability or long-standing illness, indicating that the questionnaire reflects the views of people more likely to use pharmacy services frequently.

### 5.2 Visiting a pharmacy

79% had a regular or preferred local community pharmacy, which was similar to the respondents in 2022.

*"I've been going to the same pharmacy for years—they know me and I trust them."*

*"It is the only one in our village – others are miles away and there is scant public transport."*

Most of the respondents (40%) visited a pharmacy a few times a month.

*"I often go in just to check my blood pressure or pick up things without needing to see the GP."*

*"It's part of my routine to go every couple of weeks. I rely on them more than the doctor now."*

17% said the most convenient time and day typically varied.

*"I go when I can fit it around work and childcare. Some days that means evenings, sometimes weekends."*

*"It depends when they have stock in. I check with them by phone first."*

3% said they only used an online pharmacy.

*"I don't travel—I use an online pharmacy."*

*"My prescriptions are delivered by the pharmacy, which helps as I'm disabled and don't go out often."*

### **5.3 Reason for visiting a pharmacy**

The main reason for visiting a pharmacy for most (85%) was to collect prescriptions for themselves.

*"I collect prescriptions regularly for my long-term condition—it's much easier than going to the surgery."*

57% visited to buy something over the counter, followed by 43% for Pharmacy First Service and 44% for advice from a pharmacist.

*"I pop in for cold and flu remedies or hay fever meds. It's easier than waiting for a GP."*

*"It's good to know the pharmacy might be able to advise, especially when GP access is limited."*

*"I've received great advice from the pharmacist—they caught a reaction I was having before my GP did."*

Pharmacies are not only seen as places for medicines but also as accessible points of advice and minor illness support, reinforcing their role in primary care and supporting long-term condition management.

#### **5.4 Choosing a pharmacy**

Location of service was an important factor (70%) felt it was extremely important when choosing a pharmacy.

*"It's within a Tesco store so it's convenient while shopping. It also saves on additional journeys or mileage."*

*"I can walk to it and it opens all day and Saturday morning."*

The customer service (68%) and staff expertise or knowledge (64%) were also extremely important factors.

*"Provide an excellent and highly valued service. Very friendly, busy but always helpful."*

*"They are very knowledgeable and polite. I trust their advice more than I used to trust my old GP."*

The languages or interpreting service were not felt to be important (78%), but this may be due to the significant number of respondents being from an English or British ethnic background.

Public transport being available (69%) and accessibility (60%) were also not considered important.

*"I always drive, so public transport isn't an issue for me."*

*"Access isn't a problem as I live close by, but I worry for those who don't drive."*

There is a clear value placed on quality of service and convenience, but the lower emphasis on transport and access suggests that some needs (e.g. those without cars or with language barriers) may be underrepresented. This underlines the importance of supplementing questionnaire findings with demographic and health equity data.

### 5.5 Access to a pharmacy

The main way patients access a pharmacy is by driving, with 48% using this method. The next most common method is to walk (39%).

*"I use my car if I need to go further out when my usual pharmacy is out of stock."*

*"If I use my local village pharmacy I walk there, but if I have to go elsewhere, I take the car."*

87% reported that they were able to travel to a pharmacy within 20 minutes, and 8% being able to get to their pharmacy within 30 minutes.

*"It's close enough to walk when the weather's good, otherwise I get someone to take me."*

*"It's great that I can drive to my pharmacy and park easily—I wouldn't be able to get there otherwise."*

Pharmacies are generally well-located and accessible, particularly for car users. However, there may still be barriers for those relying on public transport or living in more rural or coastal areas.

### 5.6 Summary of public questionnaire findings

Service satisfaction and accessibility are high for the current user base, primarily older adults with regular healthcare needs.

*"They always try to help, even when they're busy. It's a lifeline for us older folks."*

Pharmacies are used frequently for prescriptions, minor ailments, and advice, supporting their growing role in community-based prevention and early intervention.

*"I often go in just to get advice—it saves me trying to book a GP appointment."*

*"They check my BP regularly, and I had my flu and COVID jab there too."*

There is a need to ensure inclusivity, particularly for those who may not be reflected in the respondent group, by supplementing the data analysis in [Section 2](#).

*“You haven’t given the option for using a car & a wheelchair, which I do—pharmacy is too far to walk.”*

*“I don’t go out—I rely on the pharmacy to deliver because I’m disabled.”*

The data supports the conclusion that no significant gaps exist for the majority of the population, but it also highlights the importance of ongoing monitoring and flexible service models to ensure equity of access and resilience.

*“If our pharmacy closed, we would really struggle. There’s no public transport and the next one is miles away.”*



## Section 6: Analysis of health needs and pharmaceutical service provision

The analysis of health needs and pharmaceutical service provision aims to determine whether there is an existing or potential future gap in pharmaceutical services in Kent.

### 6.1 Pharmaceutical services and health needs

The health needs and pharmaceutical service provision for Kent have been analysed, taking into consideration the priorities outlined in the NHS LTP, JSNA, JLHWS, other local policies, strategies and health needs ([Section 2](#)).

Several of the priorities in these strategies and policies can be supported by the provision of pharmaceutical services within Kent. Some of these services are Essential Services and already provided, and some will be Advanced or Enhanced Services that are new.

Understanding the communities that local pharmacies serve is important for maximising national Community Pharmacy Contractual Framework services in care pathways, as well as commissioning the services that best serve the health and wellbeing requirements of the local communities. Pharmacies play more than a medicine-dispensing role today, and the changes in the 2019-2024 Community Pharmacy Contractual Framework saw services that meet the prevention, medicines optimisation and primary care access agendas.

For the purpose of the PNA, **all Essential Services are to be regarded as Necessary Services in Kent.**

All **advanced and enhanced services are ‘other relevant services’**. Locally Commissioned Services, pharmaceutical services are considered; however, it is important to note that an absence in any of the locally commissioned services does not result in a gap, as often these services and needs are met by other providers and not NHS commissioned services and therefore outside of the scope of the PNA.

The breakdown of Advanced, Enhanced and Locally Commissioned Service (LCS) provision by district can be found in [Section 3.10](#), [Section 3.11](#) and [Section 4](#) respectively. When discussing Advanced Service provision, the AUR and SAC are excluded from the narrative as mentioned in [Section 3.10](#). DACs typically provide these services.

For the purpose of the PNA, the Kent geography has 12 localities (districts):

- Ashford
- Canterbury
- Dartford
- Dover
- Folkestone and Hythe
- Gravesham
- Maidstone
- Sevenoaks
- Swale
- Thanet

- Tonbridge and Malling
- Tunbridge Wells.

The following have been considered as part of the assessment for Kent 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 Kent 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 Kent
- The health profiles based on ONS data.

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

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

There are 297 contractors in Kent, of which 251 are community pharmacies (including two DSPs). Table 6 in [Section 3.1](#) provides a breakdown by contractor type and Table 13 in [Section 3.9.2](#) provides a breakdown of the number and percentage of community pharmacies open beyond 6 pm and at weekends. Individual community pharmacy opening times are listed in Appendix A.

Each district is discussed in detail below to understand health needs and provision to support the conclusions for this 2025 PNA for Kent HWB.

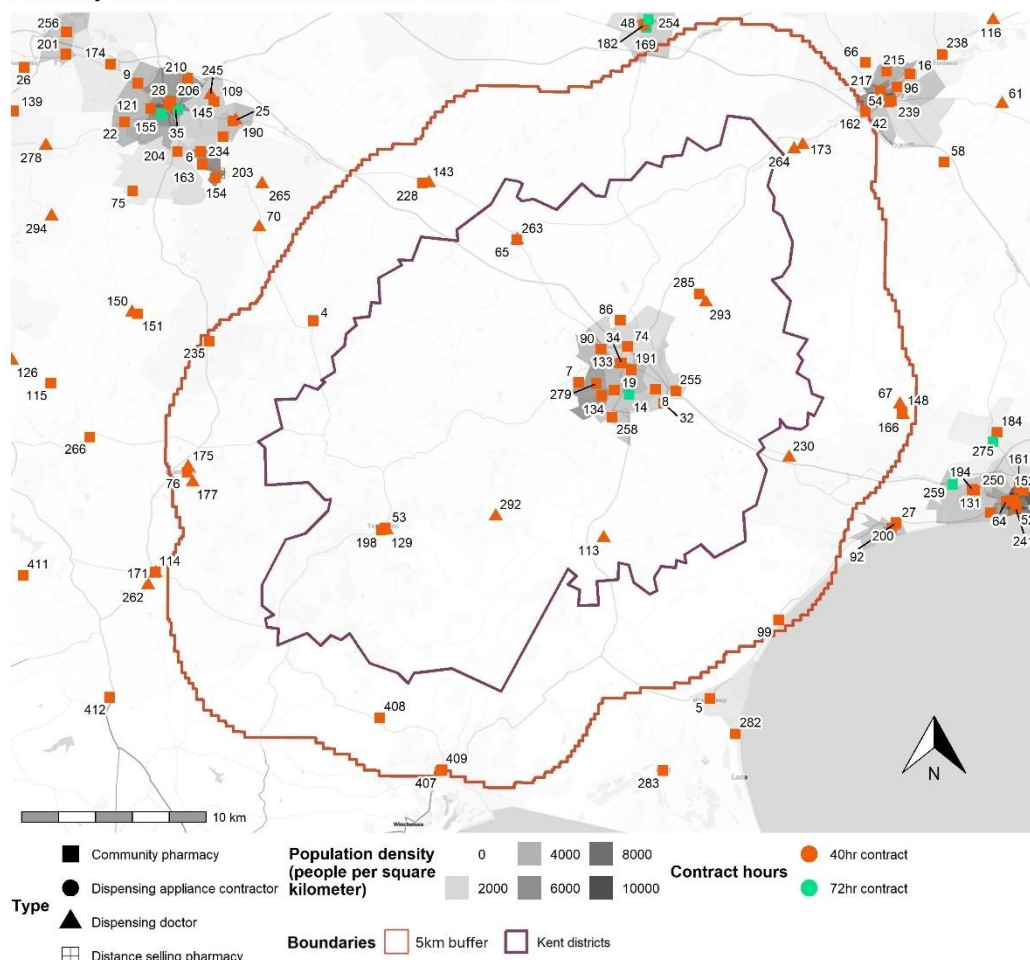
## **6.2 PNA localities (districts)**

Not all of the health and population information was always provided on a district basis; where it was provided, it was discussed in the relevant district section. Where data was only available at area level, it will be discussed in [Section 6.3](#).

## 6.2.1 Ashford

Figure 9: Providers in Ashford and across borders (5 km)

Pharmacy sites: Contract hours in Ashford with 5km buffer



Digital boundary source:  
Office for National Statistics licensed under the Open Government License v.3.0  
Contains OS data © Crown Copyright and database 2024  
Map baselayer source: Stadia Maps  
Pharmacy sites by contract hours in Ashford  
Produced by KPHO

Ashford is a local government authority in the south of the county and has an area of 508.6 square kilometres and a population of 138,283, of which 88.1% is White, 5.8% is Asian British, 2.6% is Black, 2.2% is mixed/multiple ethnic groups, and 1.4% is from other ethnic groups. The main languages spoken in the district, in addition to English, are Nepalese (2.5%) and Polish (0.7%).

Most of the population lives in and around the town of Ashford; the rest of the district is rural in nature and mainly agricultural. Ashford is the least densely populated district in Kent. Deprivation tends to be relatively average across the district, with pockets of relatively higher deprivation; 1.3% of the proportion of Lower-layer Super Output Areas (LSOAs) are in the most deprived 10% nationally.

Ashford seems to be generally healthy; there are some areas of health improvement:

- The number of people in Ashford living with depression is higher than the Kent average.

- Under 75 mortality rates from respiratory disease in the district are similar to the England average.
- The estimated STI testing rate (excluding chlamydia aged under 25) was generally worse than the England average.

#### **6.2.1.1 Necessary Services: essential services current provision**

Essential services must be provided by all community pharmacies. There are 19 community pharmacies in Ashford. The estimated average number of community pharmacies per 100,000 population is 13.7, which is lower than the Kent average of 15.6. There has been a reduction of one community pharmacy since the previous PNA.

Of the 19 community pharmacies:

- 18 (95%) hold a standard 40-core hour contract.
- One (5%) is a 72+hour pharmacy.

Please see Figure 9 for the location of contractors by contract type.

Of the 19 community pharmacies:

- Eight pharmacies (42%) are open after 6 pm on weekdays.
- 18 pharmacies (95%) are open on Saturdays.
- Five pharmacies (26%) are open on Sundays.

Access to pharmaceutical service provision is then supplemented in the more rural areas where residents live at least 1.6 kilometres away from a pharmacy with the addition of five dispensing doctor sites across Ashford. Residents also have access to DSPs in the county and nationwide.

There are also a number of accessible providers in the neighbouring districts of Maidstone, Tunbridge Wells, Swale, Canterbury and Folkestone and Hythe, as well as in East Sussex.

The numbers and location of community pharmacies are reflective of the mix of rural and urban nature of Ashford.

#### **6.2.1.2 Necessary Services: gaps in provision**

Based on the spread of community pharmacies across the district, which is supported by the dispensing doctor sites across rural areas, there is adequate access to the essential services across Ashford.

The current community pharmacy network is expected to be able to accommodate the predicted population increase of 7% by 2028 and planned housing over the next three years of 3,505 by 2028.

To secure access at weekends and evenings, there is one 72-hour plus pharmacy in Ashford supported by other pharmacies open on an evening and weekend. Details are found in Appendix A.

The number of households in Ashford that own at least one car or van is 85.6% which is above both the Kent (82.5%) and the England (76.5%) averages.

Travel analysis across Ashford showed:

- 71% of the population can reach a community pharmacy in 20 minutes walking.
- 100% of the population who have access to private transport can reach a community pharmacy in 20 minutes in peak and off-peak times.
- Between 76% and 87% of the population can reach a community pharmacy by public transport in 20-30 minutes during weekdays, and 69% to 87% at the weekend.

Individuals are able to travel to a pharmacy within reasonable times, although it may take longer for some residents in the more rural areas of Ashford (details in separate Appendix G); however, this would be no different in accessing other usual healthcare services or out of hours services in person.

With projected increases in population and corresponding demand, pharmacies, particularly those operating as sole providers, may experience increased footfall and service pressures. While current access is considered adequate, this assessment assumes that existing pharmacies will adapt to meet rising demand.

The rationale for determining no current gap in provision is based not only on physical access but also on the expectation that pharmacy contractors will scale and flex their capacity in response to local needs.

Kent HWB will continue to monitor pharmaceutical service provision in specific areas within the district where housing developments are planned, to ensure there is the capacity to meet potential increases in service demand.

**No gaps in the provision of Necessary Services have been identified for Ashford.**

### 6.2.1.3 Other relevant services: current provision

Table 18 shows the community pharmacies providing Advanced and Enhanced services in Ashford. 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 18: Ashford Advanced and Enhanced Services*

Service	Pharmacies signed up	Pharmacies providing*
Pharmacy First	18 (95%)	19 (100%)
Seasonal Influenza Vaccination	15 (79%)	19 (100%)
Pharmacy Contraception	16 (84%)	15 (79%)
Hypertension case-finding	18 (95%)	17 (89%)

<b>Service</b>	<b>Pharmacies signed up</b>	<b>Pharmacies providing*</b>
New Medicine Service	18 (95%)	19 (100%)
Smoking Cessation Service	11 (58%)	0
Lateral Flow Device Tests Supply	17 (89%)	13 (68%)
COVID-19 Vaccination Service	10 (53%)	N/A

\*Based on pharmacies claiming payment in September-December 2024.

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 Smoking Cessation Service provision is currently low; however, this is due to the reliance on secondary care referral. More than half of the pharmacies are signed up to provide the service in Ashford.

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

**No gaps in the provision of other relevant services have been identified for Ashford**

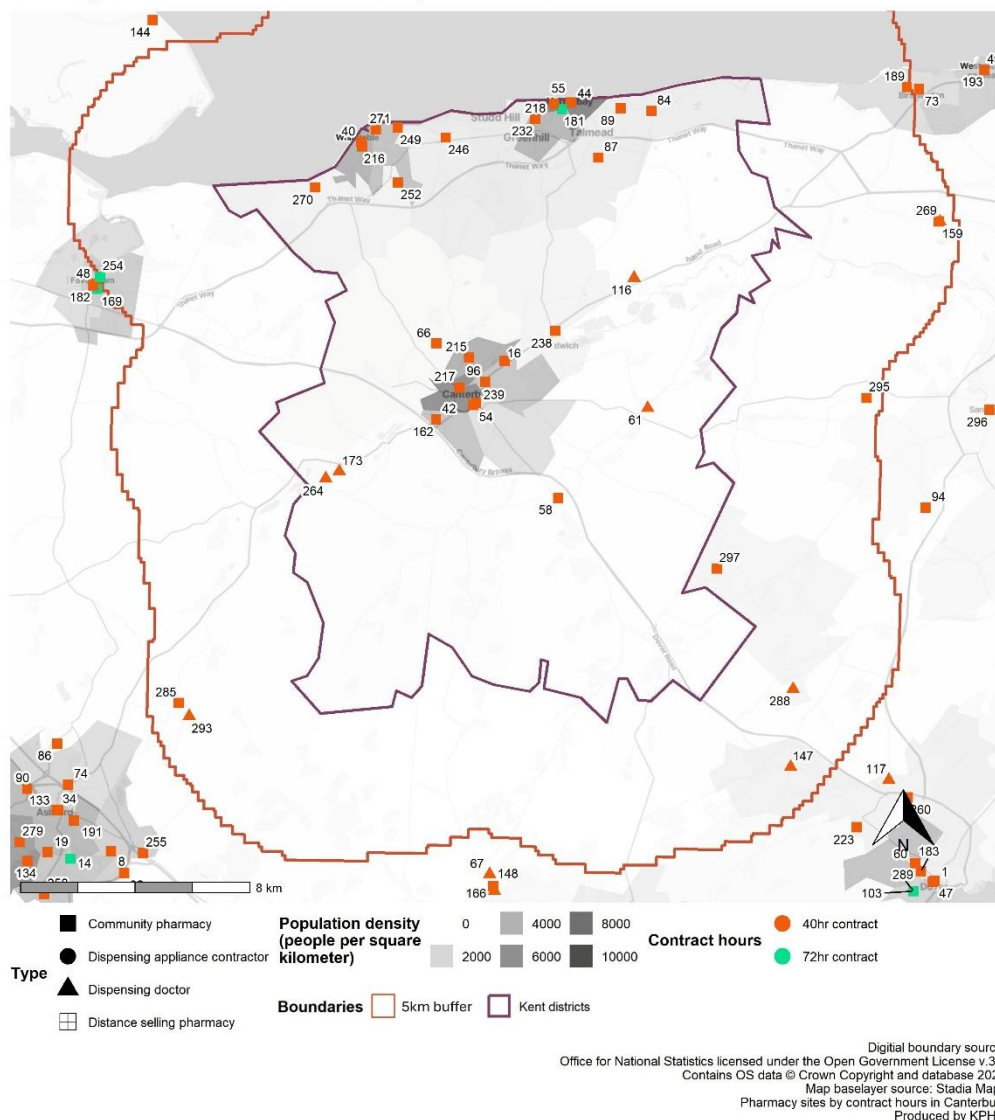
#### **6.2.1.4 Improvements and better access: gaps in provision**

**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 Ashford.**

## 6.2.2 Canterbury

Figure 10: Providers in Canterbury and across borders (5 km)

Pharmacy sites: Contract hours in Canterbury with 5km buffer



Canterbury District has a population of 159,939, of which 89.2% is White, 4.1% is Asian British, 2.5% is Black, 2.7% is mixed/multiple ethnic groups, and 1.5% is from other ethnic groups. The main language spoken in the district, in addition to English, is Romanian (0.7%).

The district is largely rural, with a coastal strip taken up by an almost unbroken spread of sea-side towns and beaches. Between the coastal towns of Whitstable and Herne Bay, and Canterbury City, are hills and wooded areas.

The total area is 308.84 square kilometres, where the population density is greatest in and around the city of Canterbury and along the northern coastal strip. The southern part of the district is less populated and largely rural. Canterbury has six electoral wards where students make up 13%-53% of the adult population, including Blean Forest, St Stephen's, and Northgate.



The majority of the district has relatively low or average deprivation, but there are a number of densely populated areas with relatively high deprivation; 2.2% of the proportion of LSOAs are in the most deprived 10% nationally.

The health of the population of Canterbury is mixed, and there are some health challenges:

- Respiratory prevalence is higher than the Kent level.
- The number of people living with dementia is higher than the Kent level.
- Cancer prevalence is higher in Canterbury than in Kent, while under 75 mortality rates from cancer are close to Kent levels.
- The number of people living with depression is higher in Canterbury than in Kent. Medical records show the number of people living with mental illness is higher than the county levels.

#### **6.2.2.1 Necessary Services: essential services current provision**

Essential services must be provided by all community pharmacies. There are 26 community pharmacies in Canterbury compared to the 30 in the previous PNA. The estimated average number of community pharmacies per 100,000 population is 16.3, which is higher than the Kent average of 15.6.

Of the 26 community pharmacies:

- 24 (92%) that hold a standard 40-core hour contract.
- Two (8%) are 72+hour pharmacies.

Please see Figure 10 for the location of contractors by contract type.

Of the 26 community pharmacies:

- Six (23%) are open after 6 pm.
- 17 (65%) are open on Saturdays.
- Six (23%) are open on Sundays

Access to pharmaceutical service provision is then supplemented in the more rural areas where residents live at least 1.6 kilometres away from a pharmacy with the addition of four dispensing doctor sites across Canterbury. Residents also have access to DSPs in the county and nationwide.

There are also a number of accessible providers open in the neighbouring districts of Thanet, Dover, Folkestone and Hythe, Ashford and Swale, all of which are also in Kent. To the north, the district has a coast on the North Sea.

The numbers and location of community pharmacies are reflective of the mix of rural and urban nature of Canterbury.

#### **6.2.2.2 Necessary Services: gaps in provision**

Based on the spread of community pharmacies across the district, which is supported by the dispensing doctor sites across rural areas, there is adequate access to the essential services across Canterbury.



The current community pharmacy network is expected to be able to accommodate the predicted population growth of 6% by 2028 and planned housing over the next three years of 4,046 by 2028.

To secure access at the weekend and evenings, there are two 72-hour pharmacies in Canterbury supported by other pharmacies open on an evening and weekend. Details are found in Appendix A.

The number of households in Canterbury that own at least one car or van is 79.2% which is below the Kent level (82.5 %) but above the England average (76.5%).

Travel analysis across Canterbury showed:

- 83% of the population can reach a community pharmacy within 20 minutes walking.
- 100% of the population who have access to private transport can reach a community pharmacy in 10 minutes in peak and off-peak times.
- 93% of the population can reach a community pharmacy in 20 minutes by public transport in the morning, which increases to 95% in the afternoon on any day of the week. Coverage in the afternoon is 100% within 20 minutes.

Individuals are able to travel to a pharmacy within reasonable times, although it may take longer for some residents in the more rural areas of Canterbury (details in separate Appendix G); however, this would be no different in accessing other usual healthcare services or out of hours services in person.

With projected increases in population and corresponding demand, pharmacies, particularly those operating as sole providers, may experience increased footfall and service pressures. While current access is considered adequate, this assessment assumes that existing pharmacies will adapt to meet rising demand.

The rationale for determining no current gap in provision is based not only on physical access but also on the expectation that pharmacy contractors will scale and flex their capacity in response to local needs.

Kent HWB will continue to monitor pharmaceutical service provision in specific areas within the district where housing developments are planned, to ensure there is the capacity to meet potential increases in service demand.

**No gaps in the provision of Necessary Services have been identified for Canterbury.**

### 6.2.2.3 Other relevant services: current provision

Table 19 shows the community pharmacies providing Advanced and Enhanced services in Canterbury. 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 19: Canterbury Advanced and Enhanced Services

Service	Pharmacies signed up	Pharmacies providing*
Pharmacy First	25 (96%)	26 (100%)
Seasonal Influenza Vaccination	23 (88%)	26 (100%)
Pharmacy Contraception	24 (92%)	21 (81%)
Hypertension case-finding	22 (85%)	23 (88%)
New Medicine Service	24 (92%)	25 (96%)
Smoking Cessation Service	13 (50%)	0
Lateral Flow Device Tests Supply	21 (81%)	16 (62%)
COVID-19 Vaccination Service	11 (42%)	N/A

\*Based on pharmacies claiming payment in September-December 2024.

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 Smoking Cessation Service provision is currently low; however, this is due to the reliance on secondary care referral. Approximately half of the pharmacies are signed up to provide this service in the Canterbury district.

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

**No gaps in the provision of other relevant services have been identified for Canterbury.**

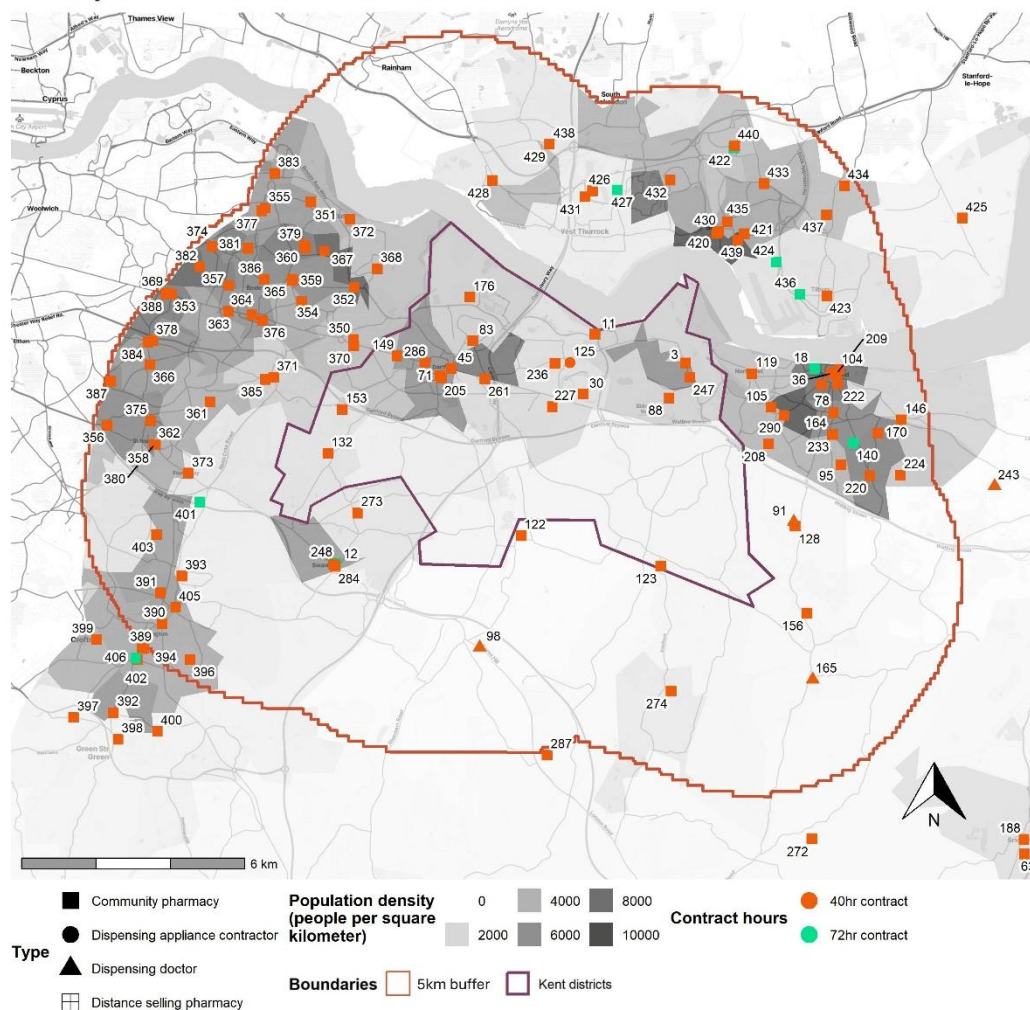
#### 6.2.2.4 Improvements and better access: gaps in provision

**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 Canterbury.**

### 6.2.3 Dartford

Figure 11: Providers in Dartford and across borders (5 km)

Pharmacy sites: Contract hours in Dartford with 5km buffer



Digital boundary source:  
Office for National Statistics licensed under the Open Government License v 3.0  
Contains OS data © Crown Copyright and database 2024  
Map baselayer source: Stadia Maps  
Pharmacy sites by contract hours in Dartford  
Produced by KPHO

Dartford is in the north-west of the county and covers an area of 72.8 square km, making this the smallest of all Kent districts. Dartford has a population of 120,699, of which 74.5% is White, 9.9% is Asian British, 10.5% is Black, 3.1% is mixed/multiple ethnic groups, and 2% is from other ethnic groups. The main languages spoken in the district, in addition to English, are Romanian (1.1%), Polish (1.0%) and Tamil (0.9%). This is one of two districts which have relatively higher diversity in Kent.

The majority of the district is urban, with densely populated areas throughout the northern section. The south of the district is more rural, comprised of small to medium villages. Dartford is the most densely populated district in Kent.

This district has moderate levels of deprivation, with significant areas of low deprivation contrasted with significant areas of high deprivation; 1.7% of the proportion of LSOAs are in the most deprived 10% nationally.

The key health challenges for Dartford are listed below:

- Dartford has a higher level of diabetes prevalence than the Kent average.
- The number of people living with dementia is higher than the Kent average.
- The number of people living with cancer is higher than the Kent average.
- Obesity levels were reported to be higher in Dartford than the Kent average.

#### **6.2.3.1 Necessary Services: essential services current provision**

Essential services must be provided by all community pharmacies. There are 18 community pharmacies in Dartford. The estimated average number of community pharmacies per 100,000 population is 14.9, which is lower than the Kent average of 15.6. There has been a reduction of two community pharmacies since the previous PNA.

All 18 community pharmacies hold a standard 40-core hour contract.

Please see Figure 11 above for the location of contractors by contract type.

Of the 18 community pharmacies

- 10 (56%) are open beyond 6 pm.
- 15 (83%) are open on Saturdays.
- Three (17%) are open on Sundays.

There are also a number of accessible providers open in the neighbouring districts of Gravesham and Sevenoaks, as well as in Bexley and Thurrock.

Dartford residents also have access to DSPs in the county and nationwide, and to one DAC in the district, as well as those available throughout England.

#### **6.2.3.2 Necessary Services: gaps in provision**

Based on the spread of community pharmacies across the district there is adequate access to the essential services across Dartford.

The current community pharmacy network is expected to be able to accommodate the predicted population increase of 5% by 2028 and planned housing over the next three years of 3,403 by 2028.

To secure access at the weekend and evenings, there are 15 pharmacies open on Saturday and three pharmacies open on Sunday. Details are found in Appendix A.

The number of households in Dartford that own at least one car or van is 83.1% which is above both the Kent level (82.5%) and the England average (76.5%).

Travel analysis across Dartford showed:

- 88% of the population can reach a community pharmacy in 20 minutes when walking.
- 100% of the population who have access to private transport can reach a community pharmacy in 10 minutes in peak and off-peak times.

- 100% of the population can reach a community pharmacy in 20 minutes via public transport in the afternoon, any day of the week; between 89%-92% when travelling in the morning.

Individuals are able to travel to a pharmacy within reasonable times, although it may take longer for some residents in the more rural areas of Dartford (details in separate Appendix G); however, this would be no different in accessing other usual healthcare services or out of hours services in person.

With projected increases in population and corresponding demand, pharmacies, particularly those operating as sole providers, may experience increased footfall and service pressures. While current access is considered adequate, this assessment assumes that existing pharmacies will adapt to meet rising demand.

The rationale for determining no current gap in provision is based not only on physical access but also on the expectation that pharmacy contractors will scale and flex their capacity in response to local needs.

Kent HWB will continue to monitor pharmaceutical service provision in specific areas within the district where housing developments are planned, to ensure there is the capacity to meet potential increases in service demand.

**No gaps in the provision of Necessary Services have been identified for Dartford district.**

#### 6.2.3.3 Other relevant services: current provision

Table 20 shows the community pharmacies providing Advanced and Enhanced services in Dartford. 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 delivered.

*Table 20: Dartford Advanced and Enhanced Services*

Service	Pharmacies signed up	Pharmacies providing*
Pharmacy First	18 (100%)	18 (100%)
Seasonal Influenza Vaccination	16 (89%)	15 (83%)
Pharmacy Contraception	17 (94%)	13 (72%)
Hypertension case-finding	15 (83%)	14 (78%)
New Medicine Service	17 (94%)	16 (89%)
Smoking Cessation Service	11 (61%)	0
Lateral Flow Device Tests Supply	13 (72%)	6 (33%)
COVID-19 Vaccination Service	8 (44%)	N/A

\*Based on pharmacies claiming payment in September-December 2024.

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 Smoking Cessation Service provision is currently low; however, this is due to the reliance on secondary care referral. More than half of the pharmacies are signed up to provide the service in Dartford.

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

**No gaps in the provision of other relevant services have been identified for Dartford district.**

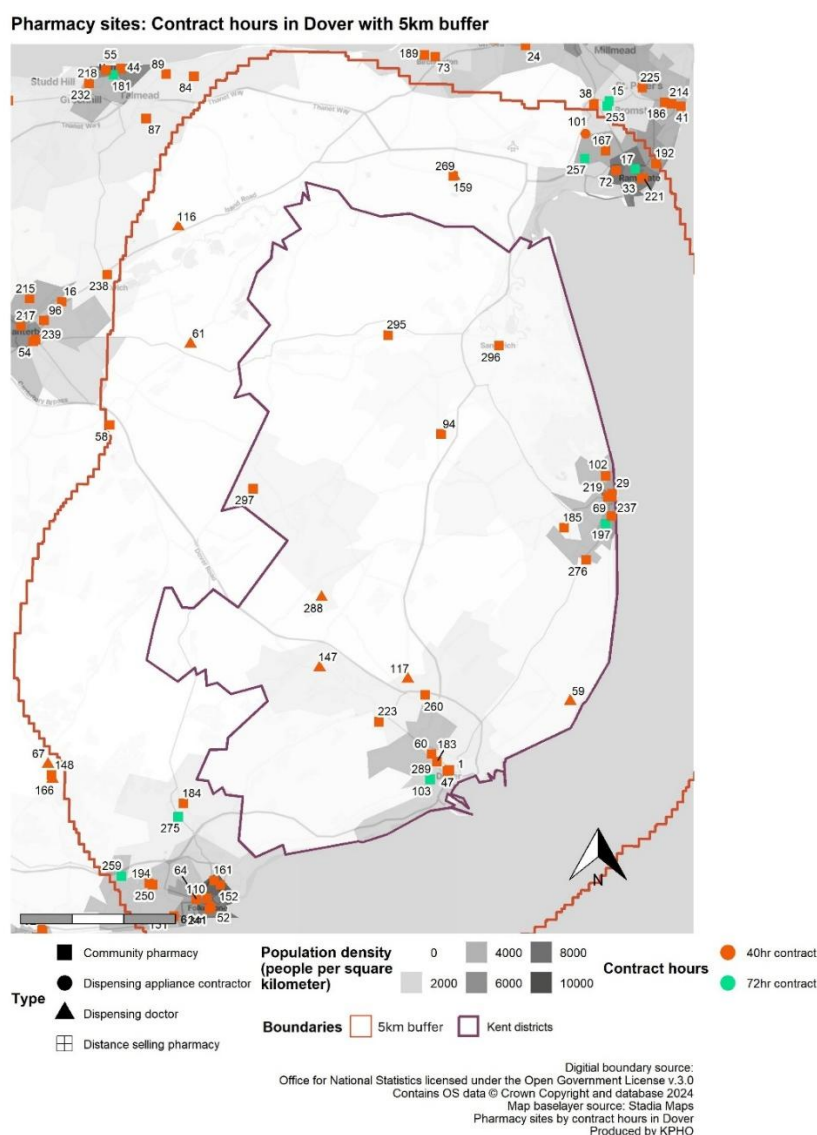
#### **6.2.3.4 Improvements and better access: gaps in provision**

**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 Dartford.**



## 6.2.4 Dover

Figure 12: Providers in Dover and across borders (5 km)



Dover has a population of 118,591, of which 94.9% is White, 2.1% is Asian British, 0.7% is Black, 1.5% is mixed/multiple ethnic groups, and 0.9% is from other ethnic groups. The main language spoken in the district, in addition to English, is Polish (0.5%)

Most of the population lives in the coastal towns of Deal and Dover; beyond the urban towns, the district is very sparsely populated. However, there are two small pockets of higher density in Sandwich and Aylesham. Dover is ranked third out of Kent's 12 districts for deprivation, and the most deprived areas are in and around the town of Dover; 7.5% of the proportion of LSOAs are in the most deprived 10% nationally.

The health of the population of Dover has generally poor outcomes as listed below:

- The number of people living with CVD is higher than the Kent average.
- Respiratory conditions are reported to be higher than the Kent level, with under 75 mortality rates from respiratory disease worse than in Kent.
- The number of people living with cancer is higher than in Kent.

- The number of people living with depression and mental illness is higher than the Kent average.
- Obesity levels in the district are higher than the Kent level.
- The estimated STI testing rate (excluding chlamydia aged under 25) was significantly worse than the Kent level.

#### **6.2.4.1 Necessary Services: essential services current provision**

Essential services must be provided by all community pharmacies. There are 20 community pharmacies in Dover. The estimated average number of community pharmacies per 100,000 population is 16.9, which is higher than the Kent average of 15.6. The number of pharmacies has remained the same since the last PNA.

Of the 20 community pharmacies,

- 18 (90%) hold a standard 40-core hour contract.
- Two (10%) are 72+ hour pharmacies.

Please see Figure 12 for the location of contractors by contract type.

Of the 20 community pharmacies:

- Five (25%) are open beyond 6 pm
- 17 (85%) are open on Saturdays.
- Three (15%) are open Sundays.

Outside the urban towns, the district is sparsely populated. Access to pharmaceutical service provision is then supplemented in the more rural areas where residents live at least 1.6 kilometres away from a pharmacy with the addition of four dispensing doctor sites across Dover. Residents also have access to DSPs in the county and nationwide.

There are also a number of accessible providers open in the neighbouring districts of Thanet to the north, Canterbury to the west, and Folkestone and Hythe to the south-west. To the south and east, the district faces the Straits of Dover.

The numbers and location of community pharmacies are reflective of the mix of rural and urban nature of Dover.

#### **6.2.4.2 Necessary Services: gaps in provision**

Based on the spread of community pharmacies across the district, which is supported by the dispensing doctor sites across rural areas, there is adequate access to the essential services across Dover.

The current community pharmacy network is expected to be able to accommodate the predicted population increase of 4% by 2028 and planned housing over the next three years of 1,391 by 2028.

To secure access at the weekend and evenings, there are two 72-hour pharmacies in Dover supported by other pharmacies open on an evening and weekend. Details are found in Appendix A.



The number of households in Dover that own at least one car or van is 79.9% which is lower than the Kent level (82.5%) but above the England average (76.5%).

Travel analysis across Dover showed:

- 67% of the population can reach a community pharmacy in 20 minutes walking, and 78% in 30 minutes.
- 100% of the population who have access to private transport can reach a community pharmacy in 10 minutes in peak and off-peak times.
- Between 76% and 92% of the population can reach a community pharmacy in 20 - 30 minutes via public transport, depending on the day and time.

Individuals are able to travel to a pharmacy within reasonable times, although it may take longer for some residents in the more rural areas of Dover (details in separate Appendix G); however, this would be no different in accessing other usual healthcare services or out of hours services in person.

With projected increases in population and corresponding demand, pharmacies, particularly those operating as sole providers, may experience increased footfall and service pressures. While current access is considered adequate, this assessment assumes that existing pharmacies will adapt to meet rising demand.

The rationale for determining no current gap in provision is based not only on physical access but also on the expectation that pharmacy contractors will scale and flex their capacity in response to local needs.

Kent HWB will continue to monitor pharmaceutical service provision in specific areas within the district where housing developments are planned, to ensure there is the capacity to meet potential increases in service demand.

**No gaps in the provision of Necessary Services have been identified for Dover.**

#### 6.2.4.3 Other relevant services: current provision

Table 21 shows the community pharmacies providing Advanced and Enhanced services in Dover. 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 21: Dover Advanced and Enhanced Services*

Service	Pharmacies signed up	Pharmacies providing*
Pharmacy First	19 (95%)	20 (100%)
Seasonal Influenza Vaccination	20 (100%)	20 (100%)

Service	Pharmacies signed up	Pharmacies providing*
Pharmacy Contraception	17 (85%)	12 (60%)
Hypertension case-finding	20 (100%)	19 (95%)
New Medicine Service	20 (100%)	20 (100%)
Smoking Cessation Service	12 (60%)	0
Lateral Flow Device Tests Supply	19 (95%)	15 (75%)
COVID-19 Vaccination Service	12 (60%)	N/A

\*Based on pharmacies claiming payment in September-December 2024.

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 Smoking Cessation Service provision is currently low; however, this is due to the reliance on secondary care referral. More than half of the pharmacies are signed up to provide the service in Dover.

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

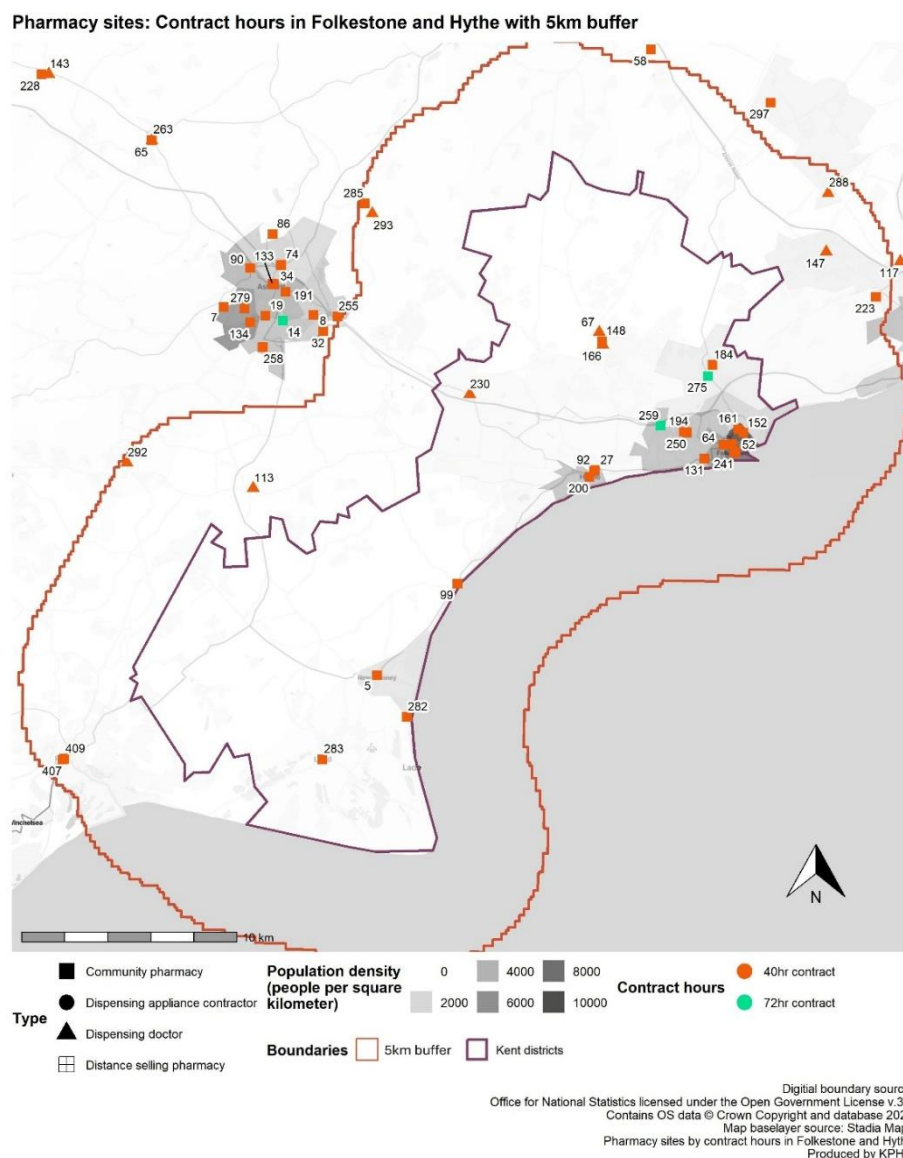
**No gaps in the provision of other relevant services have been identified for Dover.**

#### 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 Dover.**

## 6.2.5 Folkestone and Hythe

Figure 13: Providers in Folkestone and Hythe and across borders (5 km)



Folkestone and Hythe has a population of 110,995, of which 92.6% is White, 3.9% is Asian British, 0.6% is Black, 1.9% is mixed/multiple ethnic groups, and 1.0% is from other ethnic groups. The main language spoken in the district, in addition to English, is Nepalese (1.8%).

The district covers an area of 356.6 square km. Most of the population lives in the coastal towns of Hythe and Folkestone. The north of the district consists of villages situated amongst the farmland of the North Downs. The south features a coastal expanse of lower-lying reclaimed land, including Romney Marsh. The population density is greatest in the coastal towns of Folkestone, Hythe, Dymchurch and New Romney. Much of the district is rural in nature, with sheep farming predominating in Romney and the Downs. Folkestone and Hythe is the fourth most deprived area in Kent, with the south being relatively more deprived; 6% of the proportion of LSOAs are in the most deprived 10% nationally.

The main health needs for the health of the population of Folkestone and Hythe are listed below:

- The number of patients diagnosed with CVD is higher than the Kent level.
- Obesity levels are higher in the district compared to the Kent average.

#### **6.2.5.1 Necessary Services: essential services current provision**

Essential services must be provided by all community pharmacies. There are 20 community pharmacies in Folkestone and Hythe. The estimated average number of community pharmacies per 100,000 population is 18.0, which is higher than the Kent average of 15.6. There has been a reduction of three community pharmacies since the previous PNA.

Of the 20 community pharmacies:

- 18 (90%) hold a standard 40-core hour contract.
- Two (10%) are 72+hour pharmacies.

Please see Figure 13 for the location of contractors by contract type.

Of the 20 community pharmacies,

- Nine (45%) are open after 6 pm.
- 18 (90%) are open on Saturdays.
- Three (15%) are open on Sundays.

Access to pharmaceutical service provision is then supplemented in the more rural areas where residents live at least 1.6 kilometres away from a pharmacy with the addition of three dispensing doctor sites across Folkestone and Hythe. Residents also have access to DSPs in the county and nationwide.

There are also a number of accessible providers open in the neighbouring districts of Dover, Canterbury and Ashford, as well as in Rother (East Sussex).

The numbers and location of community pharmacies are reflective of the mix of rural and urban nature of the Folkestone and Hythe district.

#### **6.2.5.2 Necessary Services: gaps in provision**

Based on the spread of community pharmacies across the district, which is supported by the dispensing doctor sites across rural areas, there is good access to the essential services across Folkestone and Hythe.

The current community pharmacy network is expected to be able to accommodate the predicted population increase of 5% by 2028 and planned housing over the next three years of 2,486 by 2028.

To secure access at the weekend and evenings, there are two 72-hour pharmacies in Folkestone and Hythe, supported by other pharmacies open on an evening and weekend. Details are found in Appendix A.

The number of households in Folkestone and Hythe that own at least one car or van is 79.5% which is below the Kent level (82.5 %) but above the England average (76.5%).

Travel analysis across Folkestone and Hythe showed:

- 76% of the population can reach a community pharmacy in 20 minutes walking and 85% within 30 minutes.
- 100% of the population who have access to private transport can reach a community pharmacy in 10 minutes in peak and off-peak times.
- Between 81% to 97% of the population can reach a community pharmacy in 20-30 minutes via public transport, depending on the day and time.

Individuals are able to travel to a pharmacy within reasonable times, although it may take longer for some residents in the more rural areas of Folkestone and Hythe (details in separate Appendix G); however, this would be no different in accessing other usual healthcare services or out of hours services in person. This is particularly true for the residents in the southern part of the district on a Sunday, as all three pharmacies are closed, with no pharmacies on the border open either.

With projected increases in population and corresponding demand, pharmacies, particularly those operating as sole providers, may experience increased footfall and service pressures. While current access is considered adequate, this assessment assumes that existing pharmacies will adapt to meet rising demand.

The rationale for determining no current gap in provision is based not only on physical access but also on the expectation that pharmacy contractors will scale and flex their capacity in response to local needs.

Kent HWB will continue to monitor pharmaceutical service provision in specific areas within the district where housing developments are planned, to ensure there is the capacity to meet potential increases in service demand.

**No gaps in the provision of Necessary Services have been identified for Folkestone and Hythe district however Sunday access should be monitored in some parts of the district.**

### 6.2.5.3 Other relevant services: current provision

Table 22 shows the community pharmacies providing Advanced and Enhanced services in Folkestone and Hythe.

*Table 22: Folkestone and Hythe Advanced and Enhanced Services*

Service	Pharmacies signed up	Pharmacies providing*
Pharmacy First	20 (100%)	20 (100%)
Seasonal Influenza Vaccination	18 (90%)	19 (95%)
Pharmacy Contraception	17 (85%)	14 (70%)
Hypertension case-finding	20 (100%)	14 (70%)

<b>Service</b>	<b>Pharmacies signed up</b>	<b>Pharmacies providing*</b>
New Medicine Service	19 (95%)	19 (95%)
Smoking Cessation Service	12 (60%)	0
Lateral Flow Device Tests Supply	17 (85%)	13 (65%)
COVID-19 Vaccination Service	11 (55%)	N/A

\*Based on pharmacies claiming payment in September-December 2024.

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 Smoking Cessation Service provision is currently low; however, this is due to the reliance on secondary care referral. More than half of the pharmacies are signed up to provide the service in Folkestone and Hythe.

Based on the information available, there is very good or good access to the other relevant services across Folkestone and Hythe through the existing community pharmacy network.

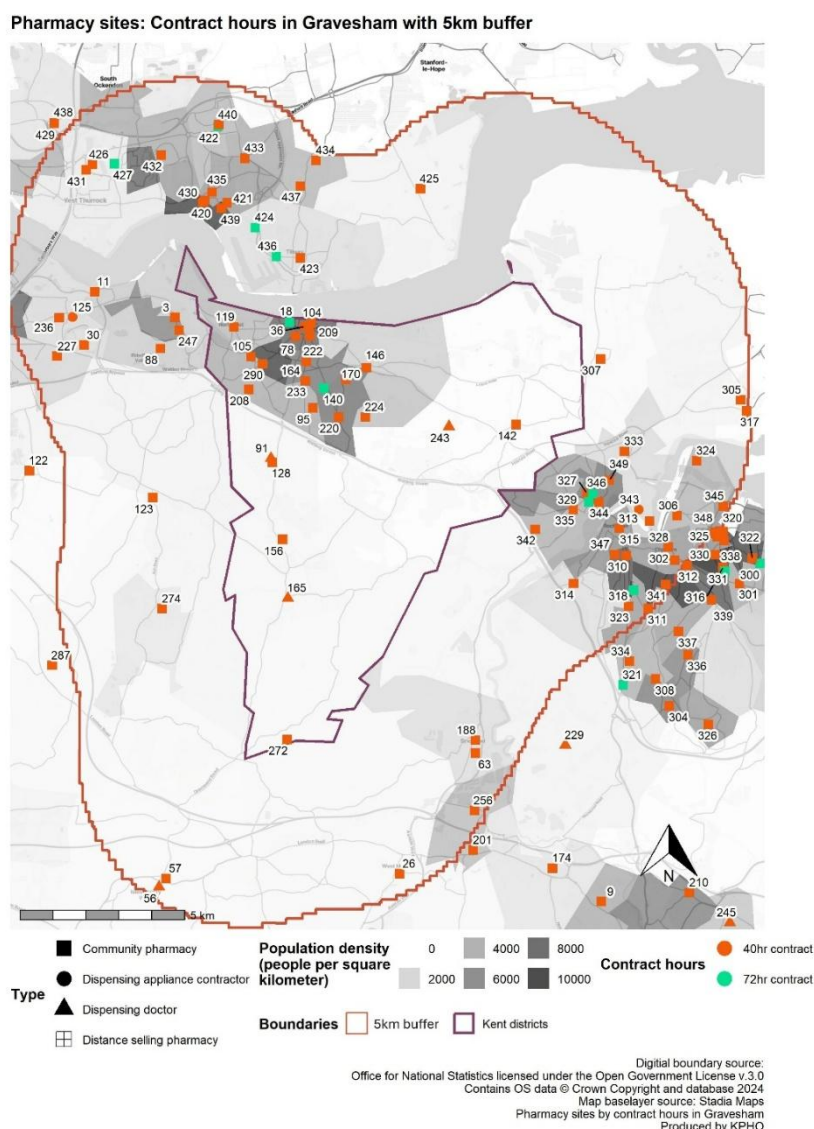
**No gaps in the provision of other relevant services have been identified for Folkestone and Hythe district.**

#### **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 Folkestone and Hythe district.**

## 6.2.6 Gravesham

Figure 14: Providers in Gravesham and across borders (5 km)



Gravesham has a population of 107,737, of which 76.6% is White, 11.2% is Asian British, 6.5% is Black, 2.6% is mixed/multiple ethnic groups, and 3.0% is from other ethnic groups. The main languages spoken in the district, in addition to English, are Panjabi (3.7%), Romanian (1.5%), Polish (1.3%), Lithuanian (0.9%) and Slovak (0.5%).

Gravesham is one of two districts with relatively higher diversity in Kent. Most of the population lives in the Thames riverside town of Gravesend and within its urban sprawl, which has relatively high population density. Approximately one-third of the district is classified as urban; the remainder of the district is dotted with villages and has lower population density. The villages of Vigo and Higham are relatively densely populated amongst the more rural areas of the district. Gravesham is ranked fifth out of Kent's 12 districts for deprivation. Deprivation is relatively low or average across the majority of the district's area; however, there is a concentration of higher deprivation in the densely populated areas in and around Gravesham; 3.1% of the proportion of LSOAs are in the most deprived 10% nationally.



The health of the population of Gravesham is mixed, with the key areas of health needs listed below:

- The estimated directly age-standardised rate of alcohol-related hospital admissions in Gravesham is significantly worse than in England.
- The district has higher rates than Kent for under-75 mortality from cardiovascular disease.
- Diabetes levels in Gravesham are higher than the Kent average.
- The district cancer levels are higher than the Kent level.
- The obesity levels in Gravesham are higher than the Kent level.
- Chlamydia testing rates in Kent are lower than in England.

#### **6.2.6.1 Necessary Services: essential services current provision**

Essential services must be provided by all community pharmacies. There are 22 community pharmacies in Gravesham. The estimated average number of community pharmacies per 100,000 population is 20.4, which is significantly higher than the Kent average of 15.6, and the highest of all the districts. There has been no change in the number of community pharmacies since the last PNA.

Of the 22 community pharmacies:

- 20 (91%) hold a standard 40-core hour contract.
- Two (9%) are 72+hour pharmacies.

Please see Figure 14 for the location of contractors by contract type.

Of the 22 community pharmacies:

- Six (27%) are open beyond 6 pm.
- 16 (73%) are open on Saturdays.
- Two (9%) are open on Sundays.

Access to pharmaceutical service provision is then supplemented in the more rural areas where residents live at least 1.6 kilometres away from a pharmacy with the addition of two dispensing doctor practices and one additional dispensing site across Gravesham.

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

There are also a number of accessible providers open in the neighbouring districts of Dartford, Sevenoaks and Tonbridge and Malling, as well as in Medway and Thurrock.

The numbers and location of community pharmacies are reflective of the mix of rural and urban nature of Gravesham.

#### **6.2.6.2 Necessary Services: gaps in provision**

Based on the spread of community pharmacies across the district, which is supported by the dispensing doctor sites across rural areas, there is good access to the essential services across Gravesham.

The current community pharmacy network is expected to be able to accommodate the predicted population increase of 5% by 2028 and planned housing over the next three years of 1,427 by 2028.



To secure access at the weekend and evenings, there are two 72-hour pharmacies in Gravesham supported by other pharmacies open on an evening and weekend. Details are found in Appendix A.

The number of households in Gravesham that own at least one car or van is 80.3% which is below the Kent level (82.5%) but above the England average (76.5%).

Travel analysis across Gravesham showed:

- 95% of the population can reach a community pharmacy in 20 minutes walking.
- 100% of the population who have access to private transport can reach a community pharmacy in 10 minutes in peak and off-peak times.
- 96% of the population can reach a community pharmacy by public transport within 20 minutes, any day and time.

Individuals are able to travel to a pharmacy within reasonable times, although it may take longer for some residents in the more rural areas of Gravesham (details in separate Appendix G); however, this would be no different in accessing other usual healthcare services or out of hours services in person.

With projected increases in population and corresponding demand, pharmacies, particularly those operating as sole providers, may experience increased footfall and service pressures. While current access is considered adequate, this assessment assumes that existing pharmacies will adapt to meet rising demand.

The rationale for determining no current gap in provision is based not only on physical access but also on the expectation that pharmacy contractors will scale and flex their capacity in response to local needs.

Kent HWB will continue to monitor pharmaceutical service provision in specific areas within the district where housing developments are planned, to ensure there is the capacity to meet potential increases in service demand.

**No gaps in the provision of Necessary Services have been identified for Gravesham district.**

#### **6.2.6.3 Other relevant services: current provision**

Table 23 shows the community pharmacies providing Advanced and Enhanced services in Gravesham. 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 23: Gravesham Advanced and Enhanced Services

Service	Pharmacies signed up	Pharmacies providing*
Pharmacy First	21 (95%)	22 (100%)
Seasonal Influenza Vaccination	17 (77%)	21 (95%)
Pharmacy Contraception	8 (36%)	8 (36%)
Hypertension case-finding	18 (82%)	18 (82%)
New Medicine Service	20 (91%)	20 (91%)
Smoking Cessation Service	4 (18%)	0
Lateral Flow Device Tests Supply	9 (41%)	10 (45%)
COVID-19 Vaccination Service	8 (36%)	N/A

\*Based on pharmacies claiming payment in September-December 2024.

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 Smoking Cessation Service provision is currently low. This is due to the reliance on secondary care referral; however, the number of pharmacies signed up to provide the service is low in this district.

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

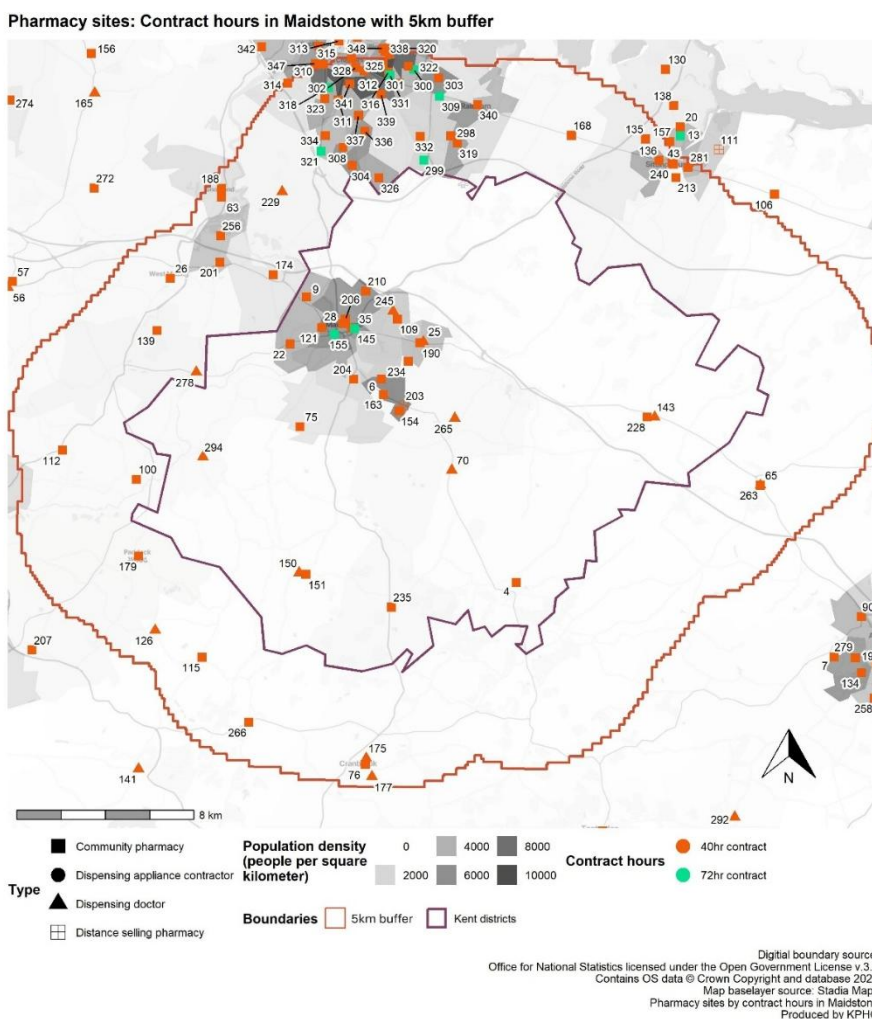
**No gaps in the provision of other relevant services have been identified for Gravesham.**

#### 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 Gravesham. However, community pharmacies should be encouraged to sign up to Advanced Services to improve access where possible.**

## 6.2.7 Maidstone

Figure 15: Providers in Maidstone and across borders (5 km)



Maidstone has a population of 184,187, of which 89.8% is White, 4.7% is Asian British, 2.1% is Black, 2.3% is mixed/multiple ethnic groups, and 1.2% is from other ethnic groups. The main languages spoken in the district, in addition to English, are Nepalese (1.2%), Polish (1.1%), Romanian (1.0%) and Bulgarian (0.7%).

Most of the population lives in the county town of Maidstone, located in the northwest of the district. Beyond the county town and its urban sprawl, most of the district is rural/semi-rural, dotted with villages, some of which contain significant concentrations of the population. The district has relatively low deprivation as a whole, with a number of areas amongst the least deprived in Kent; however, there are small pockets of high deprivation in suburban and rural areas; 2.1% of the proportion of LSOAs are in the most deprived 10% nationally.

The health of the population of Maidstone is mixed. The key health priorities are:

- The number of patients recorded with diabetes is higher than the Kent level.
- Obesity levels in the district are higher than the Kent value.

- The estimated STI testing rate (excluding chlamydia aged under 25) in Maidstone is significantly worse than the England level.
- Maidstone had the highest number of recorded veterans accessing substance misuse treatment.

#### **6.2.7.1 Necessary Services: essential services current provision**

Essential services must be provided by all community pharmacies. There are 22 community pharmacies in Maidstone district. The estimated average number of community pharmacies per 100,000 population is 11.9, which is the lowest in Kent, significantly below the county average of 15.6. There has been a reduction of one community pharmacy since the previous PNA.

Of the 22 community pharmacies:

- 19 (86%) hold a standard 40-core hour contract.
- Two (9%) are 72+hour pharmacies.

Please see Figure 15 for the location of contractors by contract type.

Of the 22 community pharmacies:

- Seven pharmacies (32%) are open after 6 pm on weekdays
- 20 pharmacies (91%) are open on Saturdays
- Three pharmacies (14%) are open on Sundays.

Access to pharmaceutical service provision is then supplemented in the more rural areas where residents live at least 1.6 kilometres away from a pharmacy with the addition of six dispensing doctor practices across Maidstone and one additional dispensing branch. Residents also have access to DSPs in the county and nationwide.

The numbers and location of community pharmacies are reflective of the mix of rural and urban nature of Maidstone.

There are also a number of accessible providers open in the neighbouring districts of Swale, Ashford, Tunbridge Wells and Tonbridge and Malling, as well as in Medway.

The numbers and location of community pharmacies are reflective of the mix of rural and urban nature of Maidstone.

#### **6.2.7.2 Necessary Services: gaps in provision**

Based on the spread of community pharmacies across the district, which is supported by the dispensing doctor sites across rural areas, there is adequate access to the essential services across Maidstone.

The current community pharmacy network is expected to be able to accommodate the predicted population increase of 3% by 2028 and planned housing over the next three years of 3,051 by 2028.

To secure access at the weekend and evenings, there are two 72-hour pharmacies in Maidstone supported by other pharmacies open on an evening and weekend. Details are found in Appendix A.

The number of households in Maidstone that own at least one car or van is 85.4% which is above both the Kent (82.5 %) and England (76.5 %) levels.

Travel analysis across Maidstone showed:

- 85% of the population can reach a community pharmacy in 20 minutes walking.
- 100% of the population who have access to private transport can reach a community pharmacy in 10 minutes in peak and off-peak times.
- Between 84% and 96% of the population can reach a community pharmacy by public transport in 20-30 minutes, depending on the day and time.

Individuals are able to travel to a pharmacy within reasonable times, although it may take longer for some residents in the more rural areas of Maidstone (details in separate Appendix G); however, this would be no different in accessing other usual healthcare services or out of hours services in person.

With projected increases in population and corresponding demand, pharmacies, particularly those operating as sole providers, may experience increased footfall and service pressures. While current access is considered adequate, this assessment assumes that existing pharmacies will adapt to meet rising demand.

The rationale for determining no current gap in provision is based not only on physical access but also on the expectation that pharmacy contractors will scale and flex their capacity in response to local needs.

Kent HWB will continue to monitor pharmaceutical service provision in specific areas within the district where housing developments are planned, to ensure there is the capacity to meet potential increases in service demand.

**No gaps in the provision of Necessary Services have been identified for Maidstone.**

### 6.2.7.3 Other relevant services: current provision

Table 24 shows the community pharmacies providing Advanced and Enhanced services in Maidstone. 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 24: Maidstone Advanced and Enhanced Services*

Service	Pharmacies signed up	Pharmacies providing*
Pharmacy First	22 (100%)	22 (100%)
Seasonal Influenza Vaccination	18 (82%)	22 (100%)
Pharmacy Contraception	21 (95%)	14 (64%)

<b>Service</b>	<b>Pharmacies signed up</b>	<b>Pharmacies providing*</b>
Hypertension case-finding	21 (95%)	20 (91%)
New Medicine Service	20 (91%)	22 (100%)
Smoking Cessation Service	13 (59%)	0
Lateral Flow Device Tests Supply	17 (77%)	14 (64%)
COVID-19 Vaccination Service	15 (68%)	N/A

\*Based on pharmacies claiming payment in September-December 2024.

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 Smoking Cessation Service provision is currently low; however, this is due to the reliance on secondary care referral. More than half of the pharmacies are signed up to provide the service in the Maidstone district.

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

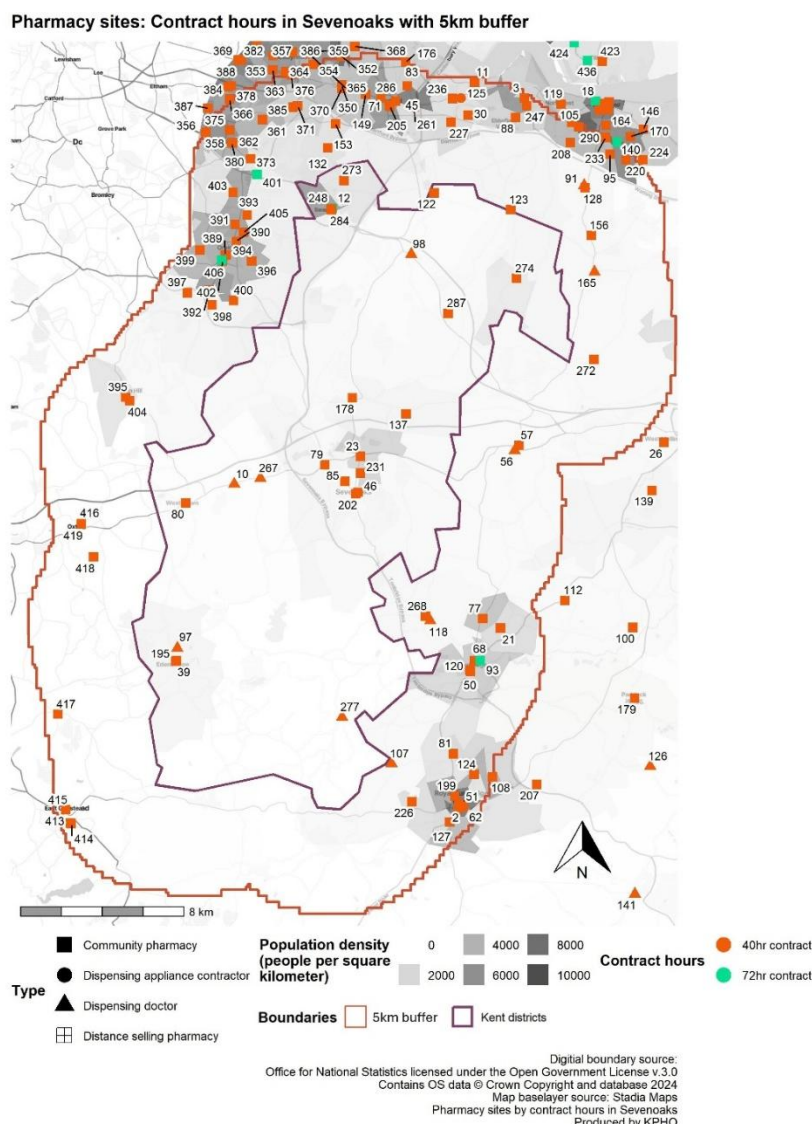
**No gaps in the provision of other relevant services have been identified for Maidstone.**

#### **6.2.7.4 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 Maidstone.**

## 6.2.8 Sevenoaks

Figure 16: Providers in Sevenoaks and across borders (5 km)



Sevenoaks has a population of 121,262, of which 92.1% is White, 2.9% % is Asian British, 1.6% is Black, 2.6% is mixed/multiple ethnic groups, and 0.8% is from other ethnic groups. No other language than English is spoken as a first language by more than 0.5% of the residents.

The district is relatively sparsely populated, second only to Ashford. There are two main urban centres, Sevenoaks and Swanley, where population density is relatively higher, the latter being much more densely populated. There are two small towns in the south-west of the district, but much of the south is rural. Average deprivation is very low across the district, and average deprivation is one of the lowest in Kent.

The population of Sevenoaks is generally healthy. Some of the health challenges are:

- People living with cancer in the district is higher than the Kent level.
- The estimated STI testing rate (excluding chlamydia aged under 25) in Sevenoaks is higher than the England level.



### 6.2.8.1 Necessary Services: essential services current provision

Essential services must be provided by all community pharmacies. There are 18 community pharmacies in Sevenoaks. The estimated average number of community pharmacies per 100,000 population is 14.8, which is lower than the Kent average of 15.6. There has been a reduction of three community pharmacies since the previous PNA.

Of the 18 community pharmacies:

- 17 (94%) hold a standard 40-core hour contract.
- One (6%) is a 72+hour pharmacy.

Please see Figure 16 for the location of contractors by contract type.

Of the 18 community pharmacies:

- 4 (22%) are open beyond 6 pm.
- 17 (94%) are open on Saturdays.
- 2 (11%) are open Sundays.

Access to pharmaceutical service provision is then supplemented in the more rural areas where residents live at least 1.6 kilometres away from a pharmacy with the addition of five dispensing doctor sites across Sevenoaks. Residents also have access to DSPs in the county and nationwide.

There are also a number of accessible providers open in the neighbouring districts of Dartford to the north, Gravesham to the northeast, Tonbridge and Malling to the east, and Tunbridge Wells to the southeast, as well as Tandridge in Surrey, Mid Sussex in West Sussex and the London boroughs of Bromley and Bexley.

The numbers and location of community pharmacies are reflective of the mix of rural and urban nature of Sevenoaks.

### 6.2.8.2 Necessary Services: gaps in provision

Based on the spread of community pharmacies across the district, which is supported by the dispensing doctor sites across rural areas, there is adequate access to the essential services across Sevenoaks.

The current community pharmacy network is expected to be able to accommodate the predicted population increase of 5% by 2028 and the planned housing over the next three years of 718 by 2028.

To secure access at the weekend and evenings, there is one 72-hour pharmacy in Sevenoaks supported by other pharmacies open on an evening and weekend. Details are found in Appendix A.

The number of households in Sevenoaks that own at least one car or van is 88.6% which is higher than both the Kent (82.5 %) and England (76.5%) averages.

Travel analysis across Sevenoaks showed:

- 73% of the population can reach a community pharmacy in 20 minutes walking.



- 100% of the population who have access to private transport can reach a community pharmacy in 10 minutes in peak and off-peak times.
- Between 77 to 96% of the population can reach a community pharmacy in 20-30 minutes via public transport.

Individuals are able to travel to a pharmacy within reasonable times, although it may take longer for some residents in the more rural areas of Sevenoaks (details in separate Appendix G); however, this would be no different in accessing other usual healthcare services or out of hours services in person.

With projected increases in population and corresponding demand, pharmacies, particularly those operating as sole providers, may experience increased footfall and service pressures. While current access is considered adequate, this assessment assumes that existing pharmacies will adapt to meet rising demand.

The rationale for determining no current gap in provision is based not only on physical access but also on the expectation that pharmacy contractors will scale and flex their capacity in response to local needs.

Kent HWB will continue to monitor pharmaceutical service provision in specific areas within the district where housing developments are planned, to ensure there is the capacity to meet potential increases in service demand.

**No gaps in the provision of Necessary Services have been identified for Sevenoaks.**

### 6.2.8.3 Other relevant services: current provision

Table 25 shows the community pharmacies providing Advanced and Enhanced services in Sevenoaks.

*Table 25: Sevenoaks Advanced and Enhanced Services*

Service	Pharmacies signed up	Pharmacies providing*
Pharmacy First	17 (94%)	17 (94%)
Seasonal Influenza Vaccination	17 (94%)	16 (89%)
Pharmacy Contraception	13 (72%)	11 (61%)
Hypertension case-finding	16 (89%)	14 (78%)
New Medicine Service	16 (89%)	15 (83%)
Smoking Cessation Service	8 (14%)	0
Lateral Flow Device Tests Supply	12 (67%)	10 (56%)
COVID-19 Vaccination Service	8 (44%)	N/A

\*Based on pharmacies claiming payment in September-December 2024.

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 Smoking Cessation Service provision is currently low. This is due to the reliance on secondary care referral; however, the number of pharmacies signed up to provide the service is low in this district.

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

**No gaps in the provision of other relevant services have been identified for Sevenoaks.**

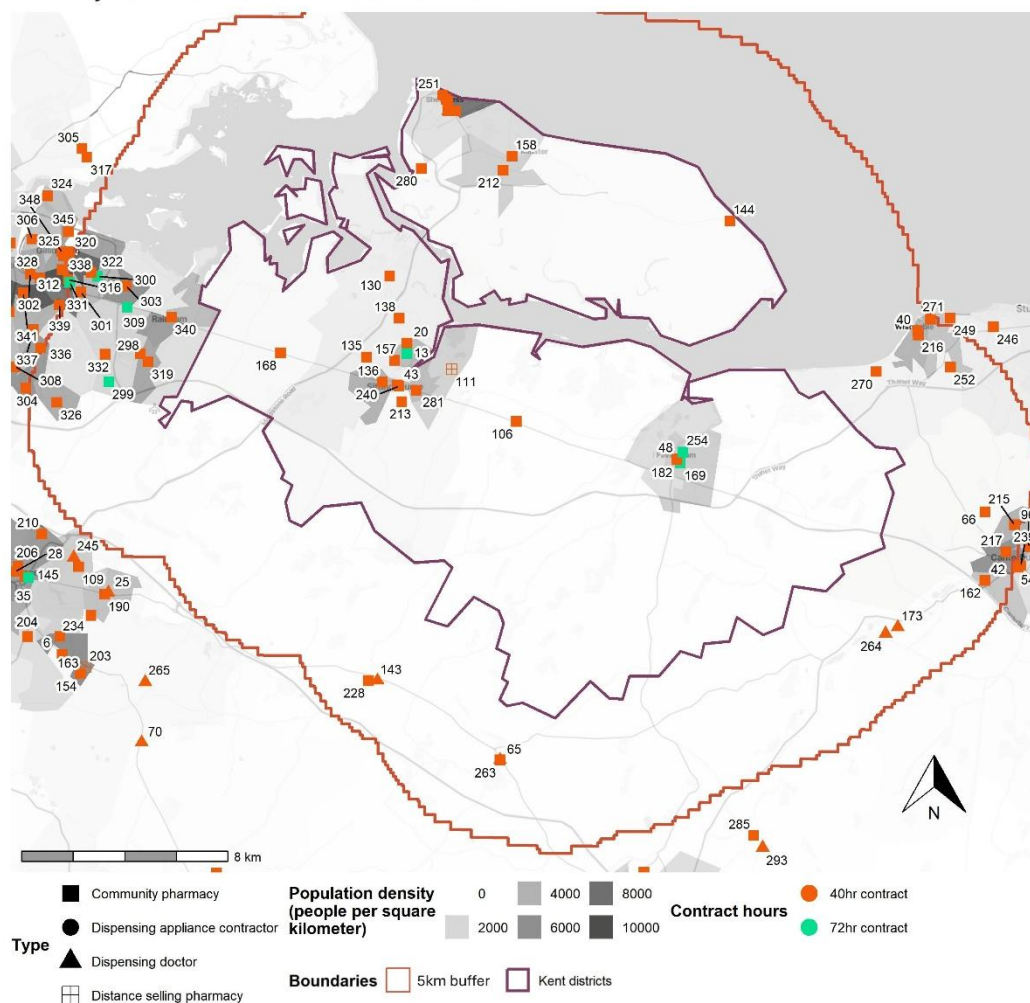
#### **6.2.8.4 Improvements and better access: gaps in provision**

**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 Sevenoaks.**

## 6.2.9 Swale

Figure 17: Providers in Swale and across borders (5 km)

Pharmacy sites: Contract hours in Swale with 5km buffer



Digital boundary source:  
Office for National Statistics licensed under the Open Government License v.3.0  
Contains OS data © Crown Copyright and database 2024  
Map baselayer source: Stadia Maps  
Pharmacy sites by contract hours in Swale  
Produced by KPHO

Swale has a population of 155,893, of which 93.8% is White, 1.5% is Asian British, 2.3% is Black, 1.8% is mixed/multiple ethnic groups, and 0.5% is from other ethnic groups. The main languages spoken in the district, in addition to English, are Romanian (0.7%) and Polish (0.7%).

The population is concentrated in and around the three main towns of Sittingbourne, Sheerness and Faversham. Beyond these towns, the district is rural and sparsely populated. The district contains the Isle of Sheppey, which is separated from the mainland by The Swale waterway, and a significant prison population at HMPs Elmley, Stanford Hill and Swaleside. Swale is the second most deprived district in Kent; 18.8% of the proportion of LSOAs are in the most deprived 10% nationally.

The population of Swale has some health challenges as listed below:

- The district has a higher proportion of CVD compared to the Kent level.

- The number of people in Swale living with diabetes is higher than the Kent average.
- The number of people registered with respiratory disease is higher than the Kent level.
- Obesity levels are higher in the district than in Kent.
- The under 18 conception rates per 1,000 in Swale are significantly worse than in England.

#### **6.2.9.1 Necessary Services: essential services current provision**

Essential services must be provided by all community pharmacies. There are 28 community pharmacies in Swale. The estimated average number of community pharmacies per 100,000 population is 18.0, which is significantly higher than the Kent average of 15.6. There has been a reduction of one pharmacy compared with the last PNA.

Of the 28 community pharmacies:

- 24 (86%) hold a standard 40-core hour contract.
- Three (11%) are 72+hour pharmacies.
- One (3%) is a DSP.

Please see Figure 17 for the location of contractors by contract type.

Of the 28 community pharmacies:

- 11 (39%) are open beyond 6 pm.
- 22 (79%) are open Saturdays.
- Four (14%) are open Sundays.

Access to pharmaceutical service provision is then supplemented in the more rural areas where residents live at least 1.6 kilometres away from a pharmacy with the addition of one dispensing doctor site. Residents also have access to DSPs in the county and nationwide.

There are also a number of accessible providers open in the neighbouring districts of Maidstone, Ashford and Canterbury, as well as in Medway.

The numbers and location of community pharmacies are reflective of the mix of rural and urban nature of Swale.

#### **6.2.9.2 Necessary Services: gaps in provision**

Based on the spread of community pharmacies across the district, which is supported by the dispensing doctor sites across rural areas, there is adequate access to the essential services across Swale.

The current community pharmacy network is expected to be able to accommodate the predicted population increase of 4% by 2028 and planned housing over the next three years of 3,512 by 2028.

To secure access at the weekend and evenings, there are three 72-hour pharmacies in Swale supported by other pharmacies open on an evening and weekend. Details are found in Appendix A.

The number of households in Swale that own at least one car or van is 83.4% which is above the Kent level (82.5%) and the England average (76.5%).

Travel analysis across Swale showed:

- 79% of the population can reach a community pharmacy in 20 minutes walking; nearly 88% is within a 30 minute walking distance.
- 97% of the population who have access to private transport can reach a community pharmacy in 10 minutes in peak and off-peak times.
- Between 81% to 97% of the population can reach a community pharmacy in 20-30 minutes via public transport, depending on the day and time.

Individuals are able to travel to a pharmacy within reasonable times, although it may take longer for some residents in the more rural areas of Swale (details in separate Appendix G); however, this would be no different in accessing other usual healthcare services or out of hours services in person.

With projected increases in population and corresponding demand, pharmacies, particularly those operating as sole providers, may experience increased footfall and service pressures. While current access is considered adequate, this assessment assumes that existing pharmacies will adapt to meet rising demand.

The rationale for determining no current gap in provision is based not only on physical access but also on the expectation that pharmacy contractors will scale and flex their capacity in response to local needs.

Kent HWB will continue to monitor pharmaceutical service provision in specific areas within the district where housing developments are planned, to ensure there is the capacity to meet potential increases in service demand.

**No gaps in the provision of Necessary Services have been identified for Swale.**

#### **6.2.9.3 Other relevant services: current provision**

Table 26 shows the community pharmacies providing Advanced and Enhanced services in Swale. 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 26: Swale Advanced and Enhanced Services

Service	Pharmacies signed up	Pharmacies providing*
Pharmacy First	25 (89%)	27 (96%)
Seasonal Influenza Vaccination	20 (71%)	27 (96%)
Pharmacy Contraception	22 (79%)	14 (50%)
Hypertension case-finding	21 (75%)	23 (82%)
New Medicine Service	26 (93%)	26 (93%)
Smoking Cessation Service	13 (46%)	0
Lateral Flow Device Tests Supply	22 (79%)	15 (54%)
COVID-19 Vaccination Service	9 (32%)	N/A

\*Based on pharmacies claiming payment in September-December 2024.

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 Smoking Cessation Service provision is currently low; however, this is due to the reliance on secondary care referral.

Approximately half of the community pharmacies in Swale are signed up to provide the service.

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

**No gaps in the provision of other relevant services have been identified for Swale.**

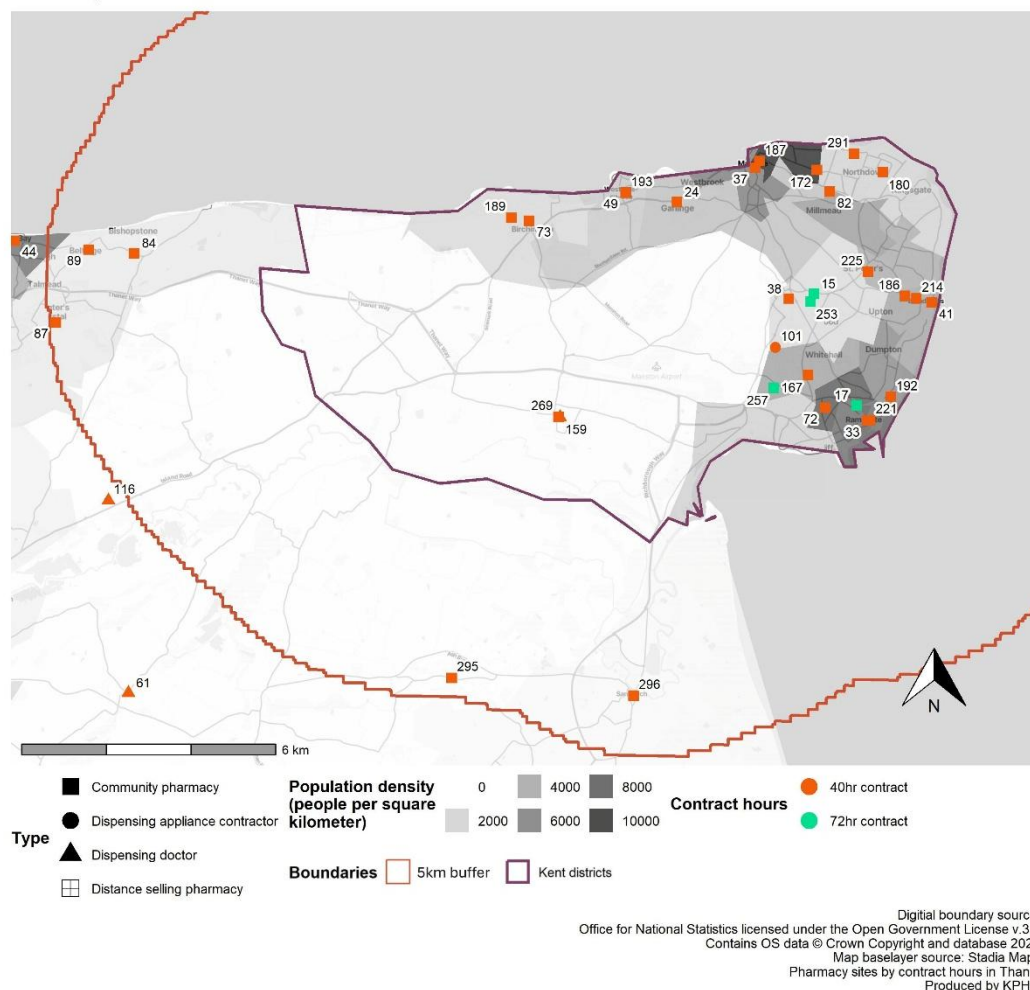
#### 6.2.9.4 Improvements and better access: gaps in provision

**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 Swale.**

## 6.2.10 Thanet

Figure 18: Providers in Thanet and across borders (5 km)

Pharmacy sites: Contract hours in Thanet with 5km buffer



Thanet has a population of 140,439, of which 93% is White, 2.3% is Asian British, 1.1% is Black, 2.4% is mixed/multiple ethnic groups, and 1.2% is from other ethnic groups. The main language spoken in the district, in addition to English, is Polish (0.7%).

The district is situated on the north-eastern tip of Kent, and it is predominantly coastal, with north, east and southeast facing coastlines. Population density is higher around the coastal areas of the main towns are Margate, Ramsgate and Broadstairs. The Southwestern part of the district has lower population density and is more rural. Thanet is the most deprived district in Kent, with relatively high deprivation; 21.4% of the proportion of LSOAs are in the most deprived 10% nationally. This varies across the district: here are a few small pockets of low deprivation, mostly around Broadstairs, but there is also a relatively large cluster of highly deprived areas in and around Margate.

The health of the population of Thanet has some specific challenges:

- The number of people in the district with CVD is higher than the Kent value.
- The under-75 mortality rates from cardiovascular disease are higher than the Kent average and significantly worse than the national figure.

- The number of people living with diabetes is higher than the Kent average.
- The number of people living with respiratory disease is higher than in Kent, and age-standardised under 75 mortality rates from respiratory disease are significantly worse than in England.
- The under 75 mortality rates from cancer are significantly worse than in England.
- Care records for both mental health and depression are higher than the Kent levels.
- Obesity levels in the district are higher than the Kent average.
- The under-18 conception rates per 1,000 in Thanet are significantly worse than in England.

#### **6.2.10.1 Necessary Services: current provision**

Essential services must be provided by all community pharmacies. There are 26 community pharmacies in Thanet. The estimated average number of community pharmacies per 100,000 population is 18.5, which is higher than the Kent average of 15.6. There has been a reduction of four community pharmacies since the previous PNA.

Of the 26 community pharmacies:

- 22 (85%) hold a standard 40-core hour contract.
- Four (15%) are 72+hour pharmacies.

Please see Figure 18 for the location of contractors by contract type.

Of the 26 community pharmacies:

- Seven (27%) are open beyond 6 pm.
- 20 (77%) are open Saturdays.
- Five (19%) are open Sundays.

Access to pharmaceutical service provision is then supplemented in the more rural areas where residents live at least 1.6 kilometres away from a pharmacy with the addition of one dispensing doctor site across Thanet. Residents also have access to DSPs in the county and nationwide, and to one DAC in the district, as well as those available throughout England.

There are also a number of accessible providers open in the neighbouring districts of Canterbury and Dover.

The numbers and location of community pharmacies are reflective of the mix of rural and urban nature of Thanet.

#### **6.2.10.2 Necessary Services: gaps in provision**

Based on the spread of community pharmacies across the district, which is supported by the dispensing doctor sites across rural areas, there is adequate access to the essential services across Thanet.

The current community pharmacy network is expected to be able to accommodate the predicted population increase of 8% by 2028 and planned housing over the next three years of 4,152 by 2028.



To support access at the weekend and evenings, there are four 72-hour pharmacies in Thanet supported by other pharmacies open on an evening and weekend. Details are found in Appendix A.

The number of households in Thanet that own at least one car or van is 73.9% which is the lowest district in Kent, significantly below the county average (82.5%) and also lower than the England average (76.5%).

Travel analysis across Thanet showed:

- 93% of the population can reach a community pharmacy in 20 minutes walking.
- 100% of the population who have access to private transport can reach a community pharmacy in 10 minutes in peak and off-peak times.
- Between 96% to 100% of the population can reach a community pharmacy in 20-30 minutes via public transport, depending on the day and time.

Individuals are able to travel to a pharmacy within reasonable times, although it may take longer for some residents in the more rural areas of Thanet (details in separate Appendix G); however, this would be no different in accessing other usual healthcare services or out of hours services in person.

With projected increases in population and corresponding demand, pharmacies, particularly those operating as sole providers, may experience increased footfall and service pressures. While current access is considered adequate, this assessment assumes that existing pharmacies will adapt to meet rising demand.

The rationale for determining no current gap in provision is based not only on physical access but also on the expectation that pharmacy contractors will scale and flex their capacity in response to local needs.

Kent HWB will continue to monitor pharmaceutical service provision in specific areas within the district where housing developments are planned, to ensure there is the capacity to meet potential increases in service demand.

**No gaps in the provision of Necessary Services have been identified for Thanet.**

### **6.2.10.3 Other relevant services: current provision**

Table 27 shows the community pharmacies providing Advanced and Enhanced services in Thanet. 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 27: Thanet Advanced and Enhanced Services

Service	Pharmacies signed up	Pharmacies providing*
Pharmacy First	26 (100%)	26 (100%)
Seasonal Influenza Vaccination	26 (100%)	26 (100%)
Pharmacy Contraception	25 (96%)	21 (81%)
Hypertension case-finding	26 (100%)	25 (96%)
New Medicine Service	26 (100%)	26 (100%)
Smoking Cessation Service	12 (46%)	0
Lateral Flow Device Tests Supply	25 (96%)	19 (73%)
COVID-19 Vaccination Service	10 (38%)	N/A

\*Based on pharmacies claiming payment in September-December 2024.

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 Smoking Cessation Service provision is currently low; however, this is due to the reliance on secondary care referral.

Approximately half of the pharmacies are signed up to provide the service.

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

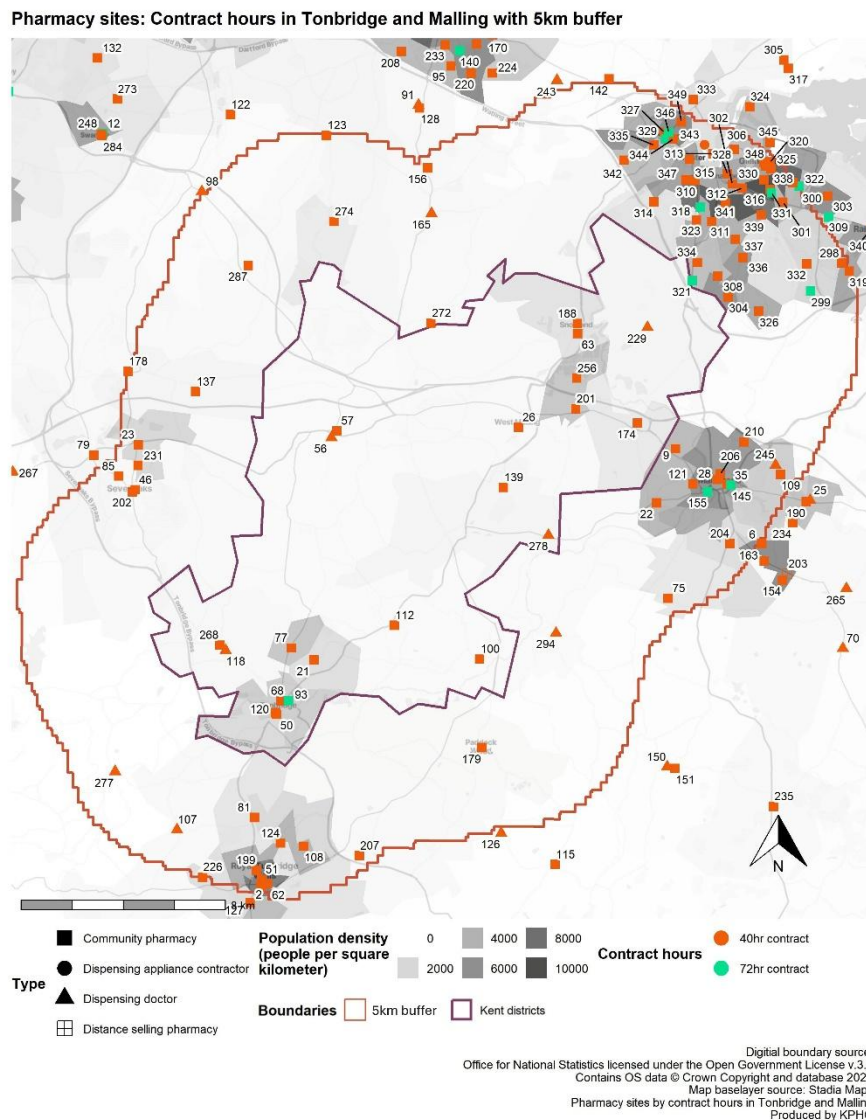
**No gaps in the provision of other relevant services have been identified for Thanet.**

#### 6.2.10.4 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 Thanet.**

## 6.2.11 Tonbridge and Malling

Figure 19: Providers in Tonbridge and Malling and across borders (5 km)



Tonbridge and Malling have a population of 135,206, of which 93.3% is White, 2.9% is Asian British, 1% is Black, 2.2% is mixed/multiple ethnic groups, and 0.6% is from other ethnic groups. No other language than English is spoken as a first language by more than 0.5% of the residents.

The population is concentrated in the north and south of the district. The rest of the district is mainly rural, with large villages throughout the district, with significant concentrations of the population. Average deprivation is low across the district, and average deprivation is one of the lowest in Kent.

Tonbridge and Malling is generally a very healthy district, performing better than Kent and England levels for most indicators.

### **6.2.11.1 Necessary Services: current provision**

Essential services must be provided by all community pharmacies. There are 17 community pharmacies. The estimated average number of community pharmacies per 100,000 population is 12.6, which is lower than the Kent average of 15.6. There has been a reduction of one community pharmacy since the previous PNA.

Of the 17 community pharmacies.

- 16 (94%) that hold a standard 40-core hour contract.
- One (6%) is a 72+hour pharmacy.

Please see Figure 19 for the location of contractors by contract type.

Of the 17 community pharmacies.

- Five (29%) are open beyond 6 pm.
- 16 (94%) are open on Saturdays.
- Three (18%) are open Sundays.

Access to pharmaceutical service provision is then supplemented in the more rural areas where residents live at least 1.6 kilometres away from a pharmacy with the addition of four dispensing doctor sites across Tonbridge and Malling. Residents also have access to DSPs in the county and nationwide.

There are also a number of accessible providers open in the neighbouring districts of Maidstone, Tunbridge Wells, Sevenoaks and Gravesham, as well as in Medway.

The numbers and location of community pharmacies are reflective of the mix of rural and urban nature of Tonbridge and Malling.

### **6.2.11.2 Necessary Services: gaps in provision**

Based on the spread of community pharmacies across the district, which is supported by the dispensing doctor sites across rural areas, there is adequate access to the essential services across Tonbridge and Malling.

The current community pharmacy network is expected to be able to accommodate the predicted population increase of 5% by 2028 and planned housing over the next three years of 1,385 by 2028.

To secure access at the weekend and evenings, there is one 72-hour pharmacy in Tonbridge and Malling, supported by other pharmacies open on an evening and weekend. Details are found in Appendix A.

The number of households in Tonbridge and Malling that own at least one car or van is 87.7% which is above the Kent level (82.5%) and above the England level (76.5%).

Travel analysis across Tonbridge and Malling showed:

- 81% of the population can reach a community pharmacy in 20 minutes walking.
- 100% of the population who have access to private transport can reach a community pharmacy in 10 minutes in peak and off-peak times.

- Between 85% to 97% of the population can reach a community pharmacy in 20-30 minutes via public transport.

Individuals are able to travel to a pharmacy within reasonable times, although it may take longer for some residents in the more rural areas of Tonbridge and Malling (details in separate Appendix G); however, this would be no different in accessing other usual healthcare services or out of hours services in person.

With projected increases in population and corresponding demand, pharmacies, particularly those operating as sole providers, may experience increased footfall and service pressures. While current access is considered adequate, this assessment assumes that existing pharmacies will adapt to meet rising demand.

The rationale for determining no current gap in provision is based not only on physical access but also on the expectation that pharmacy contractors will scale and flex their capacity in response to local needs.

Kent HWB will continue to monitor pharmaceutical service provision in specific areas within the district where housing developments are planned, to ensure there is the capacity to meet potential increases in service demand.

**No gaps in the provision of Necessary Services have been identified for Tonbridge and Malling.**

### 6.2.11.3 Other relevant services: current provision

Table 28 shows the community pharmacies providing Advanced and Enhanced services in Tonbridge and Malling.

*Table 28: Tonbridge and Malling Advanced and Enhanced Services*

Service	Pharmacies signed up	Pharmacies providing*
Pharmacy First	17 (100%)	17 (100%)
Seasonal Influenza Vaccination	17 (100%)	17 (100%)
Pharmacy Contraception	17 (100%)	13 (76%)
Hypertension case-finding	17 (100%)	17 (100%)
New Medicine Service	17 (100%)	17 (100%)
Smoking Cessation Service	10 (59%)	0
Lateral Flow Device Tests Supply	15 (88%)	13 (76%)
COVID-19 Vaccination Service	10 (59%)	N/A

\*Based on pharmacies claiming payment in September-December 2024.

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 Smoking Cessation Service provision is currently low; however, this is due to the reliance on secondary care referral. Over half of the pharmacies are signed up to provide the service in Tonbridge and Malling.

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

**No gaps in the provision of other relevant services have been identified for Tonbridge and Malling.**

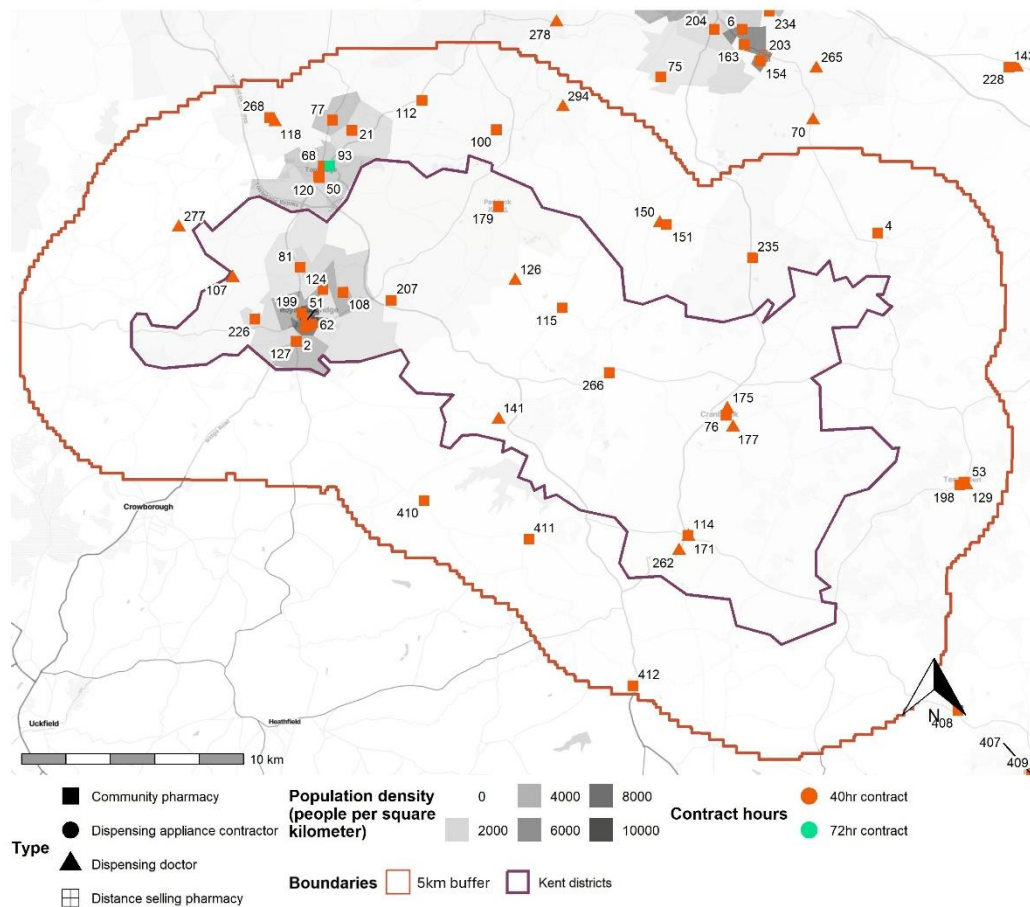
#### **6.2.11.4 Improvements and better access: gaps in provision**

**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 Tonbridge and Malling.**

## 6.2.12 Tunbridge Wells

Figure 20: Providers in Tunbridge Wells and across borders (5 km)

Pharmacy sites: Contract hours in Tunbridge Wells with 5km buffer



Digital boundary source:  
Office for National Statistics licensed under the Open Government License v.3.0  
Contains OS data © Crown Copyright and database 2024  
Map baselayer source: Stadia Maps  
Pharmacy sites by contract hours in Tunbridge Wells  
Produced by KPHO

Tunbridge Wells has a population of 117,020, of which 91.5% is White, 4% is Asian British, 1% is Black, 2.6% is mixed/multiple ethnic groups, and 1% is from other ethnic groups. The main languages spoken in the district, in addition to English, are Polish (0.8%) and Romanian (0.5%).

The population density is higher in and around the urban area of Royal Tunbridge Wells in the west of the district. Beyond this, the district is largely rural and sparsely populated, although there are two large villages in the east and a small town in the north. Average deprivation is low across the district, and average deprivation is one of the lowest in Kent.

The number of households in Tunbridge Wells that own at least one car or van is 84.5% which is above the Kent level (82.5%) and the England average (76.5%).

Tunbridge Wells is a very healthy district, with improved outcomes compared to the county average.



### 6.2.12.1 Necessary Services: current provision

Essential services must be provided by all community pharmacies. There are 15 community pharmacies in Tunbridge Wells. The estimated average number of community pharmacies per 100,000 population is 12.8, which is lower than the Kent average of 15.6. There has been a reduction of one community pharmacy since the previous PNA.

All of the 15 community pharmacies hold a standard 40-core hour contract.

Please see Figure 20 for the location of contractors by contract type.

Of the 15 community pharmacies:

- Five (33%) are open beyond 6 pm.
- 14 (93%) are open Saturdays.
- One (7%) is open on Sundays.

Access to pharmaceutical service provision is then supplemented in the more rural areas where residents live at least 1.6 kilometres away from a pharmacy with the addition of six dispensing doctor practices plus one additional dispensing branch. Residents also have access to DSPs in the county and nationwide.

There are also a number of accessible providers open in the neighbouring districts of Sevenoaks, Tonbridge and Malling, Maidstone and Ashford, as well as in East Sussex and West Sussex.

The numbers and location of community pharmacies are reflective of the mix of rural and urban nature of Tunbridge Wells.

### 6.2.12.2 Necessary Services: gaps in provision

Based on the spread of community pharmacies across the district, which is supported by the dispensing doctor sites across rural areas, there is adequate access to the essential services across Tunbridge Wells.

The current community pharmacy network is expected to be able to accommodate the predicted population increase of 3% by 2028 and planned housing over the next three years of 1,569 by 2028.

To secure access at the weekend and evenings, there are 14 pharmacies open on Saturday and one pharmacy is open on Sunday in Tunbridge Wells. Details are found in Appendix A.

Travel analysis across Tunbridge Wells showed:

- 80% of the population can reach a community pharmacy in 20 minutes walking, and 87% within 30 minutes.
- 100% of the population who have access to private transport can reach a community pharmacy in 10 minutes in peak and off-peak times.
- Between 80% to 99% of the population can reach a community pharmacy in 20-30 minutes via public transport, depending on the day and time.



Individuals are able to travel to a pharmacy within reasonable times, although it may take longer for some residents in the more rural areas of Tunbridge Wells (details in separate Appendix G); however, this would be no different in accessing other usual healthcare services or out of hours services in person.

With projected increases in population and corresponding demand, pharmacies, particularly those operating as sole providers, may experience increased footfall and service pressures. While current access is considered adequate, this assessment assumes that existing pharmacies will adapt to meet rising demand.

The rationale for determining no current gap in provision is based not only on physical access but also on the expectation that pharmacy contractors will scale and flex their capacity in response to local needs.

Kent HWB will continue to monitor pharmaceutical service provision in specific areas within the district where housing developments are planned, to ensure there is the capacity to meet potential increases in service demand.

**No gaps in the provision of Necessary Services have been identified for Tunbridge Wells.**

### 6.2.12.3 Other relevant services: current provision

Table 29 shows the community pharmacies providing Advanced and Enhanced services in Tunbridge Wells. 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 29: Tunbridge Wells Advanced and Enhanced Services*

Service	Pharmacies signed up	Pharmacies providing*
Pharmacy First	14 (93%)	14 (93%)
Seasonal Influenza Vaccination	13 (87%)	13 (87%)
Pharmacy Contraception	10 (67%)	8 (53%)
Hypertension case-finding	11 (73%)	11 (73%)
New Medicine Service	13 (87%)	14 (93%)
Smoking Cessation Service	9 (60%)	0
Lateral Flow Device Tests Supply	12 (80%)	10 (67%)
COVID-19 Vaccination Service	3 (20%)	N/A

\*Based on pharmacies claiming payment in September-December 2024.

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 Smoking Cessation Service provision is currently low; however, this is due to the reliance on secondary care referral. More than half of the pharmacies are signed up to provide the service in Tunbridge Wells.

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

**No gaps in the provision of other relevant services have been identified for Tunbridge Wells.**

#### 6.2.12.4 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 Tunbridge Wells.**

### 6.3 Kent pharmaceutical services and health needs

Kent is the fifth most populous county in England and the most populous of the home counties, with an estimated population of 1,610,251 in 2023, having grown by 8.1% since 2013. The largest districts are Maidstone (184k) and Canterbury (160k). Kent's population has a higher proportion of older adults (65+) than the England average (20.5% vs 18.7%). Life expectancy is slightly higher than England; 79.3 years for males and 83.3 for females, but varies across districts, being lowest in coastal and deprived areas. (See [Section 2.9.1](#))

From the 2021 Census, 89.4% identify as White, 4.4% as Asian British, 2.6% as Black, 2.3% as mixed/multiple ethnic groups and 1.2% as from other ethnic groups. Asian British and Black ethnic groups are the second and third respective ethnic minorities.

Kent has a notable Gypsy, Roma and Traveller population with 0.3% identifying as such. In 2021, 9% of residents provided unpaid care, and 17.9% were disabled (compared to 17.3% in England).

There are 98 distinct languages spoken in Kent, and 37 are spoken by at least 500 people. The top five spoken languages are English (89.8%), Polish (0.7%), Nepalese (0.6%), and Romanian (0.6%). Nepalese 0.5% and Panjabi 0.3%. Most districts have residents with these languages, to which Gravesham adds a high number of Panjabi speakers (3.7% of the district's residents). (See [Section 2.9.5](#)).

Kent ranks 95<sup>th</sup> out of 154 Upper Tier local authorities in the Index of Multiple Deprivation (2019). Thanet and Swale have the highest levels of deprivation, while Sevenoaks, Tonbridge and Malling, and Tunbridge Wells are the least deprived. Health inequalities are marked by a 7.8-year life expectancy gap for men and 5.6 years for women between the most and least deprived areas.

The highest levels of deprivation can be seen in both coastal regions and urban areas. (See [Section 2.9.10](#))

Kent includes both urban centres and large rural areas, with many people living in small towns, villages, or the countryside. This rural nature brings unique challenges, particularly around access to healthcare, transport, and digital connectivity. Some residents may face longer travel times to reach services like GPs, pharmacies or hospitals, and public transport can be limited, especially in more remote communities.

Kent has a mixture of health needs due to variations in deprivation across the county: (See [Section 2.10](#)).

- Cardiovascular disease: Under-75 mortality rates from cardiovascular disease in the county are lower than the England value. There are an estimated 86,000 people living in Kent with CVD. Higher rates are in Thanet, Swale and Dover.
- Diabetes: There are an estimated 105,000 people living in Kent with diabetes, or a rough estimation of 6.01% of the total population. The highest prevalence is recorded in the Asian population and deprived areas. The districts with the highest prevalence are Gravesham, Dartford, Swale, Thanet and Maidstone.
- Respiratory disease: There are an estimated 121,000 cases in Kent, with an average that matches England. The districts with particularly high prevalence are Thanet and Dover.
- Cancer: For patients living with cancer, the Kent and Medway Care Record estimated 74,000 people, or 4.26% of the total population. Kent nearly matches the England cancer levels. Canterbury has the highest recorded prevalence.
- Dementia: There are an estimated 14,000 people living in Kent with Dementia, or an estimated 0.8% of the total population. Dartford and Canterbury have a significantly higher prevalence than Kent.
- Mental health: There are an estimated 227,000 (13%) people living with depression in Kent, and an estimated 15,000 (0.9%) people living with severe mental illness. 47% of probation service users reported a mental health condition.

Behavioural risk factors: (See [Section 2.11](#))

- Obesity affects 27.8% of adults; excess weight prevalence is 67%. Both indicators are higher in the county than the England average.
- Smoking prevalence is 11.4% (2023), with 6,000 deaths annually attributable to smoking.
- Substance misuse: Approximately 81,000 residents use illegal drugs; treatment access remains limited for opiate/crack users (63% unmet need).

- Alcohol misuse: Hospital admissions are rising, currently at 412 per 100,000; over 2,000 people are in treatment for alcohol dependency.
- Sexual Health: STI testing rates across the county are worse compared to England, except for Dartford, which has similar test rates, and Canterbury, which has better test rates. Thanet and Swale have higher (worse) rates of under 18 conception compared to England and the rest of Kent.
- Immunisations and Vaccinations: In the year 23/24, Kent's population vaccination coverage for MMR and Flu was better compared to England.

In nearly all these clinical conditions, it should be noted that prevalence among certain ethnic groups is disproportionately higher. This has been recorded for Asian British, Black and other ethnic groups.

Vulnerable groups: (See [Section 2.12](#))

- Coastal communities face the highest burden of chronic illness and premature mortality.
- Homeless populations have high rates of mental illness, long-term conditions, and substance misuse.
- Prison and probation populations experience complex health issues, with 47% reporting mental illness and 20% drug misuse.
- Asylum seekers and refugees face barriers to healthcare access, with mental and communicable diseases prevalent.
- Veterans report issues accessing appropriate care; alcohol misuse is more common than drug misuse in this group.
- Gypsy, Roma and Traveller communities in Kent experience poorer health outcomes, including higher childhood illness, long-term conditions, and mental health issues. This is linked to poor living conditions, unhealthy behaviours, and barriers to accessing services.

Visitors to Kent totalled around 66 million in 2023. Visitors typically have similar health needs to the resident population. As most stay for a short time, their needs are likely limited to acute treatment, repeat medication, self-care advice, or signposting to services such as NHS 111.

By 2028, Kent's population is projected to reach 1.74 million, with growth (+5%) driven by housing developments, natural change, and migration, with the biggest increases among people aged 65 and over. This will place more demand on health and care services, especially for long-term conditions, dementia, and end-of-life care.

### **6.3.1 Necessary Services: essential services current provision across Kent**

There are 251 community pharmacies (including two DSPs) in Kent at the time of writing in April 2025, based on the pharmacy list correct as of March 2025. The estimated average number of community pharmacies per 100,000 population is 15.6. There has been a reduction of 23 community pharmacies since the previously published PNA, where no gaps in Necessary Service provision were identified.

Of the 251 community pharmacies (at the time of writing):

- 229 (91%) pharmacies hold a standard 40-core hour contract.
- 20 (8%) hold a 72+hour pharmacy.
- Two (1%) are Distance Selling Pharmacies.

The majority of community pharmacies (210 (84%)) are open on Saturdays, and 83 (33%) open after 6 pm on weekdays. There are also 40 pharmacies (16%) open on Sundays in Kent.

Access to pharmaceutical service provision is then supplemented in the more rural areas where residents live at least 1.6 kilometres away from a pharmacy with the addition of 41 dispensing doctor practices, plus three additional dispensing branches across Kent. Residents also have access to DSPs in the county and nationwide.

There are also two Dispensing Alliance Contractors in Kent (in Dartford and Thanet), in addition to those available throughout England.

There are also a number of accessible providers open in the neighbouring HWBs in Thurrock and Medway to the north, East Sussex to the south-west, Surrey to the west, and the London boroughs of Bromley and Bexley to the north-west.

The number and locations of the community pharmacies across Kent are reflective of the mix of rural and urban make up of Kent.

### 6.3.2 Necessary Services: essential services gaps in provision across Kent

Based on the spread of community pharmacies across the county, which is supported by the dispensing doctor sites across rural areas, and DSPs within and outside of the county, there is adequate access to the essential services across Kent.

Table 30 below shows the number of community pharmacies (including DSPs) across Kent in 2025 compared with the previous PNA in 2022.

*Table 30: Number of community pharmacies across Kent in 2022 and 2025*

District	Number of CPs 2022	Number of CPs 2025
Ashford	20	19
Canterbury	30	26
Dartford	20	18
Dover	20	20
Folkestone and Hythe	23	20
Gravesham	22	22
Maidstone	23	22
Sevenoaks	21	18
Swale	29	28
Thanet	30	26

District	Number of CPs 2022	Number of CPs 2025
Tonbridge and Malling	18	17
Tunbridge Wells	16	15
<b>Kent</b>	<b>272</b>	<b>251</b>

There has been a reduction in the number of community pharmacies per district, except for Dover and Gravesham, and an overall reduction of 21 across Kent. Despite the reduction in the number of community pharmacies across Kent, access is still considered reasonable. The independent government economic evaluation of pharmacies<sup>74</sup> and the rurality of the county and the districts therein have been considered when making this assessment.

To support access at the weekend and evenings, there are 20 72-hour pharmacies in Kent, complemented by other pharmacies with a 40-hour contract that are open in evenings and weekends. Details are found in Appendix A.

The number of households in Kent that own at least one car or van is 82.5%, which is above the England average. All districts within Kent are higher than the England average (76.5.%) apart from Thanet, which is 73.9%. (See [Section 3.9.1.1](#)).

Travel analysis across Kent showed: (See [Section 3.9.1.2](#)).

- 81% of the population can reach a community pharmacy in 20 minutes walking.
- 99% of the population who have access to private transport can reach a community pharmacy in 20 minutes in peak and off-peak times.
- 94% of the population can reach a community pharmacy in 20 minutes by public transport on weekdays, rising to 98% within 30 minutes on a weekday morning. During the weekend, it varies between 84%-93% of the population within 20 minutes and 89%-96% within 30 minutes. The Council is undertaking a strategic transport review of the transport infrastructure.

Individuals are generally able to access a pharmacy within a reasonable travel time during core weekday hours, including those living in more rural areas of Kent. However, during evenings and weekends, there is limited access to pharmacy services across some districts. Details are available in a separate Appendix G. Unlike other healthcare services, pharmacies may not routinely open during these periods. While this does represent a reduction in local access during out-of-hours periods, it is consistent with national patterns of pharmacy availability. Additionally, there is no identified evidence of unmet need or adverse outcomes arising from this. (See [Section 3.9.2](#)).

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<sup>74</sup> Economic Analysis of NHS Pharmaceutical Services in England. March 2025. [Accessed April 2025]  
<https://www.frontier-economics.com/media/aazb0awt/frontier-igvia-economic-analysis-pharmacy-final-report-web.pdf>

The county population growth is projected to increase over the next three years to 2028 by 5% and planned housing<sup>75</sup> over the next three years to 30,582 by 2028 (correct as of 31 March 2023). The current community pharmacy network is expected to be able to accommodate the predicted population and dwelling increase over the next three years. (See [Section 2.9.3](#) and [2.9.4](#)).

With projected increases in population and corresponding demand, pharmacies may experience increased footfall and service pressures. While current access is considered adequate, this assessment assumes that existing pharmacies will adapt to meet rising demand. Pharmacies may wish to consider how they can manage increasing demand at individual premises through optimising skill mix, adopting digital health tools, and exploring innovative approaches such as hub and spoke models, automation, and artificial intelligence to improve efficiency and capacity.

While there is no identified gap in provision, local commissioners should consider and be aware of pharmaceutical service access when commissioning other services, such as extended access or out of hour services across Kent.

For these reasons, it is considered that there is currently no gap in provision across Kent.

Kent 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 Kent HWB.**

### 6.3.3 Other relevant services: current provision

Table 14 in [Section 3.10](#) shows the pharmacies providing Advanced and Enhanced services in the Kent HWB area. Regarding access to **Advanced** services, it can be seen that there is very good availability of Pharmacy First (99%), flu vaccination (96%), NMS (95%), hypertension case-finding (90%) and pharmacy contraception (82%). There is currently a lower number of providers of the lateral flow test supply (79%) and smoking cessation (51%).

It should be noted the DACs in Kent provide the AUR and SAC services so patients can access these products and devices.

Regarding access to **Enhanced** Services, 115 pharmacies (46%) offer the COVID-19 vaccination service.

<sup>75</sup> This number refers to planned housing with and without permission at the time of writing.

One of the two DSPs in Kent provides some of the Advanced and Enhanced Services. The DSPs do not provide any Enhanced or Locally Commissioned Services and cannot provide Essential Services face-to-face. With the upcoming changes to the regulations, DSPs in the future will no longer be able to provide advanced services on site.

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.

There is generally very good or good access to all other services considered relevant across Kent. Where appropriate, the ICB should continue to support the current community pharmacy estate across Kent to sign up and provide these services, and where relevant, ensure a referral process in place to increase better uptake for services such as the Smoking Cessation Service.

**No gaps in the provision of other Relevant Services have been identified for Kent HWB.**

#### **6.4 Improvements and better access: gaps in provision across Kent**

**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 Kent. However, community pharmacies should be encouraged to sign up to Advanced Services to improve access where possible.**



## Section 7: Conclusions

The Steering Group provides the following conclusions and recommendations 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 Kent to meet the health needs of the population. The provision of current pharmaceutical services and LCS are distributed across districts, providing good access throughout Kent.

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 Kent, it is imperative that accessibility to pharmacy services is monitored, and the recommendations are 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 Kent 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 Kent; 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 1.5.6.1](#). Access to Necessary Service provision in Kent is provided in [Section 6](#).

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

##### Necessary Services – essential services normal working hours

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

## **Necessary Services – essential services outside normal working hours**

**There are no gaps in the provision of Necessary Services outside normal working hours across Kent 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 Kent.**

### **7.1.3 Other relevant services – gaps in provision**

Advanced and Enhanced Services are considered other relevant services 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 1.5.6.2](#) and the provision in Kent is discussed in [Section 3.10](#) and [Section 6](#).

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

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

[Section 7.2](#) 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 Kent.

**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 Kent.**

#### **7.1.3.2 Current and future access to Enhanced Services**

Details of the Enhanced Services are outlined in [Section 1.5.6.3](#) and the provision in Kent is discussed in [Section 3.11](#) and [Section 6](#).

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

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

**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 Kent.**

#### **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 Kent to meet the needs of the population. However, community pharmacies should be encouraged to sign up to Advanced Services to improve access where possible**

## **7.2 Future opportunities for possible community pharmacy services in Kent**

### **7.2.1 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 Kent 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 Kent 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 Kent population are listed in [Section 2.10](#) and [2.11](#) and are considered when looking at opportunities for further community pharmacy provision.

### **7.2.2 Opportunities for pharmaceutical service provision**

The health needs and the highest risk factors for causing death and disease for the Kent 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 Kent.

### 7.2.3 Existing services

#### Essential Services

- Signposting for issues such as weight management and health checks
- Promote a self-referral route to the National Diabetes Prevention Programme
- Developing Healthy Living Pharmacies and self-care to support the Kent prevention agenda
- Electronic repeat dispensing can reduce unnecessary patient trips to the GP practice to collect repeat medication and could help reduce medicines waste.

#### Advanced Services

Some of the existing Advanced Services could be targeted in a way that improves patient access, reduces pressures in general practice, and supports the primary care, urgent care, prevention and medicines safety agendas.

There are several new or recently introduced Advanced Services being implemented that could be beneficial to the population of Kent based on the identified health needs, including:

- Pharmacy First:

Pharmacy First is an NHS advanced service that allows community pharmacists to directly assess and treat patients with certain common minor illnesses, like earache, sore throat or urinary tract infections, without requiring a GP appointment, providing advice and supplying necessary prescription medications when clinically appropriate, easing pressure on GP services; essentially enabling patients to access healthcare directly at their local pharmacy for specific conditions.

Pharmacy First can provide benefits to patients and the ICB, and supports local health needs as follows:

- Convenient access to healthcare where patients can access prescription-only treatment for seven common conditions without needing to see a GP.
- Provides an alternative route to accessing medicine for these conditions.
- The service includes elements from the Community Pharmacist Consultation Service (CPCS), such as minor illness consultations with a pharmacist and the supply of urgent medicines and appliances.

Pharmacy First provides the ICB an opportunity to maximise additional primary care capacity and capability.

- Hypertension case-finding service:

The maximisation of this service would provide additional capacity in primary care to benefit patients. The ethnicity of the Kent population, where Asian British is the biggest minority group, would also benefit from full implementation of the service, as CVD prevalence is higher among Asian ethnic groups. There is variability in the provision of the Hypertension case-finding service levels across Kent. Between 73% and 100% have signed up to the service in each district.

- **Smoking Cessation Advanced Service:**

The LTP states all patients admitted to hospital who smoke are to be offered NHS-funded tobacco treatment services by 2023-24. The Smoking Cessation Service (SCS) is a referral service from the hospital for patients who have been initiated on smoking cessation to continue their journey in a community pharmacy.

Smoking is the highest cause of preventable ill health and premature mortality in the UK. Smoking is a major risk factor for many diseases, such as lung cancer, COPD and heart disease. It is also associated with cancers in other organs, including lip, mouth, throat, bladder, kidney, stomach, liver and cervix. Kent has a slightly lower smoking prevalence rate than England. The SCS is well placed to support Kent smoking cessation priorities as an additional pathway and can complement locally commissioned stop smoking services.

### **Local Authority Commissioned Services**

Considerations:

- **Sexual health services:**

Kent's STI testing rates are lower when compared to England. This provides an opportunity for the local authority to maximise locally commissioned sexual health services with the community pharmacy network.

KCC and the ICB could explore the interdependencies between the LCS sexual health service and the Advanced PCS to provide a more comprehensive service offering.

- **NHS Health Checks:**

This is a national programme for people aged 40-74 that assesses a person's risk of developing diabetes, heart disease, kidney disease and stroke. It then provides the person with tailored support to help prevent the condition, advising on lifestyle changes to reduce their risk. Nationally, there are over 15 million people in this age group who should be offered an NHS Health Check once every five years, and local authorities are responsible for commissioning NHS Health Checks. Health Checks are available from other providers in Kent, e.g. GP practices.

KCC should explore opportunities to increase both uptake and pharmacy-based provision across the county to improve accessibility, particularly in districts with a higher prevalence of CVD and diabetes.

- **Medication Assisted Therapy (MAT- Substance misuse service):**

The rate of unmet need of OCU is 63% in Kent, higher than the national average of 54%. MAT, Naloxone Provision and Needle and Syringe Exchange services are currently commissioned by KCC to meet this health need. However, local gaps in geography are reported by service providers, challenging service users to travel further distances to access the service. Another issue reported by service providers is unavoidable pharmacy closures at short notice, which can prevent service users from accessing their medication.

KCC, LPC, and service providers should explore opportunities to increase service uptake and accessibility. Opportunities to strengthen contingency plans should also be explored to reduce the risk of service interruption for service users and consequential illicit drug use.

- Tier 2 Adult Weight Management Service - Pharmacy provision East Kent & Swale:

The prevalence of obesity and excess weight in Kent is 27.8% and 67%, both significantly higher than the England average and forming a priority area for Kent Public Health.

The One You Tier 2 Adult weight management service is commissioned by KCC, in collaboration with Kent Community Health NHS Foundation Trust (KCHFT) Adult Health Improvement Service, and has been offered in local East Kent and Swale pharmacies. However, due to reduced service activity, discussions between KCC and KCHFT led to the decision to withdraw the service from pharmacies following a whole system review in 2024 (KCHFT will continue to provide a Tier 2 Adult Weight Management Programme in these areas).

KCC, LPC, and service providers should continue to explore opportunities for service provision in pharmacies to improve accessibility of the existing service. Additionally, other healthy weight resources available in the area have been shared with local community pharmacists as part of the engagement with the Whole Systems Approach Team.

#### **7.2.4 Further considerations**

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 Kent, 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 local authority and 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. These themes are reflected below.

#### **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, Smoking cessation Advanced 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 should explore commissioning a local walk-in smoking cessation service that would complement the national SCS service.

This is a key issue for patients living in coastal communities where health needs are higher than non-coastal communities.

## **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.
- Public awareness campaigns should be enhanced to improve access to pharmacy services, particularly for non-English-speaking communities and those facing healthcare access barriers.
- 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.
- As required by the Equality Act 2010, it is essential that pharmaceutical services provided are accessible to all. An increased awareness of the needs of those with sensory impairments, as well as competency training amongst pharmaceutical providers and staff, will benefit service users with sensory impairment greatly. Additionally, the development and utilisation of supportive tools and technologies, as well as supportive funding, will help support providers to remain compliant with legislative responsibilities. All pharmaceutical providers should comply with the Equality Act (2010) in making reasonable adjustments for people with sensory impairment.

- Enhancing workforce preparedness and adapting healthcare infrastructure can support efforts to reduce the health risks from climate change. Pharmaceutical providers have a vital role to play by suitably organising their services to support the workforce, vulnerable individuals and those seeking advice for heat-related illnesses. Maintaining appropriate medicine storage conditions and temperature monitoring during extreme heat will be essential to maintain the integrity of medicines and the provision of an essential service.<sup>76</sup> Adapting infrastructure to withstand the impact of extreme weather will support business continuity plans and reduce the risk of service disruption.<sup>77</sup> Further utilisation of sustainability policies and tools can support the reduction of carbon emissions, development of sustainable workplaces and mitigation against the changing climate in Kent and associated health risks to residents.

Several examples for Kent's population are given below.

### **Gypsy, Roma and Traveller communities:**

Pharmaceutical services should be strategically located near Gypsy, Roma and Traveller communities to provide adaptable and inclusive services that cater to their specific requirements. Cultural Competency Training (CCT) is essential for pharmaceutical service staff to improve their understanding of Gypsy, Roma, and Traveller communities. CCT will provide staff members with the necessary knowledge and ability to deliver culturally sensitive, inclusive care, which guarantees equitable access to health services. Services should be conscious of the barriers some Gypsy, Roma and Traveller community members face, such as low/no literacy and digital exclusion, which might present a barrier for form filling and referral to other services.

A case study is presented below:

Central Pharmacy (previously located on Northdown Road; however, at the time of writing is now closed) was an important healthcare service provider for the local Roma community in Cliftonville via the provision of consistent, accessible and non-discriminatory services. This showcased an effective strategy to meet the specific needs of this population. The pharmacy was located near a significant population of Slovak and Bulgarian Roma households, ensuring accessibility.

Central Pharmacy had established trust. This sense of trustworthiness motivated members of the Roma community to pursue healthcare guidance and services. The staff exhibited cultural sensitivity, which was essential for addressing health conditions that are frequently stigmatised or misconstrued, such as mental health and sexual health issues.

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<sup>76</sup> The Pharmaceutical Journal. Heat-related illnesses: preparing for periods of high temperatures. Heat-related illnesses: preparing for periods of high temperatures - The Pharmaceutical Journal. [Accessed July 2025]. <https://pharmaceutical-journal.com/article/id/heat-related-illnesses-preparing-for-high-temperatures#h-pharmacy-preparation>

<sup>77</sup> UK Health security agency. Adverse weather and Health Plan, Protecting health from weather related harm. Adverse Weather Health Plan. [Accessed July 2025]. [https://assets.publishing.service.gov.uk/media/67fe2667694d57c6b1cf8d3c/AWHP\\_2025\\_to\\_2026.pdf](https://assets.publishing.service.gov.uk/media/67fe2667694d57c6b1cf8d3c/AWHP_2025_to_2026.pdf)



The pharmacy partnered with local services and experts engaged with Roma communities to tailor services to their distinct health and social requirements.

Central Pharmacy's strategy emphasises the significance of cultural competence, community trust, and accessibility in servicing underprivileged populations.

### **People in the justice system:**

People in the justice system struggle to access healthcare, and health issues like mental illness and substance misuse are linked to higher reoffending rates. Pharmacies can support this population through opioid substitution therapy, naloxone distribution, and continuity of care to help reduce drug-related deaths and improve rehabilitation outcomes.

### **Asylum seekers:**

Asylum seekers and refugees have complex health needs, including poorly managed non-communicable diseases, communicable diseases (e.g. measles, tuberculosis), and mental health issues such as post-traumatic stress disorder, depression and anxiety. Barriers to healthcare include language difficulties, a lack of understanding of the UK healthcare system, stigma around health issues, and financial constraints. Pharmacies play a key role in supporting this group by providing accessible healthcare advice, medication support, and referrals. To improve access, culturally sensitive services, translation support and clear health education are essential.

### **Students:**

There are a total of 44,806 full-time students in Kent (Census 2021). Students would benefit from access to Community Pharmacy Contractual Framework services such as electronic repeat dispensing, NMS, PCS and signposting to other health services.

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

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

### **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 Community Pharmacy Contractual Framework.
- 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.
- 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 Kent residents.

## Appendix A: List of pharmaceutical services providers in Kent

### Key to type of provider:

CP – Community Pharmacy

DSP – Distance Selling Pharmacy

Disp – Dispensing doctor practice

DAC – Dispensing Appliance Contractor

**Key to services:** Services listed are only those provided through community pharmacies, so they are blacked out for the dispensing doctor practices. Description of these services are available in [Sections 1.5.6.2](#), [1.5.6.3](#), [4.1](#) and [4.2](#). Pharmacies providing the services are from the signed up list unless stated otherwise.

AS1 – Pharmacy First

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

AS3 – Pharmacy Contraception Service

AS4 – Hypertension case-finding service

AS5 – New Medicine Service

AS6 – 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 Service

NES1 – COVID-19 Vaccination Service

ICBS1 – Palliative Care - Tier 1

ICBS2 – Palliative Care - Tier 2

ICBS3 – Anticoagulation Service

LAS1 – NHS Health Checks

LAS2 – Medicine Assisted Therapy

LAS3 – Naloxone Provision

LAS4 – Needle Exchange

LAS5 – Chlamydia Treatment

LAS6 – Sexual Health Dispensing

LAS7 – Emergency Oral Contraception

LAS8 – Smokefree Service

**Ashford district**

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8
Allied Pharmacy Singleton	FGC23	CP	Unit 4A Singleton Centre, Singleton, Ashford	TN23 5GR	09:00-13:00; 14:00-18:30	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-
Allied Pharmacy Willesborough	FJ846	CP	Willesborough Health Centre, Bentley Road, Willesborough, Ashford	TN24 0HZ	08:30-18:30	08:30-12:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	-	-	-	-	Y	-	-	-	-	-	-
Asda Pharmacy	FQ778	CP	Kimberley Way, Ashford	TN24 0SE	09:00-12:30; 13:00-16:30; 17:00-21:00	09:00-12:30; 13:00-16:30; 17:00-21:00	10:00-16:00	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	-	-	-	Y	
Ashworths Dispensing Chemist	FW608	CP	229 Beaver Road, Ashford	TN23 7SJ	09:00-19:00	09:00-18:00	Closed	-	-	-	Y	-	-	-	-	-	Y	-	-	-	-	Y	-	Y	-	-	-	
Boots the Chemists	FFE44	CP	Unit 4, Barrey Road, Ashford Retail Park, Sevington, Ashford	TN24 0SG	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	10:00-16:00	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	Y	-	-	Y	-	Y	-

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8
Boots the Chemists	FGC22	CP	56 High Street, Ashford	TN24 8TB	09:00-14:00; 15:00-17:30	09:00-14:00; 15:00-17:30	10:00-16:00	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	Y	-	-	Y	-	Y	-	
Boots the Chemists	FX044	CP	1-2 East Well, High Street, Tenterden	TN30 6AH	08:30-14:00; 15:00-17:30 (Fri 08:30-17:30)	08:30-14:00; 15:00-17:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	Y	-	-	-	-	-	-	
Charing Pharmacy	FT747	CP	Charing Medical Centre, 1 The Surgery Close, Ashford	TN27 0AW	08:00-18:00 (Mon 09:00-18:00)	09:00-13:00	Closed	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	Y	
Courts Pharmacy	FYC81	CP	New Hayesbank Surgery, Cemetery Lane, Kennington, Ashford	TN24 9JZ	09:00-18:30	09:00-12:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	Y	Y	Y	Y	
Delmergate Ltd	FLH05	CP	Unit 3 Eureka Place, Trinity Road, Eureka Business Park, Ashford	TN25 4BY	09:00-18:00	09:00-12:00	Closed	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	-	-	Y	
Delmergate Pharmacy	FD619	CP	Unit 1-2 Cedar Parade, Repton Avenue, Ashford	TN23 3TE	09:00-18.00	09:00-17.30	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	Y	
Hamstreet Surgery	G82186	Disp	Ruckinge Road, Hamstreet	TN26 2NJ	08:00-18:30 (Tue 08:00-17:45)	Closed	Closed	-	-																			
Ivy Court Surgery	G82114	Disp	Recreation Ground Road, Tenterden	TN30 6RB	08:00-18:30	08:00-11:30	Closed	-	-																			
Kamsons Pharmacy	FC768	CP	92 High Street, Ashford	TN24 8SE	09:00-17:30	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	Y	Y	Y	Y	
Kamsons Pharmacy	FCP30	CP	St Stephens Health Centre, St Stephens Walk, Stanhope, Ashford	TN23 5AQ	08:45-18:15	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	Y	-	-	Y	

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8
Paydens Pharmacy	FJ121	CP	Units 2-3 Mill Court, Mace Lane, Ashford	TN24 8DN	09:00-18:30	Closed	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	Y	-	-	-	-	Y	Y	Y	Y
Paydens Pharmacy	FQ178	CP	60 High Street, Tenterden	TN30 6AU	08:30-18:00	09:00-17:30	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	Y	Y	Y	Y
Tesco Pharmacy	FQQ79	CP	Hythe Road, Willesborough, Ashford	TN24 0YE	08:00-20:00	08:00-20:00	10:00-16:00	-	-	Y	Y	-	Y	Y	-	Y	-	-	-	-	-	-	-	-	-	-	-	-
Tesco Pharmacy	FTJ35	CP	Moatfield Meadow, Park Farm, Kingsnorth, Ashford	TN23 3LU	08:00-20:00	08:00-20:00	12:00-18:00	-	Y	Y	Y	-	Y	Y	-	Y	-	-	-	-	-	Y	-	-	-	-	-	-
The Charing Medical Partnership	G82094	Disp	1 Surgery Close, Charing	TN27 0AW	08:00-18:00 (Mon 09:00-18:00)	09:00-13:00	Closed	-	-																			
Well	FAH18	CP	5 Brookfield Court, Ashford	TN23 5ER	09:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	Y	Y	Y	Y
Well	FTT47	CP	126 Bridge Street, Wye, Ashford	TN25 5EA	09:00-18:00	09:00-13:00	Closed	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	Y	Y	Y	Y
Woodchurch Surgery	G82053	Disp	Front Road, Ashford	TN26 3SF	08:00-18:30	Closed	Closed	-	-																			
Wye Surgery	G82142	Disp	Oxenturn Road, Ashford	TN25 5AY	Mon, Wed 08:30-17:00; Tue, Thu 08:30-19:00; Fri 08:30-18:00	Closed	Closed	-	-																			

## Canterbury district

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8
Asda Pharmacy	FWT62	CP	Sturry Road, Canterbury	CT1 1DG	09:00-20:00	09:00-20:00	10:00-13:00; 14:00-16:00	-	-	Y	Y	Y	Y	-	Y	Y	-	-	Y	-	-	Y	-	-	-	-	-	-
Boots the Chemists	FL499	CP	33-35 High Street, Whitstable	CT5 1AP	09:00-13:00; 14:00-17:30	09:00-13:00; 14:00-17:30	Closed	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	Y	-	-	Y	-	Y	-
Boots the Chemists	FMC95	CP	Ten Perch Road, Wincheap, Canterbury	CT1 3TQ	09:00-13:00; 14:00-21:00	09:00-13:00; 14:00-21:00	10:00-16:00	Y	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	Y	-	-	-	-	-	-
Boots the Chemists	FN322	CP	114-116 Mortimer Street, Herne Bay	CT6 5EB	09:00-17:30	09:00-17:30	Closed	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	Y	-	-	-	-	-	-
Boots the Chemists	FY348	CP	12 Gravel Walk, Whitefriars, Canterbury	CT1 2TF	09:30-17:30	09:00-18:00	11:00-17:00	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	Y	-	-	Y	-	Y	-
Borno Chemists	FX681	CP	159 Station Road, Herne Bay	CT6 5NE	09:00-19:00	09:00-13:30	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	-	Y	-	Y	-	-	-	-
Bridge Pharmacy	FNP04	CP	16 High Street, Bridge, Canterbury	CT4 5JY	09:00-18:00	Closed	Closed	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	Y
Canterbury Medical Practice	G82228	Disp	The Corn Stores, Nargate Street, Littlebourne, Canterbury	CT3 1UD	08:00-11:00, 13:00-18.00	Closed	Closed	-	-																			
Chartham Surgery	G82060	Disp	Parish Road, Chartham, Canterbury	CT4 7JU	08:00-18:00	Closed	Closed	-	-																			
Cheadles Chemist	FQH60	CP	Giles Lane, Canterbury	CT2 7PB	09:00-18:00	Closed	Closed	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	
Delmergate Ltd	FFF04	CP	269 Reculver Road, Beltinge & Reculver, Herne Bay	CT6 6SR	09:00-13:00; 14:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	Y	

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Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8
Delmergate Ltd	FQR52	CP	38 Broomfield Road, Broomfield, Herne Bay	CT6 7LY	08:30-13:00; 14:00-17:30	Closed	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	Y	
Delmergate Ltd	FW510	CP	145 Reculver Road, Beltinge, Herne Bay	CT6 6PD	09:00-13:00; 14:00-17:30	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	Y	-	-	-	-	Y	
Eckersley Pharmacy	FVE32	CP	2 Northgate, Canterbury	CT1 1WJ	08:30-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	-	Y	-	-	Y	Y	Y	
Hersden Surgery	G82090	Disp	St Alban's Road, Hersden, Canterbury	CT3 4EX	08:30-13:00 (Wed 14:00-18:00)	Closed	Closed	-	-																			
Morrisons Pharmacy	FKG97	CP	Ten Perch Road, Wincheap, Canterbury	CT1 3TQ	09:00-13:30; 14:30-19:00	09:00-13:30; 14:30-19:00	10:00-16:00	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	-	-	-	-	-	Y	
Park Pharmacy	FGQ86	CP	102 Kings Road, Herne Bay	CT6 5RE	09:00-13:00; 14:00-21:00	09:00-13:00; 14:00-21:00	08:00-18:00	Y	-	Y	Y	Y	Y	Y	Y	Y	-	-	Y	Y	-	Y	-	-	Y	Y	Y	
Porter Chemist	FVR90	CP	2B Hales Drive, Canterbury	CT2 7AB	08:30-13:00; 14:00-17:30	Closed	Closed	-	-	Y	Y	Y	-	Y	-	Y	-	-	Y	Y	-	-	-	-	Y	Y	Y	
PRX Pharmacy	FLV25	CP	115 High Street, Whitstable	CT5 1AY	09:00-17:30	09:00-13:00	Closed	-	-	Y	Y	Y	-	Y	-	-	Y	-	-	-	-	Y	-	Y	-	-	-	
PRX Pharmacy	FRN90	CP	68 St Dunstans Street, Canterbury	CT2 8BN	09:00-18:00	Closed	Closed	-	-	Y	Y	Y	-	Y	-	-	Y	-	-	-	-	Y	-	Y	-	-	-	
PRX Pharmacy	FTQ52	CP	161A Station Road, Herne Bay	CT6 5NE	09:00-13:00; 14:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	-	Y	-	Y	-	-	Y	-	-	-	-	Y	
Sianora Pharmacy	FT679	CP	91 Sea Street, Herne Bay	CT6 8QQ	09:00-17:30	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	Y	-	-	-	-	Y	
Sturry Pharmacy	FJE07	CP	8 High Street, Sturry, Canterbury	CT2 0BD	09:00-18:00	09:00-13:00	Closed	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	Y	-	Y	-	-	Y	
Superdrug Pharmacy	FCF82	CP	23 St Georges Street, Canterbury	CT1 2SS	08:30-17:30	09:00-13:30; 14:00-17:30	Closed	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	Y	-	Y	Y	Y	-	
Swalecliffe Pharmacy	FD496	CP	5-7 St Johns Road, Swalecliffe, Whitstable	CT5 2QT	09:00-18:00	09:00-17:00	Closed	-	-	Y	Y	-	Y	Y	-	-	-	-	Y	-	-	Y	-	-	-	-	Y	



Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8
Tankerton Pharmacy	FC029	CP	99 Tankerton Road, Whitstable	CT5 2AJ	09:00-13:00; 14:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	-	-	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	Y
Tesco Pharmacy	FFR87	CP	Millstrood Road, Whitstable	CT5 3EE	08:00-20:00	08:00-20:00	10:00-16:00	-	Y	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	-	-	-	-	-	-	-
The Old School Surgery	G82790	Disp	Bolts Hill, Chartham, Canterbury	CT4 7JY	08:00-18:30	08:00-11:30	Closed	-	-																			
Tyrrell & Jones Seasalter	FW210	CP	28 Faversham Road, Seasalter, Whitstable	CT5 4AR	09:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-
Tyrrell & Jones Whitstable	FW164	CP	1A Tower Parade, Whitstable	CT5 2BJ	09:00-18:00	Closed	Closed	-	-	Y	Y	-	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-

## Dartford district

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8
Ackers Chemists	FH411	CP	94 Church Road, Swanscombe	DA10 0HF	09:00-18:00	09:00-18:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	Y	Y	-	-	-	-	-	Y
Asda Pharmacy	FEL35	CP	Asda Superstore, Station Road, Greenhithe	DA9 9BT	09:00-20:00	09:00-20:00	11:00-17:00	-	Y	Y	Y	Y	Y	Y	-	Y	-	-	Y	-	-	-	-	-	-	-	-	-
Boots the Chemists	FDF72	CP	South Mall, Bluewater Park, Dartford	DA9 9SJ	09:00-21:00	09:00-21:00	11:00-17:00	-	Y	Y	Y	Y	Y	Y	-	Y	Y	-	-	-	-	-	-	-	Y	Y	Y	-
Boots the Chemists	FN522	CP	46-52 High Street, Dartford	DA1 1DE	09:00-18:00	09:00-18:00	10:00-16:00	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	Y	-	-	-	-	-	-
Core Pharmacy	FTL60	CP	Horseman's Place Surgery, Instone Road, Dartford	DA1 2JP	08:30-18:15	Closed	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	Y	Y	Y	Y
Daysol Pharmacy	FFV03	CP	25 Temple Hill Square, Dartford	DA1 5HY	09:00-18:00	09:00-14:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	Y	-	Y	Y	Y	Y	-

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8
Delmergate Pharmacy	FV264	CP	Unit 4 Castle Hill Local centre, 69 Cherry Orchard, Ebbsfleet Valley	DA10 1AD	09:00-18:00	09:00-17:30	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	Y	Y	Y	Y
Hodgson Pharmacy	FA519	CP	59 Station Road, Longfield	DA3 7QA	09:00-13:00; 14:00-18:30	09.00-15:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	Y	-	-	-	Y	Y	-	-	-	-	-	Y
Homestyle Positive	FXN29	DAC	The Coach House, 1 Hedge Place Road, Horns Cross, Dartford	DA9 9JZ	08:30-17:00	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Joydens Wood Pharmacy	FPQ66	CP	2 Birchwood Parade, Wilmington	DA2 7NJ	09:00-13:00; 14:00-18:30	09:00-13:00; 14:00-16:00	Closed	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Lowfield Pharmacy	FLW40	CP	63 Lowfield Street, Dartford	DA1 1HP	09:00 - 18:00 (Wed 09:00 - 17:30)	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y
McQueen's Pharmacy	FQ405	CP	Business Unit 3, Maplehurst Close, Dartford	DA2 7WX	09:00-18:30	09:00-13:00	Closed	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y
M D Moore Pharmacy	FNX28	CP	141 Dartford Road, Dartford	DA1 3EN	09:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y
Optiwell Pharmacy	FJ038	CP	1 Homberg House, Telford Square, Dartford	DA1 5FP	08:30-18:00	09:00-13:00	Closed	-	-	Y	-	Y	Y	Y	-	Y	-	-	-	-	-	-	-	-	-	-	-	-
S & S Chopra	FV757	CP	Darent Valley Hospital, Darent Wood Road, Darent Dartford	DA2 8DA	08:30-19:00 (Fri 08:30-18:30)	09:00-15:00	Closed	-	-	Y	-	Y	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Stone Pharmacy	FY992	CP	229 London Road, Stone, Greenhithe	DA9 9DF	09:00-13:00; 14:00-18:30 (Thurs 09:00-13:00; 14:00-18:00)	09:00-13:00	Closed	-	-	Y	Y	Y	-	Y	Y	Y	-	-	-	-	-	-	-	Y	Y	Y	Y	Y

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8
Swan Valley Pharmacy	FH692	CP	Swanscombe Health Centre, Southfleet Road, Swanscombe	DA10 0BF	09:00-18:30 (Wed 09:00-19:30)	Closed	Closed	-	-	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-
The Brent Pharmacy	FN266	CP	15 The Brent, Dartford	DA1 1YD	09:00-19:00 (Tues 08:00-20:00)	09:00-17:00	Closed	-	-	Y	Y	Y	Y	Y	Y	-	-	-	-	-	Y	Y	Y	-	-	-	Y	
West Hill Pharmacy	FWL74	CP	68-70 West Hill, Dartford	DA1 2EU	08:30-18:30	09:00-17:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	-	-	-	-	Y	Y	Y	Y	

## Dover district

Pharmacy (7)

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8
A A Beggs	FQ951	CP	32 Pencester Road, Dover	CT16 1BW	09:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	Y	-	-	-	Y	Y	Y	Y	
Boots the Chemists	FC432	CP	39 High Street, Deal	CT14 6EL	09:00-13:30; 14:30-17:30	09:00-13:30; 14:30-17:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	Y	-	Y	-	-	Y	
Boots the Chemists	FQD20	CP	19 Biggin Street, Dover	CT16 1BH	09:00 -13:00; 14:00-17:30	09:00 -13:00; 14:00-17:30	10:00-16:00	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	Y	-	Y	Y	-	Y	Y
Buckland Medical Centre	G82700	Disp	The Droveaway, St Margarets Bay, Dover	CT15 6BT	08:30-12:30, 15:30-18:00 (Wed 08:30-12:30)	Closed	Closed	-	-																			
Cairns Chemist	FN394	CP	51 London Road, Dover	CT17 0SP	08:30-18:30	09:00-17:30	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	Y	-	Y	-	-	Y	Y	Y	Y
Clockwork Pharmacy	FQ889	CP	7 High Street, Deal	CT14 7AA	09:00-17:30	09:00-15:00	Closed	-	-	Y	Y	-	Y	Y	Y	Y	Y	-	-	-	-	Y	-	-	-	-	-	-
Eastray Pharmacy	FL902	CP	The Cross, Eastray, Sandwich	CT13 0HG	09:00-18:00	09:00-17:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	Y	-	-	-	-	-	Y
Golf Road Pharmacy	FD647	CP	37B Golf Road, Deal	CT14 6PY	08:30-18:00	09:00-12:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	-	-	Y	-	-	Y	Y	Y	Y

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8
Grace Chemist	FCR51	CP	127 Folkestone Road, Dover	CT17 9SG	08:30-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	Y	Y	Y	Y	
High Street Surgery	G82117	Disp	43 Sandwich Road, Whitfield, Dover	CT16 3LT	08:00-13:00	Closed	Closed	-	-																			
Lydden Surgery	G82227	Disp	114 Canterbury Road, Lydden, Dover	CT15 7ET	08:00-18:30	Closed	Closed	-	-																			
Paydens Pharmacy	FA431	CP	108 High Street, Dover	CT16 1EG	09:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	Y	-	Y	Y	Y	Y	
Paydens Pharmacy	FAJ20	CP	The New Medical Centre, St Richards Road, Deal	CT14 9LF	08:30-18:30	09:00-13:00	Closed	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	Y	-	-	Y	Y	Y	
Paydens Pharmacy	FPP49	CP	Canada Road, Deal	CT14 7EQ	09:00-13:00; 14:00-21:00	09:00-13:00; 14:00-21:00	08:00-18:00	Y	-	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	Y	-	-	-	-	Y	Y	Y	
Queen Street Pharmacy	FG853	CP	17 Queens Street, Deal	CT14 6EY	08:45-13:00; 14:00-17:30	08:45-13:00	Closed	-	-	-	Y	-	Y	Y	Y	Y	Y	-	-	-	-	Y	-	-	Y	Y	Y	
River Pharmacy	FDT19	CP	1 Chilton Way, River, Dover	CT17 0QB	09:00-18:00	09:00-13:00	Closed	-	Y	Y	Y	-	Y	Y	-	Y	Y	-	-	-	-	-	-	-	-	-	-	
Strand Pharmacy	FLM10	CP	51 The Strand, Walmer, Deal	CT14 7DP	09:00-18:00	09:00-12:30	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	-	Y	Y	Y	
Tesco Pharmacy	FY051	CP	White Cliffs Business Park, Honeywood Parkway, Whitfield, Dover	CT16 3PS	08:00-20:00	08:00-20:00	10:00-16:00	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	-	-	-	-	-	-	
Walmer Pharmacy	FH350	CP	315 Dover Road, Walmer, Deal	CT14 7NX	09:00-17:00	Closed	Closed	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	Y	
White Cliffs Medical Centre	G82729	Disp	Mill Lane, Shepherdswell	CT15 7QQ	08:30-18:00 (Tue 08:30-13:00)	Closed	Closed	-	-																			

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8
White Cliffs Pharmacy	FH091	CP	141 Folkestone Road, Dover	CT17 9SG	08:00-21:00	08:00-20:00	Closed	Y	-	Y	Y	Y	Y	Y	-	Y	Y	-	Y	Y	-	-	-	-	-	-	-	-
Your Local Boots Pharmacy	FH171	CP	22 The Street, Ash, Canterbury	CT3 2EW	Mon, Wed 09:00-13:00, 14:00-18:30; Tue, Thu 09:00-13:00, 14:00-18:00; Fri 09:00-13:00, 14:00-18:15	09:00-13:00	Closed	-	Y	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	-	-	-	-	Y	Y	
Your Local Boots Pharmacy	FHJ53	CP	17 Market Street, Sandwich	CT13 9DA	09:00-18:00	09:00-13:00; 13:30-17:00	Closed	-	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	Y	-	-	-	-	-	-	
Your Local Boots Pharmacy	FK566	CP	Aylesham Health Centre, Queens Road, Aylesham Canterbury	CT3 3BB	08:30-13:00; 14:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	Y	-	-	-	-	-	Y	

## Folkestone and Hythe district

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8
Allied Pharmacy New Romney	FE443	CP	63 High Street, New Romney	TN28 8AL	09:00-19:00	09:00-17:30	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	Y	-	-	-	-	-	-
Boots the Chemists	FAN67	CP	95-97 High Street, Hythe	CT21 5JH	09:00-13:00; 14:00-17:30	09:00-13:00; 14:00-17:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	Y	-	-	-	-	-	-
Boots the Chemists	FVM32	CP	24-26 Sandgate Road, Folkestone	CT20 1DP	09:00-14:00; 15:00-17:30	09:00-14:00; 15:00-17:30	10:00-16:00	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	Y	-	Y	-	-	Y	-
Central Pharmacy	FJW93	CP	104 Cheriton Road, Folkestone	CT20 2QN	09:00-18:00	09:00-13:00	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	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8
Church Road Surgery	G82652	Disp	Church Road, Lyminge	CT18 8HY	Mon, Tue 08:00-18.30, Wed 08:00-15:00, Thu 08:00-14:00, Fri 08:00-13:30	Closed	Closed	-	-																			
Eakins Chemist	FYD13	CP	110 High Street, Hythe	CT21 5LE	09:00-18:30	09:00-17:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	-	Y	Y	Y	Y
Ferris Pharmacy	FCA09	CP	41-43 High Street, Dymchurch	TN29 0NH	09:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	Y	Y	Y	Y
Guildhall Pharmacy	FFV40	CP	110 Guildhall Street, Folkestone	CT20 1ES	09:00-13:00; 14:00-18:30	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	Y	Y	Y	-	Y	Y	Y	Y	Y
Jhoots Pharmacy	FW329	CP	180 Sandgate Road, Folkestone	CT20 2HN	09:00-13:00; 14:00-19:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-
Lyminge Pharmacy	FKD29	CP	21 Station Road, Lyminge, Folkestone	CT18 8HQ	09:00-13:00, 14:00-18:30 (Fri 09:00-13:00, 14:00-17:30)	09:00-13:00	Closed	-	-	Y	Y	-	Y	Y	Y	-	Y	-	-	Y	-	-	-	-	-	-	-	-
McArdle Pharmacy	FL417	CP	41 Canterbury Road, Folkestone	CT19 5NJ	09:00-13:00; 14:00-18:30	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	-	Y	Y	-	Y	-	-	Y	Y	Y	Y
Mistvale Chemist	FEC04	CP	127 Canterbury Road, Folkestone	CT19 5NR	09:00-13:00; 14:00-19:00	09:00-15:00	Closed	-	-	Y	Y	Y	Y	-	-	-	Y	-	-	-	-	Y	-	-	Y	Y	Y	-
New Lyminge Surgery	G82684	Disp	Green Banks, Lyminge	CT18 8NS	08:30-18:30 (Fri 08:30-18:00)	Closed	Closed	-	-																			
Paydens Pharmacy	FAH47	CP	97 Canterbury Road, Hawkinge, Folkestone	CT18 7BS	Mon 08:45-18:30; Tue-Thu 08:45-18:00; Fri 08:30 - 18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	Y	-	-	Y	Y	Y	Y
Paydens Pharmacy	FKD01	CP	38 Cheriton High Street, Folkestone	CT19 4ET	09:00-18:00	09:00-17:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	-	Y	Y	Y	Y

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Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8
Paydens Pharmacy	FR888	CP	Oaklands, Stade Street, Hythe	CT21 6BD	09:00-13:00; 14:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	Y	-	-	Y	Y	Y	Y
Sellindge Surgery	G82658	Disp	Main Road, Sellindge, Ashford	TN25 6JX	09:00-12:30, 14:00-18:00 (Wed 09:00-13:00)	Closed	Closed	-	-																			
Superdrug Pharmacy	FTG23	CP	42-44 Sandgate Road, Folkestone	CT20 1DW	08:30-17:30	09:00-17:30	Closed	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	Y	-	-	-	-	-	-
Taylor's Pharmacy	FLD21	CP	362-364 Cheriton Road, Folkestone	CT19 4DX	09:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	Y	Y	Y	Y
Tesco Pharmacy	FX457	CP	Cheriton High Street, Folkestone	CT19 4QJ	09:00-21:00	09:00-21:00	10:00-16:00	Y	-	Y	-	-	Y	Y	-	Y	-	-	-	-	-	-	-	-	-	-	-	-
Vision Pharmacy	FDW29	CP	3a-3b Defiant Close, Hawkinge, Folkestone	CT18 7SU	08:00-21:00 (Fri 08:00-22:00)	08:00-21:00	13:30-17:30	Y	-	Y	Y	Y	Y	Y	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-
Well	FHY22	CP	13 Dunes Road, Greatstone, New Romney	TN28 8SS	09:00-18:00	09:00-13:00	Closed	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	Y	Y	Y	Y
Well	FJE95	CP	25 High Street, Lydd	TN29 9AH	09:00-18:00	09:00-13:00	Closed	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	Y	

## Gravesham district

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8
Asda Pharmacy	FWW55	CP	Thames Way, Gravesend	DA11 0DQ	09:00-12:30; 13:00-16:30; 17:00-21:00	09:00-12:30; 13:00-16:30; 17:00-21:00	10:00-16:00	Y	-	Y	Y	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	-	-	-	-	-
Boots the Chemists	FHY96	CP	9 Kempthorne, St George's Centre, Gravesend	DA11 0TA	09:30-14:00; 15:00-17:30	09:30-14:00; 15:00-15:30	Closed	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	Y	-	-	Y	-	Y	-
Darnley Pharmacy	FHT34	CP	17 Pelham Road, Gravesend	DA11 0HN	08:30-13:00; 13:30-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	Y	Y	-	Y	Y	Y	Y

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8
Downs Way Medical Practice	G82809	Disp	Worcester Close, Istead Rise, Gravesend	DA13 9LB	08:45-12:00, 15:00-18:30	Closed	Closed	-	-																			
Echo Pharmacy	FQ897	CP	Oakfield Health Centre, Off Windsor Road, Gravesend	DA12 5BW	09:00-13:00; 14:00-19:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	Y	-	-	-	Y	Y	Y	Y
Gravesend Medical Centre Pharmacy	FLJ66	CP	Gravesend Medical Centre, 1 New Swan Yard, Gravesend	DA12 2EN	09:00-13:00; 14:00-18:00	Closed	Closed	-	-	Y	Y	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	
Gravesend Pharmacy	FPT72	CP	Vale Road, Northfleet, Gravesend	DA11 8BZ	09:00-18:30	09:00-13:00	Closed	-	-	Y	Y	-	Y	Y	-	-	Y	-	-	-	Y	-	-	-	-	-	Y	
Hill Pharmacy	FHV64	CP	7 The Hill, London Road, Northfleet	DA11 9EU	09:00-18:30	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y
Istead Rise Pharmacy	FEH10	CP	54 Istead Rise, Gravesend	DA13 9JF	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-16:00	Closed	-	Y	Y	Y	-	Y	Y	-	-	-	-	-	Y	-	-	-	-	-	-	-	
Kings Pharmacy	FH758	CP	22a Kitchener Avenue, Gravesend	DA12 5HY	11:00-21:00 (Tue-Wed 10:00-21:00)	11:00-21:00	07:00-17:00	Y	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	Y	-	-	Y	Y	Y	Y	
Lawsat Pharm Ltd	FW759	CP	4 School Lane, Higham, Rochester	ME3 7AT	08:30-13:00; 14:00-18:00	08:30-13:00	Closed	-	Y	Y	Y	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	
Lion Pharmacy	FHA64	CP	202 Rochester Road, Chalk, Gravesend	DA12 4TY	09:00-18:00	09:00-13:00	Closed	-	-	Y	Y	-	Y	Y	-	Y	-	-	-	-	Y	-	-	-	-	-	-	
Meopham Pharmacy	FW564	CP	Wrotham Road, Meopham, Gravesend	DA13 0HP	09:00-13:00; 14:00-17:30	09:00-13:00	Closed	-	Y	Y	Y	-	Y	Y	-	-	-	-	-	Y	Y	-	-	-	-	-	-	
Meopham Medical Centre	G82073	Disp	Wrotham Road, Meopham	DA13 0AH	08:00-18:30	Closed	Closed	-	-																			
NB Pharmacy Ltd	FDT87	CP	44 Old Road West, Gravesend	DA11 0LJ	09:00-13:00; 14:00-18:00	Closed	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	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8
Nicholson & Keep	FRY03	CP	1 The Parade, Valley Drive, Gravesend	DA12 5RT	09:00-13:00; 14:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	Y	-	Y	-	-	-	-	-
Pender Chemist	FPC66	CP	29 Dene Holm Road, Painters Ash Estate, Northfleet	DA11 8LG	09:00-13:00; 14:00-17:30	09:00-13:00; 14:00-16:00	Closed	-	-	Y	Y	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Pender Pharmacy	FN439	CP	49 High Street, Gravesend	DA11 0AY	09:00-18:00	Closed	Closed	-	-	Y	Y	-	-	-	-	-	Y	-	-	-	-	Y	-	-	-	-	-	Y
R S Bains	FY771	CP	2 Livingstone Road, Gravesend	DA12 5DZ	09:00-13:00; 14:15-18:00	09:00-13:00	Closed	-	-	Y	Y	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	Y
Regent Pharmacy	FRK37	CP	19-20 Windmill Street, Gravesend	DA12 1AS	09:00-18:00	09:00-17:30	Closed	-	-	-	Y	-	-	-	-	-	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y
Riverview Pharmacy	FXG77	CP	10 The Alma, Leander Drive, Gravesend	DA12 4NG	09:00-18:00	09:00-13:00	Closed	-	-	Y	Y	-	Y	Y	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-
Singlewell Pharmacy	FA066	CP	133 Singlewell Road, Gravesend	DA11 7QA	09:00-13:00; 14:00-19:00 (Wed- Thurs 09:00-13:00; 14:00-18:00)	09:00-14:00	Closed	-	-	Y	Y	-	Y	Y	-	-	Y	-	-	-	-	-	-	-	-	-	-	-
Shorne Village Surgery	G82809 001	Disp	Crown Lane, Shorne, Gravesend	DA12 3DY	Mon, Tue, Thu 08:45-12:00, 15:00-18:30; Wed, Fri 08:45-12:00	Closed	Closed	-	-																			
Vigo Pharmacy	FPW21	CP	7 The Bay, Vigo Village, Meopham	DA13 0TD	08:45-13:00; 14:00-17:30	09:00-13:00	Closed	-	Y	Y	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Williams Chemists	FC312	CP	120 Vale Road, Northfleet	DA11 8BS	09:00-13:00; 14:15-18:15	09:00-13:00; 14:15-16:00	Closed	-	-	Y	Y	-	Y	Y	-	-	Y	-	-	-	-	-	-	-	-	-	-	-

## Maidstone district

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8
Allcures Plc	FA015	CP	Headcorn Surgery, Grigg Lane, Headcorn, Ashford	TN27 9AA	09:00-18:00	09:00-17:30	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	-	-	-	-	-	-	-	Y	-	Y	-
Allied Pharmacy Shepway	FR050	CP	12 Northumberland Court, Shepway, Maidstone	ME15 7LW	09:00-18:00 (Wed 09:00 - 17:30)	09:00-16:45	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	-	-	-	-	Y	-	-	-	-	-	-
Allington Pharmacy	FG217	CP	12-13 Mid Kent Shopping Centre, Castle Road, Allington, Maidstone	ME16 0PU	09:00-17:30	09:00-17:00	Closed	-	-	Y	Y	-	Y	Y	-	-	Y	-	-	-	-	-	-	-	-	-	-	-
Barming Pharmacy	FW833	CP	449 Tonbridge Road, Barming, Maidstone	ME16 9LH	09:00-17:30	09:00-17:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	Y
Bearsted Medical Practice	G82074	Disp	Yeoman Lane, Bearsted, Maidstone	ME14 4DS	08:30-17:30	Closed	Closed	-	-																			
Boots the Chemists	FAR64	CP	18 Fremlin Walk, Maidstone	ME14 1QP	08:30-14:00; 15:00-17:15	08:30-14:00; 15:00-17:15	Closed	-	-	Y	Y	Y	Y	Y	Y	-	-	-	-	-	Y	-	-	Y	-	Y	-	-
Boots the Chemists	FH330	CP	56-62 King Street, Maidstone	ME14 1BW	09:00-18:00	09:00-17:30	10:30-16:00	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	Y	-	-	Y	-	Y	-	-
Cobtree Medical Practice	G82229 001	Disp	6 Southways, Sutton Valence, Maidstone	ME17 3HT	Mon - Fri 8:00 - 13:00, 14:00 - 18:00	Closed	Closed	-	-																			
Coxheath Pharmacy	FML35	CP	97 Heath Road, Coxheath, Maidstone	ME17 4EH	09:00-18:30	09:00-16:30	Closed	-	-	Y	Y	Y	Y	Y	-	-	Y	-	-	-	Y	-	-	-	-	-	-	-
Grove Green Pharmacy	FED41	CP	3-4 Minor Centre, Grove Green, Maidstone	ME14 5TQ	09:00-18:00 (Thurs / Fri 09:00-18:30)	09:00-17:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	Y

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8
Hobbs Pharmacy	FM749	CP	1 Bower Mount Road, Maidstone	ME16 8AX	09:00-13:00; 14:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	Y	-	Y	-	-	-	Y	-	-	-	-	-	-	Y
Len Valley Practice	G82093	Disp	Groom Way, Lenham	ME17 2QF	08:30-12:30, 14:00-18:30	Closed	Closed	-	-																			
Link Pharmacy	FMW71	CP	88a Kings Street, Maidstone	ME14 1BH	08:00 - 21:00 (Wed / Fri 09:00 - 21:00)	09:00-18:00	Closed	Y	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	-	Y	Y	Y	Y	Y	-	Y	Y
Marden Medical Centre	G82215	Disp	Church Green, Marden, Tonbridge	TN12 9HP	09:00-13:00, 14:00-18:30	Closed	Closed	-	-																			
Marden Pharmacy	FNH47	CP	2 High Street, Marden, Tonbridge	TN12 9DP	09:00-13:00, 14:00-18:00	09:00-13:00	Closed	-	Y	Y	Y	Y	Y	Y	-	Y	-	Y	-	-	-	Y	-	-	Y	-	Y	Y
Mediclinic Pharmacy	FGJ62	CP	2-4 Longshaw Road, Maidstone	ME15 9JD	09:00-17:30	09:00-16:45	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	Y	-	Y	-	-	-	
Mediphararmacy	FW377	CP	13A Tonbridge Road, Maidstone	ME16 8RL	07:00-14:00; 15:00-21:00	15:00-21:00	10:00-17:00	Y	-	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	-	-	Y	-	-	-	-	-	
Morrisons Pharmacy	FN614	CP	Sutton Road, Maidstone	ME15 9NN	09:00-19:00	09:00-19:00	10:00-16:00	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	Y	-	-	-	-	-	
Paydens Pharmacy	FHF29	CP	126-128 Ashford Road, Bearsted, Maidstone	ME14 4LX	09:00-18:00	09:00-17:30	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	Y	-	Y	Y
Paydens Pharmacy	FTN04	DSP	Gate House, Wallis Avenue, Maidstone	ME15 9NE	08:30-18:30	Closed	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	
Paydens Pharmacy	FV068	CP	7 Boughton Parade, Loose Road, Maidstone	ME15 9QD	09:00-17:30	09:00-17:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	Y	-	Y	Y	
Paydens Pharmacy	FYX54	CP	100 Week Street, Maidstone	ME14 1RH	09:00-17:30	09:00-11:30	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	Y	Y	Y	-	Y	Y	Y	
Penenden Heath Pharmacy	FRW04	CP	321 Boxley Road, Penenden Heath, Maidstone	ME14 2HN	09:00-18:00	09:00-13:00	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	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8
Saxon Warrior Pharmacy	FKH43	CP	The Square, Lenham	ME17 2PG	09:00-17:30	09:00-13:00	Closed	-	Y	Y	Y	Y	Y	Y	-	Y	Y	-	Y	-	-	Y	-	-	-	-	-	-
Spires Pharmacy	FHH49	CP	4 The Spires Centre, Deringwood Drive, Maidstone	ME15 8XW	09:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	Y	-	Y	Y
Staplehurst Pharmacy	FHJ08	CP	The Parade, High Street, Staplehurst	TN12 0AA	09:00-19:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	-	-	-	Y	-	-	-	Y	-	-	-	-	-	-	-
Sutton Valence Surgery	G82229	Disp	South Lane, Sutton Valence, Maidstone	ME14 5UY	08:00-13:00, 14:00-18:00	Closed	Closed	-	-																			
The Orchard Surgery	G82691	Disp	Horseshoes Lane, Langley, Maidstone	ME17 3JY	08:30-18:30	Closed	Closed	-	-																			
Walding Surgery	G82141	Disp	Burgess Bank, Benover Road, Maidstone	ME18 6ES	09:00-13:00, 14:00-18:30	Closed	Closed	-	-																			

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## Sevenoaks district

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8
Amherst Medical Practice	G82013	Disp	High Street, Brasted	TN16 1HU	08:30-12:30, 14:00-18:30	Closed	Closed	-	-																			
Asda Pharmacy	FM106	CP	1 Alexander Grove, London Road, Swanley	BR8 7UN	09:00-12:30; 13:00-16:30; 17:00-21:00	09:00-12:30; 13:00-16:30; 17:00-21:00	10:00-16:00	Y	-	Y	Y	Y	Y	Y	-	Y	-	Y	-	-	-	-	-	-	-	-	-	-
Bat & Ball Pharmacy	FJK28	CP	133 St Johns Hill, Sevenoaks	TN13 3PE	09:00-13:00; 14:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	-	Y	-	Y	Y	-	-	-	-	Y	-	-	-	-	-	Y
Boots the Chemists	FL061	CP	27 High Street, Edenbridge	TN8 5AD	09:00-12:30; 13:30-17:30	09:00-12:30; 13:30-17:30	Closed	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	Y	-	-	-	-	-	-
Boots the Chemists	FPX45	CP	120 High Street, Sevenoaks	TN13 1XA	09:00-18:00	09:00-18:00	10:00-16:00	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	Y	-	-	Y	-	Y	-

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Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8
Day Lewis Chemist	FJ098	CP	2 The Square, Riverhead, Sevenoaks	TN13 2AA	09:00-13:00; 14:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	Y	-	-	Y	-	Y	Y	
Day Lewis Pharmacy	FCP91	CP	7 Market Square, Westerham	TN16 1AN	09:00-18:00	09:00-13:00	Closed	-	Y	Y	Y	Y	Y	Y	-	Y	-	-	-	-	Y	-	-	Y	-	Y	Y	
Delmergate Ltd	FFW86	CP	10 Tubs Hill Parade, London Road, Sevenoaks	TN13 1DH	09:00-13:00; 14:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	Y	-	Y	Y	
Edenbridge Medical	G82019	Disp	Four Elms Road, Edenbridge	TN8 6FY	08:30-18:30	Closed	Closed	-	-																			
Farningham Surgery/Braeside	G82218	Disp	Gorse Hill, Farningham, Dartford	DA4 0JU	Mon, Wed 08:30-13:00, 15:30-19:20; Tue, Thu, Fri 08:30-13:00, 15:30-18:30	Closed	Closed	-	-																			
Hobbs Pharmacy	FWR04	CP	Holmesdale Road, South Darenth, Dartford	DA4 9AF	09:00-17:30	09:00-12:30	Closed	-	Y	Y	Y	Y	Y	Y	Y	-	Y	-	-	-	Y	-	-	-	-	-	-	
Kemsing Pharmacy	FAX59	CP	21A West End, Kemsing	TN15 6PX	09:00-18:00	09:00-13:00	Closed	-	Y	Y	Y	-	Y	Y	-	-	Y	-	-	-	Y	-	-	-	-	-	-	
Otford Pharmacy	FTL24	CP	4 High Street, Otford, Sevenoaks	TN14 5PQ	08:35-18:30	09:00-13:00; 14:15-17:00	Closed	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Paydens Pharmacy	FMG20	CP	36 High Street, Edenbridge	TN8 5AJ	09:00-17:30	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	Y	-	Y	Y	
Paydens Pharmacy	FRQ32	CP	21-23 London Road, Sevenoaks	TN13 1AR	09:00-18:00	09:00-17:30	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	Y	Y	-	Y	-	Y	Y
SevenoaksPharmacy	FW580	CP	42 Dartford Road, Sevenoaks	TN13 3TQ	09:00-13:00; 14:00-17:30	09:00-13:00	Closed	-	-	Y	Y	-	Y	-	-	-	Y	-	-	-	Y	-	Y	-	-	-	-	
Swanley Pharmacy	FND39	CP	47 Swanley Centre, Swanley	BR8 7TQ	09:00-18:00	09:00-14:00	Closed	-	-	Y	-	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	
The Westerham Practice	G82092	Disp	173 Main Road, Sundridge	TN14 6EH	08:00-12:30, 13:30-18:00	Closed	Closed	-	-																			

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8
Village Pharmacy	FWT48	CP	15 Main Road, Hextable, Swanley	BR8 7RB	09:00-13:00, 13:30-18:30 (Wed 09:00-13:00, 13:30-18:00)	09:00-13:00	Closed	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	Y	-	Y	Y
Village Pharmacy	FX677	CP	2 The Row, New Ash Green, Dartford	DA3 8JB	09:00-18:00	09:00-17:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	Y	-	Y	-	-	-	Y	Y	Y	Y
Warders (administrative)	G82059	Disp	The Village Hall, Penshurst	TN11 8BP	08:00-12:30, 16:00-18:30 (Thu 08:00-12:30)	Closed	Closed	-	-																			
Well	FL923	CP	25 Swanley Centre, Swanley	BR8 7TG	08:30-18:30	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	Y	-	-	-	-	-	Y
West Kingsdown Pharmacy	FPK79	CP	36 Hever Road, West Kingsdown, Sevenoaks	TN15 6HD	09:00-18:00	09:00-17:30	Closed	-	-	Y	Y	-	Y	Y	-	-	Y	-	-	-	-	-	-	-	-	-	-	-

## Swale district

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8
Asda Pharmacy	FQ129	CP	Trinity Trading Estate, Mill Way, Sittingbourne	ME10 2PD	09:00-12:30; 13:00-16:30; 17:00-21:00	09:00-12:30; 13:00-16:30; 17:00-21:00	10:00-16:00	Y	-	Y	Y	Y	Y	Y	-	Y	-	Y	-	-	-	-	-	-	-	-	-	-
Austinoma Chemist	FJP35	CP	Green Porch House, Green Porch Close, Sittingbourne	ME10 2HA	09:00-19:00 (Wed 09:00-13:00)	09:00-12:00	Closed	-	-	Y	Y	-	-	Y	-	-	-	-	-	-	Y	-	-	-	-	-	-	-
Boots the Chemists	FF255	CP	59 High Street, Sheerness	ME12 1NT	09:00-14:00; 15:00-17:30	09:00-14:00; 15:00-17:30	Closed	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	Y	-	-	-	-	-	Y
Boots the Chemists	FMJ37	CP	122 High Street, Sittingbourne	ME10 4PL	09:30-14:00; 15:00-17:30	09:00-14:00; 15:00-17:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	Y	-	-	Y	-	Y	-



Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8
Newington Pharmacy	FPK82	CP	44 Newington High Street, Newington, Sittingbourne	ME9 7JL	09:00-18:00	09:00-13:00	Closed	-	Y	Y	Y	-	-	Y	-	-	-	-	-	-	Y	-	-	-	-	-	-	
Newton Place Pharmacy	FL519	CP	Newton Place Surgery, Newton Road, Faversham	ME13 8FH	08:00-21:00	13:00-21:00	10:00-17:00	Y	-	Y	Y	Y	Y	Y	-	Y	-	-	Y	-	-	-	-	Y	Y	Y	Y	
Paydens	FPH84	CP	14 Cross Lane, Faversham	ME13 8PN	08:30-18:30	08:45-12:45	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	-	Y	-	-	-	Y	
Paydens Pharmacy	FNE00	CP	Sheerness Health Centre, High Street, Sheerness	ME12 1UP	09:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	Y	Y	-	-	Y	Y	Y	
Pharmachem Limited	FHC28	CP	57 St Georges Avenue, Sheerness	ME12 1QU	09:00-18:30	Closed	Closed	-	-	Y	Y	Y	-	Y	Y	Y	Y	-	-	-	Y	-	-	-	-	-	Y	
Pharmachem Limited	FRE25	CP	Sheppey Hospital, Plover Road, Minster Sheppey	ME12 3LT	08:00-18:00	09:00-18:00	Closed	-	-	Y	Y	Y	-	Y	Y	Y	Y	-	-	-	-	-	-	Y	Y	Y	Y	
Pharmachem Limited	FWC48	CP	Memorial Hospital, Bell Road, Sittingbourne	ME10 4XX	09:00-18:00	09:00-12:00	Closed	-	-	Y	Y	Y	-	Y	Y	Y	Y	-	-	-	-	-	-	Y	Y	Y	Y	
Superdrug Pharmacy	FGR31	CP	78-80 High Street, Sittingbourne	ME10 4AJ	09:00-17:30	09:00-17:30	Closed	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	Y	-	-	-	-	-	-	
Superdrug Pharmacy	FVQ76	CP	87-93 High Street, Sheerness	ME12 1TX	08:30-17:30	09:00-13:30; 14:00-17:30	Closed	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	Y	-	-	-	-	-	-	
St George's Medical Centre	G82057	Disp	55 St George's Avenue, Sheerness	ME12 1QU	08:30-18:30	Closed	Closed	-	-																			
Tesco Pharmacy	FDC87	CP	Bridge Road, Sheerness	ME12 1RH	08:00-20:00	08:00-20:00	10:00-16:00	-	-	Y	Y	-	Y	Y	-	Y	-	-	-	-	-	-	-	-	-	-	-	
Tesco Pharmacy	FQP92	CP	Crescent Road, Faversham	ME13 7AS	09:00-21:00	09:00-21:00	10:00-16:00	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	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8
Well	FAP99	CP	2 Railway Terrace, Queenborough	ME11 5AY	09:00-18:00	Closed	Closed	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	Y	-	-	-	-	-	Y	
Well	FDY10	CP	85-89 East Street, Sittingbourne	ME10 4BL	09:00-18:00	09:00-12:15	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	Y	-	-	-	-	-	-	

## Thanet district

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8									
										AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8									
										Asda Pharmacy	FWL90	CP	Westwood Road, Broadstairs	CT10 2NR	09:00-12:30; 13:00-16:30; 17:00-21:00	09:00-12:30; 13:00-16:30; 17:00-21:00	10:00-16:00	Y	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	-	-	-	-	-	
										Asda Pharmacy	FWT87	CP	56 Chatham Street, Ramsgate	CT11 7PR	09:00-12:30; 13:00-16:30; 17:00-21:00	09:00-12:30; 13:00-16:30; 17:00-21:00	10:00-16:00	Y	-	Y	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	-	Y	Y	Y	-
										Baxters Pharmacy	FMJ98	CP	164 Canterbury Road, Garlinge, Margate	CT9 5JW	09:00-13:00; 14:00-17:30	09:00-13:00; 14:00-17:30	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	Y	-	-	-	Y	Y	Y	Y	
										Boots the Chemists	FG484	CP	7-13 High Street, Ramsgate	CT11 9AB	09:00-17:30	09:00-17:30	Closed	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	Y	-	Y	Y	-	Y	-
										Boots the Chemists	FJ908	CP	69 High Street, Margate	CT9 1JN	09:00-17:30	09:00-17:30	Closed	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	Y	-	-	Y	-	Y	-
										Boots the Chemists	FK196	CP	Unit 4 Westwood Cross, Margate Road, Broadstairs	CT10 2BF	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	10:00-15:00	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	Y	-	-	Y	-	Y	-
										Boots the Chemists	FM891	CP	14 High Street, Broadstairs	CT10 1LH	09:00-13:00; 14:00-17:30	09:00-13:00; 14:00-17:30	Closed	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	-	Y	-	Y	Y	
Boots the Chemists	FRD04	CP	36 St Mildreds Road, Westgate- on-sea	CT8 8RF	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	Y	-	-	Y	-	Y	-										

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8
Courts Pharmacy	FH765	CP	156-162 Grange Road, Dashwood Medical Centre, Ramsgate	CT11 9PR	09:00-18:00	09:00-12:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	Y	-	-	Y	-	-	Y	Y	Y	Y
Courts Pharmacy	FP984	CP	67-69 Station Road, Birchington	CT7 9RE	09:00-17:30	09:00-17:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	Y	-	-	Y	Y	Y	Y
Day Lewis Pharmacy	FVR49	CP	38A St Anthony's Way, Margate	CT9 3RB	09:00-13:00; 13:20-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	Y	-	-	Y	Y	Y	-
Fittleworth Medical Limited	FXW55	DAC	Unit 3 Ozengell Place, Eurokent Business Park, Ramsgate	CT12 6PB	09:00-15:00	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Minster Surgery	G82107	Disp	75 High Street, Minster, Ramsgate	CT12 4AB	08:30-18:30	Closed	Closed	-	-																			
Newington Pharmacy	FDK91	CP	47 Newington Road, Ramsgate	CT12 6EW	08:30-13:00; 14:00-18:00	09:00-12:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	-	-	-	-	Y	-	Y	Y	Y	Y	Y
Northdown Pharmacy	FF270	CP	261-263 Northdown Road, Cliftonville, Margate	CT9 2PN	09:00-13:00; 14:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	Y	-	-	-	-	Y	-	-	Y	Y	Y	-
Palm Bay Pharmacy	FFQ34	CP	The Northdown, 35 Summerfield Road, Cliftonville, Margate	CT9 3EZ	09:00-18:00	Closed	Closed	-	Y	Y	Y	Y	Y	Y	-	Y	Y	-	-	-	-	-	-	-	Y	Y	Y	Y
Paydens Pharmacy	FD742	CP	15 The Broadway, Broadstairs	CT10 2AD	09:00-17:30	09:00-12:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	Y	-	-	-	-	-	-	Y
Paydens Pharmacy	FD763	CP	5-9 Hawley Street, Margate	CT9 1PU	09:00-13:00, 14:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	Y	Y	-	Y	Y	Y	Y	Y
Paydens Pharmacy	FGN90	CP	Minnis Road, Birchington	CT7 9SF	09:00-18:30	Closed	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	Y	Y	Y	Y

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8
Paydens Pharmacy	FJ719	CP	Montefiore Medical Centre, Dumpton Park Drive, Ramsgate	CT11 8AD	08:30-18:30	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	Y	Y	-	-	Y	Y	Y	Y
Paydens Pharmacy	FJP76	CP	74-76 St Mildreds Road, Westgate-on-Sea	CT8 8RF	09:00-18:00	09:00-12:30	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	Y	-	Y	Y
Pierremont Pharmacy	FW489	CP	73-75 High Street, Broadstairs	CT10 1NQ	08:30-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	-	-	Y	-	Y	-	-	-	-	-	-
Ramsgate Pharmacy	FJV92	CP	3-5 King Street, Ramsgate	CT11 8NN	09:00-17:30	09:00-13:00	Closed	-	-	Y	Y	-	Y	Y	Y	Y	Y	-	-	-	-	Y	-	-	-	-	-	Y
Rowlands Pharmacy	FW500	CP	2 Church Street, St Peters, Broadstairs	CT10 2TP	09:00-13:00; 14:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-
Presco Pharmacy	FHG47	CP	475 Margate Road, Broadstairs	CT10 2QJ	09:00-21:00	09:00-21:00	10:00-16:00	Y	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	-	-	-	-	-	-	-
Presco Pharmacy	FT769	CP	Manston Road, Ramsgate	CT12 6NT	09:00-21:00	09:00-21:00	10:00-16:00	Y	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	-	-	-	-	-	-	-
Touchwood Pharmacy	FVH06	CP	72 High Street, Minster, Ramsgate	CT12 4AD	09:00-13:00; 14:00-18:00 (Wed 09:00-13:00)	09:00-13:00	Closed	-	Y	Y	Y	Y	Y	Y	-	Y	Y	-	-	-	-	Y	-	-	-	-	-	Y
Woolfs Pharmacy	FQQ44	CP	Palm Bay Avenue, Cliftonville	CT9 3NR	08:30-13:00; 14:00-18:30	Closed	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	Y	-	Y	Y	Y	Y	Y

## Tonbridge and Malling district

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8
Avicenna Pharmacy	FVR62	CP	11 Martin Hardie Way, Tonbridge	TN10 4AE	08:30-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	Y	-	-	-	-	-	-
Boots the Chemists	FA876	CP	85-87 High Street, West Malling	ME19 6NA	09:00-13:30; 14:00-18:00	09:00-13:30; 14:00-17:00	Closed	-	Y	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	-	-	-	-	-	-	-

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8
Boots the Chemists	FV022	CP	9 High Street, Tonbridge	TN9 1SG	09:00-13:30; 14:30-18:00	09:00-13:30; 14:30-17:30	10:00-16:00	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	Y	-	-	Y	-	Y	-	
Borough Green Medical Practice	G82120	Disp	Quarry Hill Road, Borough Green	TN15 8RQ	08:30-18:30	Closed	Closed	-	-																			
Borough Green Pharmacy	FLC39	CP	42 High Street, Borough Green,Sevenoaks	TN15 8BJ	08:30-19:00	09:00-17:30	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-		
Catts Pharmacy	FNH39	CP	Catts Alley, Snodland	ME6 5SN	9:00 - 18:00 (Mon/ Tues 9:00 - 18:30)	Closed	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	Y	-	Y	Y	
Clarke & Coleman	FA286	CP	140 High Street, Tonbridge	TN9 1BB	09:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	Y	-	-	Y	-	Y	Y	
Curries Pharmacy	FF221	CP	4 York Parade, Trenchwood, Tonbridge	TN10 3NP	09:00-18:00	09:00-14:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	Y	Y	-	Y	-	Y	Y
East Street Pharmacy	FJF07	CP	Warders Medical Centre, East Street, Tonbridge	TN9 1LA	07:00-22:00	07:00-22:00	10:00-20:00	Y	-	Y	Y	Y	Y	Y	-	Y	Y	-	Y	-	-	Y	-	-	-	-	-	
Field Pharmacy	FAN75	CP	11 Old Road, East Peckham, Tonbridge	TN12 5AS	09:00-13:00; 14:00-17:30	09:00-13:00	Closed	-	Y	Y	Y	Y	Y	Y	-	Y	Y	-	-	-	-	-	-	-	-	-	-	
Hadlow Pharmacy	FD300	CP	The Square, Hadlow, Tonbridge	TN11 0DA	09:00-13:00; 14:00-18:30	09:00-13:00; 14:00-17:00	Closed	-	Y	Y	Y	Y	Y	Y	-	Y	-	-	-	-	Y	-	-	Y	-	Y	Y	
Hildenborough Medical Group	G82037	Disp	Westwood, Tonbridge Road, Hildenborough, Tonbridge	TN11 9HL	08:30-12:00, 14:00-18:00	Closed	Closed	-	-																			
Hobbs Pharmacy	FJC85	CP	1 River Lawn Roaf, Tonbridge	TN9 1EP	09:00-13:00; 14:00-17:30	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	-	Y	-	-	-	-	Y	-	Y	-	-	Y	
Kings Hill Pharmacy	FH460	CP	6 Liberty Square, Kings Hill, West Malling	ME19 4AU	09:00-18:00	09:00-17:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	Y	-	-	Y	-	Y	Y

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8
Oaks Pharmacy	FGF60	CP	Admiral Moore Drive, British Legion Village, Aylesford	ME20 7SE	08:30-13:00; 14:00-18:00	09:00-12:30	Closed	-	-	Y	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	-	-	-	-	Y	
Paydens Pharmacy	FED96	CP	24-26 High Street, Snodland	ME6 5DF	09:00 - 18:00 (Wed 09:00 - 17:30)	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	Y	Y	-	Y	-	Y	Y
Paydens Pharmacy	FRG18	CP	12-14 Martin Square, Larkfield, Maidstone	ME20 6QJ	08:30-18:30	09:00-17:30	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	-	-	Y	Y	Y	Y	-	Y	Y
Phoenix Medical Practice	G82234	Disp	33 Bell Lane, Burham, Rochester	ME1 3SX	08:30-18:00 (Mon, Thu 08:30-17:00)	Closed	Closed	-	-																			
Tesco Pharmacy	FRL66	CP	Lunsford Park, Larkfield, Maidstone	ME20 6RJ	08:00-20:00	08:00-20:00	10:00-16:00	-	Y	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	-	-	-	-	-	-	-
Thompsons Pharmacy	FX524	CP	1a Riding Lane, Hildenborough, Tonbridge	TN11 9HX	08:45-18:00	08:45-17:30	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	-	Y	Y	-	-	Y	-	Y	Y
Wateringbury Surgery	G82200	Disp	14 Pelican Court, Wateringbury, Maidstone	ME18 5SS	08:00-13:00, 14:00-18:00	Closed	Closed	-	-																			

## Tunbridge Wells district

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8
A E Hobbs Ltd	FT200	CP	72 Mount Pleasant, Tunbridge Wells	TN1 1RJ	09:00-17:30	09:00-17:30	Closed	-	-	Y	Y	-	Y	Y	-	Y	-	-	-	-	Y	-	-	Y	Y	Y	-	
Boots the Chemists	FV493	CP	7-11 Calverley Road, Tunbridge Wells	TN1 2TE	08:30-18:30	08:30-18:30	11:00-16:00	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	Y	-	-	Y	-	Y	-	
Carrs Pharmacy	FQR12	CP	94 Calverley Road, Tunbridge Wells	TN1 2UN	09:00-18:30	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	Y	Y	Y	Y	
Cranbrook Pharmacy	FF864	CP	White Lion House, High Street, Cranbrook	TN17 3DF	09:00-18:30	09:00-17:00	Closed	-	-	Y	Y	Y	Y	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	
Day Lewis Pharmacy	FJ632	CP	135 London Road, Southborough, Tunbridge Wells	TN4 0NA	09:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	Y	-	-	Y	-	Y	-	
Greggs Wood & Speldhurst Surgery	G82022	Disp	Penshurst Road, Speldhurst	TN3 0PE	08:30-13:00, 14:30-18:00	Closed	Closed	-	-																			
Greggswood Pharmacy	FTR38	CP	106 Greggswood Road, Tunbridge Wells	TN2 3JG	09:00-13:00; 14:00-18:00	09:00-13:00	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	-	-	-	-	-	-	
Hawkhurst Pharmacy	FH199	CP	1 The Colonnade, Hawkhurst	TN18 4ES	09:00-18:00	09:00-17:30	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	Y	-	Y	Y	Y	-	Y	-	Y	
Heath Pharmacy	FER21	CP	Maidstone Road, Horsmonden, Tonbridge	TN12 8JJ	09:00-13:00; 14:00-17:30 (Mon 09:00-13:00; 14:00-18:30; Wed 09:00-13:30)	09:00-13:30	Closed	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	Y	-	-	Y	-	Y	Y	
Hollis Pharmacy	FJ243	CP	285 Upper Grosvenor Road, Tunbridge Wells	TN4 9EX	09:00-13:00; 14:15-18:00	09:00-13:00; 14:15-17:00	Closed	-	-	Y	Y	-	-	Y	-	Y	-	-	-	-	Y	-	-	-	-	-	-	

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8
Howell Surgery	G82158	Disp	High Street, Brenchley	TN12 7NQ	08:15-13:00, 14:00-18:00 (Tue 08:15-13:00)	Closed	Closed	-	-																			
Imperial Pharmacy	FJE33	CP	4 The Pantiles, Tunbridge Wells	TN2 5TN	09:00-18:00	09:00-17:30	Closed	-	-	Y	Y	-	-	Y	-	-	-	-	Y	-	-	Y	Y	Y	Y	-	Y	-
Lamberhurst Surgery	G82170	Disp	The Down, Lamberhurst	TN3 8EX	08:00-12:30, 14:00-18:30 (Thu 08:00-12:30)	Closed	Closed	-	-																			
Old School Surgery	G82235	Disp	Rectory Fields, Cranbrook	TN17 3JB	08:45-17:30	Closed	Closed	-	-																			
Orchard End Surgery	G82733	Disp	Dorothy Avenue, Cranbrook	TN17 3AY	08:30-13:00, 13:30-18:00 (Thu 08:30-13:00)	Closed	Closed	-	-																			
Paddock Wood Pharmacy	FPL19	CP	12 Commercial Road, Paddock Wood, Tonbridge	TN12 6EL	09:00 - 18:30 (Wed 09:00 - 18:00)	09:00-17:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	Y	Y	-	Y	-	Y	Y
Paydens Pharmacy	FQL85	CP	Abbey Court Medical Centre, St John's Road, Tunbridge Wells	TN4 9TF	09:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	Y	-	Y	Y
Pembury Pharmacy	FVQ77	CP	5 High Street, Pembury	TN2 4PH	09:00-18:30 (Wed 09:00-17:00)	09:00-17:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	Y	Y	-	-	Y	-	Y	Y
Rusthall Pharmacy	FE414	CP	2 High Street, Rusthall	TN4 8RN	09:00-13:15; 13:45-17:30	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	Y	Y	-	Y	Y	Y	Y
Talbot Surgery	G82055 001	Disp	Talbot Road, Hawkhurst	TN18 4NB	Mon - Fri 9:00 - 13:00 14:30 - 18:00	Closed	Closed	-	-																			
The Pharmacy	FPC83	CP	High Street, Goudhurst	TN17 1AG	09:00-13:00; 14:00-18:00 (Wed 09:00-13:00)	09:00-13:00	Closed	-	Y	Y	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	Y	-	Y	-
Weald View Medical Practice	G82055	Disp	North Ridge, Rye Road, Hawkhurst	TN18 4EX	08:45-12:30, 15:00-18:00	Closed	Closed	-	-																			

## Appendix B: PNA project plan

	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025	Jun 2025	Jul 2025	Aug 2025	Sep 2025
<b>Stage 1: Project planning and governance</b> Stakeholders identified and PNA Steering Group terms of reference agreed. Project plan, PNA localities, communications plan and data to collect agreed at first Steering Group meeting Prepare questionnaires for initial engagement.														
<b>Stage 2: Research and analysis</b> Collation of data from KCC, 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 second Steering Group meeting.														
<b>Stage 3: PNA development</b> 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 third Steering Group meeting and update for HWB.														
<b>Stage 4: Consultation and final draft production</b> Coordination and management of consultation. Analysis of consultation responses and production of report. Draft final PNA for approval. Sign off final PNA at fourth Steering Group meeting. Edit final PNA 2025 ready for publication and provide update for HWB.														



## Appendix C: PNA Steering Group terms of reference

### Objective / Purpose

To oversee the production of the Pharmaceutical Needs Assessment (PNA) on behalf of the Kent Health and Wellbeing Board (HWB), to ensure that it satisfies the relevant regulations, including consultation requirements.

The HWB have not delegated responsibility; as such, authority for the PNA remains with the HWB.

### Accountability

The Steering Group is to report to the Kent Health and Wellbeing Board.

### Responsibilities

- Provide a clear and concise PNA process.
- Review and validate information and data on population, demographics, pharmaceutical provision, and health needs.
- To consult with the bodies stated in Regulation 8 of The NHS Regulations 2013:
  - Any Local Pharmaceutical Committee for its area
  - Any Local Medical Committee for its area
  - Any persons on the pharmaceutical lists and any dispensing Doctors list for its area
  - Any LPS Chemist in its area
  - Any Local Healthwatch organisation for its area
  - Any NHS Trust or NHS Foundation Trust in its area
  - Integrated Care Boards
  - Any neighbouring HWB.
- Ensure that due process is followed.
- Report to Health and Wellbeing Board on both the draft and final PNA.
- Publish the final PNA by 30 September 2025.
- Discuss and ensure a process is in place to maintain the PNA post publication.

### Membership

Membership:

- Kent County Council (KCC) Director and/or Deputy Director of Public Health
- KCC Public Health Pharmacy and Quality Lead
- Integrated Care Board Contract Manager representative
- Local Pharmaceutical Committee (LPC) representative
- Integrated Care Board Pharmacy and Medicines Optimisation representative
- Integrated Care Board Communications and Consultation Lead
- Local Medical Committee (LMC) representative
- Healthwatch representative (lay member)
- Kent Public Health Observatory representative
- KCC Engagement representative.

Core members:

- KCC Director and/or Deputy Director of Public Health
- KCC Public Health Pharmacy and Quality Lead
- Integrated Care Board Contract Manager representative
- LPC representative
- Integrated Care Board Pharmacy and Medicines Optimisation representative
- LMC representative
- Healthwatch representative (lay member).

Meetings will be chaired by the Director or the Deputy Director of Public Health. Each organisation has one vote. The Public Health representative will have the casting vote, if required. Core members may provide a deputy to attend meetings in their absence. The Steering Group shall be quorate with four core members in attendance, one of which must be an LPC member. Non-attending members are unable to cast a vote – that vote may otherwise sway the casting decision.

Additional members (if required):

- Integrated Care Board Commissioning Managers
- NHS Trust Chief Pharmacists
- Dispensing Doctors representative.

In attendance at meetings will be representatives of Soar Beyond Limited, who have been commissioned by Kent County Council to support the development of the PNA. Other additional members may be co-opted if required.

### **Declaration of Interest**

Each meeting will begin with any declarations of interest being declared and recorded.

### **Frequency of meetings**

Meetings schedule to be agreed at the first meeting, which should be arranged at key stages of the project plan. The Steering Group will meet in summer 2025 to sign off the PNA for submission to the Health and Wellbeing Board.

### **Agenda and papers**

Agenda and paperwork will be circulated one week in advance of meetings.

## Appendix D.1: Public questionnaire summary

Total responses received: 1,009.

The questionnaire was open for responses between 6 November and 13 December 2024.

When reporting the details of the responses, please note:

- Due to small numbers, responses are not broken down by district.
- 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”.
- Additional details of the qualitative data collected from various questions is available in Appendix D.2.

### 1) Please tell us which district/borough you live in (Answered: 1007, Skipped: 2)

Options	%	Number
Ashford	6%	60
Canterbury	8%	81
Dartford	3%	32
Dover	6%	62
Folkestone and Hythe	8%	85
Gravesham	7%	68
Maidstone	9%	94
Sevenoaks	5%	49
Swale	12%	123
Thanet	<b>14%</b>	<b>136</b>
Tonbridge and Malling	8%	81
Tunbridge Wells	8%	82
Outside Kent (including Medway)	5%	54

**2) Why do you usually visit a pharmacy? (Please select all that apply)** Please note numbers and percentages may add up to more than 100% due to multiple responses (Answered: 1002, Skipped: 7)

Options	%	Number
To collect prescriptions for myself	85%	858
To buy over-the-counter medicines	57%	578
To collect prescriptions for somebody else	46%	467
To get advice from a pharmacist e.g. medication, your condition/illness, healthy living advice etc	44%	448
To use a pharmacy service e.g. treatment for minor ailment, flu jab, blood pressure check etc	43%	438
Other, please specify	5%	48

Other comments (themes)	Number
My prescriptions are delivered from the pharmacy (do not visit)	15
To use a pharmacy service (e.g. treatment for minor ailment, flu jab, blood pressure check etc.)	13
I do not visit a pharmacy	10
To buy non-medicinal products	7
To get advice from a pharmacist (e.g. medication, your condition/illness, healthy living advice etc.)	5
To buy over the counter medicines	2
I contact my pharmacy by phone	2
Recycle empty blister packs/dispose of medication	2
Miscellaneous	2

Please note more detail of the responses to this question are available in Appendix D.2.

**3) How often have you visited or contacted a pharmacy in the last six months?** (Answered: 1008, Skipped: 1)

Options	%	Number
Once a week or more	9%	89
A few times a month	40%	399
Once a month	33%	336
Once every few months	14%	139
Once in six months	3%	30
I have not visited/contacted a pharmacy in the last six months	2%	15

- 4) What time and day is most convenient for you to use a pharmacy? (Please tick one day for each time that applies to you)** Please note numbers and percentages are calculated for each of the options within this question (Answered: 999, Skipped: 10)

Option	Weekday		Saturday		Sunday	
	%	Number	%	Number	%	Number
Before 9am	12%	307	3%	68	1%	17
9am - 1pm	<b>22%</b>	<b>576</b>	6%	159	1%	35
1pm - 6pm	20%	511	5%	124	1%	20
After 6pm	12%	303	2%	43	0	6
It varies	12%	309	4%	103	1%	24

- 5) Do you have a regular local community pharmacy?** (Answered: 996, Skipped: 13)

Options	%	Number
Yes, a traditional bricks and mortar pharmacy	<b>79%</b>	<b>798</b>
Yes, an internet/online pharmacy - <i>(This pharmacy, also referred to as a distance selling pharmacy, is one which operates partially or completely online where prescriptions are received electronically and by paper prescription and dispensing medication is sent via a courier to your home)</i>	9%	93
Yes, a combination of both	7%	75
No	3%	30

- 6) Is there a specific reason you prefer your current pharmacy, even though there might be others nearby or more convenient?** (Answered: 999, Skipped: 10)

Options	%	Number
No	29%	293
Yes, please specify	<b>70%</b>	<b>706</b>

Other comments (themes)	Number
Access and location are major deciding factors of choosing a pharmacy	582
There is good service provided at the current pharmacy and access to specific services	574
Issues remain with using the current pharmacy and sometimes patients use alternatives	41
Previous pharmacies did not offer a good service	39
Miscellaneous	56

Please note more detail of the responses to this question are available in Appendix D.2.

**7) What influences your choice of pharmacy? (Please tick one option for each reason)** (Answered: 1007, Skipped: 2)

Factors	Very Important		Important		Not important	
	%	Number	%	Number	%	Number
Staff expertise / knowledge	64%	649	28%	285	5%	49
Customer service	68%	689	276%	27	24%	2
Location of pharmacy	70%	707	26%	258	3%	30
Opening times	49%	496	43%	433	5%	51
Parking	35%	349	34%	338	29%	292
Public transport	9%	86	15%	152	69%	692
Accessibility (wheelchair/ buggy access)	15%	148	19%	196	60%	603
Languages / interpreting service	5%	51	10%	103	78%	789
Services provided	51%	516	37%	374	9%	92

Please note more detail of the responses to this question are available in Appendix D.2.

**8) How do you usually travel to a pharmacy?** (Answered: 1004, Skipped: 5)

Options	%	Number
Walk	39%	396
Car	<b>48%</b>	<b>487</b>
Public transport	2%	19
Taxi	0%	3
Bicycle	1%	12
Wheelchair/ mobility scooter	1%	6
Someone goes for me / takes me	2%	18
I don't travel; I use an online pharmacy	1%	13
I don't travel; I utilise a delivery service	3%	32
Other, please specify	2%	18

Please note more detail of the responses to this question are available in Appendix D.2.

**9) How long does it approximately take you to travel to a pharmacy?** (Answered: 1002, Skipped: 7)

Options	%	Number
Less than 20 minutes	<b>87%</b>	<b>875</b>
20-30 minutes	8%	79
30-40 minutes	1%	13
More than 40 minutes	0%	1
N/A- I don't travel to the pharmacy	3%	34

**10) Do you have any other comments that you would like to add regarding pharmaceutical services in Kent?** (Answered: 436, Skipped: 573)

Comments (themes)	Number
Patients appreciate pharmacies and the advice given	168
Logistical issues, changing services and poor service provision	131
Patients want improved accessibility and communication	80
Patients perceive inefficiencies in the service	31
Miscellaneous	38

Please note more detail of the responses to this question are available in Appendix D.2.

**11) Are you willing to tell us more about yourself?** (Answered: 1009, Skipped: 0)

Options	%	Number
Yes	<b>84%</b>	<b>846</b>
No	16%	163

**12) Are you...?** (Answered: 844, Skipped: 165)

Options	%	Number
Male	29%	248
Female	<b>71%</b>	<b>596</b>
I prefer not to say	0	0

**13) Is your gender the same as your birth?** (Answered: 843, Skipped: 166)

Options	%	Number
Yes	<b>99%</b>	<b>840</b>
No	0	0
I prefer not to say	1%	3

**14) Which of these age groups applies to you?** (Answered: 846, Skipped: 163)

Options	%	Number
0-15	0%	0
16-24	0%	1
25-34	2%	17
35-49	11%	94
50-59	13%	110
60-64	12%	98
65-74	<b>30%</b>	<b>251</b>
75-84	29%	241
85+ over	4%	31
I prefer not to say	0%	3



**15) Which religion or belief do you regard yourself as belonging to?** (Answered: 843, Skipped: 166)

Options	%	Number
Atheist	3%	22
Buddhist	1%	5
Christian	<b>57%</b>	<b>477</b>
Hindu	0%	1
Jewish	0%	1
Muslim	0%	2
Sikh	0%	1
No religion belief	33%	278
Other, please specify	2%	21
I prefer not to say	4%	35

**16) Do you consider yourself to be disabled as set out in the Equality Act 2010?** The Equality Act 2010 describes a person as disabled if they have a long standing physical or mental condition that has lasted, or is likely to last, at least 12 months; and this condition has a substantial adverse effect on their ability to carry out normal day-to-day activities. People with some conditions (cancer, multiple sclerosis and HIV/AIDS, for example) are considered to be disabled from the point that they are diagnosed. (Answered: 846 Skipped: 163)

Options	%	Number
Yes	37%	317
No	<b>59%</b>	<b>495</b>
I prefer not to say	4%	33

**17) If you answered 'Yes' to the previous question, please tell us the type of impairment that applies to you.** You may have more than one type of impairment, so please select all that apply. If none of these applies to you, please select 'Other' and give brief details of the impairment you have. Please note numbers and percentages may add up to more than 100% due to multiple responses (Answered: 558, Skipped: 451)

Options	%	Number
Physical impairment	38%	210
Sensory impairment (hearing, sight or both)	12%	67
Longstanding illness or health condition, such as cancer, HIV/AIDS, heart disease, diabetes or epilepsy	25%	140
Mental health condition	9%	52
Learning disability	1%	5
Neurodivergent, such as ADHD, autism, dyslexia and dyspraxia	5%	28
I prefer not to say	1%	3
Other, please specify	9%	53

**18) Are you a carer?** A carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support. Both children and adults can be carers. (Answered: 844, Skipped: 165)

Options	%	Number
Yes	16%	133
No	84%	705
I prefer not to say	1%	6

**19) Are you...?** (Answered: 837, Skipped: 172)

Options	%	Number
Heterosexual/Straight	93%	778
Bi/Bisexual	2%	15
Gay or Lesbian	2%	16
Other	0%	2
I prefer not to say	3%	26

**20) To which of these ethnic groups do you feel you belong? (Source 2011 Census)**

(Answered: 827, Skipped: 182)

<b>Options</b>	<b>%</b>	<b>Number</b>
White English, Scottish, Northern Irish, British	<b>97%</b>	<b>780</b>
White Irish	1%	11
White Gypsy or Irish Traveller	0%	1
White Other*	2%	16
Asian or Asian British Indian	0%	4
Asian or Asian British Pakistani	0%	1
Asian or Asian British Chinese	0%	1
Asian or Asian British Other*	0%	2
Mixed White & Black Caribbean	0%	1
Mixed White & Black African	0%	0
Mixed White & Asian	0%	1
Mixed Other*	0%	2
Black or Black British Caribbean	0%	0
Black or Black British African	0%	2
Black or Black British Other*	0%	1
Arab	0%	0
Roma	0%	0
I prefer not to say	0%	0
*Other - please specify	0%	4

## Appendix D.2: Public questionnaire qualitative data

This section presents a more detailed analysis of the responses and comments received for some of the questions summarised in Appendix D.1 above.

Please note the respondents to the public questionnaire are not representative of the Kent population in general. There is a higher proportion of females, older people (age 65-84), white ethnicity, Christian religion, people with substantial long-term disability and carers.

### Question 2: Why do you usually visit a pharmacy?

Free-text answers were recorded for those who selected “Other”. This provided respondents the opportunity to expand upon their reason for using a pharmacy service and to be specific in their answer. Responses were aggregated into the original categories from question 2, or into new categories where necessary. The following results are only from respondents who selected “other”. Thematic analysis was not performed on these responses.

The table below presents the 10 most common categories of responses given in the “other” selection, with a “Y/N” to indicate categories which were originally included on question 2 (n=49):

Category	Original question choice?	% of responses
My prescriptions are delivered from the pharmacy (do not visit)	N	30.6%
To use a pharmacy service (e.g. treatment for minor ailment, flu jab, blood pressure check etc.)	Y	26.5%
I do not visit a pharmacy	N	20.4%
To buy non-medicinal products	N	14.3%
To get advice from a pharmacist (e.g. medication, your condition/illness, healthy living advice etc.)	Y	10.2%
To buy over the counter medicines	Y	4.1%
I contact my pharmacy by phone	N	4.1%
Recycle empty blister packs/dispose of medication	N	4.1%
To collect prescriptions for myself	Y	2.0%
To chat with the staff	N	2.0%

The results indicate that a significant proportion of respondents selecting the “other” box did so to indicate that they did not visit pharmacies. This was due to receiving deliveries from high-street pharmacies or having prescriptions fulfilled by online-only pharmacies. The second most common reason was the use of pharmacy services. Respondents selected “other” to specify services they had used, such as receiving seasonal influenza vaccinations or a blood pressure check. These were aggregated into the original category from question 2.

Notable responses included:

- “As we no longer have a GP actually in Teynham the chemist is an absolute lifeline for many of us”.
- “I am disabled and my medication is delivered by the pharmacy. For advice I would telephone my regular pharmacy”.
- “To buy other items not just over the counter medicines”.

In addition to the categories in the table, five further categories emerged from answers to this question but had one or no mentions in responses. This includes an original category of “To collect prescriptions for someone else”, suggesting respondents didn’t need to expand upon this.

Category	Original category?	%
My prescriptions are delivered from the pharmacy	N	30.6%
To use a pharmacy service (e.g. treatment for a minor ailment, flu jab, blood pressure check etc.)	Y	26.5%
I do not visit a pharmacy	N	20.4%
To buy non-medicinal products	N	14.3%
To get advice from a pharmacist (e.g. medication, your condition/illness, healthy living advice etc.)	Y	10.2%
To buy over the counter medicines	Y	4.1%
I contact my pharmacy by phone	N	4.1%
Recycle empty blister packs/dispose of medication	N	4.1%
To collect prescriptions for myself	Y	2.0%
To chat with the staff	N	2.0%
For my job duties	N	2.0%
To use non-pharmacy/medicinal services (e.g. photo booth)	N	2.0%
I use an online pharmacy	N	2.0%
To make enquiries about prescription deliveries	N	2.0%
To collect prescriptions for someone else	Y	0%

**Question 6: Is there a specific reason you prefer your current pharmacy, even though there might be others nearby or more convenient?**

Participants responses were coded into common themes and sub-themes, responses may have been linked to more than one thematic area.

Four main themes were identified in the responses:

- Access and location are major deciding factors of choosing a pharmacy.
- There is good service provided at the current pharmacy and access to specific services.
- Previous pharmacies did not offer a good service.
- Issues remain with using the current pharmacy and sometimes patients use alternatives.

The table below presents the distribution of responses across each identified theme, expressed as a percentage of all responses (706):

Number	Theme	% of responses
1	Access and location are major deciding factors of choosing a pharmacy.	82.4%
2	There is good service provided at the current pharmacy and access to specific services.	81.3%
3	Previous pharmacies did not offer a good service.	5.5%
4	Issues remain with using the current pharmacy and sometimes patients use alternatives.	5.8%
M	Miscellaneous	7.9%

Within each theme, numerous detailed sub-themes were identified during the thematic analysis. The table below presents the top 20 sub-themes, their corresponding main themes, and the percentage of responses categorised under each sub-theme:

Sub-Theme	Main theme	% of responses
Helpful/friendly/caring staff at current pharmacy	2	32.4%
Geographically close to patient	1	24.5%
Good service at current pharmacy	2	17.1%
Close to/joined to GP surgery	1	15.2%
Convenience	1	11.0%
Access to advice at current pharmacy	2	7.9%
Rapport/familiarity with pharmacist	1	7.8%
Easily accessible by walking	1	7.1%
Good stock at current pharmacy	2	5.2%

Sub-Theme	Main theme	% of responses
Convenient parking	1	5.1%
Perceive staff as knowledgeable	2	5.1%
Access to medicine delivery	2	4.7%
Use of local pharmacies	M	3.8%
Ease of access	1	3.3%
Good opening hours at current pharmacy	1	3.1%
Convenience of electronic prescription service	1	2.5%
Have been going to the pharmacy for a long time	M	2.4%
Poor customer service at other pharmacies	3	2.3%
Access to other services	2	2.0%
Short queues at current pharmacy	2	1.7%

Below is a selection of excerpts from responses that contributed to the results of this thematic analysis:

- “It changed from Lloyds to an independent pharmacy. They process prescriptions quickly. They have an amazing selection of items for sale. They are very knowledgeable and polite. It is so convenient to be able to get flu and covid jabs there.”
- “Provide a excellent and highly valued service. Very friendly, busy but always helpful and always try to help where possible. A very positive piece, if a very forgotten important part of the health care system.”
- “I can walk to it and it open all day and Saturday morning. It will also deliver if I am not well enough to collect. They are also very reliable and can be contacted by phone.”
- “It is the only one in our village - others are miles away and there is scant public transport.”
- “It's within a Tesco store so it's convenient to visit whilst shopping. It also saves on additional journeys or mileage.”

A total of 47 sub-themes were identified. The majority of these additional sub-themes were categorised under main themes 3 and 4. Examples of these sub-themes include lack of rural provision, poor opening hours, prescription delays, and no/inaccessible online services.

Theme and sub-themes	%
<b>Theme: Access and location are major deciding factors of choosing a pharmacy.</b>	
Geographically close to patient	24.5%
Close to/joined to GP surgery	15.2%
Convenience	11.0%

Theme and sub-themes	%
Rapport and/or familiarity with pharmacist	7.8%
Easily accessible by walking	7.1%
Convenient parking	5.1%
Ease of access	3.3%
Good opening hours at current pharmacy	3.1%
Convenience of electronic prescription service	2.5%
Pharmacy closures have resulted in changing pharmacies	1.0%
Accessible by public transport	0.7%
Need nearby access to pharmacies	0.7%
Access to disabled parking	0.4%
<b>Theme: There is good service provided at the current pharmacy and access to specific services.</b>	
Helpful/friendly/caring staff at current pharmacy	32.4%
Good service at current pharmacy	17.1%
Access to advice at current pharmacy	7.9%
Good stock at current pharmacy	5.2%
Perceive staff as knowledgeable	5.1%
Access to medicine deliveries	4.7%
Access to other services	2.0%
Short queues at current pharmacy	1.7%
Have trust in the pharmacist	1.6%
Process prescriptions quickly	1.6%
Text service when prescription is ready	1.6%
Access to consultation facilities	0.4%
<b>Theme: Previous pharmacies did not offer a good service.</b>	
Poor customer service at other pharmacies	2.3%
Long wait times at other pharmacies	1.6%
Stock issues at previous pharmacy	1.4%
Had to change pharmacy due to changing opening hours	0.3%
<b>Theme: Issues remain with using the current pharmacy and sometimes patients use alternatives.</b>	
Poor opening hours	0.8%
Current pharmacy is busy	0.8%
Stock issues at current pharmacy	0.7%
Issues with repeat prescriptions at current pharmacy	0.6%
Long journey to get prescriptions from current pharmacy	0.6%
Wear of advice from pharmacists at current pharmacy	0.6%
Use of a pharmacy further away	0.4%
Prescription delays at current pharmacy	0.4%



Theme and sub-themes	%
Online services are not accessible to all	0.3%
Cannot access medicine deliveries	0.1%
High-street pharmacies not first choice	0.1%
Lack of rural provision	0.1%
Poor access at other pharmacy	0.1%
Previous pharmacy close to/joined to GP surgery	0.0%
<b>Theme: Miscellaneous</b>	
Use of local pharmacies	3.8%
Have been going to the pharmacy for a long time	2.4%
Prefer online services	1.4%
Allocated by GP surgery	0.3%

### Question 7: What influences your choice of pharmacy?

Free-text answers were recorded where respondents selected other. However, they did not specify the level of importance on these factors. These responses were aggregated into the categories previously available in question 7, and where necessary, new categories were created. The following results are only from respondents who selected “other”. Thematic analysis was not performed on these responses.

The table below presents the 10 most common categories of responses given in the “other” selection, with a “Y/N” to indicate categories which were originally included on question 7 (n=155):

Category	Original category?	% of responses
Stock availability	N	12.9%
Services provided (BP check, health check, cholesterol check, vaccines etc.)	Y	12.3%
Staff expertise knowledge	Y	10.3%
Access to a delivery service	N	10.3%
Customer service	Y	9.7%
Location of service	Y	7.7%
Fast pharmacy service (prescriptions)	N	7.7%
Efficient service	N	7.7%
Joined to/close to GP surgery	N	6.5%
Purchase of non-medicinal products	N	5.2%

Stock availability was the most common category of answer provided by respondents selecting “other”, with 12.9% of respondents citing it; this was not a listed category on question 7. The second and third categories, however, were original categories on the question. Services provided (12.3%) and staff expertise/knowledge (10.3%) were commonly cited by respondents. This suggests that the availability of services and advice may influence people’s choice of pharmacy.

Notable responses included:

- “Whether they offer a distribution service (which mine currently doesn't, but I wish they would)”.
- “It's so hard to get a doctor’s appointment that it is good to know the pharmacy might be able to advise”.
- “Efficient text notification service. Can also buy other products in store. No 45-minute queuing time just to ask a question or collect medication!”.

In addition to the categories in the table above, 27 further categories were recorded in the responses of those selecting “other” for question 7; five of these were original categories (accessibility, languages/interpreting service, parking, opening times, public transport) that could be selected in the question. The rest were created from responses and included, for example, sentiments around confidentiality, text notification services and a choice of over-the-counter medication. Eight responses were not aggregated into categories due to irrelevance to the question, missing data or the response being filled in in error.

Category	Original category?	%
Stock availability	N	12.9%
Services provided (BP check, health check, cholesterol check, vaccines etc.)	Y	12.3%
Staff expertise knowledge	Y	10.3%
Access to a delivery service	N	10.3%
Customer service	Y	9.7%
Location of service	Y	7.7%
Fast pharmacy service (prescriptions)	N	7.7%
Efficient service	N	7.7%
Joined to/close to GP surgery	N	6.5%
Accessibility	Y	5.2%
Purchase of non-medicinal products	N	5.2%
Busy GP surgery	N	3.9%
Familiarity and/or trust in pharmacist	N	3.9%
Limited choice	N	2.6%
Convenience	N	2.6%

Category	Original category?	%
Later/longer opening	N	2.6%
Confidentiality and privacy	N	1.9%
Text notification service for prescriptions	N	1.9%
Languages/interpreting service	Y	1.3%
Access to an online pharmacy service	N	1.3%
Integration between GP and pharmacy services	N	1.3%
Cleanliness	N	1.3%
Choice of OTC medication	N	1.3%
Close to other non-pharmacy services	N	1.3%
Good communication with patients	N	1.3%
Uncommon user of pharmacies	N	1.3%
Parking	Y	0.6%
Access to home visits from pharmacists	N	0.6%
Ability to signpost to other services	N	0.6%
Integration between GP and online pharmacy services	N	0.6%
Cost of OTC medication	N	0.6%
Seated waiting area for prescriptions	N	0.6%
Digital inclusivity	N	0.6%
Able to collect prescriptions on behalf of others	N	0.6%
Opening times	Y	0.0%
Public transport	Y	0.0%

### Question 8: How do you usually travel to the pharmacy?

Free-text answers were recorded for those who selected “other”, and respondents could only select one category from the list. Responses were aggregated into the categories previously stated in question 8, or into new categories where necessary. The following results are only from the respondents who selected “other” and gave a free-text answer. Thematic analysis was not performed on these responses.

The table below presents the nine categories of responses given in the “other” selection, with a “Y/N” to indicate categories which were originally included on question 7 (n=18):

Category	Original category?	% of responses
Walk	Y	61.1%
Car	Y	44.4%

Category	Original category?	% of responses
I don't travel, I utilise a delivery service	Y	27.8%
Public transport	Y	22.2%
Someone goes for me/takes me	Y	11.1%
I don't travel, I use an online pharmacy	Y	11.1%
Transport depends on pharmacy due to varying services	N	11.1%
Wheelchair/mobility scooter	Y	5.6%
Travels to dispensing GP instead	N	5.6%

Almost all original question categories were included when aggregating free-text responses to the “other” selection. The most common mode of travel was walking, cited by 61.1% of responses, followed by using a car at 44.4%. Interestingly, over a quarter of respondents to the “other” selection stated they don’t travel to a pharmacy and instead use a delivery service (27.8%). Some respondents selected the “other” category to state that they use more than one mode of transport to get to a pharmacy, or that their mode of travel is dependent on which service they are visiting.

Taxi and bicycle were other original selections that could have been made. However, no respondents who selected “other” cited these modes of transport.

Notable responses include:

- “You haven’t given the option for using a car & a wheelchair which I would use as pharmacy too far away to wheel there. Therefore I would drive to a car park, use a disabled space then use my wheelchair to get to the pharmacy.”
- “If i use my local village pharmacy I walk there, but if I have to use another pharmacy (because my local one doesn't have the medication) then I go by car or public transport.”
- “Because paydens larkfield refused to continue to deliver, I now use Lloyds pharmacy to deliver both our meds. I only go to paydens if I have to now. As a carer I’m very busy.”

#### **Question 10: Do you have any other comments that you would like to add regarding pharmaceutical services in Kent?**

Participants responses were coded into common themes and sub-themes. Responses may have been linked to more than one thematic area.

Four main themes were identified in the responses:

- Patients perceive inefficiencies in the service.
- Patients want improved accessibility and communication.
- Patients appreciate pharmacies and the advice given.
- Logistical issues, changing services and poor service provision.

The table below presents the distribution of responses across each identified theme, expressed as a percentage of all responses (436):

Number	Theme	% of responses
1	Patients perceive inefficiencies in the service	7.1%
2	Patients want improved accessibility and communication	18.3%
3	Patients appreciate pharmacies and the advice given	38.5%
4	Logistical issues, changing services and poor service provision	30.0%
M	Miscellaneous	8.7%

Within each theme, numerous detailed sub-themes were identified during the thematic analysis. The table below presents the top 20 sub-themes, their corresponding main themes, and the percentage of responses categorised under each sub-theme:

Sub-Theme	Main theme	% of responses
Values the service provided	3	13.4%
Stock issues	4	7.6%
Close to where patient lives	3	6.0%
Pharmacy services valued due to lack of capacity/accessibility at GP practice	3	4.9%
Untimely prescriptions	4	3.3%
Increased service pressure	4	2.9%
Concerns about closures	4	2.7%
Prescriptions not fulfilled	4	2.2%
Deems pharmacy a vital service	3	2.2%
Vaccinations and other procedures (e.g. blood pressure) delivered in pharmacy instead of GP	3	2.2%
Communication issues	2	2.0%
Shift to online services	4	2.0%
Difficulty accessing due to accessibility issues	2	1.8%
Long prescription wait times	4	1.6%
Absence of services would be concerning	3	1.6%
Provide support to the community	3	1.6%
Inefficient service	1	1.6%
Pleas for sufficient funding	M	1.6%
Plea for rural pharmacies to remain	3	1.6%
Increased primary care pressure	4	1.6%

Below is a selection of excerpts from responses that contributed to the results of this thematic analysis:

- "Recently they have given notice to allow 5 working days for a repeat prescription, that seems excessive. Also if the Pharmacist is "at lunch" no prescriptions can be released; I cannot understand this as my repeat prescription has been authorised by a Doctor!"
- "A couple of times I've gone to the pharmacy to avoid seeing my GP, and I've received an incorrect diagnosis. This makes me wary of asking for advice beyond which OTC meds to take."
- "In our village we would definitely be lost if ever our pharmacist closed down. It is such a valuable asset to our village."
- "It is important to maintain rural pharmacies as not everyone has a car and public transport is virtually non-existent, so access to a town is difficult. It is very helpful to have a pharmacist who knows the customers who receive their prescriptions via the pharmacy and can easily give advice - very useful if buying non-prescription items."
- "My local pharmacy serves a very wide area & high population especially if elderly. It is a very small building & sometimes the queue is so long it fills the shop."

In addition to the top 20 sub-themes detailed in the previous table, numerous other sub-themes emerged, albeit in smaller numbers. There were 88 sub-themes identified for responses to this question, this suggests a greater diversity of responses to this question, likely due to its more open-ended nature.

Themes and sub-themes	%
<b>Theme: Patients perceive inefficiencies in the service</b>	
Inefficient service	1.6%
Patients face consequences	1.1%
Councils are to blame for poor service	0.2%
Pharmacy doesn't know how to prescribe emergency repeat medications	0.2%
Removal/lack of automatic ordering service for repeat prescription service	0.5%
Geographical differences of service provision	1.4%
Need improved fulfilment confirmation	0.5%
Poor prescription transferability	0.5%
Prescription limited to brand name drug rather than generic version	0.9%
Use of online pharmacies not possible due to GP practice not yet supporting electronic prescriptions	0.2%
Car parking issues	0.9%
Would like home delivery but not available	0.5%
<b>Theme: Patients want improved accessibility and communication</b>	
In-person interaction and/or familiarity with pharmacist	1.1%
Would like information to know when local pharmacies are open	0.2%
Communication issues	2.1%

<b>Themes and sub-themes</b>	<b>%</b>
Lack of flexible choices	0.9%
Reliance on delivery service	1.1%
Opening times inconvenient	1.1%
Prefer-in-person interaction	0.9%
Reduction in service provision	0.5%
Medicine deliveries wanted	1.4%
Pharmacies shut down	1.1%
Prescription dispensed with instructions in different language	0.2%
Difficulty accessing due to accessibility issues	1.8%
Small pharmacy	0.5%
Dislike online services	0.5%
Service improvement	1.1%
Pharmacist-patient familiarity is important	0.7%
Difficulties accessing due to lack of public transport	0.9%
Advertised opening times are wrong	0.5%
Digital accessibility essential/should be encouraged	0.2%
<b>Theme: Patients appreciate pharmacies and the advice given</b>	
Values the service provided	13.8%
Plea for rural pharmacies to remain	1.6%
Pharmacy services valued due to lack of capacity/accessibility at GP practice	5.0%
Patient encourages greater service use	0.9%
Trust pharmacist over other healthcare professionals	0.2%
Prefer independent pharmacies over chains	1.1%
Provides a weekend service	0.5%
Provide support to the community	1.6%
Use phone service	0.2%
Delivery reliable	0.9%
Absence of services would be concerning	1.6%
Close to where patient lives	6.2%
Deems pharmacy a vital service	2.3%
Pharmacy able to get new stock quickly	0.2%
Vaccinations and other procedures (e.g. blood pressure) delivered in pharmacy instead of GP	2.3%
<b>Theme: Logistical issues, changing services and poor service provision</b>	
Forced to collect prescriptions from pharmacy rather than GP surgery which is harder to access	0.2%
Incorrect advice given	0.5%
Increased service pressure	3.0%
Poor pharmacy retail staff	0.7%

Themes and sub-themes	%
Change of operator	0.5%
Delivery service issues	1.1%
Use of NHS app makes prescription collection more convenient	0.5%
Unhappy about delivery charges	0.2%
Increased primary care pressure	1.6%
Experienced prescription errors online	0.5%
Messy facilities	0.0%
Untimely prescriptions	3.4%
Concerns about closures	2.8%
Prescriptions not fulfilled	2.3%
Long prescription wait times	1.6%
Shift to online services	2.1%
One mile GP legislation	0.9%
Stock issues	7.8%
No central system to find medication availability	0.5%
<b>Theme: Miscellaneous</b>	
Pharmacy First not rolled out.	0.2%
Supermarket pharmacies not as good as non-supermarket pharmacies	0.7%
Pleas for sufficient funding	1.6%
Use local pharmacy delivery service	0.9%
Perception of service provision prevented in rural areas	0.2%
Don't think pharmacists should provide health advice	0.5%
Default to supermarket [OTC medication]	0.2%
Privacy concerns	0.2%
Concerned about environmental impact	0.7%
Supermarket pharmacies good when others closed	0.2%
Medicine User Review (MUR) should be more widely advertised	0.2%
Pharmacist available at GP surgery	0.5%
Rarely use the service	0.2%
Would like separate queues for prescriptions and other items	0.2%
Problems between NHS 111 and pharmacy	0.2%
Regulation with inspections	0.5%
Ability needed for family to collect prescriptions	0.2%
Income deemed more important than customers	0.2%
GP dispensaries are more accessible/easier to use	0.2%
Important for health and wellbeing	0.2%
Inconsistency in drug manufacturer	0.2%
Medicine isn't assembled in dosette boxes, putting strain on carers.	0.2%
Need to work with GPs	0.0%



## Appendix E: Pharmacy contractor questionnaire

Total responses received: 74.

The questionnaire was open for responses between 6 November and 13 December 2024.

When reporting the details of the responses, please note:

- Due to small numbers, responses are not broken down by district.
- Some numbers may be higher than the number of answered 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.

### 1) Premises and contact details (Answered: 74, Skipped: 0)

Individual data not reported on.

### 2) Services: Does the pharmacy dispense appliances? (Answered: 74, Skipped: 0)

Options	%	Number
Yes – All types	<b>95%</b>	<b>70</b>
Yes, excluding stoma appliances	0%	0
Yes, excluding incontinence appliances	0%	0
Yes, excluding stoma and incontinence appliances	0%	0
Yes, just dressings	3%	2
None	3%	2
Other (please specify)	0%	0

### 3) Is there a particular need for a locally commissioned service in your area?

(Answered: 74, Skipped: 0)

Options	%	Number
Yes, please specify the service requirement	<b>92%</b>	<b>68</b>
No	8%	6

**4) Non-commissioned services: Does the pharmacy provide any of the following?**

Please note numbers are calculated for each of the options within this question

(Answered: 73, Skipped: 1)

Options	%	Number
Collection of prescriptions from GP practices - Yes	<b>95%</b>	<b>70</b>
Collection of prescriptions from GP practices – No	4%	3
Delivery of dispensed medicines – Selected patient groups (list criteria) - Yes	<b>96%</b>	<b>71</b>
Delivery of dispensed medicines – Selected patient groups (list criteria) - No	3%	2
Delivery of dispensed medicines – Selected areas (list areas) - Yes	<b>97%</b>	<b>72</b>
Delivery of dispensed medicines – Selected areas (list areas) - No	1%	1
Delivery of dispensed medicines – Free of charge on request – Yes	<b>96%</b>	<b>71</b>
Delivery of dispensed medicines – Free of charge on request - No	3%	2
Delivery of dispensed medicines – With charge – Yes	3%	2
Delivery of dispensed medicines – With charge - No	<b>95%</b>	<b>70</b>

**5) Are there any services you would like to provide that are not currently commissioned in your area?** (Answered: 74, Skipped: 0)

Options	%	Number
Yes, please specify the service	92%	68
No	8%	6

**6) Capacity: Does the pharmacy have capacity to meet an increased demand for:** (Answered: 74, Skipped: 0)

Options	%	Number
Dispensing of medication - Yes	<b>97%</b>	<b>72</b>
Dispensing of medication - No	3%	2
Services provided - Yes	<b>97%</b>	<b>72</b>
Services provided - No	3%	2

## Appendix F: Dispensing practice questionnaire

Total responses received: 31

The questionnaire was open for responses between 6 November and 13 December 2024

When reporting the details of the responses, please note:

- Due to small numbers, responses are not broken down by district
- Some numbers may be higher than the number of answered 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

### 1) Is the practice participating in the current Dispensary Services Quality Scheme (DSQS)? (Answered: 31, Skipped: 0)

Options	%	Number
Yes	<b>94%</b>	<b>29</b>
No	7%	2

### 2) Do you provide any of the following services outside the dispensing service?

Please note numbers are calculated for each of the options within this question

(Answered: 31, Skipped: 0)

Options	%	Number
DRUMs - Yes	<b>90%</b>	<b>28</b>
DRUMs – No	10%	3
Compliance aids (please list) – Yes	<b>65%</b>	<b>20</b>
Compliance aids (please list) - No	32%	10
Delivery of dispensed medicines – Selected patient groups (list criteria) – Yes	39%	12
Delivery of dispensed medicines – Selected patient groups (list criteria) – No	<b>61%</b>	<b>19</b>
Delivery of dispensed medicines – Selected areas (list areas) – Yes	29%	9
Delivery of dispensed medicines – Selected areas (list areas) - No	<b>71%</b>	<b>22</b>
Delivery of dispensed medicines – Free of charge on request – Yes	26%	8
Delivery of dispensed medicines – Free of charge on request - No	<b>74%</b>	<b>23</b>
Delivery of dispensed medicines – With charge – Yes	3%	1
Delivery of dispensed medicines – With charge - No	<b>97%</b>	<b>30</b>
Others (please specify) – Yes	10%	3
Others (please specify) - No	<b>84%</b>	<b>26</b>

**3) Are there any services you would like to provide that are not currently commissioned in your area? (Answered: 31, Skipped: 0)**

Options	%	Number
No	<b>81%</b>	<b>25</b>
Yes, please specify	19%	6

**4) Is your practice planning to provide any of the following services? (Please select all options that apply) Please note numbers and percentages may add up to more than 100% due to multiple responses (Answered: 24, Skipped: 7)**

Options	%	Number
DRUMs	37%	9
Compliance aids (please list)	17%	4
Delivery of dispensed medicines (please provide date /timescales if known)	17%	4
Others (please specify)	12%	3
No additional services	<b>54%</b>	<b>13</b>

## Appendix G: Kent PNA 2025 maps and travel analysis

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## Travel analysis methodology

All travel analysis has been calculated using the Shape Atlas tool.

Travel analyses collated from the Shape Atlas tool does not have an accessible methodology. Two Lower-layer Super Output Areas (LSOAs) in Swale district and one LSOA in Ashford district continuously don't appear within the travel catchment area. We have reported the data directly from Shape Atlas but question the accuracy of this data for those LSOAs. We cannot access the Shape Atlas methodology to investigate this further.

All travel analysis has been calculated for community pharmacies with a 40-hour and a 72-hour contract. Distance Selling Pharmacies, Dispensing Appliance Contractors and Dispensing Doctor Practices are excluded from the time to access analysis.

## Travel analysis to pharmacies in Kent

### Walking population coverage

Estimated number and percentage of residents in Kent who can walk to a community pharmacy within each time band.

Walking time	Population
10 minutes	929,661 (58.31%)
20 minutes	1,293,059 (81.10%)
30 minutes	1,381,186 (86.62%)

### Private transport population coverage

Estimated number and percentage of residents in Kent with access to private transport who can drive to a community pharmacy within each time band.

Driving time	Population (Non-rush hour)	Population (Rush hour)
10 minutes	1,590,206 (99.73%)	1,588,187 (99.61%)
20 minutes	1,590,206 (99.73%)	1,590,206 (99.73%)
30 minutes	1,590,206 (99.73%)	1,590,206 (99.73%)

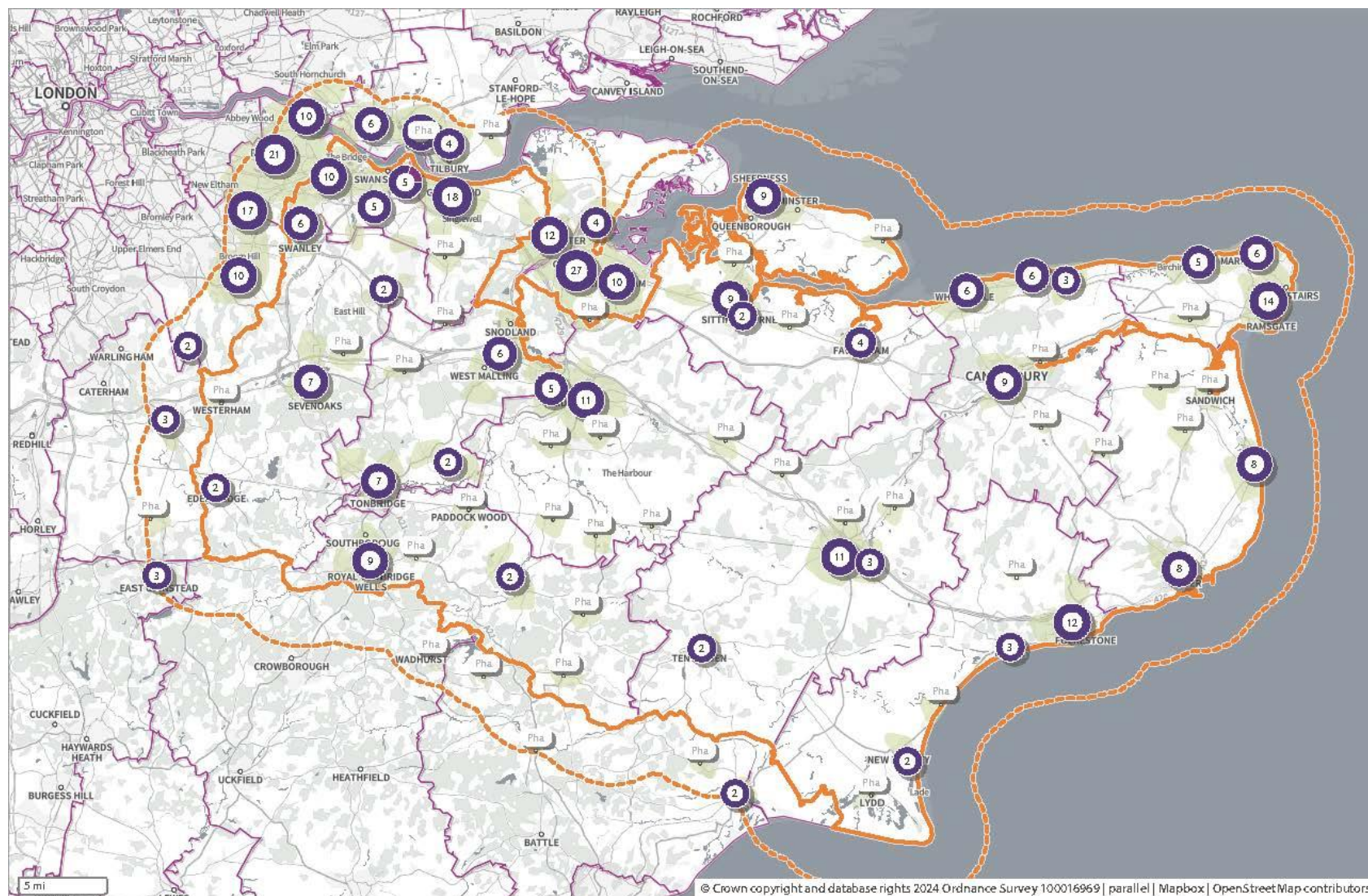
### Public transport population coverage

Estimated number and percentage of residents in Kent who can reach a community pharmacy by public transport within each time band.

Public transport time	Population (Weekday morning)	Population (Weekday afternoon)	Population (Weekend morning)	Population (Weekend afternoon)
10 minutes	1,264,057 (79.28%)	1,233,580 (77.37%)	1,017,281 (63.80%)	1,204,995 (75.57%)
20 minutes	1,502,279 (94.22%)	1,504,659 (94.37%)	1,341,815 (84.15%)	1,487,559 (93.30%)
30 minutes	1,555,871 (97.58%)	1,545,277 (96.91%)	1,421,600 (89.16%)	1,531,773 (96.07%)

## Travel maps for Kent area

Figure 1: Map of population coverage in 20 minutes walking from Kent pharmacies





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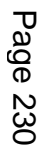
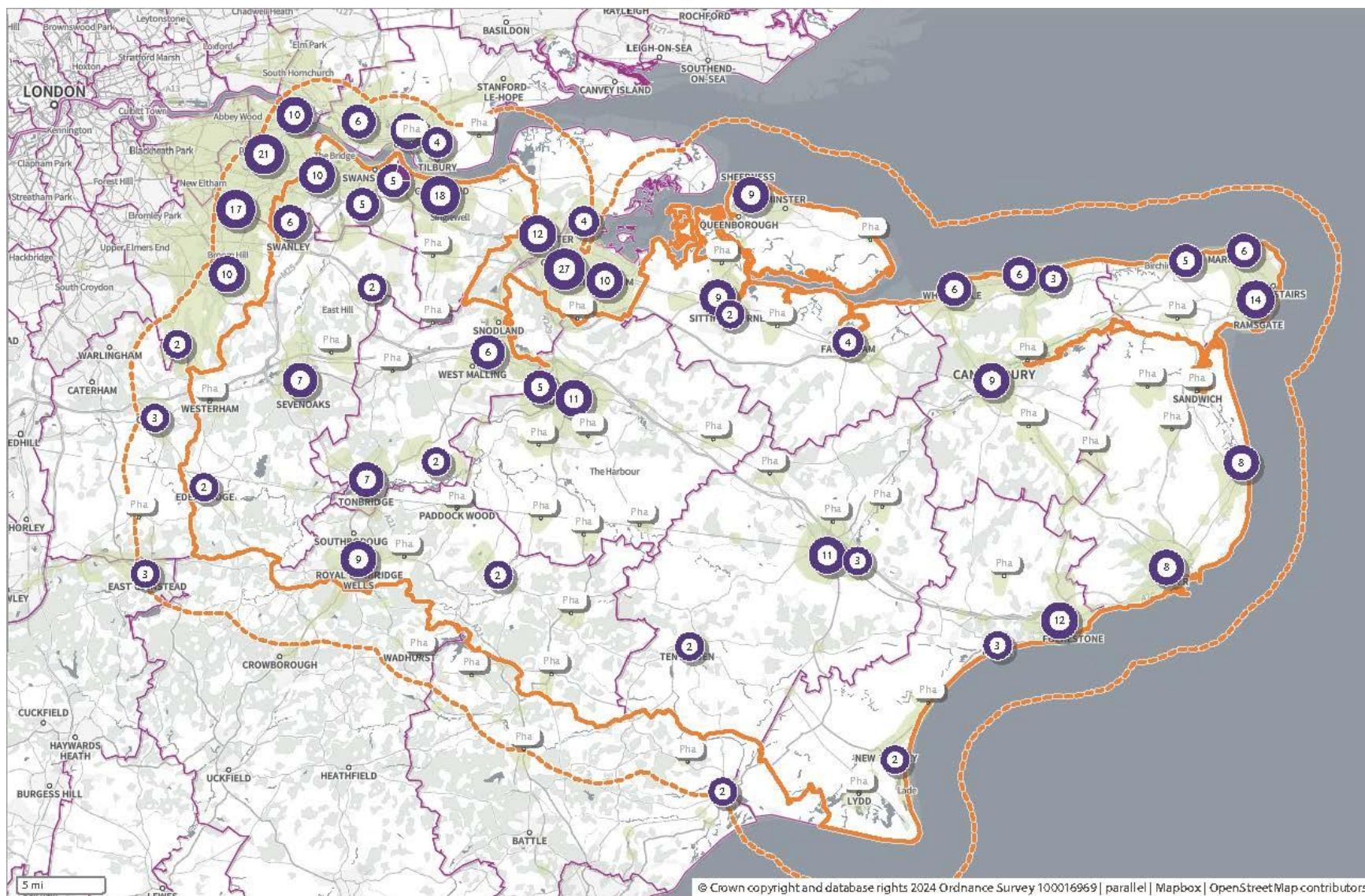




Figure 3: Map of population coverage by public transport in 20 minutes from Kent pharmacies (weekend morning)



## Travel analysis to pharmacies in Kent districts

### Walking population coverage by district

Estimated number and percentage of residents in Kent who can walk to a community pharmacy within each time band in each district.

<b>Area</b>	<b>Population Walking (10 minutes)</b>	<b>Population Walking (20 minutes)</b>	<b>Population Walking (30 minutes)</b>
Ashford	69,857 (51.46%)	95,736 (70.53%)	100,150 (73.78%)
Canterbury	91,539 (57.83%)	131,490 (83.07%)	141,245 (89.24%)
Dartford	74,770 (62.93%)	104,502 (87.96%)	107,790 (90.72%)
Dover	56,206 (47.82%)	78,358 (66.66%)	91,935 (78.21%)
Folkestone and Hythe	68,841 (62.38%)	83,689 (75.84%)	94,130 (85.30%)
Gravesham	83,175 (77.83%)	101,131 (94.63%)	105,598 (98.81%)
Maidstone	101,041 (55.96%)	149,731 (83%)	153,472 (84.99%)
Sevenoaks	66,399 (54.80%)	88,696 (73%)	97,926 (80.82%)
Swale	83,521 (54.02%)	125,455 (81%)	135,702 (87.78%)
Thanet	105,494 (74.99%)	135,336 (96%)	135,330 (96.19%)
Tonbridge and Malling	69,080 (51.68%)	107,218 (80%)	114,781 (85.87%)
Tunbridge Wells	68,062 (58.59%)	96,200 (83%)	101,368 (87.25%)
<b>Kent</b>	<b>929,661 (58.31%)</b>	<b>1,320,694 (83%)</b>	<b>1,381,186 (86.62%)</b>

**Private transport population coverage by district**

Estimated number and percentage of residents in Kent who can reach a community pharmacy within each time band during *non-rush hour* using private transport in each district.

<b>Area</b>	<b>Population Private transport (10 minutes)</b>	<b>Population Private transport (20 minutes)</b>	<b>Population Private transport (30 minutes)</b>
Ashford	135,741 (100%)	135,741 (100%)	135,741 (100%)
Canterbury	158,282 (100%)	158,282 (100%)	158,282 (100%)
Dartford	118,810 (100%)	118,810 (100%)	118,810 (100%)
Dover	117,546 (100%)	117,546 (100%)	117,546 (100%)
Folkestone and Hythe	110,356 (100%)	110,356 (100%)	110,356 (100%)
Gravesham	106,870 (100%)	106,870 (100%)	106,870 (100%)
Maidstone	180,569 (100%)	180,569 (100%)	180,569 (100%)
Sevenoaks	121,173 (100%)	121,173 (100%)	121,173 (100%)
Swale	150,337 (97.24%)	150,337 (97.24%)	150,337 (97.24%)
Thanet	140,638 (100%)	140,638 (100%)	140,638 (100%)
Tonbridge and Malling	133,664 (100%)	133,664 (100%)	133,664 (100%)
Tunbridge Wells	116,175 (100%)	116,175 (100%)	116,175 (100%)
<b>Kent</b>	<b>1,590,206 (99.73%)</b>	<b>1,590,206 (99.73%)</b>	<b>1,590,206 (99.73%)</b>

Estimated number and percentage of residents in Kent who can reach a community pharmacy within each time band during *rush hour* using private transport in each district.

<b>Area</b>	<b>Population Private transport (10 minutes)</b>	<b>Population Private transport (20 minutes)</b>	<b>Population Private transport (30 minutes)</b>
Ashford	132,095 (97.31%)	135,741 (100%)	135,741 (100%)
Canterbury	158,282 (100%)	158,282 (100%)	158,282 (100%)
Dartford	118,810 (100%)	118,810 (100%)	118,810 (100%)
Dover	117,546 (100%)	117,546 (100%)	117,546 (100%)
Folkestone and Hythe	110,356 (100%)	110,356 (100%)	110,356 (100%)
Gravesham	106,870 (100%)	106,870 (100%)	106,870 (100%)
Maidstone	180,569 (100%)	180,569 (100%)	180,569 (100%)
Sevenoaks	121,173 (100%)	121,173 (100%)	121,173 (100%)
Swale	150,337 (97.24%)	150,337 (97.24%)	150,337 (97.24%)
Thanet	140,638 (100%)	140,638 (100%)	140,638 (100%)
Tonbridge and Malling	133,664 (100%)	133,664 (100%)	133,664 (100%)
Tunbridge Wells	116,175 (100%)	116,175 (100%)	116,175 (100%)
<b>Kent</b>	<b>1,588,187 (99.61%)</b>	<b>1,590,206 (99.73%)</b>	<b>1,590,206 (99.73%)</b>

**Public transport population coverage by district**

Estimated number and percentage of residents in Kent who can reach a community pharmacy within each time band on a *weekday morning* by public transport in each district.

<b>Area</b>	<b>Population Public transport (10 minutes)</b>	<b>Population Public transport (20 minutes)</b>	<b>Population Public transport (30 minutes)</b>
Ashford	81,832 (60.29%)	103,485 (76.24%)	108,127 (79.66%)
Canterbury	114,215 (72.16%)	147,030 (92.89%)	150,560 (95.12%)
Dartford	94,526 (79.56%)	109,593 (92.24%)	111,014 (93.44%)
Dover	64,265 (54.67%)	91,742 (78.05%)	102,210 (86.95%)
Folkestone and Hythe	81,691 (74.02%)	96,863 (87.77%)	100,500 (91.07%)
Gravesham	99,659 (93.25%)	103,920 (97.24%)	106,870 (100%)
Maidstone	117,070 (64.83%)	158,847 (87.97%)	165,182 (91.48%)
Sevenoaks	76,053 (62.76%)	101,700 (83.93%)	112,283 (92.66%)
Swale	98,157 (63.49%)	134,983 (87.31%)	142,586 (92.23%)
Thanet	118,828 (84.47%)	135,330 (96.19%)	135,330 (96.19%)
Tonbridge and Malling	83,631 (62.57%)	116,775 (87.36%)	121,628 (91.00%)
Tunbridge Wells	88,298 (76.00%)	100,977 (86.92%)	106,248 (91.46%)
<b>Kent</b>	<b>1,264,057 (79.28%)</b>	<b>1,502,279 (94.22%)</b>	<b>1,555,871 (97.58%)</b>

Estimated number and percentage of residents in Kent who can reach a community pharmacy within each time band on a *weekday afternoon* by public transport in each district.

<b>Area</b>	<b>Population Public transport (10 minutes)</b>	<b>Population Public transport (20 minutes)</b>	<b>Population Public transport (30 minutes)</b>
Ashford	91,966 (67.75%)	118,427 (87.24%)	119,768 (88.23%)
Canterbury	122,991 (77.70%)	153,276 (96.84%)	156,831 (99.08%)
Dartford	97,809 (82.32%)	118,810 (100%)	118,810 (100%)
Dover	78,957 (67.17%)	105,706 (89.93%)	108,689 (92.47%)
Folkestone and Hythe	87,700 (79.47%)	102,456 (92.84%)	107,601 (97.50%)
Gravesham	103,994 (97.31%)	106,870 (100%)	106,870 (100%)
Maidstone	130,110 (72.06%)	165,698 (91.76%)	173,522 (96.15%)
Sevenoaks	90,380 (74.59%)	112,154 (92.56%)	116,915 (96.49%)
Swale	114,666 (74.17%)	147,139 (95.18%)	150,193 (97.15%)
Thanet	128,683 (91.47%)	138,753 (98.63%)	140,683 (100%)
Tonbridge and Malling	92,715 (69.36%)	122,009 (91.28%)	129,519 (96.90%)
Tunbridge Wells	93,609 (80.58%)	114,751 (98.77%)	114,751 (98.77%)
<b>Kent</b>	<b>1,233,580 (77.37%)</b>	<b>1,504,659 (94.37%)</b>	<b>1,545,277 (96.91%)</b>

Estimated number and percentage of residents in Kent who can reach a community pharmacy within each time band on a *weekend morning* by public transport in each district.

<b>Area</b>	<b>Population Public transport (10 minutes)</b>	<b>Population Public transport (20 minutes)</b>	<b>Population Public transport (30 minutes)</b>
Ashford	70,789 (52.15%)	93,491 (68.87%)	102,169 (75.27%)
Canterbury	111,270 (70.30%)	147,030 (92.89%)	150,560 (95.12%)
Dartford	89,599 (75.41%)	106,242 (89.42%)	109,211 (91.92%)
Dover	64,265 (54.67%)	89,728 (76.33%)	100,196 (85.24%)
Folkestone and Hythe	75,059 (68.02%)	89,332 (80.95%)	95,034 (86.12%)
Gravesham	94,369 (88.30%)	102,648 (96.05%)	105,598 (98.81%)
Maidstone	102,503 (56.77%)	151,056 (83.66%)	160,074 (88.65%)
Sevenoaks	65,550 (54.10%)	93,843 (77.45%)	105,694 (87.23%)
Swale	82,263 (53.21%)	125,851 (81.41%)	135,702 (87.78%)
Thanet	118,586 (84.29%)	135,330 (96.19%)	135,330 (96.19%)
Tonbridge and Malling	71,062 (53.16%)	113,912 (85.22%)	118,765 (88.85%)
Tunbridge Wells	71,966 (61.95%)	93,352 (80.35%)	99,944 (86.03%)
<b>Kent</b>	<b>1,017,281 (63.80%)</b>	<b>1,341,815 (84.15%)</b>	<b>1,421,600 (89.16%)</b>

Estimated number and percentage of residents in Kent who can reach a community pharmacy within each time band on a *weekend afternoon* by public transport in each district.

<b>Area</b>	<b>Population Public transport (10 minutes)</b>	<b>Population Public transport (20 minutes)</b>	<b>Population Public transport (30 minutes)</b>
Ashford	86,465 (63.70%)	118,427 (87.24%)	119,768 (88.23%)
Canterbury	124,816 (78.86%)	153,276 (96.84%)	155,073 (97.97%)
Dartford	100,126 (84.27%)	118,810 (100%)	118,810 (100%)
Dover	72,427 (61.62%)	102,291 (87.02%)	108,689 (92.47%)
Folkestone and Hythe	85,771 (77.72%)	102,456 (92.84%)	107,601 (97.50%)
Gravesham	102,477 (95.89%)	106,870 (100%)	106,870 (100%)
Maidstone	124,416 (68.90%)	160,338 (88.80%)	168,462 (93.30%)
Sevenoaks	87,432 (72.15%)	110,431 (91.13%)	115,628 (95.42%)
Swale	109,762 (71.00%)	145,909 (94.38%)	150,193 (97.15%)
Thanet	128,683 (91.47%)	140,683 (100%)	140,683 (100%)
Tonbridge and Malling	88,971 (66.56%)	116,367 (87.06%)	125,880 (94.18%)
Tunbridge Wells	93,609 (80.58%)	113,091 (97.35%)	113,091 (97.35%)
<b>Kent</b>	<b>1,204,995 (75.57%)</b>	<b>1,487,559 (93.30%)</b>	<b>1,531,773 (96.07%)</b>

## Maps for Kent districts

For each district, the following maps are available:

- Map of pharmacies by contract hours
- Population coverage to reach a community pharmacy within 20 minutes walking
- Population coverage to reach a community pharmacy within 20 minutes by private transport (rush hour)
- Population coverage to reach a community pharmacy within 20 minutes by public transport (rush hour).

### Maps notes

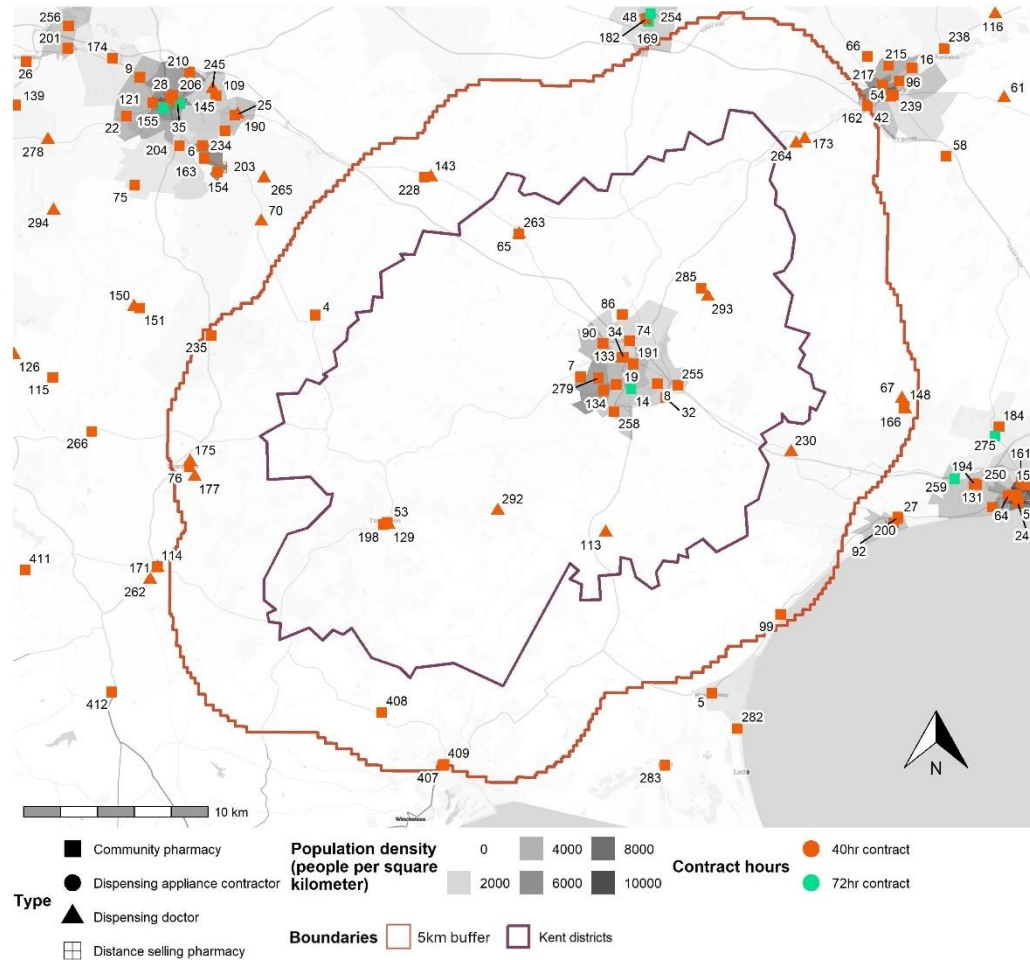
- The pharmacy list provided by Soar Beyond includes community pharmacies, dispensing GPs, dispensing appliance contractors and distance selling pharmacies.
- The pharmacy list from NHS BSA for sites in the 5km buffer zone on each Kent-wide map includes community pharmacies, dispensing appliance contractors and distance selling pharmacies only. Dispensing GPs are not included because very limited data was available.
- Maps of contract hours include DSPs, DACs and dispensing GPs as well as community pharmacies. The type of site is still denoted by the shape on the map.
- The population source for maps which include the population density thematic layer is the Office for National Statistics middle-layer super output area mid-year population estimates 2021 and is available for all areas included on the map.
- Maps including population density will only include dispensing sites within the district and its buffer area – sites outside of these areas are not plotted.
- Eckersley Pharmacy (no. 96 on the Canterbury district map) has the postcode CT1 1WJ. The NHS Digital postcode lookup matches this to an incorrect location – the latitude and longitude of the point on the district Canterbury map has been manually altered to reflect its true location.
- Travel analyses collated from the Shape Atlas tool does not have an accessible methodology. Two LSOAs in Swale district and one LSOA in Ashford district continuously don't appear within the travel catchment area. We have reported the data directly from Shape Atlas but question the accuracy of this data for those LSOAs. We cannot access the Shape Atlas methodology to investigate this further.



## Ashford maps

Figure 4: Pharmacy sites, contract hours Ashford (with 5 km buffer)

Pharmacy sites: Contract hours in Ashford with 5km buffer



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Map baselayer source: Stadia Maps  
Pharmacy sites by contract hours in Ashford  
Produced by KPHO

Figure 5: Ashford walking 20 minutes

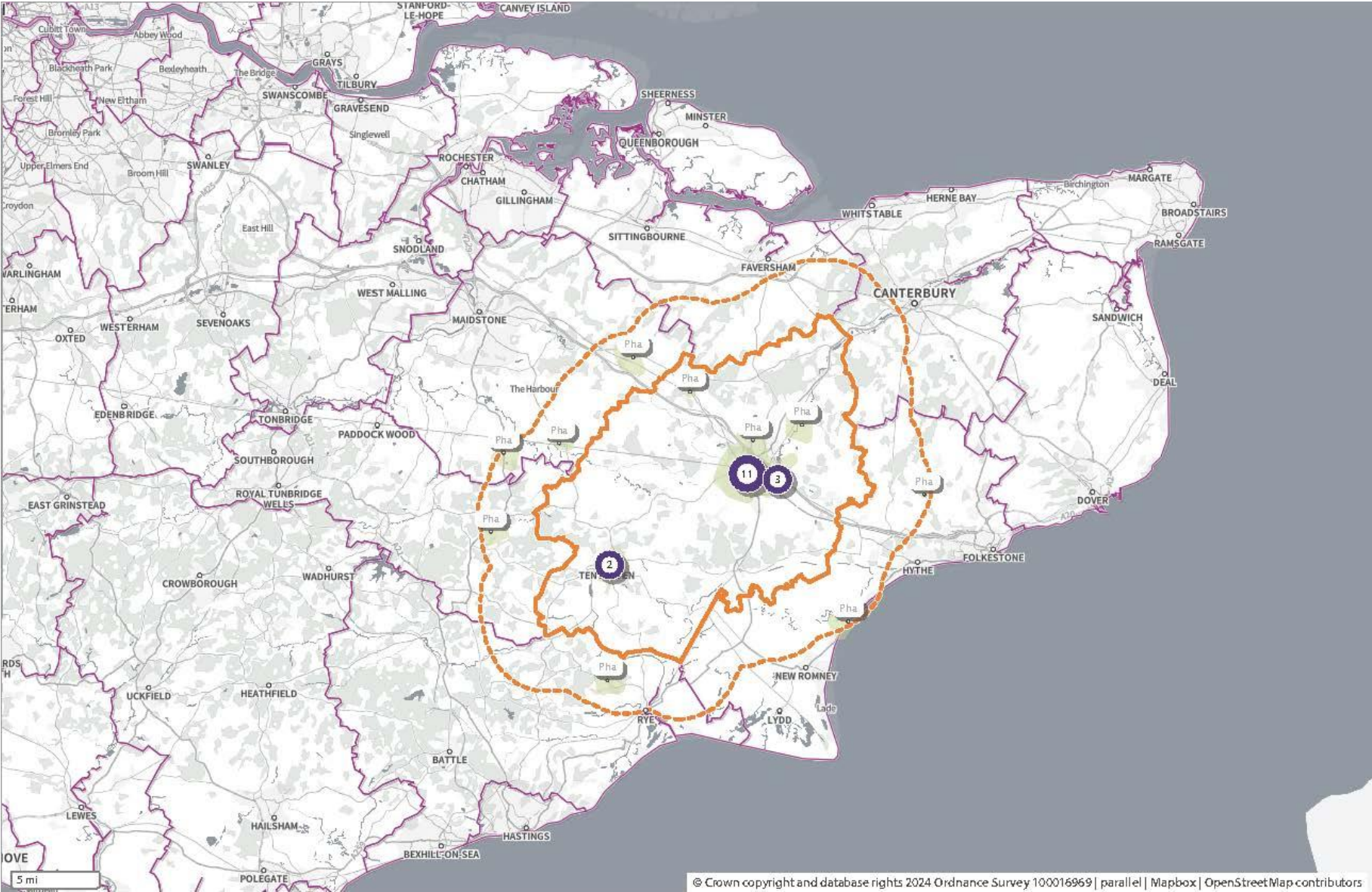




Figure 6: Ashford driving 20 minutes rush hour

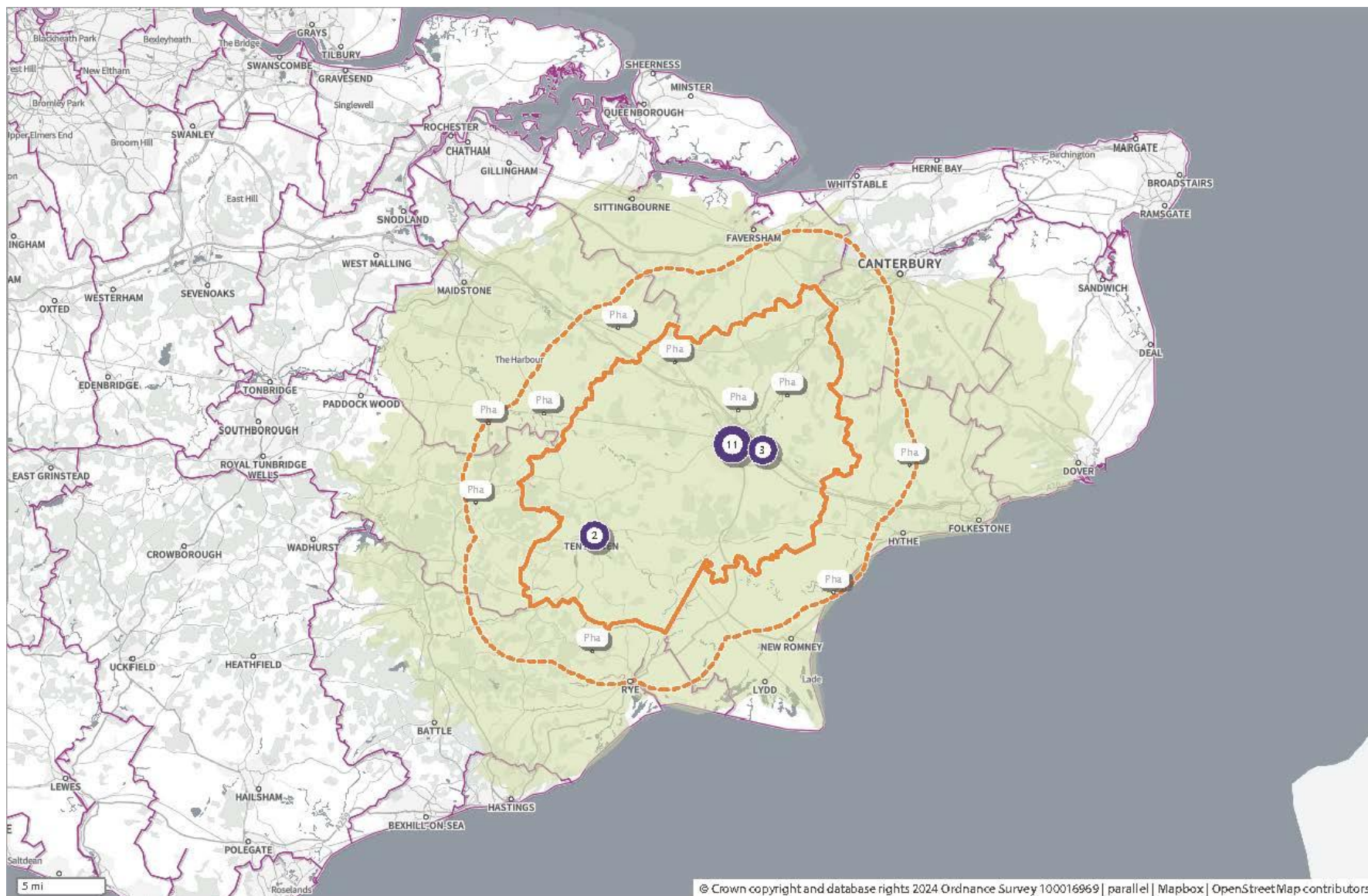
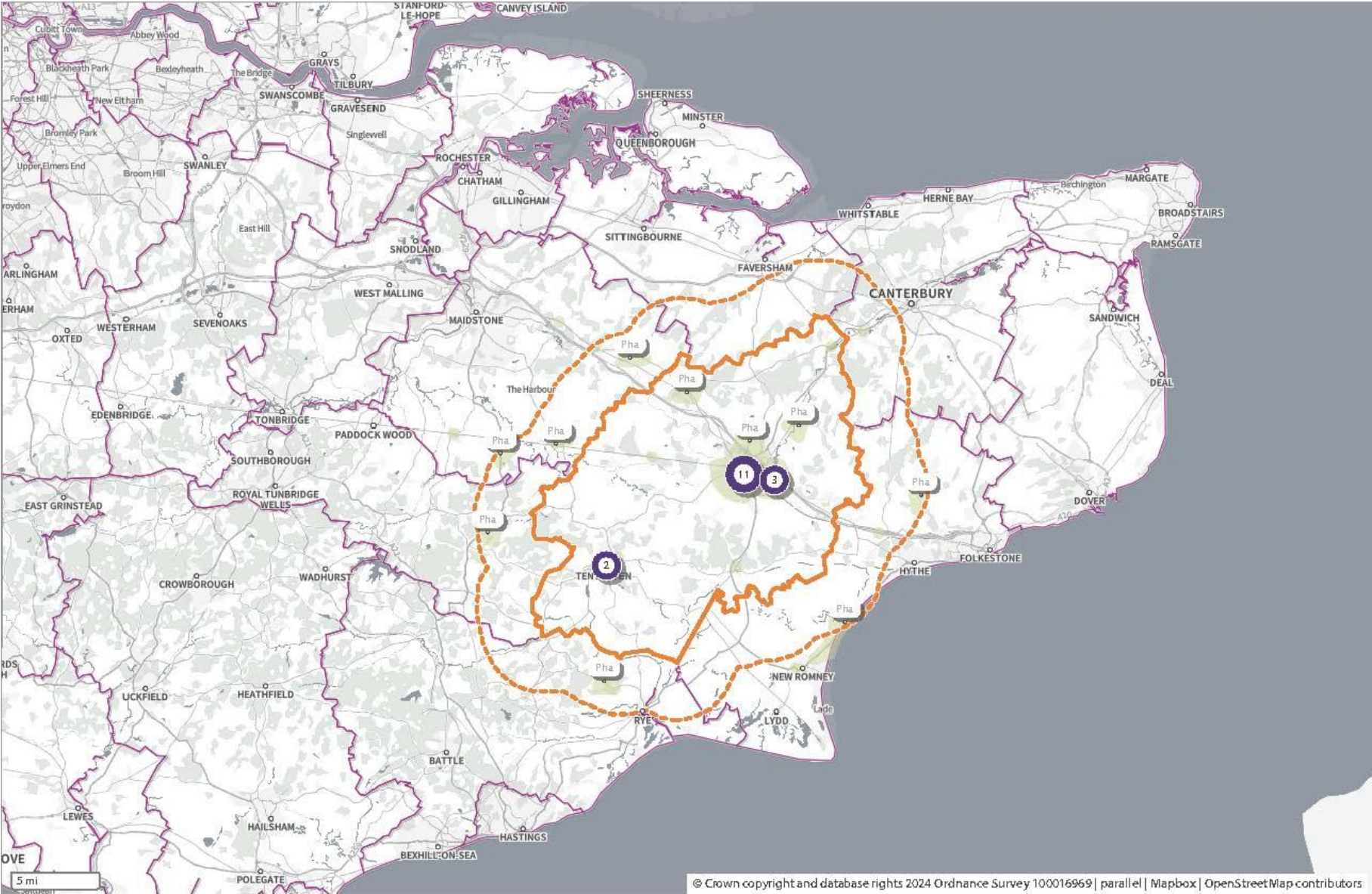


Figure 7: Ashford public transport 20 minutes weekend morning

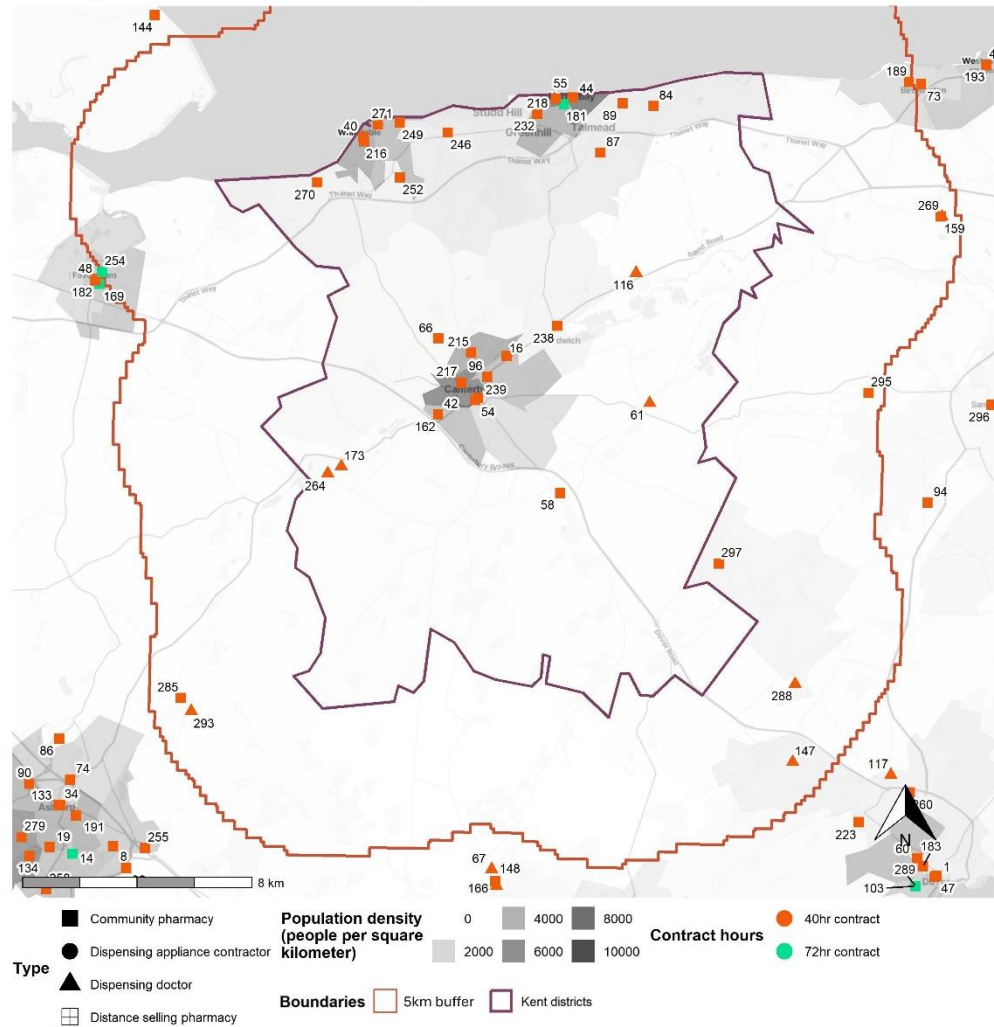




## Canterbury maps

Figure 8: Pharmacy sites, contract hours in Canterbury (with 5 km buffer)

Pharmacy sites: Contract hours in Canterbury with 5km buffer



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Map baselayer source: Stadia Maps  
Pharmacy sites by contract hours in Canterbury  
Produced by KPHO

Figure 9: Canterbury walking 20 minutes

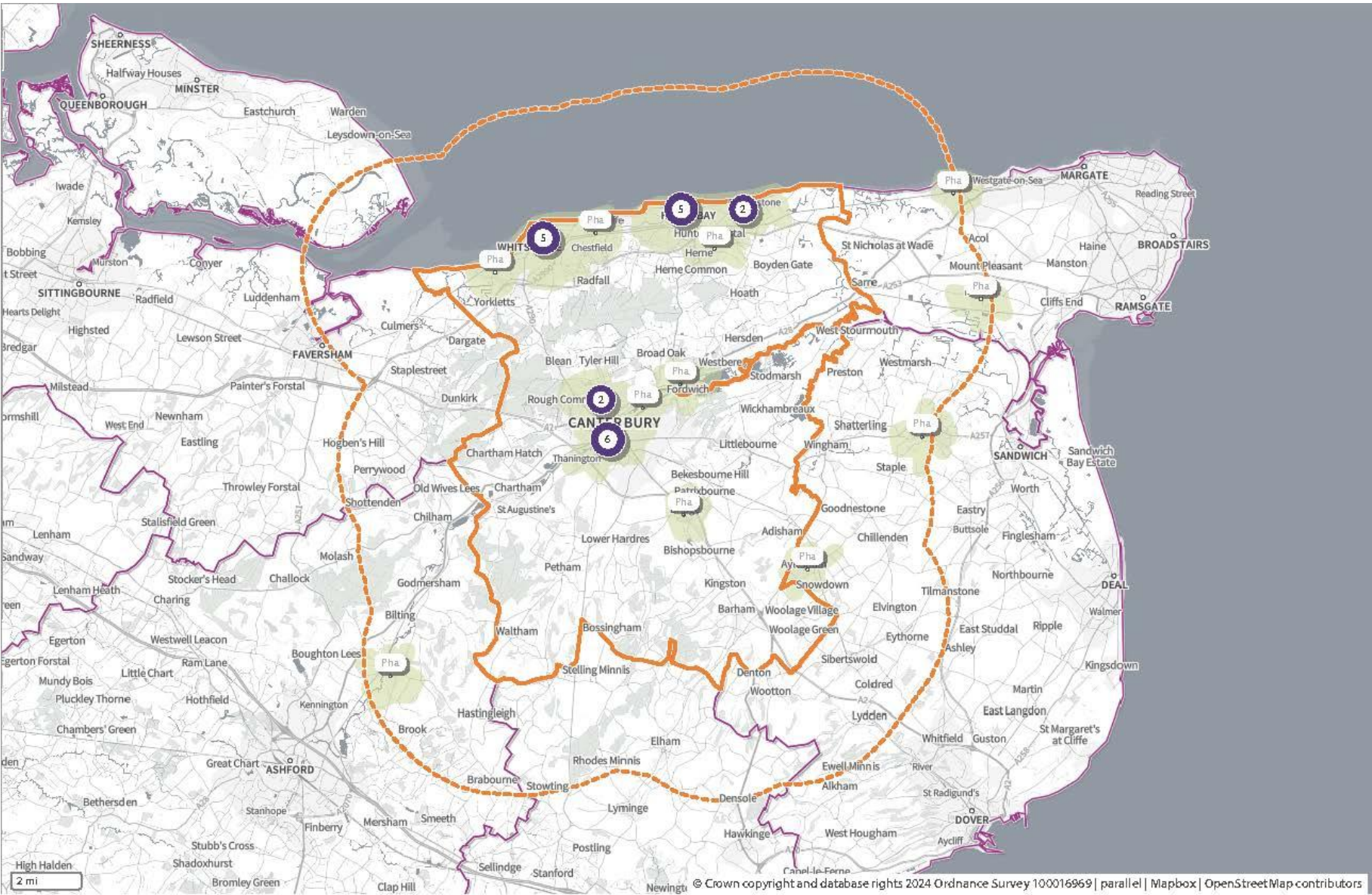








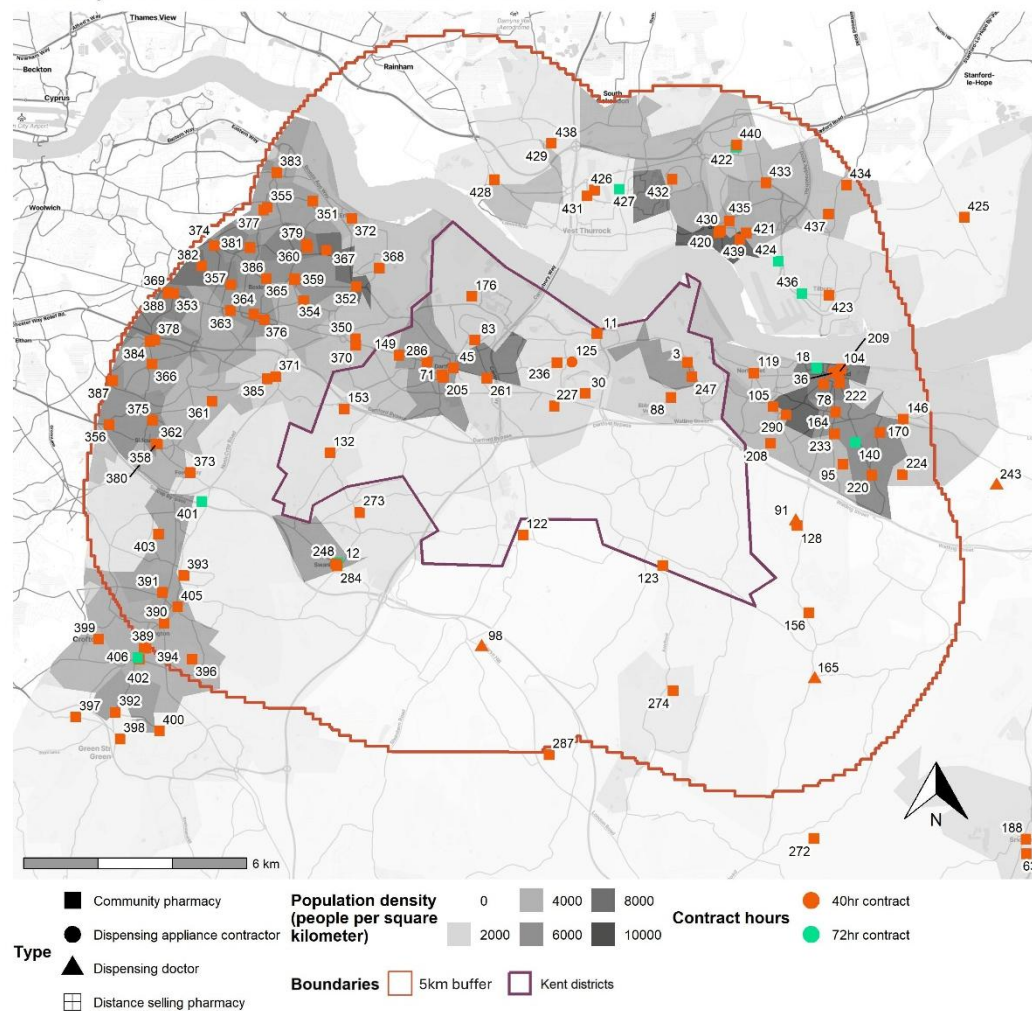
Figure 11: Canterbury public transport 20 minutes weekend morning



## Dartford maps

Figure 12: Pharmacy sites, contract hours in Dartford (with 5 km buffer)

Pharmacy sites: Contract hours in Dartford with 5km buffer



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Map baselayer source: Stadia Maps  
Pharmacy sites by contract hours in Dartford  
Produced by KPHO



Figure 13: Dartford walking 20 minutes

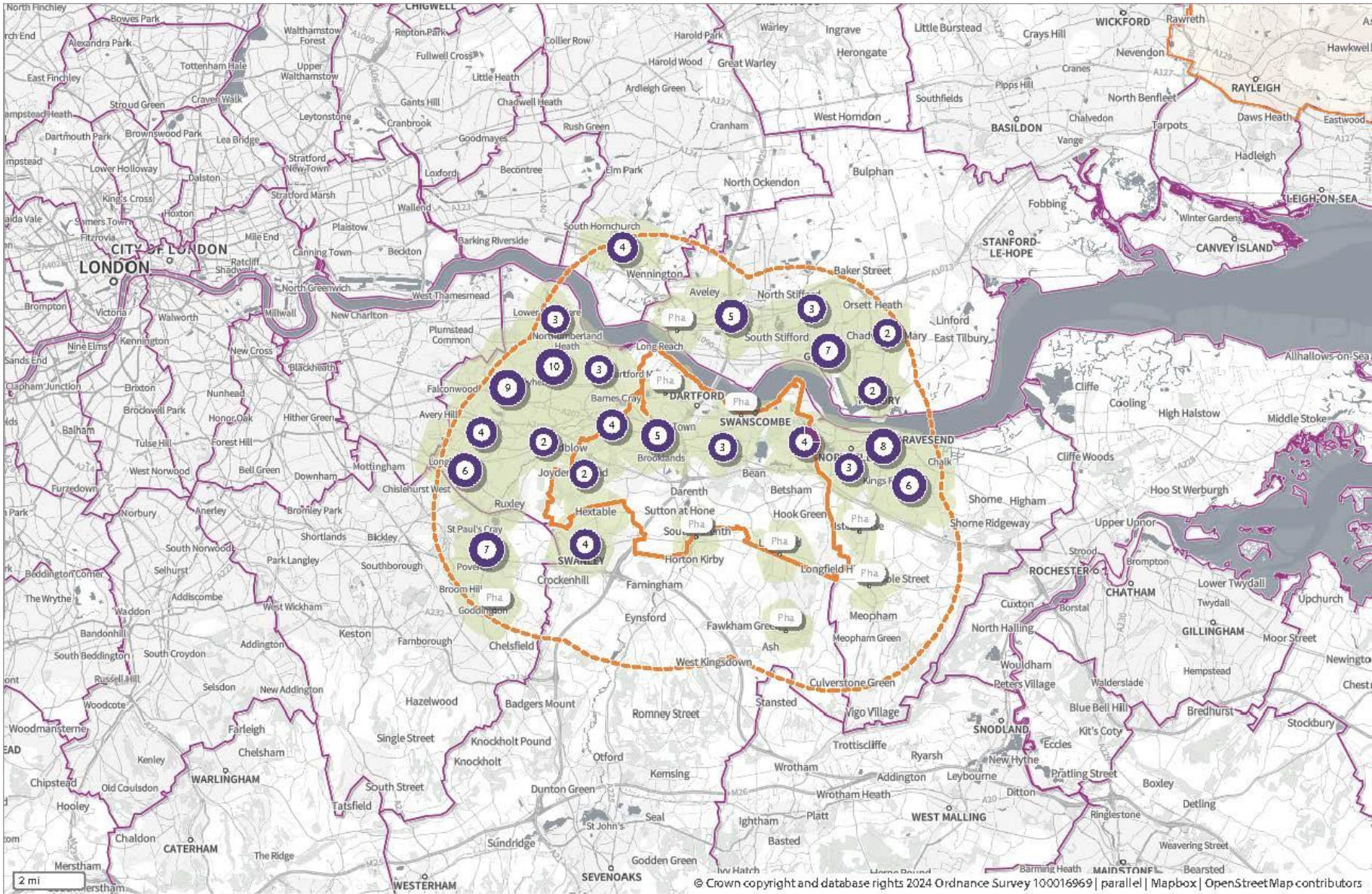




Figure 14: Dartford driving 20 minutes rush hour

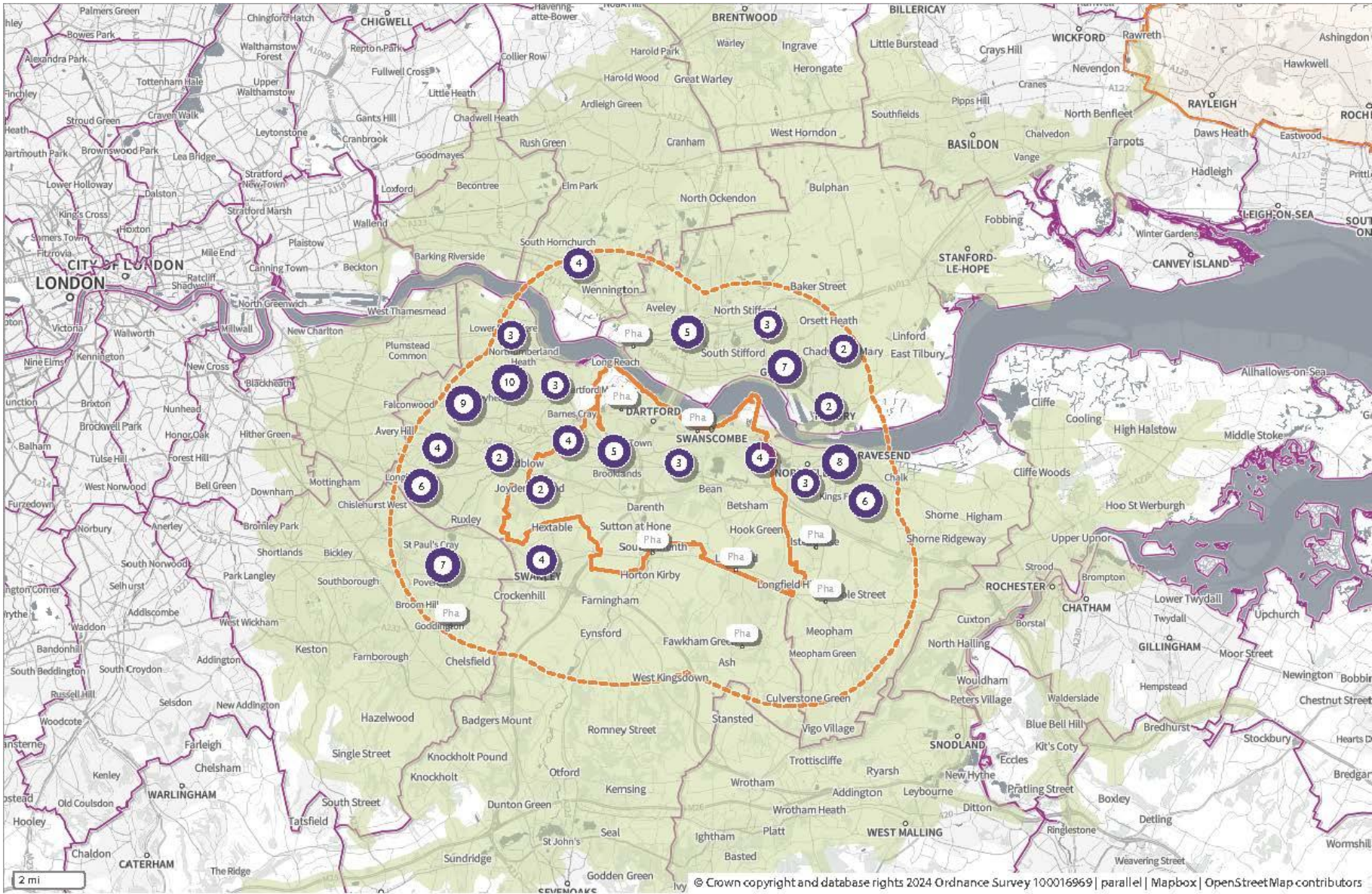
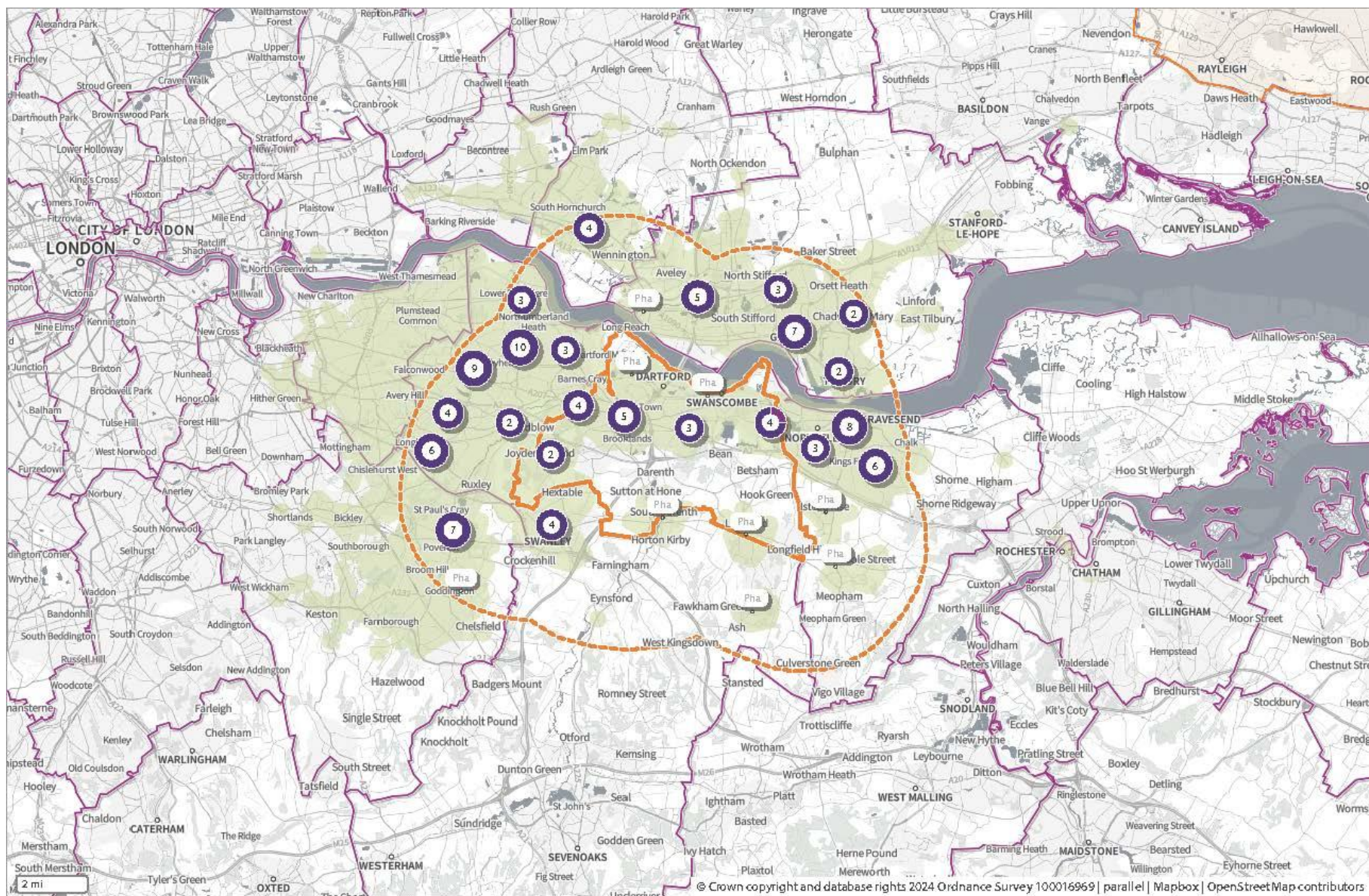




Figure 15: Dartford public transport 20 minutes weekend morning



Dover maps

Figure 16: Pharmacy sites, contract hours in Dover (with 5 km buffer)

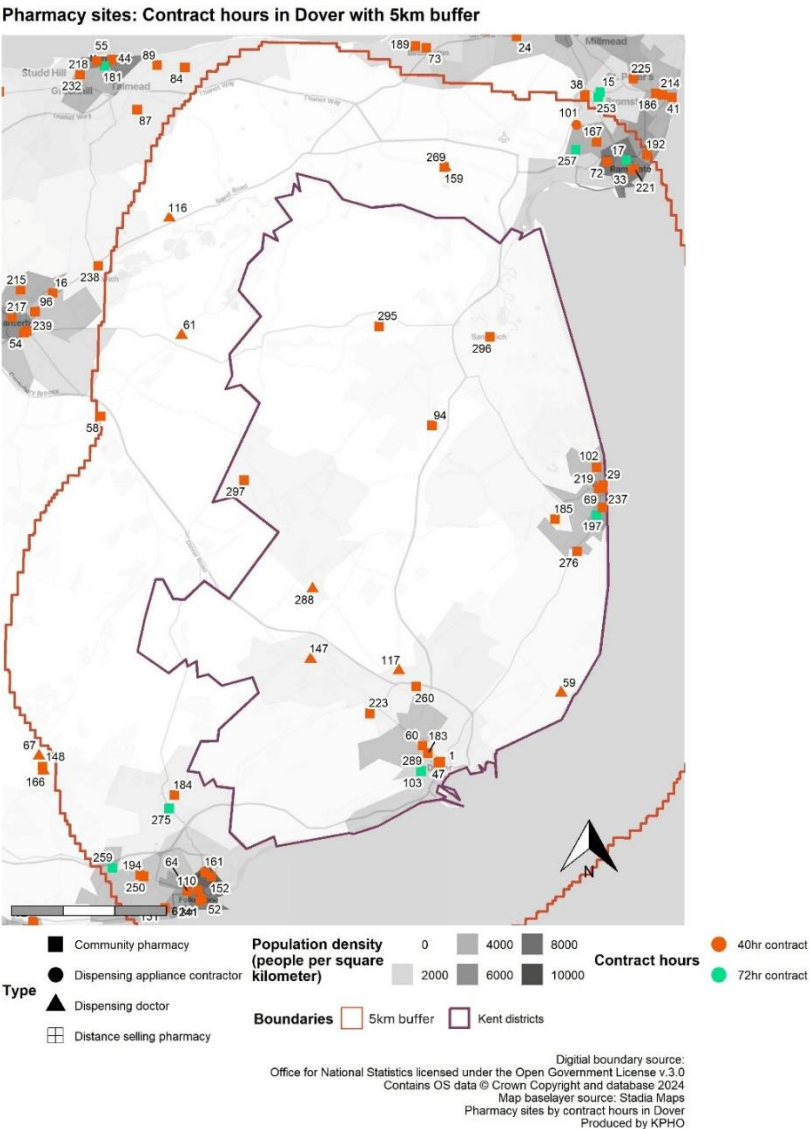




Figure 17: Dover walking 20 minutes

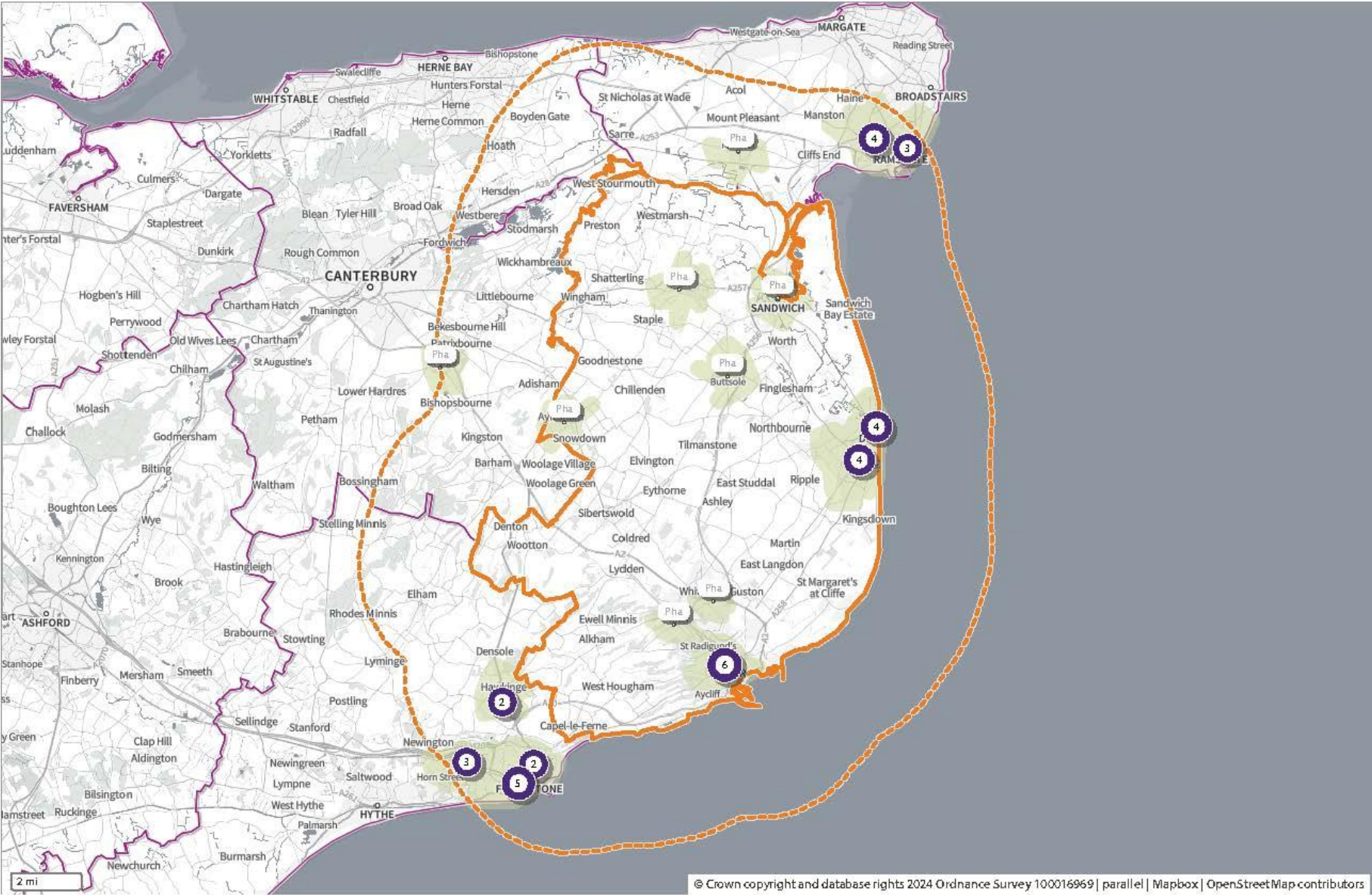


Figure 18: Dover driving 20 minutes rush hour

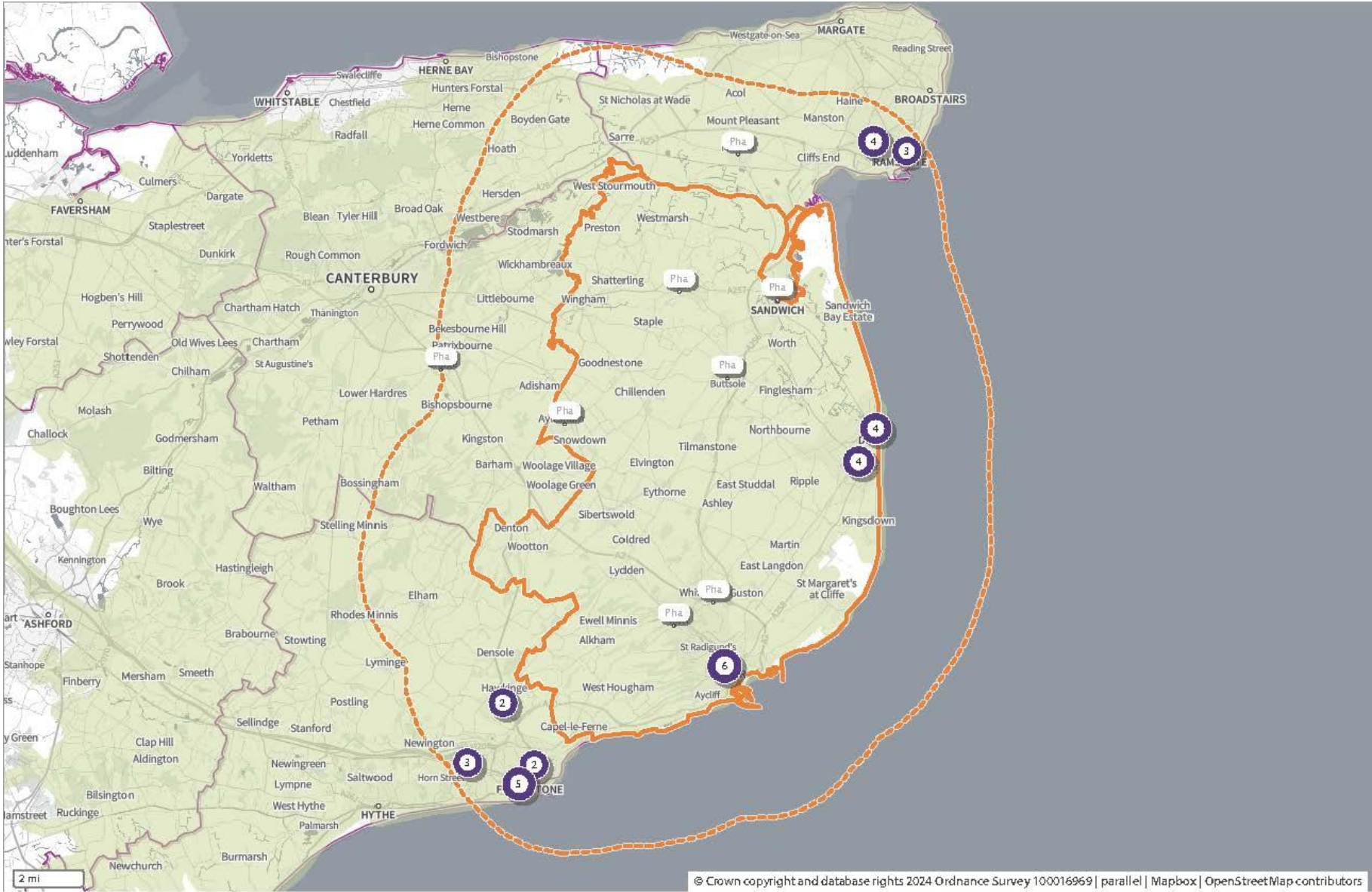


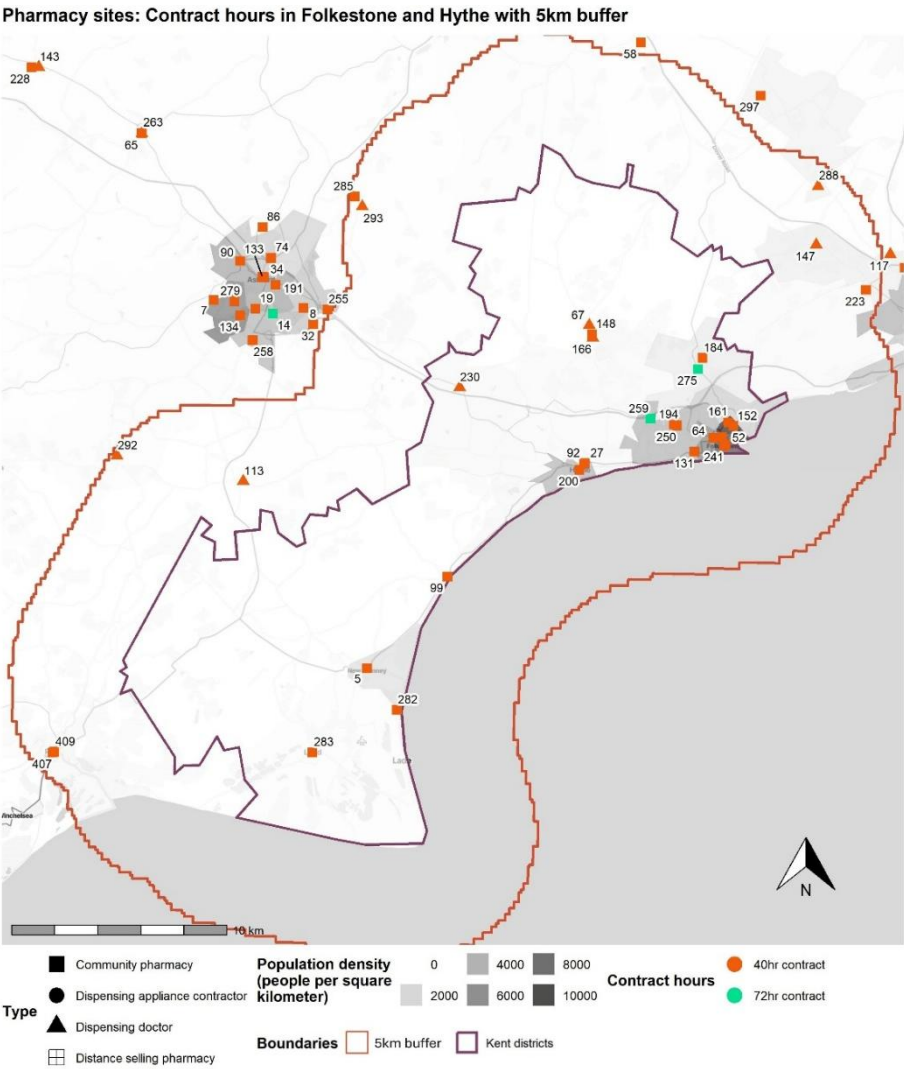


Figure 19: Dover public transport 20 minutes weekend morning



Folkestone and Hythe maps

Figure 20: Pharmacy sites, contract hours in Folkestone and Hythe (with 5 km buffer)



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Map baselayer source: Stadia Maps  
Pharmacy sites by contract hours in Folkestone and Hythe  
Produced by KPHO



Figure 21: Folkestone and Hythe walking 20 minutes

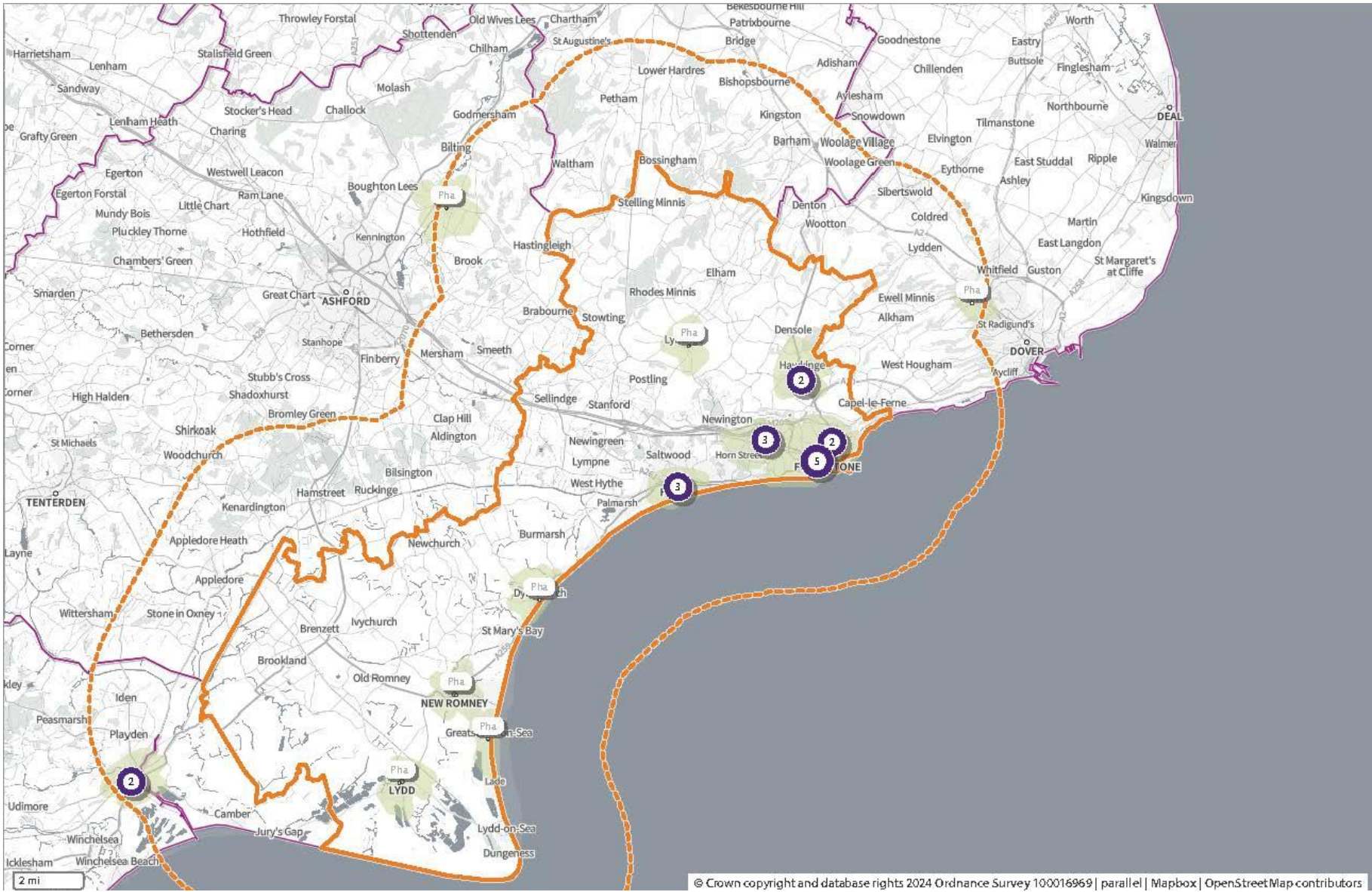


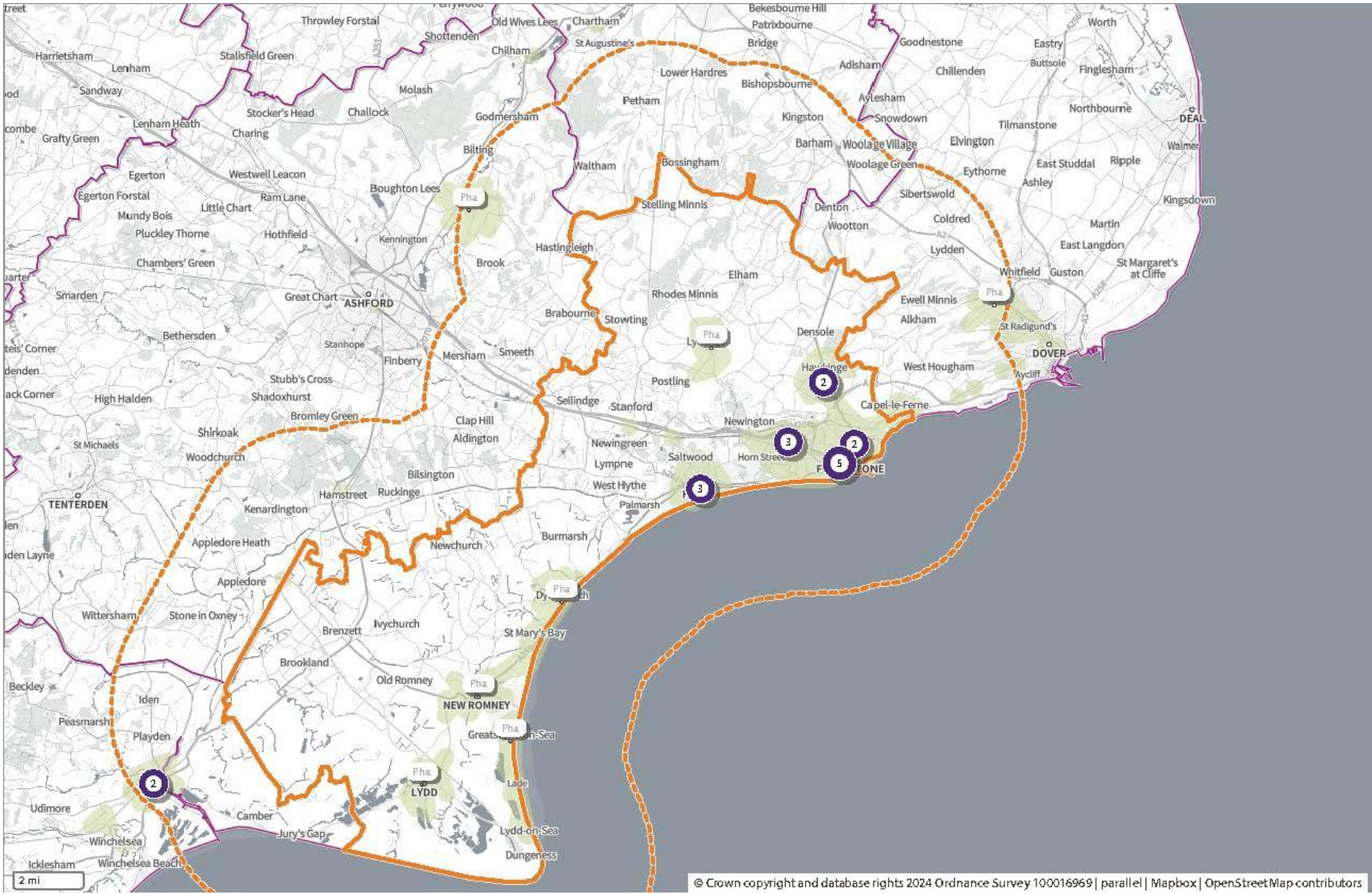


Figure 22: Folkestone and Hythe driving 20 minutes rush hour





Figure 23: Folkestone and Hythe public transport 20 minutes weekend morning



Gravesham maps

Figure 24: Pharmacy sites, contract hours in Gravesham (with 5 km buffer)

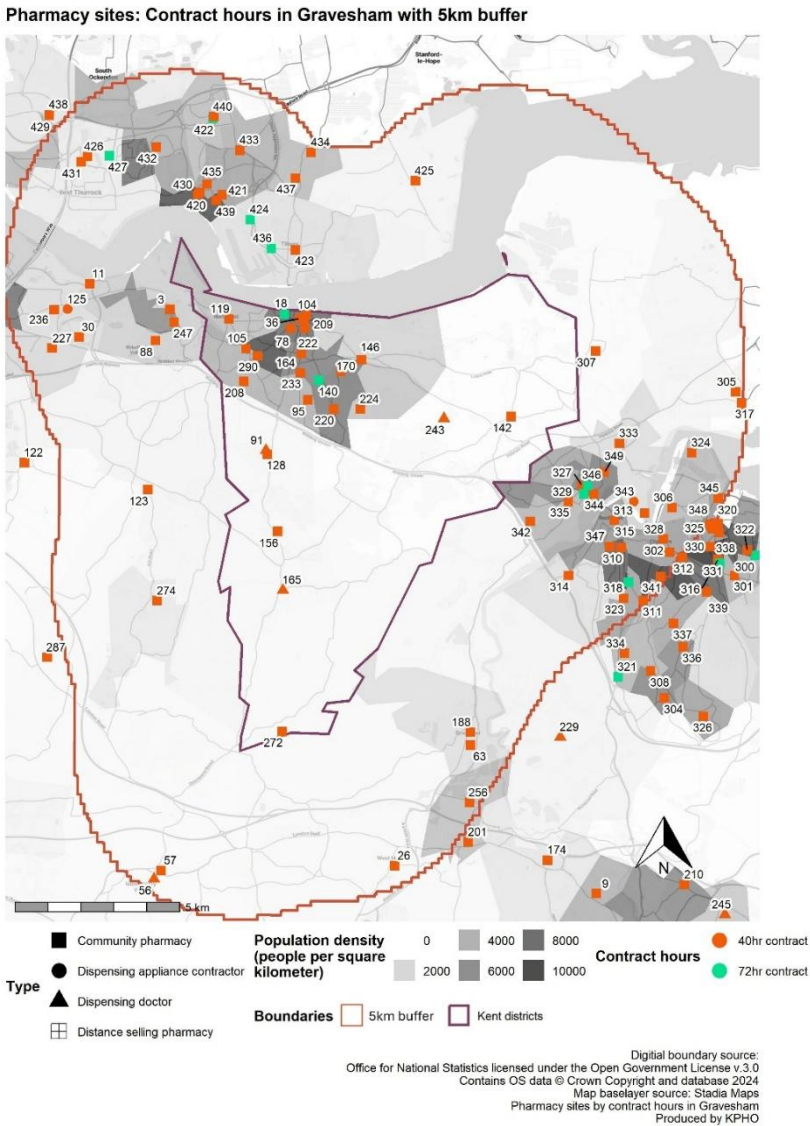




Figure 25: Gravesham walking 20 minutes

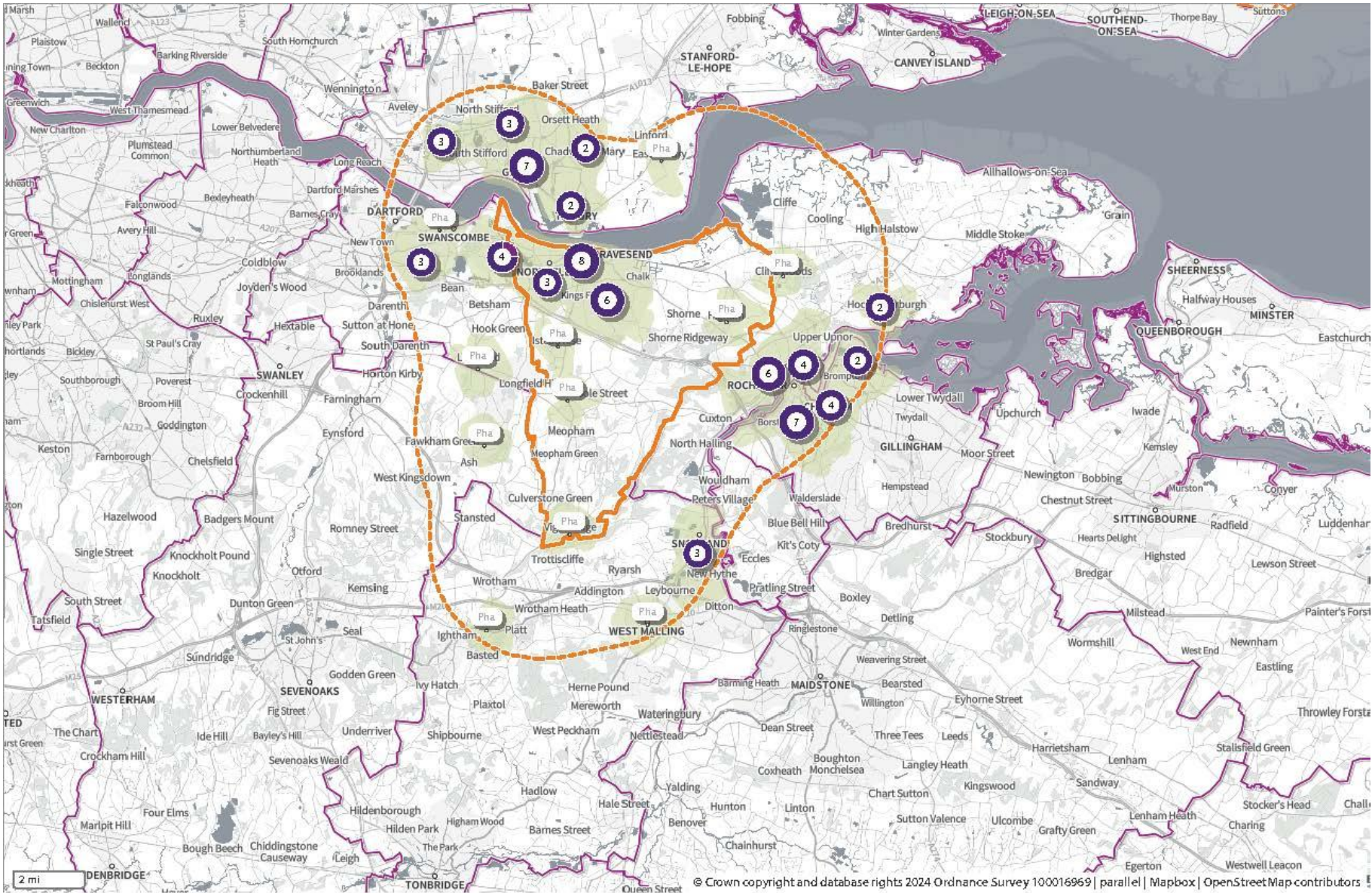




Figure 26: Gravesend driving 20 minutes rush hour

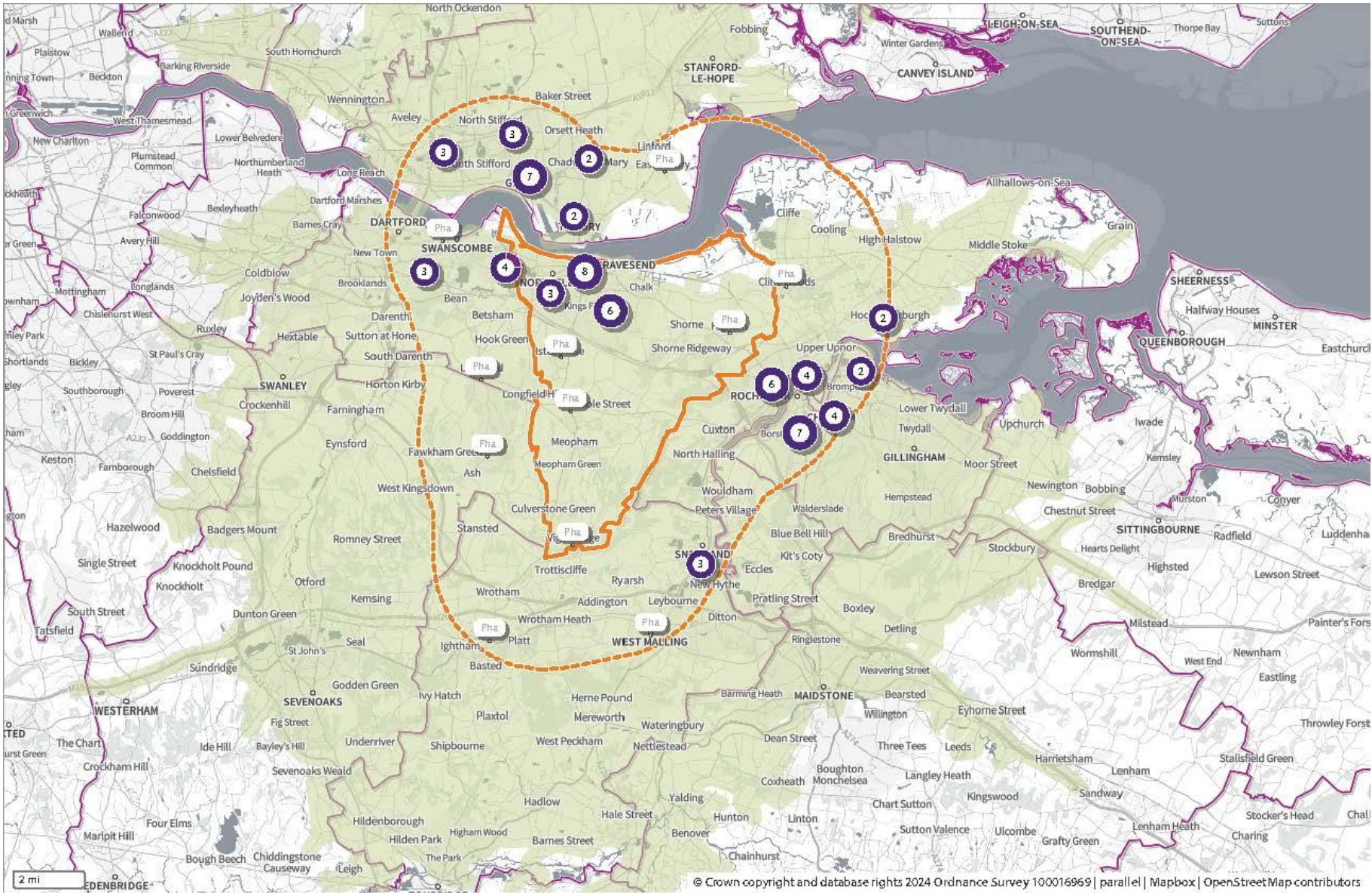
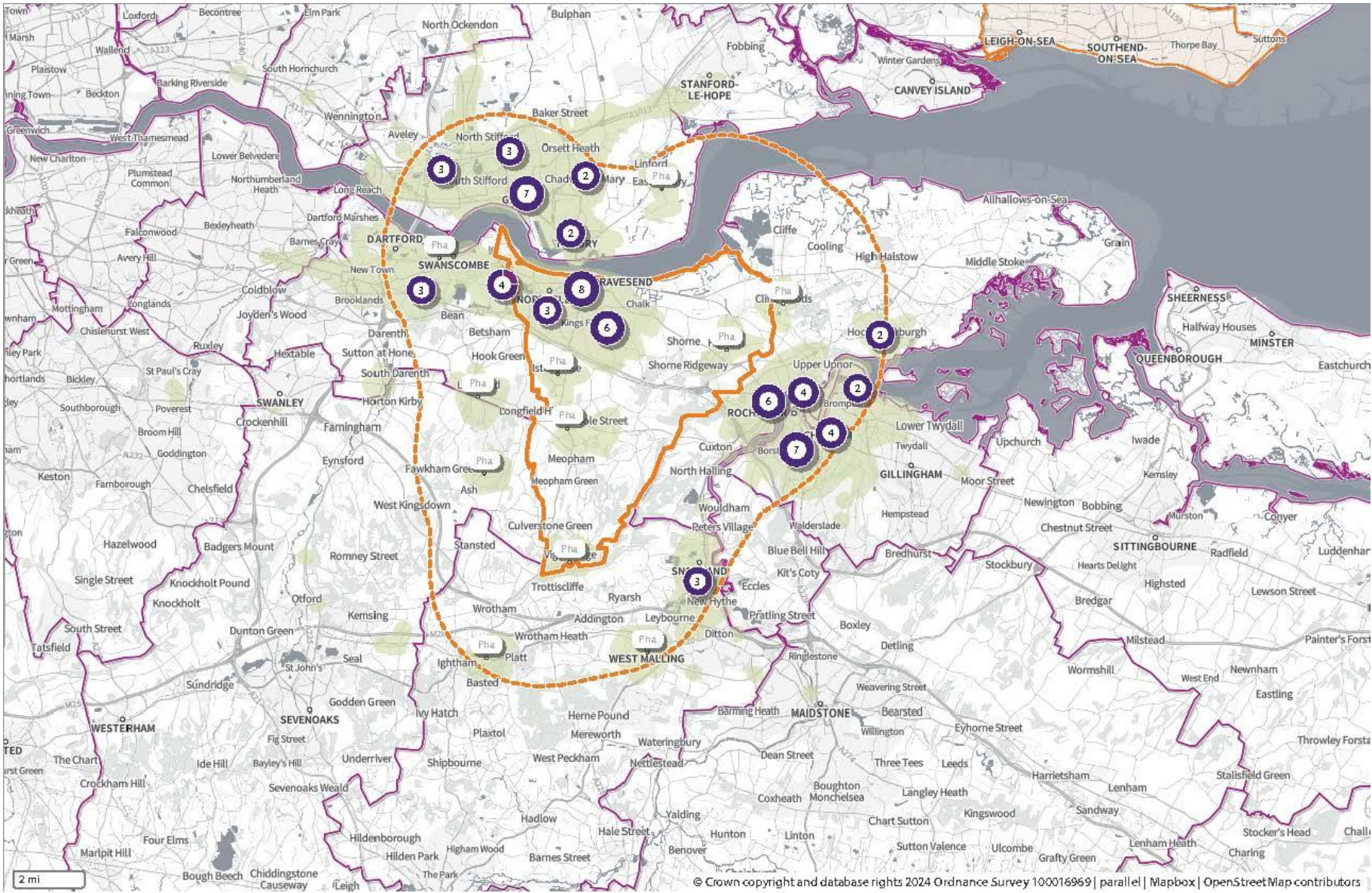




Figure 27: Gravesend public transport 20 minutes weekend morning



## Maidstone maps

Figure 28: Pharmacy sites, contract hours in Maidstone (with 5 km buffer)

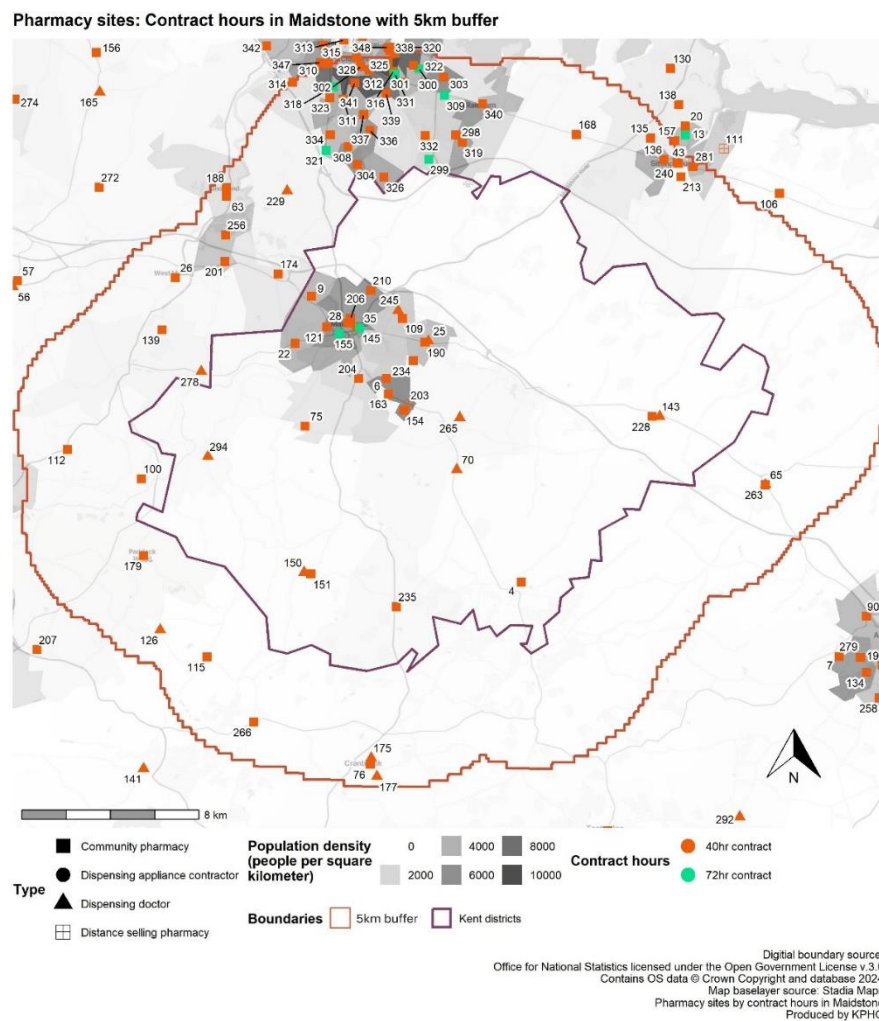




Figure 29: Maidstone walking 20 minutes

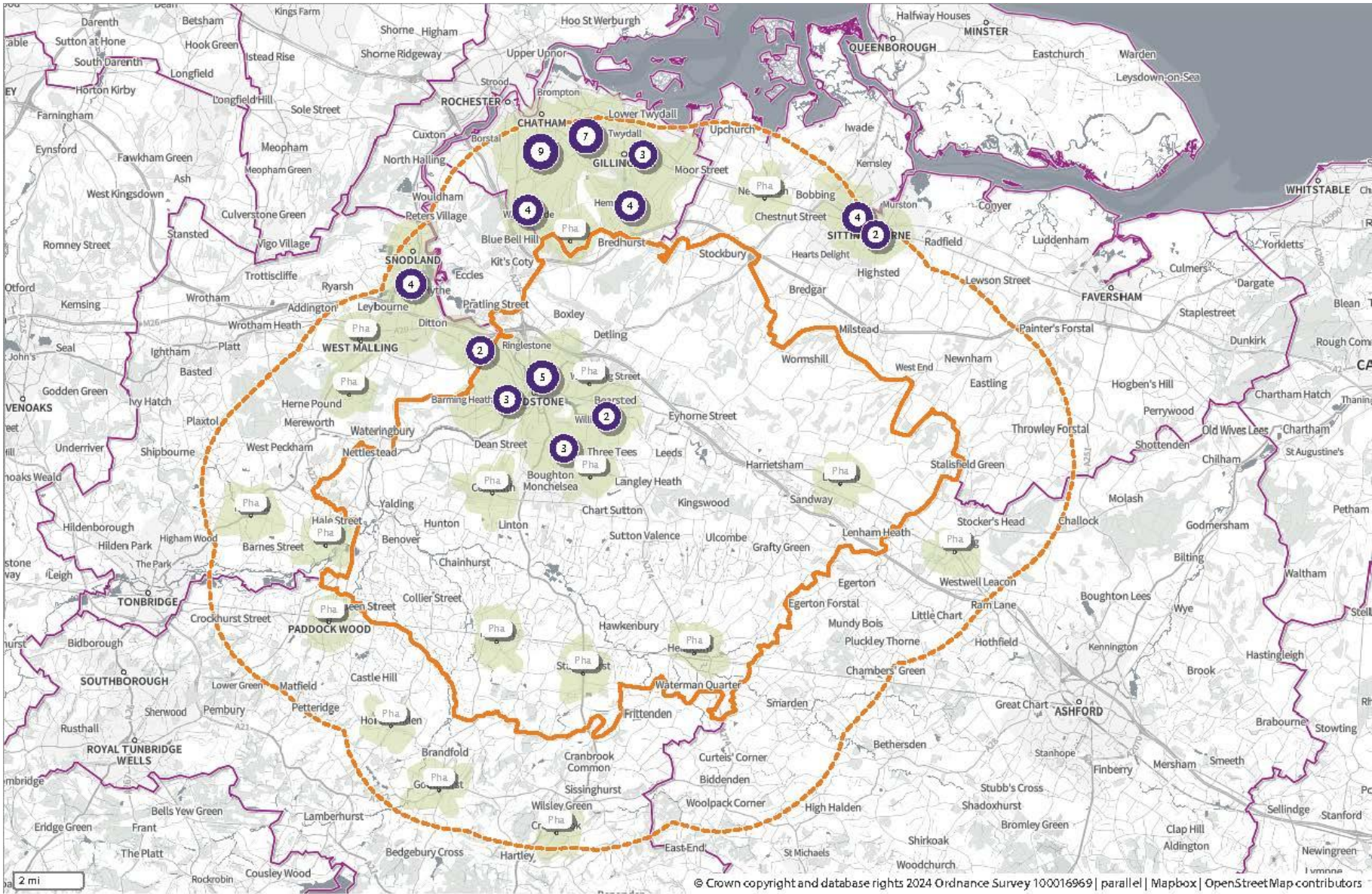




Figure 30: Maidstone driving 20 minutes rush hour

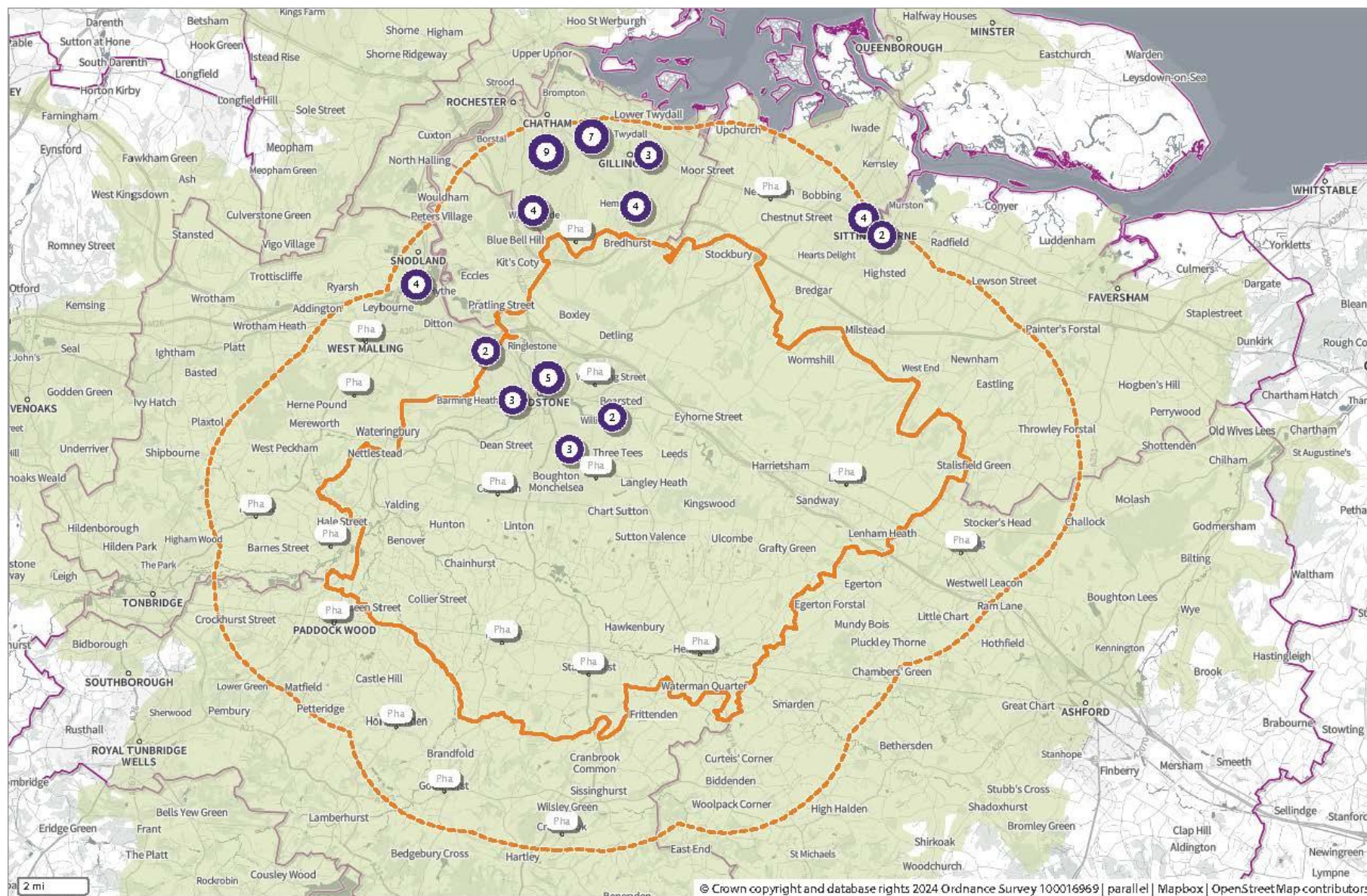
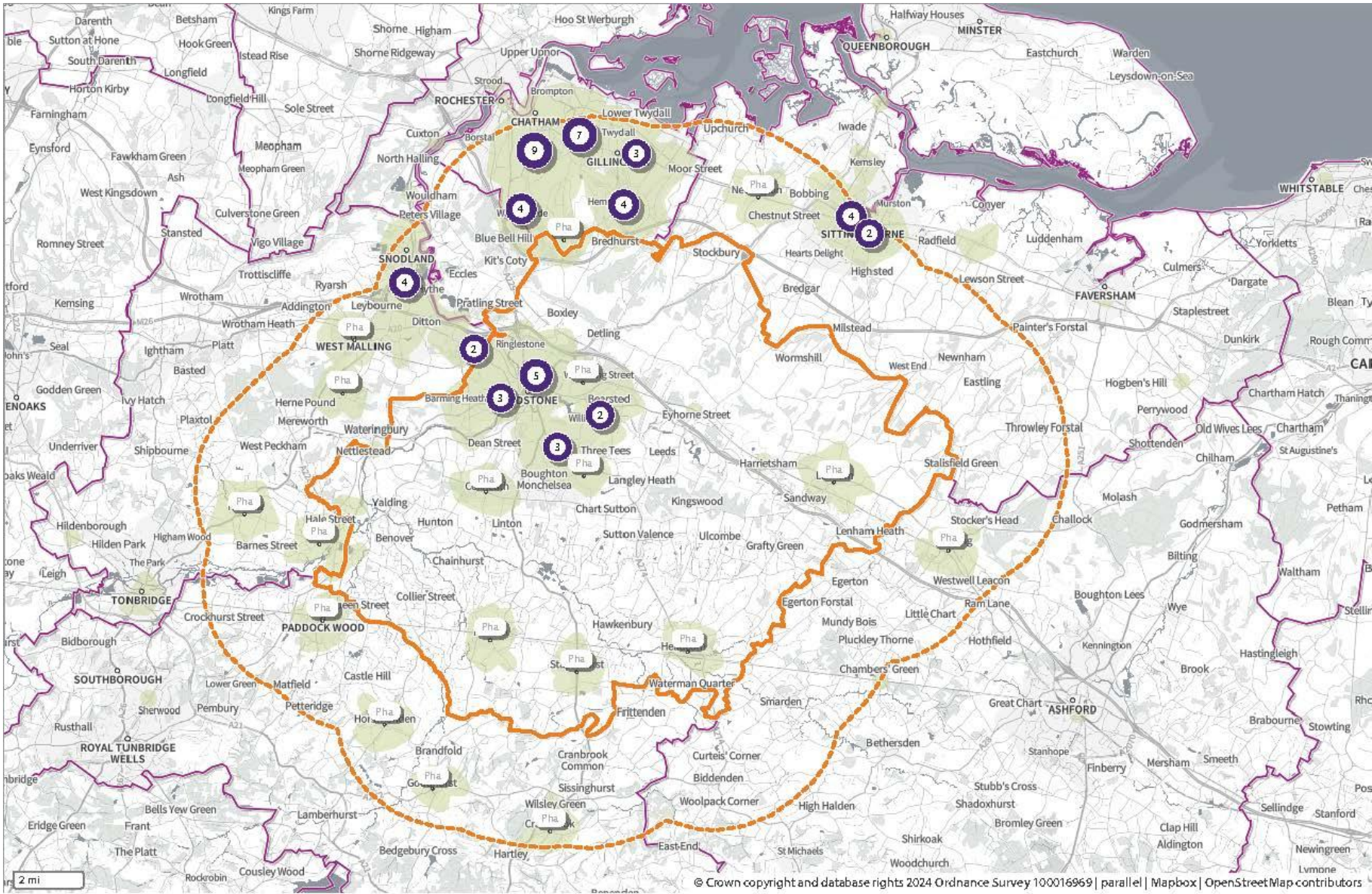




Figure 31: Maidstone public transport 20 minutes weekend morning



## Sevenoaks maps

Figure 32: Pharmacy sites, contract hours in Sevenoaks (with 5 km buffer)

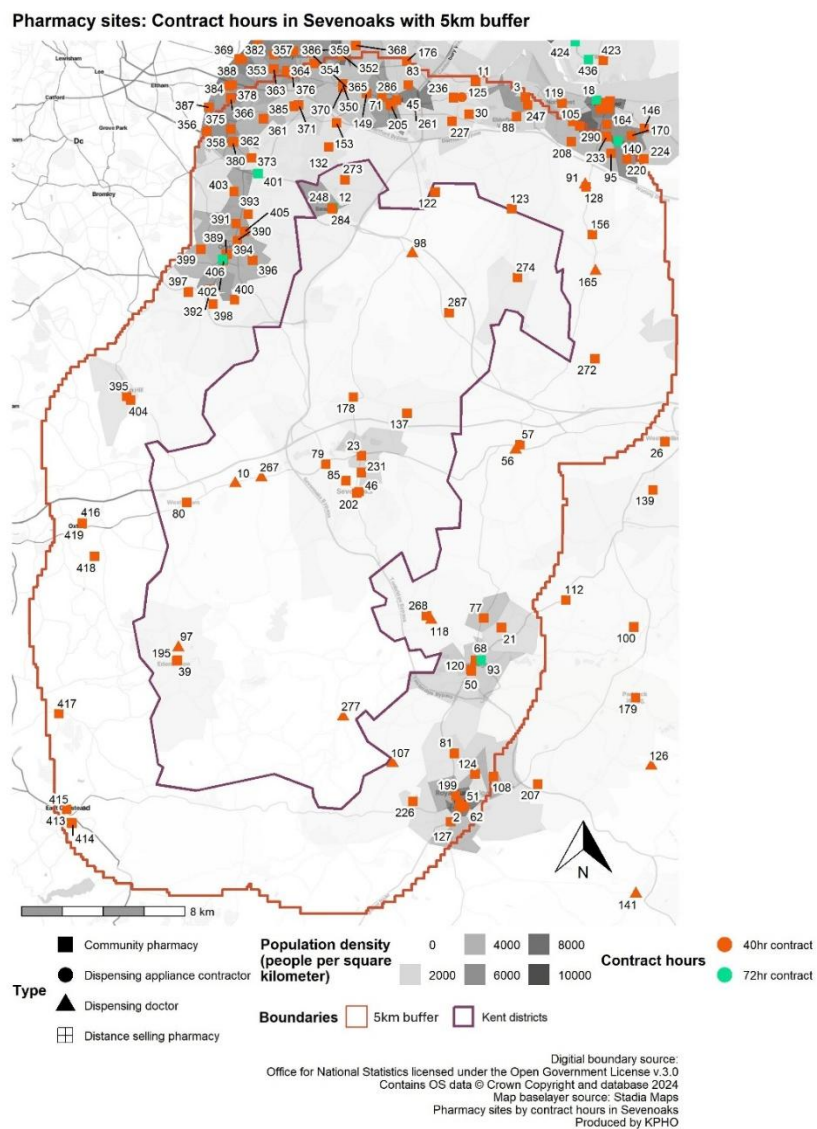




Figure 33: Sevenoaks walking 20 minutes

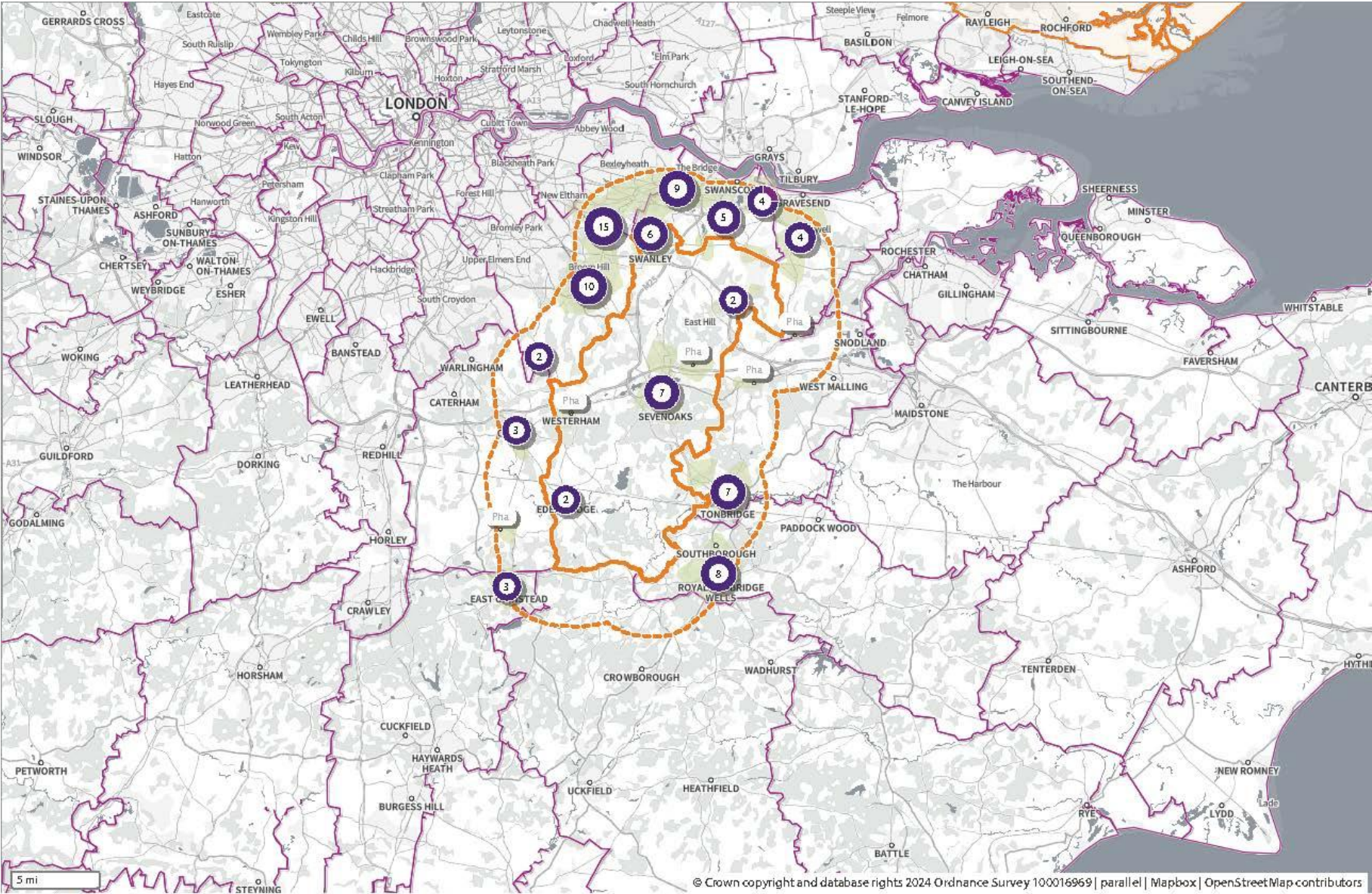




Figure 34: Sevenoaks driving 20 minutes rush hour

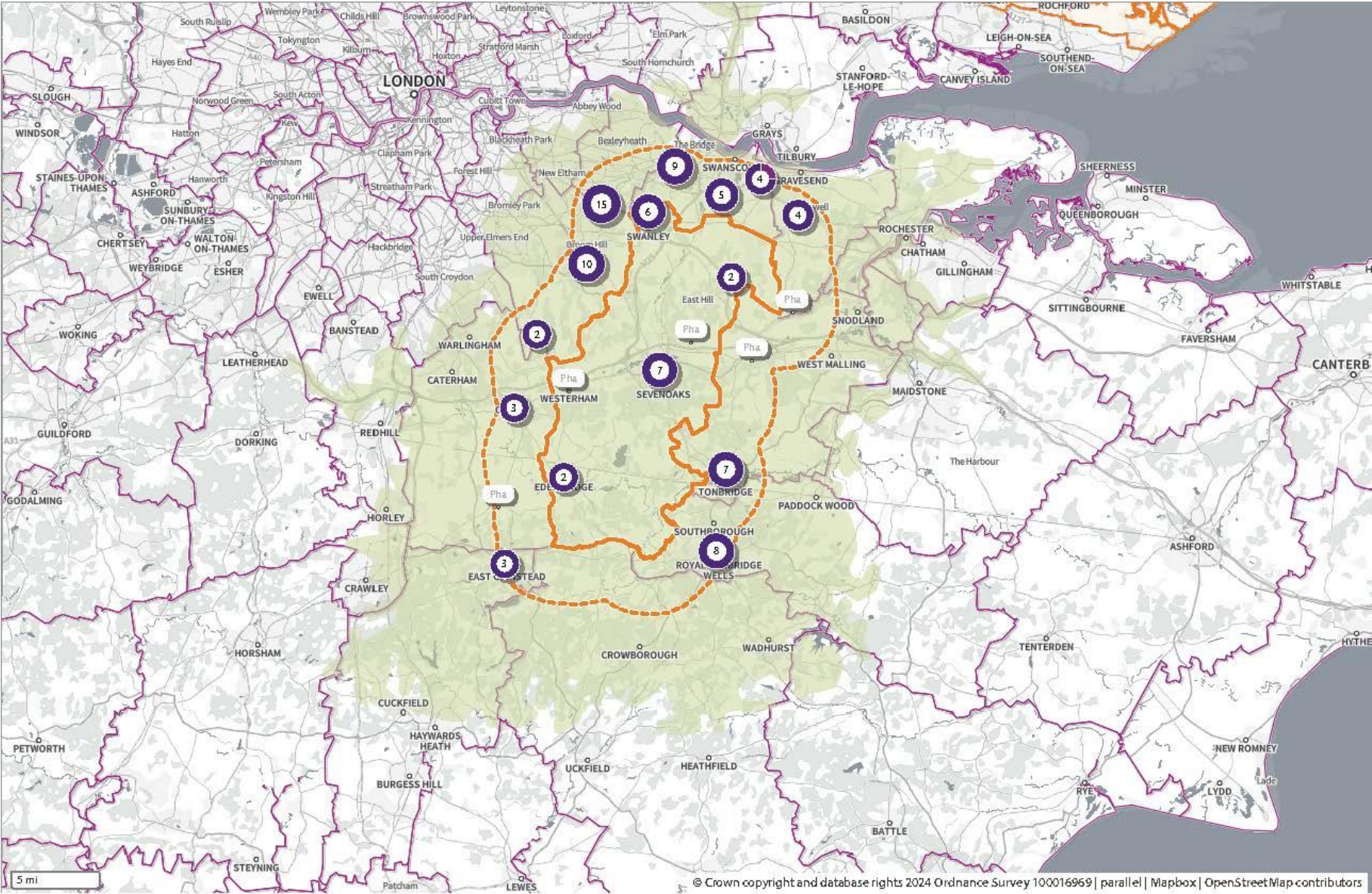
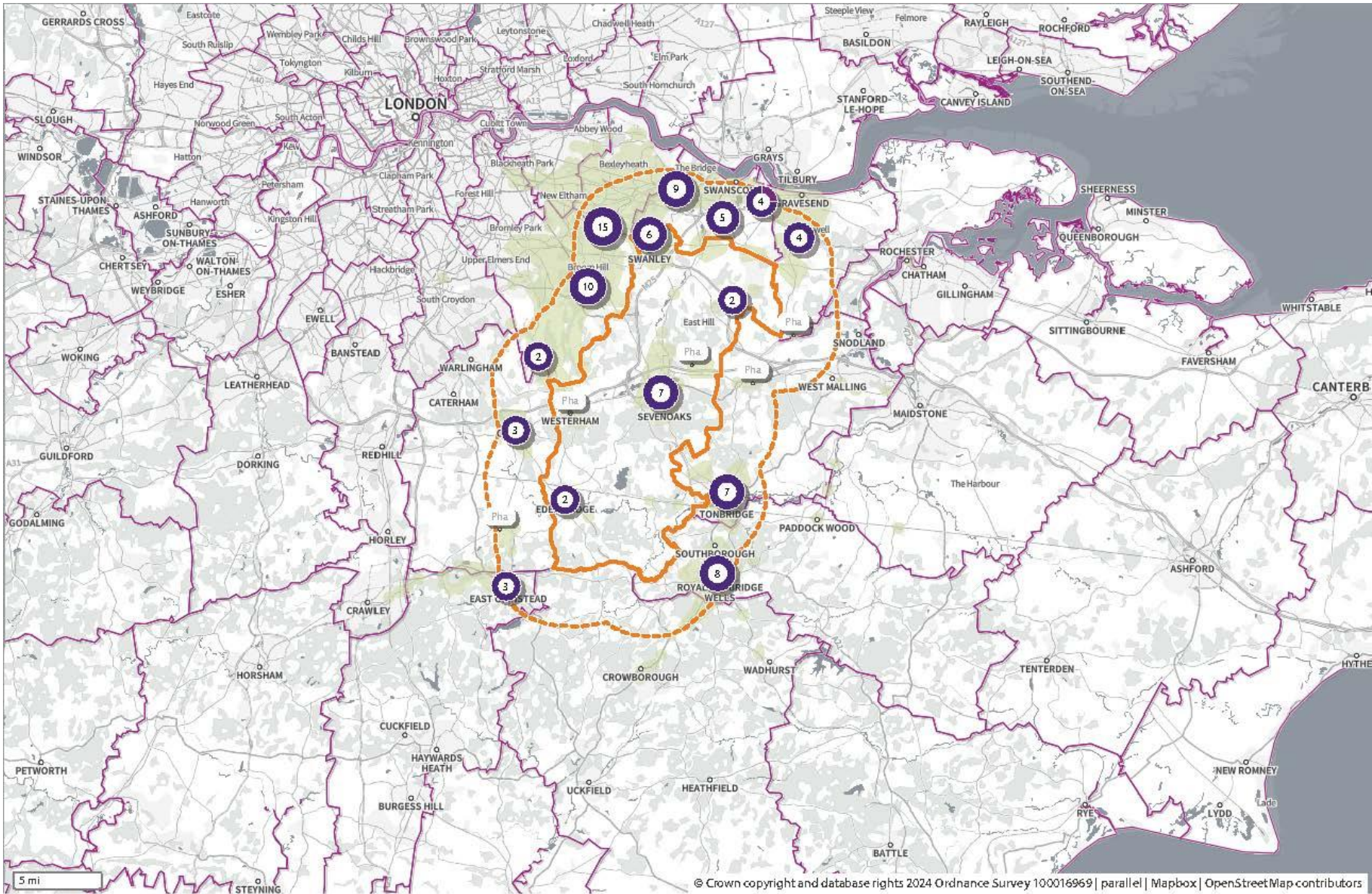




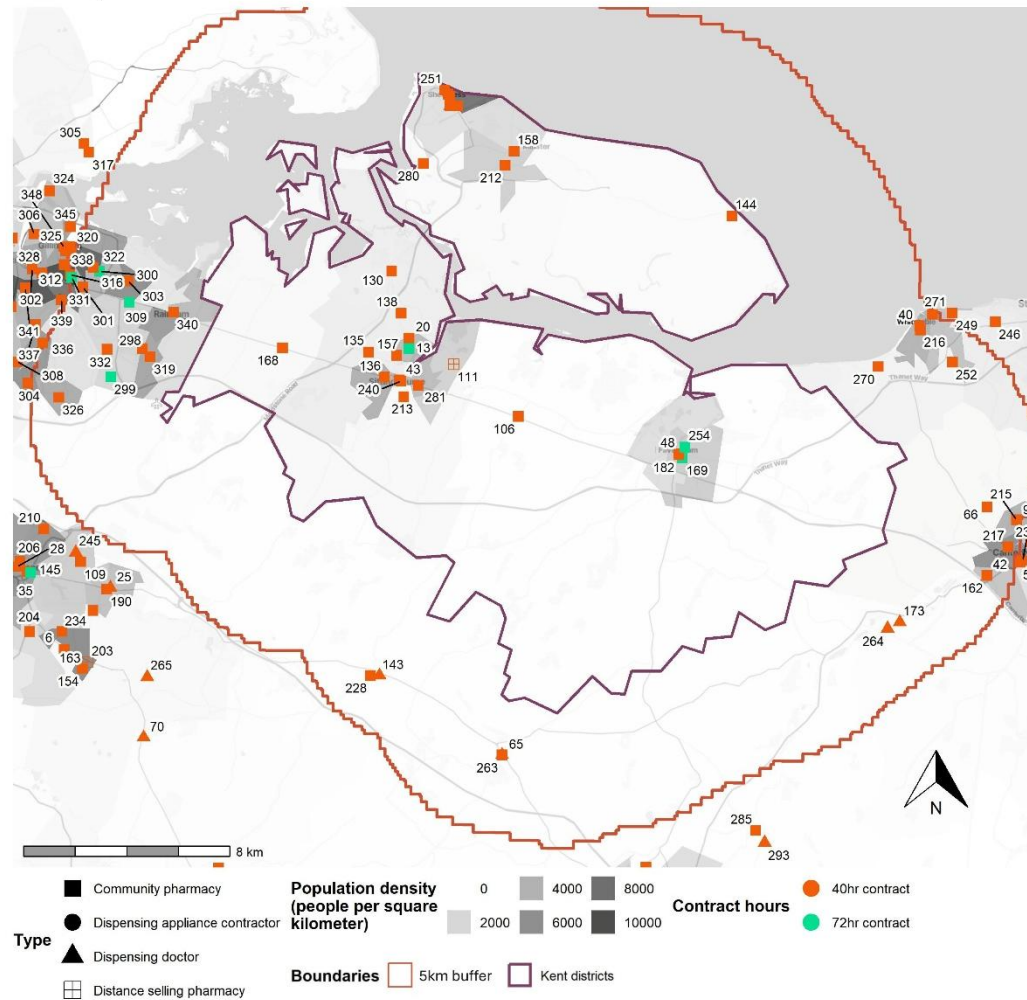
Figure 35: Sevenoaks public transport 20 minutes weekend morning



## Swale maps

Figure 36: Pharmacy sites, contract hours in Swale (with 5 km buffer)

Pharmacy sites: Contract hours in Swale with 5km buffer



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Map baselayer source: Stadia Maps  
Pharmacy sites by contract hours in Swale  
Produced by KPHO



Figure 37: Swale walking 20 minutes

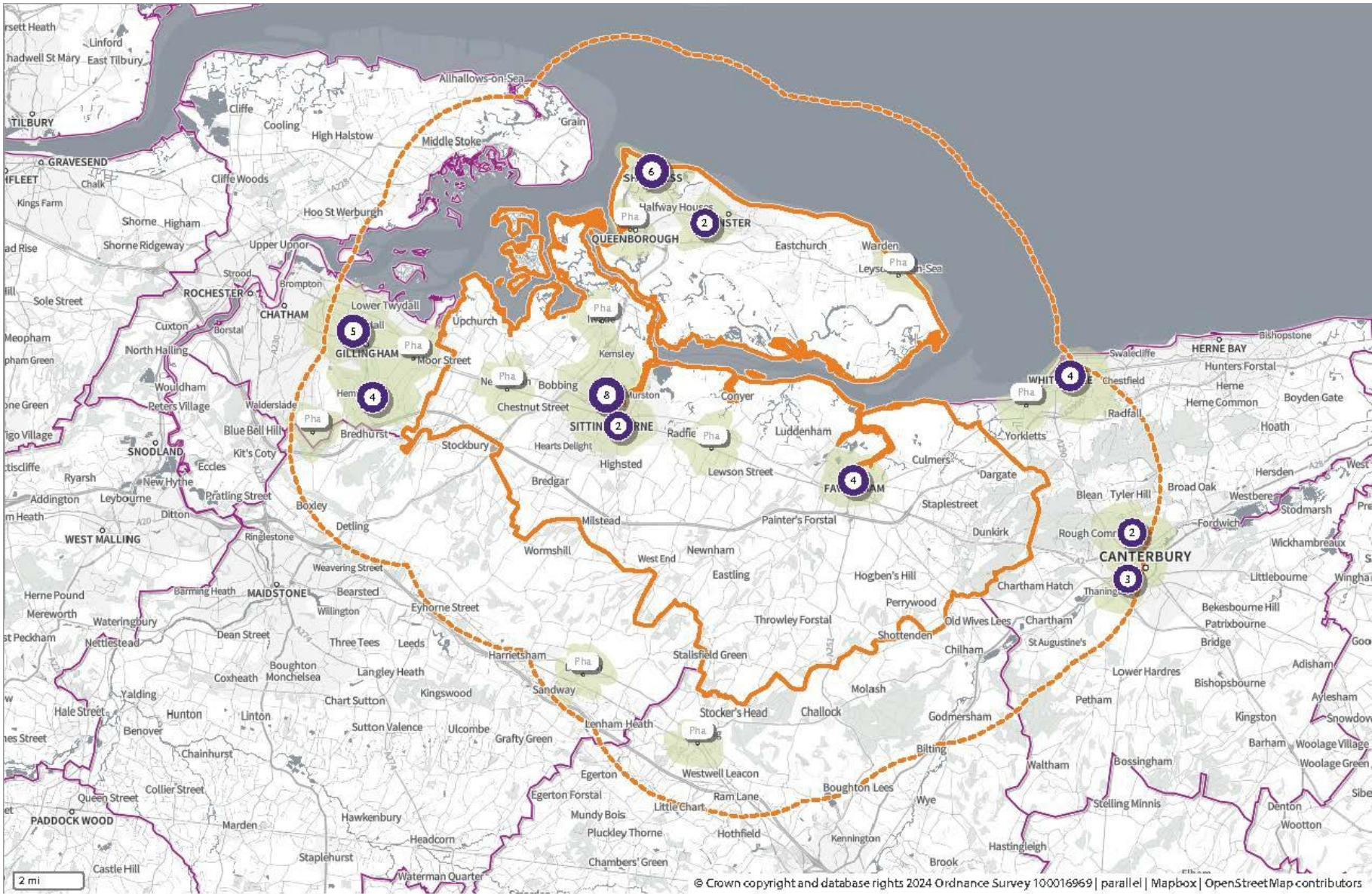




Figure 38: Swale driving 20 minutes rush hour

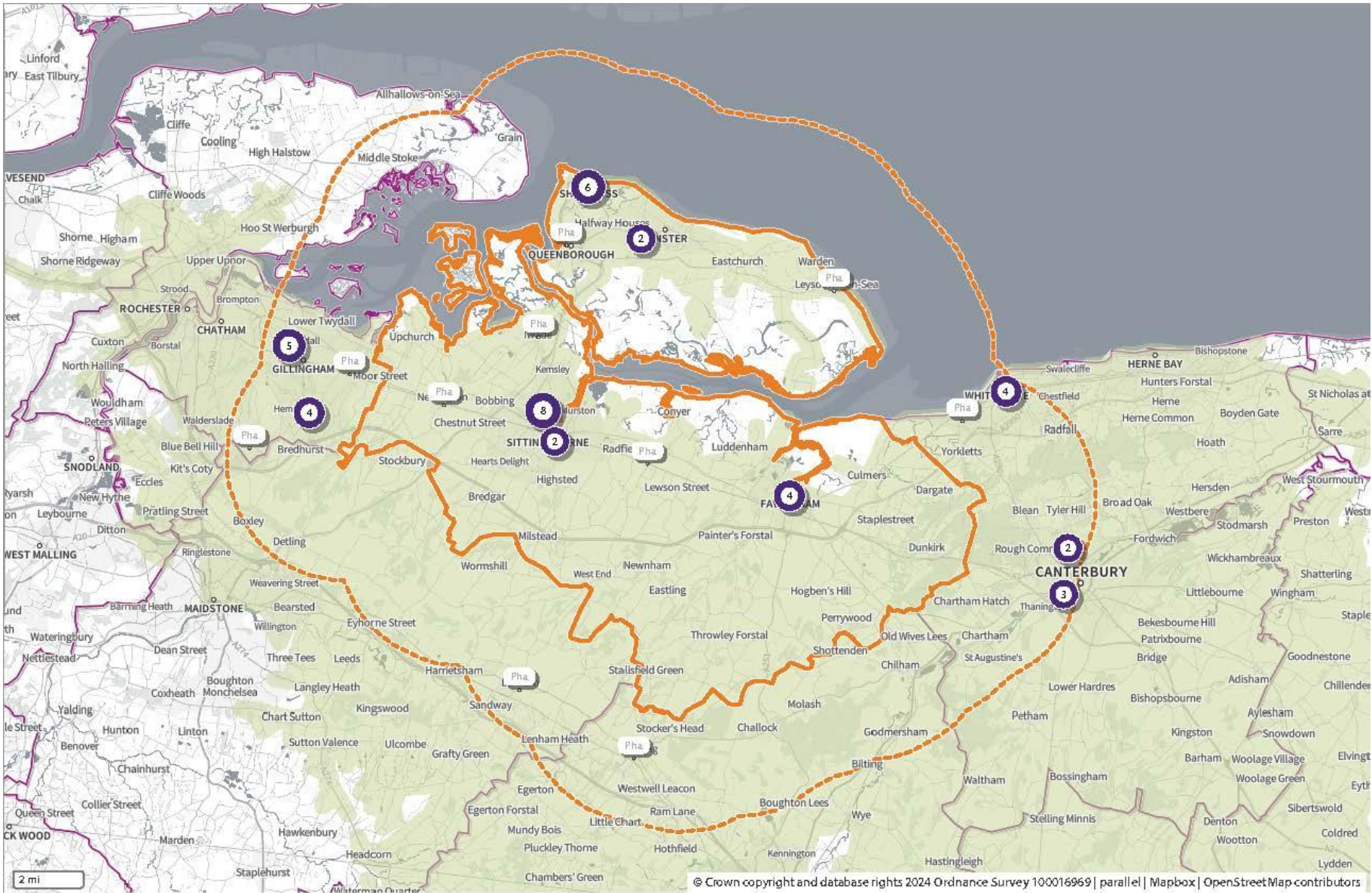
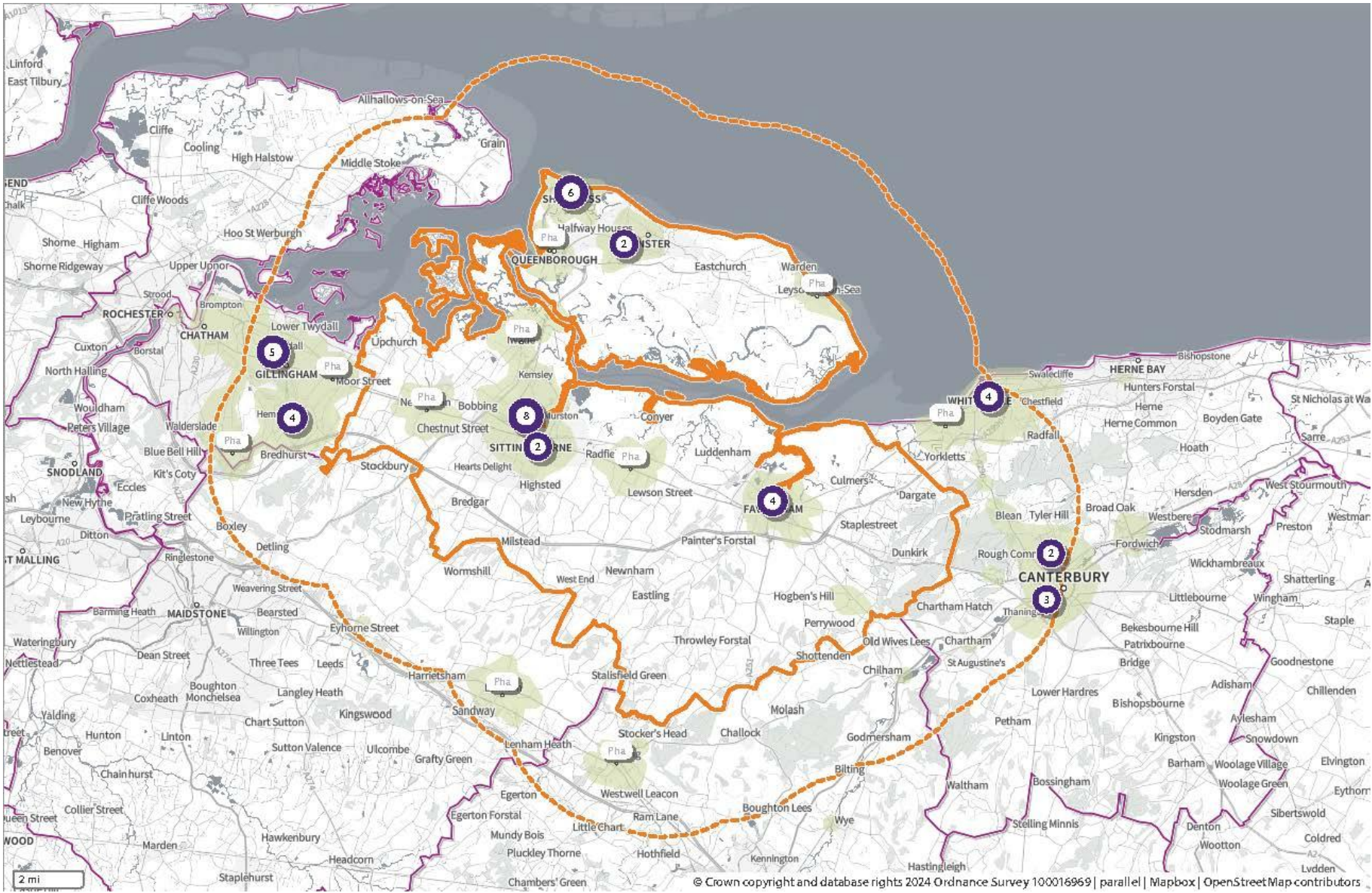




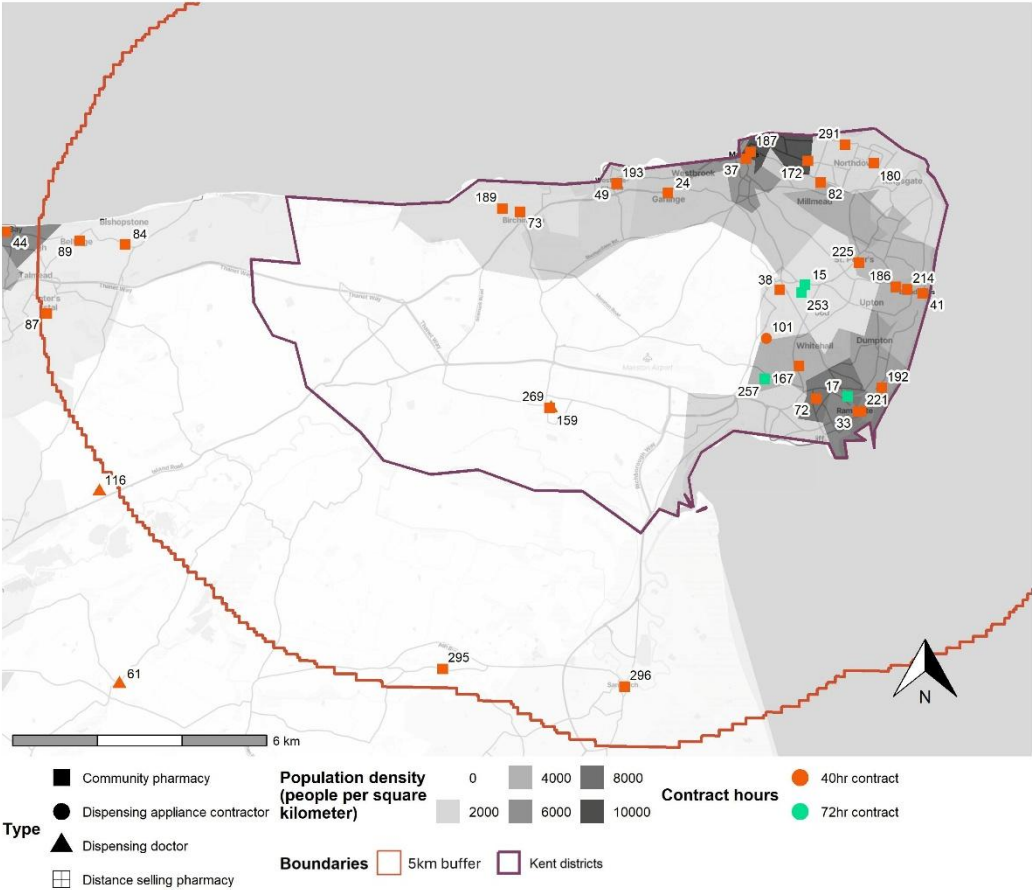
Figure 39: Swale public transport 20 minutes weekend morning



Thanet maps

Figure 40: Pharmacy sites, contract hours in Thanet (with 5 km buffer)

Pharmacy sites: Contract hours in Thanet with 5km buffer



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Map baselayer source: Stadia Maps  
Pharmacy sites by contract hours in Thanet  
Produced by KPHO



Figure 41: Thanet walking 20 minutes

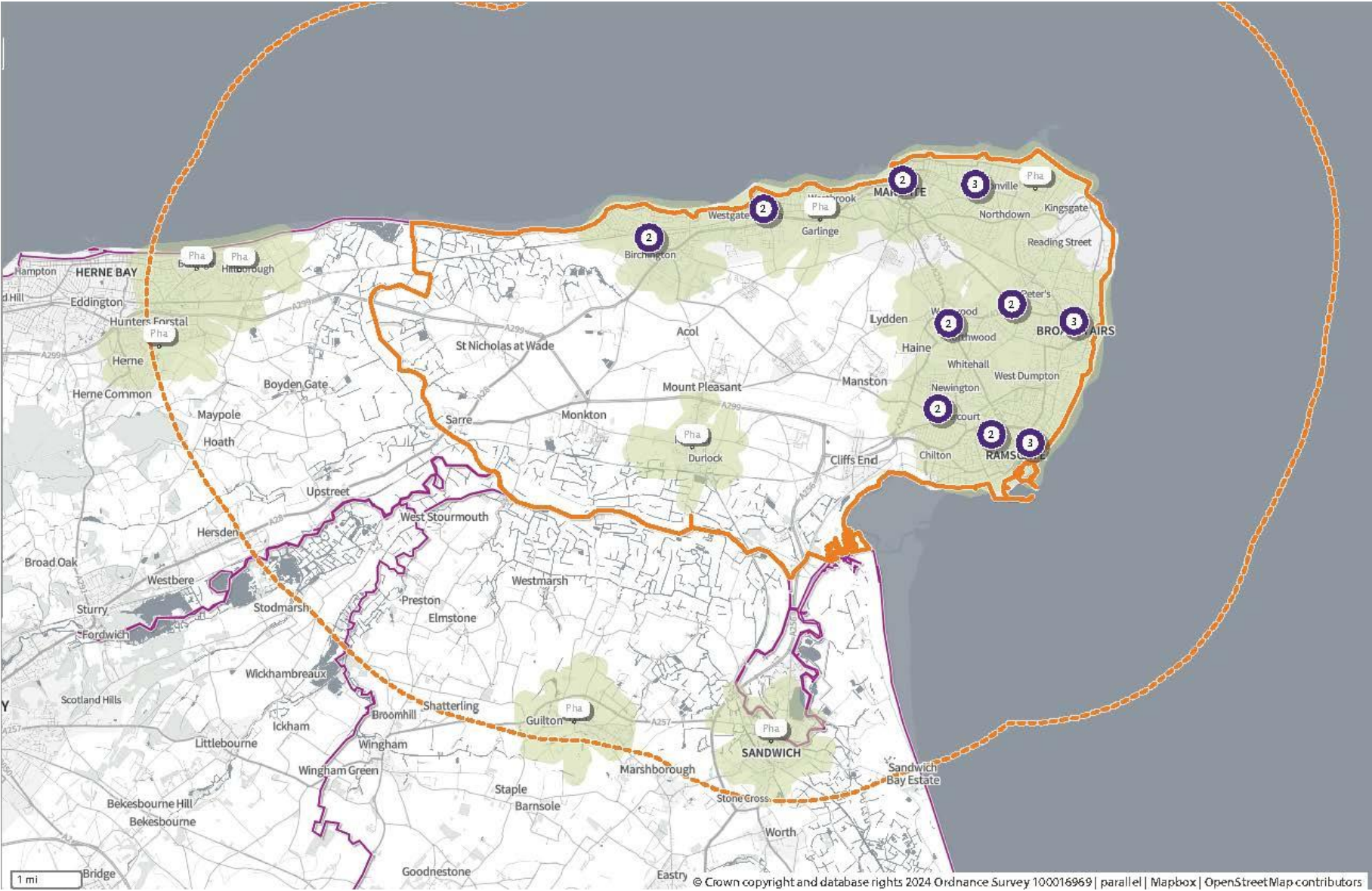
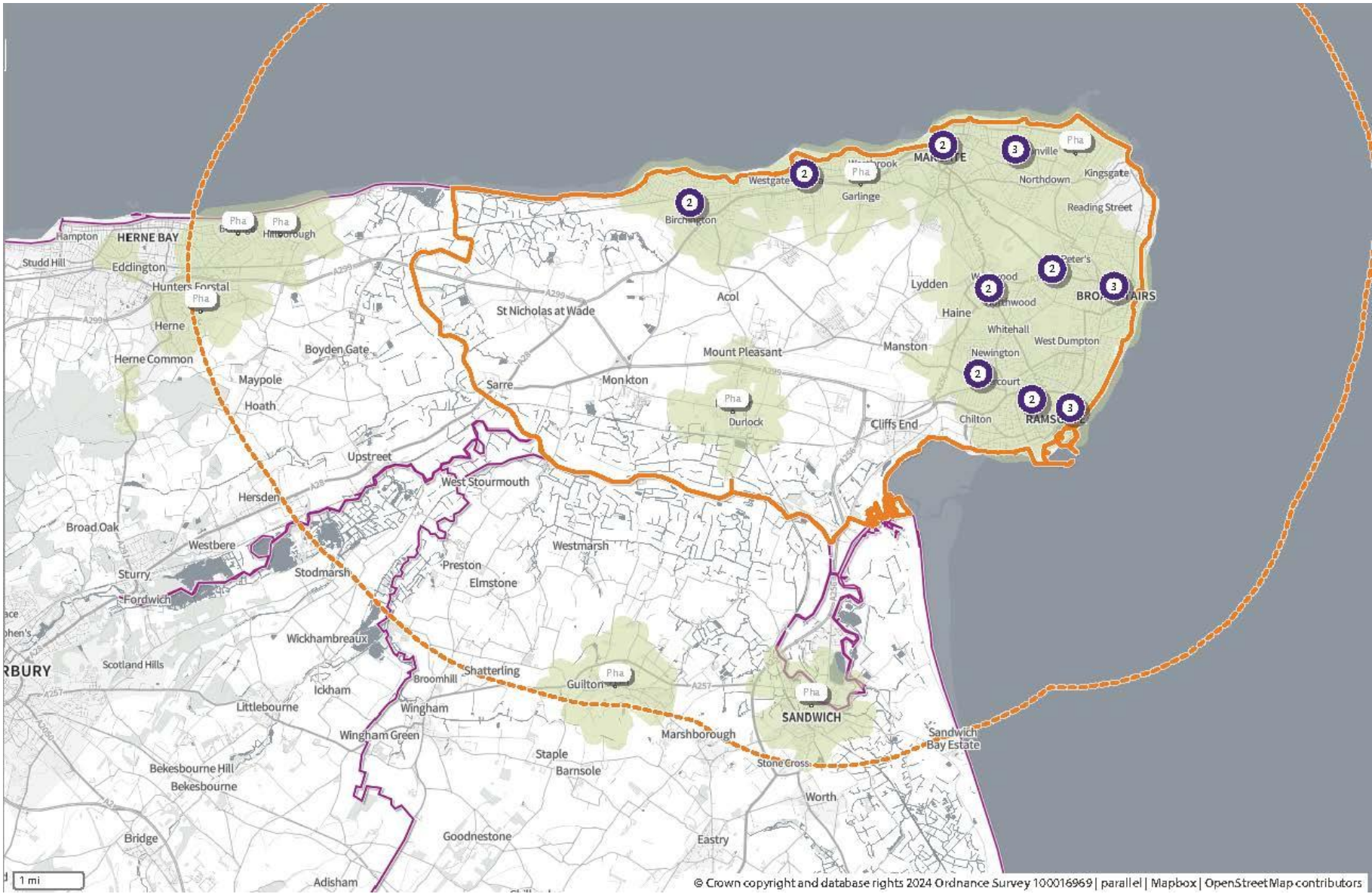


Figure 42: Thanet driving 20 minutes rush hour



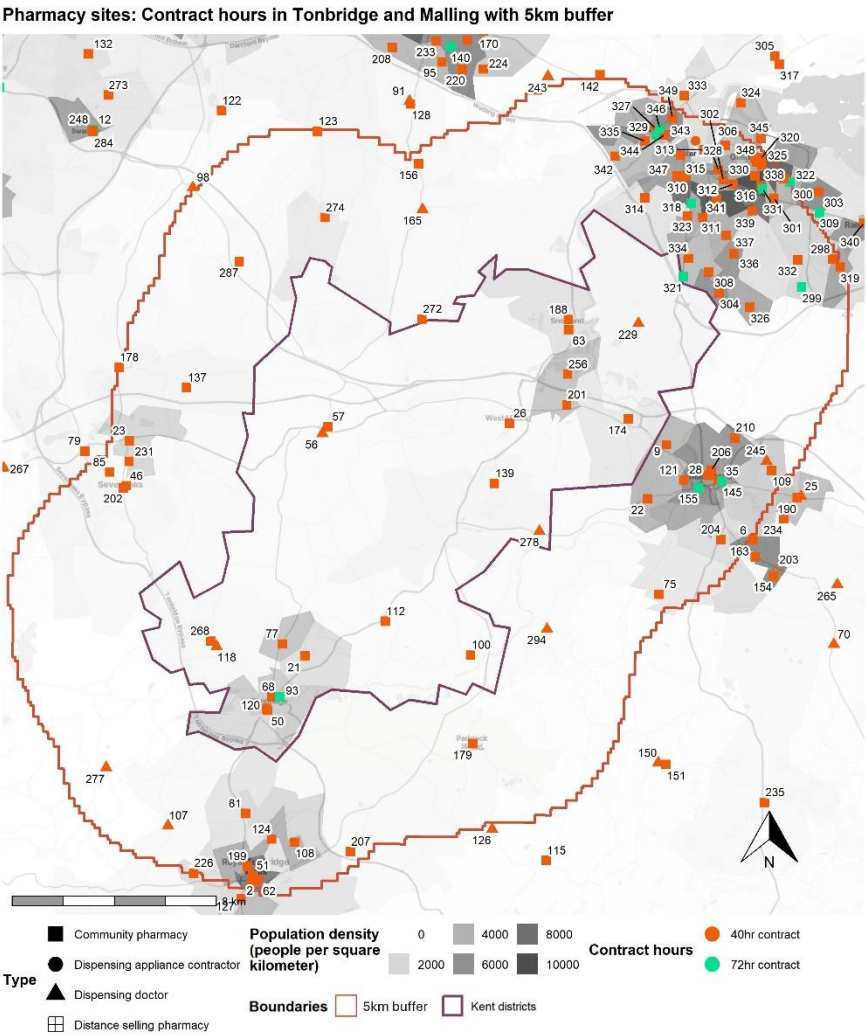


Figure 43: Thanet public transport 20 minutes weekend morning



Tonbridge and Malling maps

Figure 44: Pharmacy sites, contract hours in Tonbridge and Malling (with 5 km buffer)



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Map baselayer source: Stadia Maps  
Pharmacy sites by contract hours in Tonbridge and Malling  
Produced by KPHO



Figure 45: Tonbridge and Malling walking 20 minutes

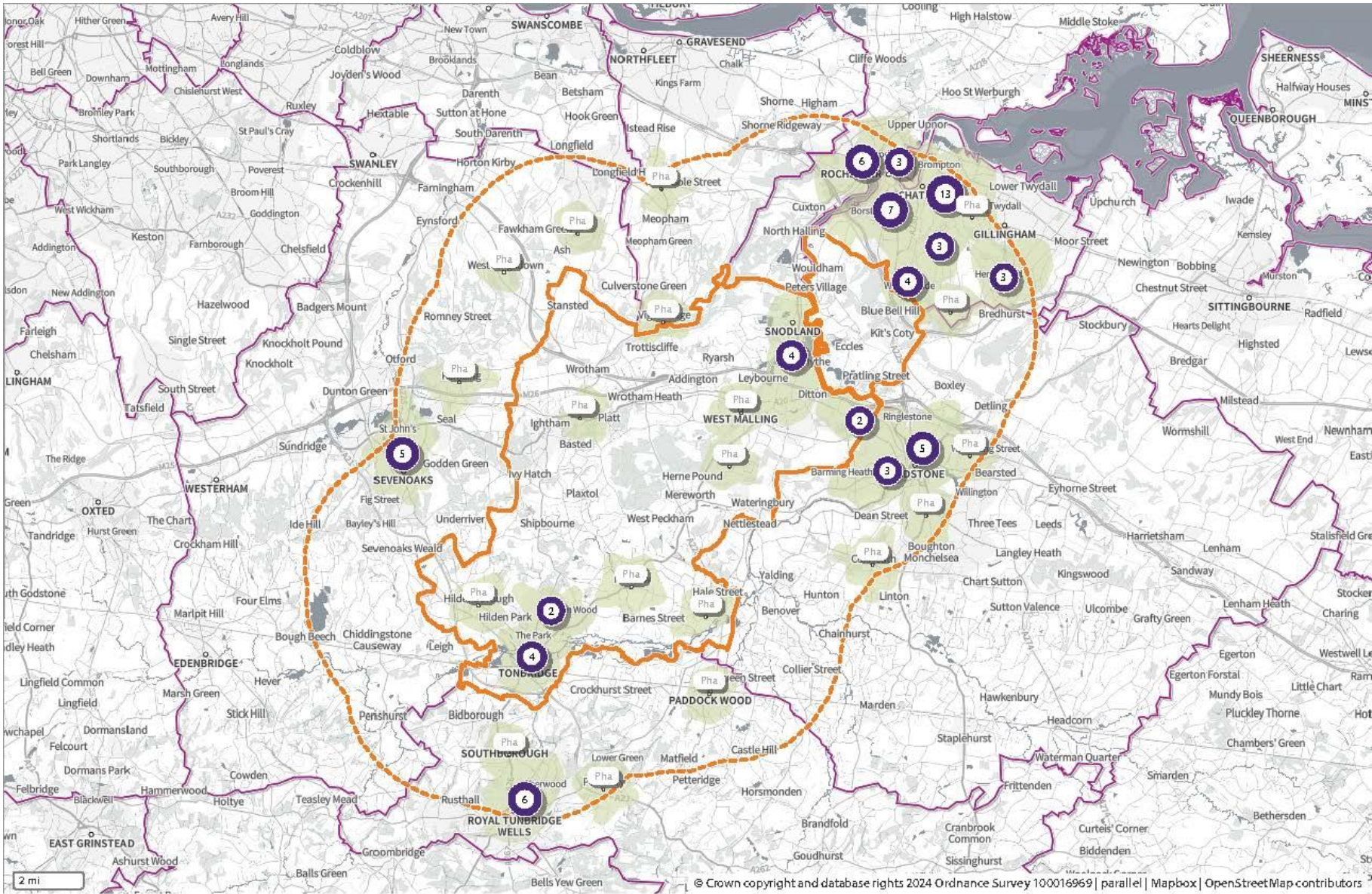




Figure 46: Tonbridge and Malling driving 20 minutes rush hour

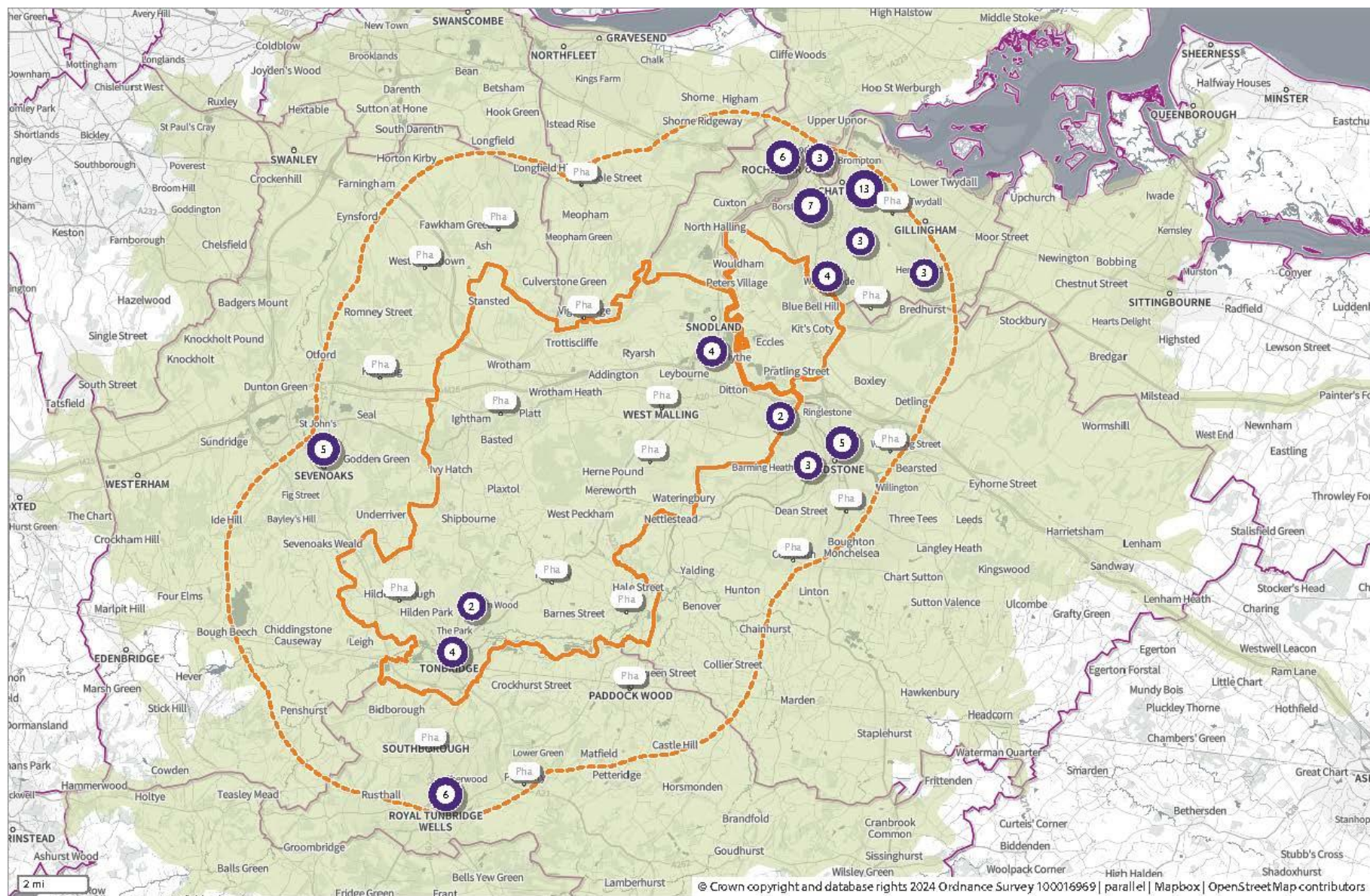
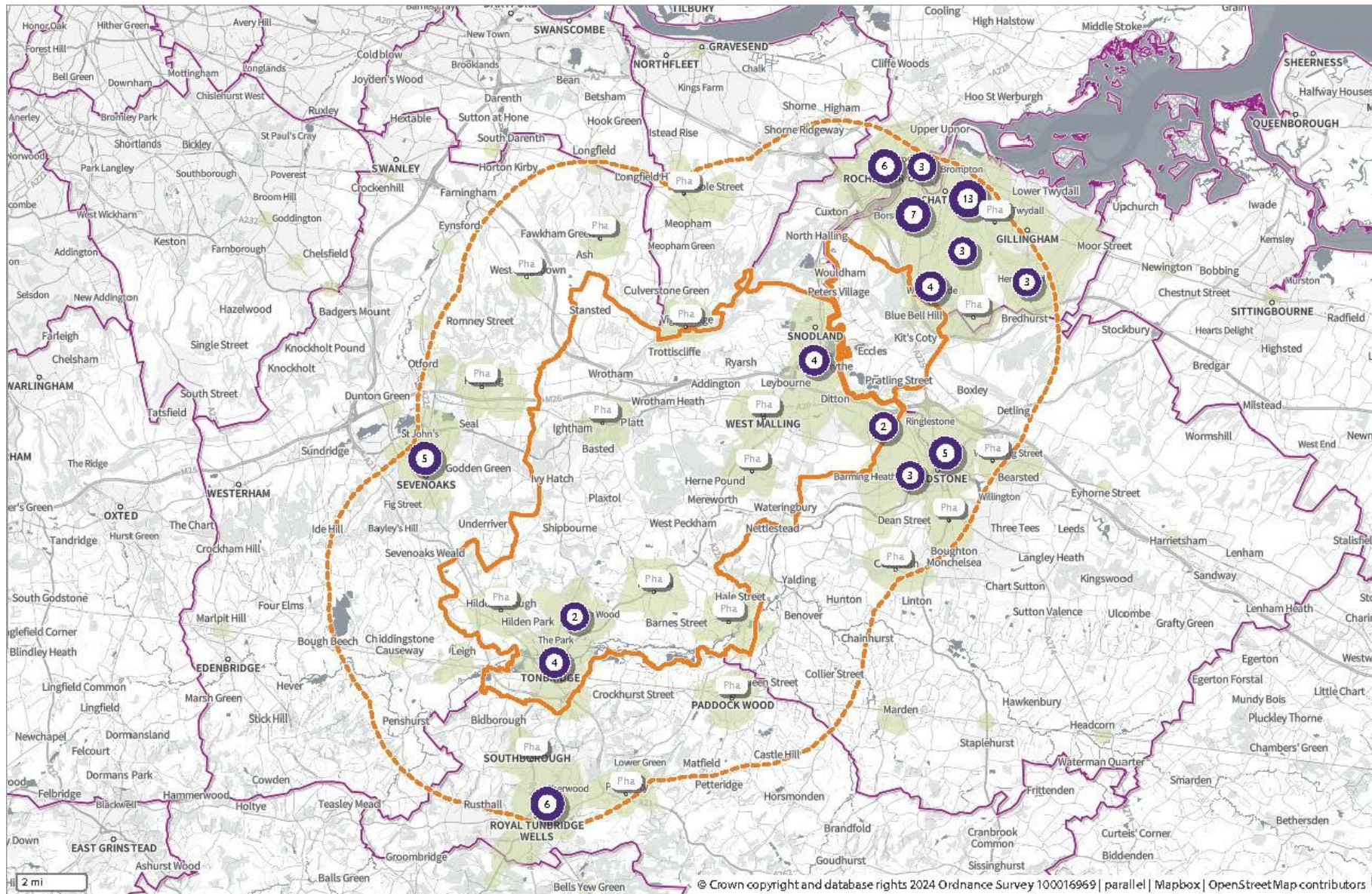




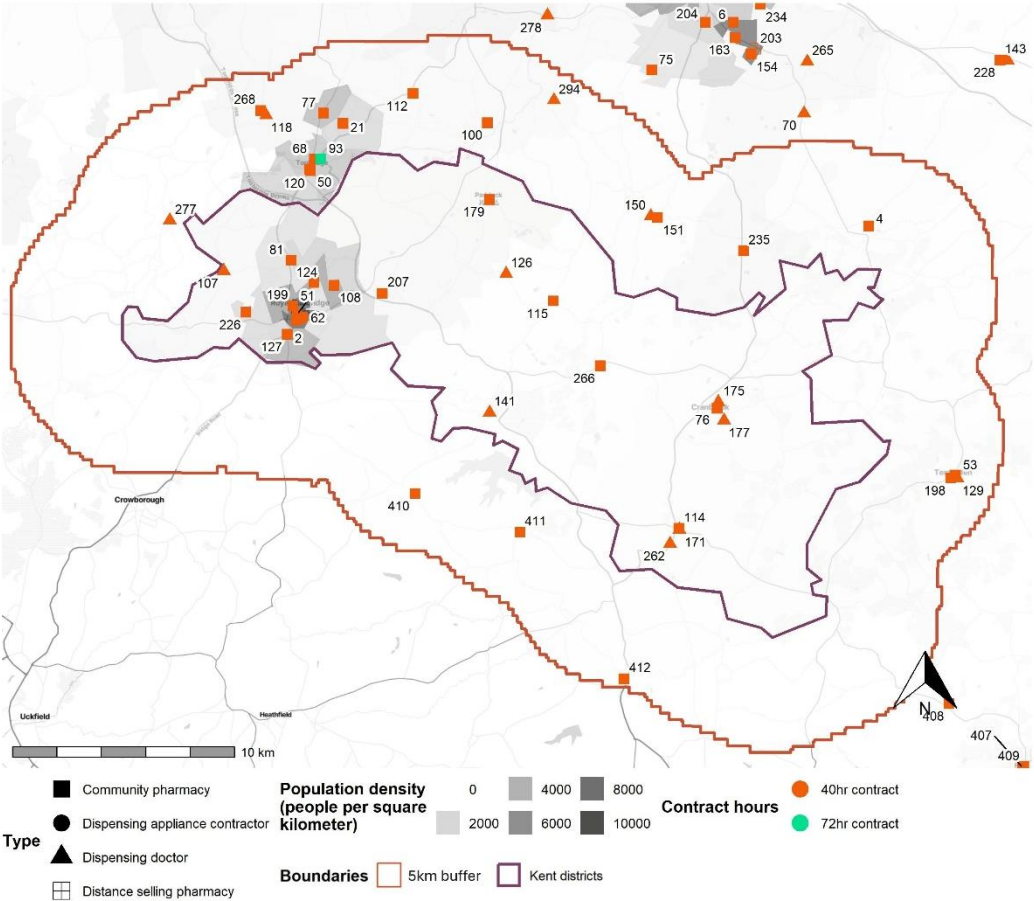
Figure 47: Tonbridge and Malling public transport 20 minutes weekend morning



Tunbridge Wells maps

Figure 48: Pharmacy sites, contract hours in Tunbridge Wells (with 5 km buffer)

Pharmacy sites: Contract hours in Tunbridge Wells with 5km buffer



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Map baselayer source: Stadia Maps  
Pharmacy sites by contract hours in Tunbridge Wells  
Produced by KPHO



Figure 49: Tunbridge Wells walking 20 minutes

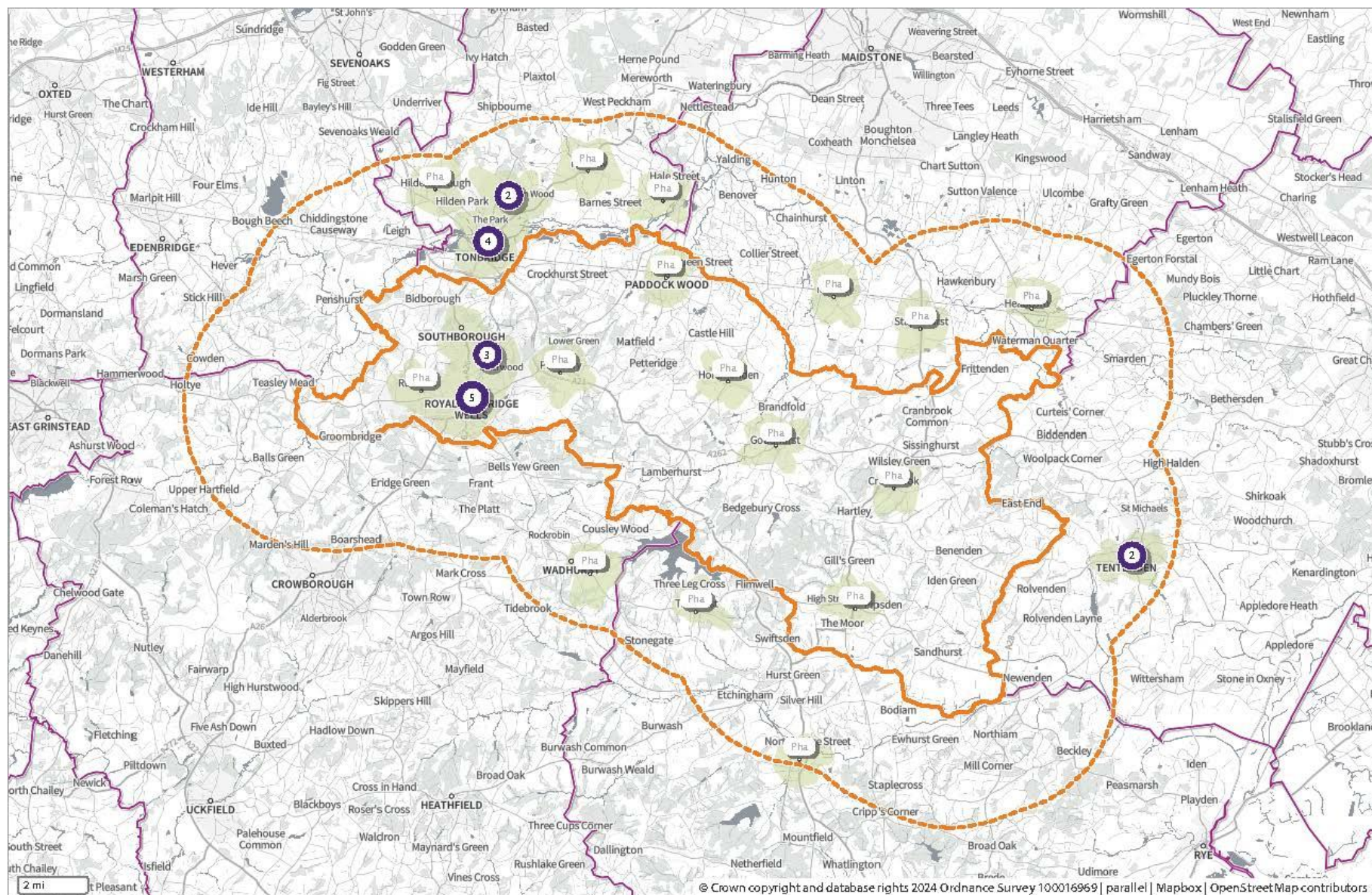




Figure 50: Tunbridge Wells driving 20 minutes rush hour

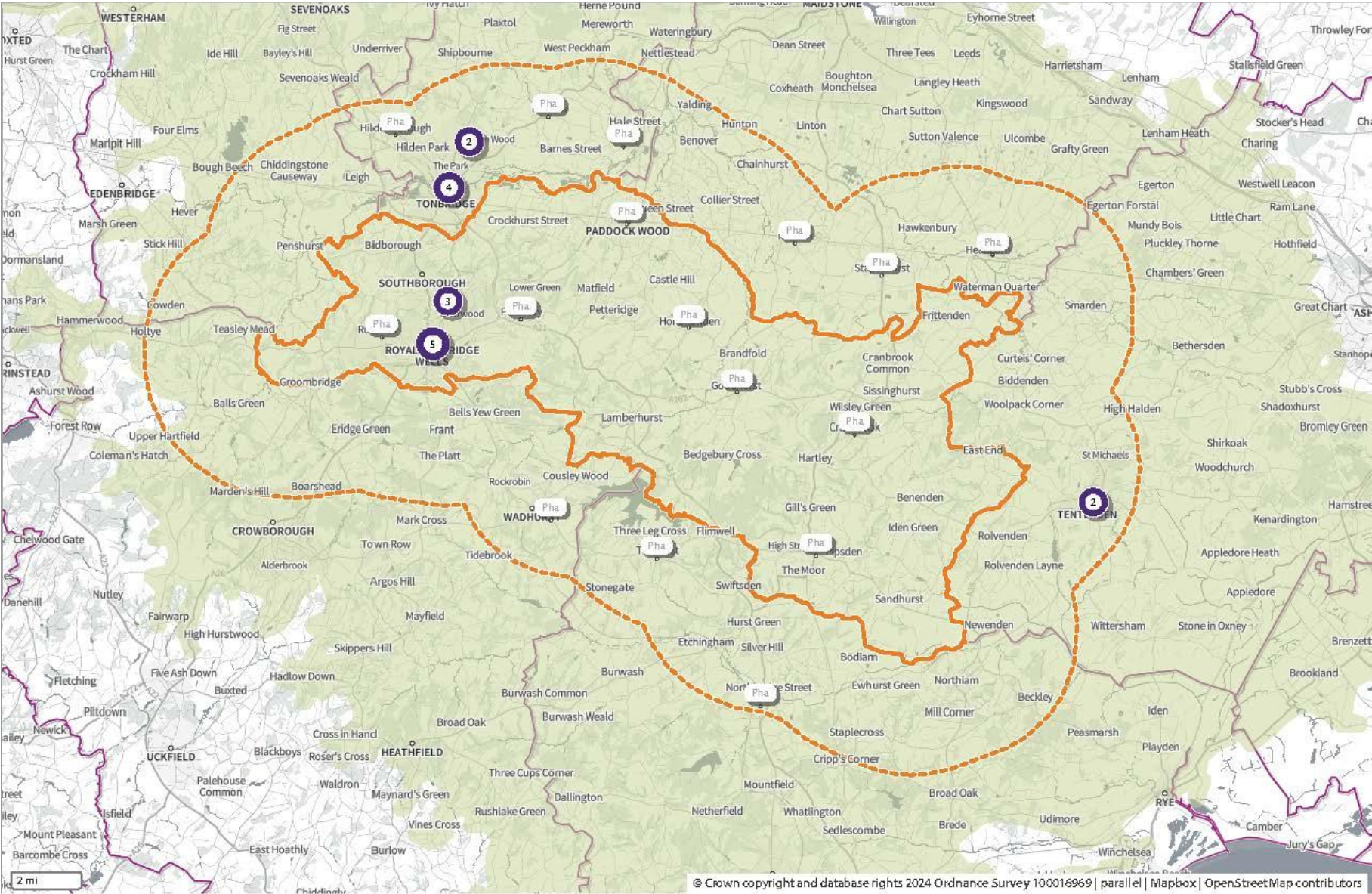
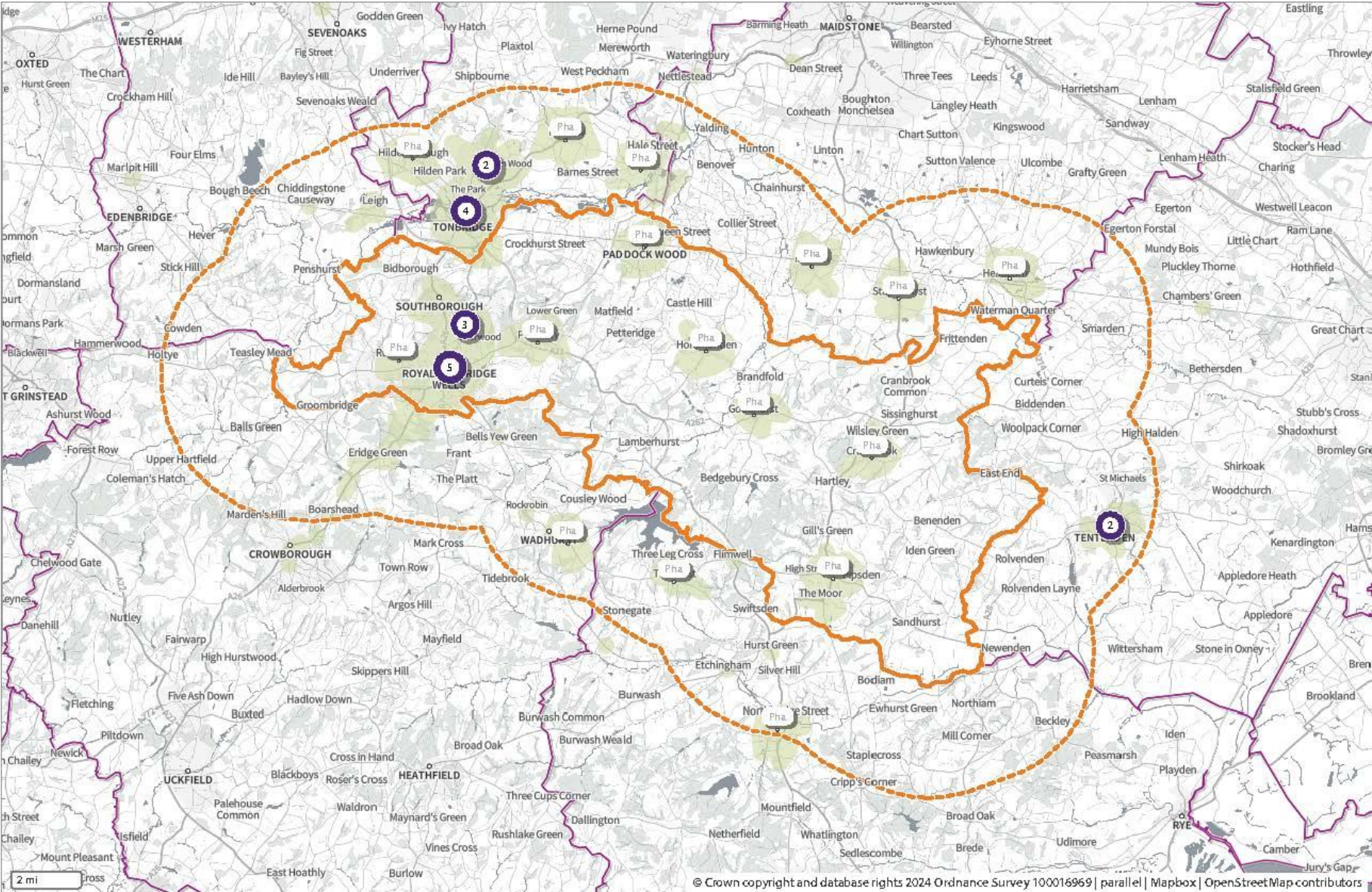




Figure 51: Tunbridge Wells public transport 20 minutes weekend morning



# Appendix H: Kent population demographics and health of the population

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## Kent population demographics and health of the population

The Pharmaceutical Needs Assessment (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 Local Health and Wellbeing Strategies.

This section aims to present further health needs data that might be of relevance to pharmacy services to complement Section 2 of the main Kent 2025 PNA.

It is not an interpretation of pharmaceutical service provision requirements for Kent. This section should be read in conjunction with these detailed documents.

### 1 Kent the place

#### 1.1 Kent residents

##### 1.1.1 Why population is important

The term population can refer to a collection of people living in the same geographical area or who share a common characteristic such as being in the same age group, ethnicity, or with the same health condition.

Some groups of people are more likely to have poor health due to a combination of physiological, genetic, socio-economic and environmental factors. Understanding the characteristics of a population helps to explain and predict differences in health and wellbeing outcomes.

Also, the size of the population is used to calculate rates to make comparisons with other areas and observe changes over time.

##### 1.1.2 Population estimates

According to the Office for National Statistics (ONS) mid-year population estimates, the total population of Kent in 2023 is 1,610,251.<sup>1</sup> This has increased by 8.1% since 2013.

*Table 1: Total population of Kent districts in 2023, ONS mid-year population estimates*

Area	Total population
Ashford	138,283
Canterbury	159,939
Dartford	120,699
Dover	118,591
Folkestone and Hythe	110,995
Gravesham	107,737

<sup>1</sup> ONS. Population estimates for England and Wales Mid-2024. [Accessed February 2025]  
<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/estimatesofthepopulationforenglandandwales>.

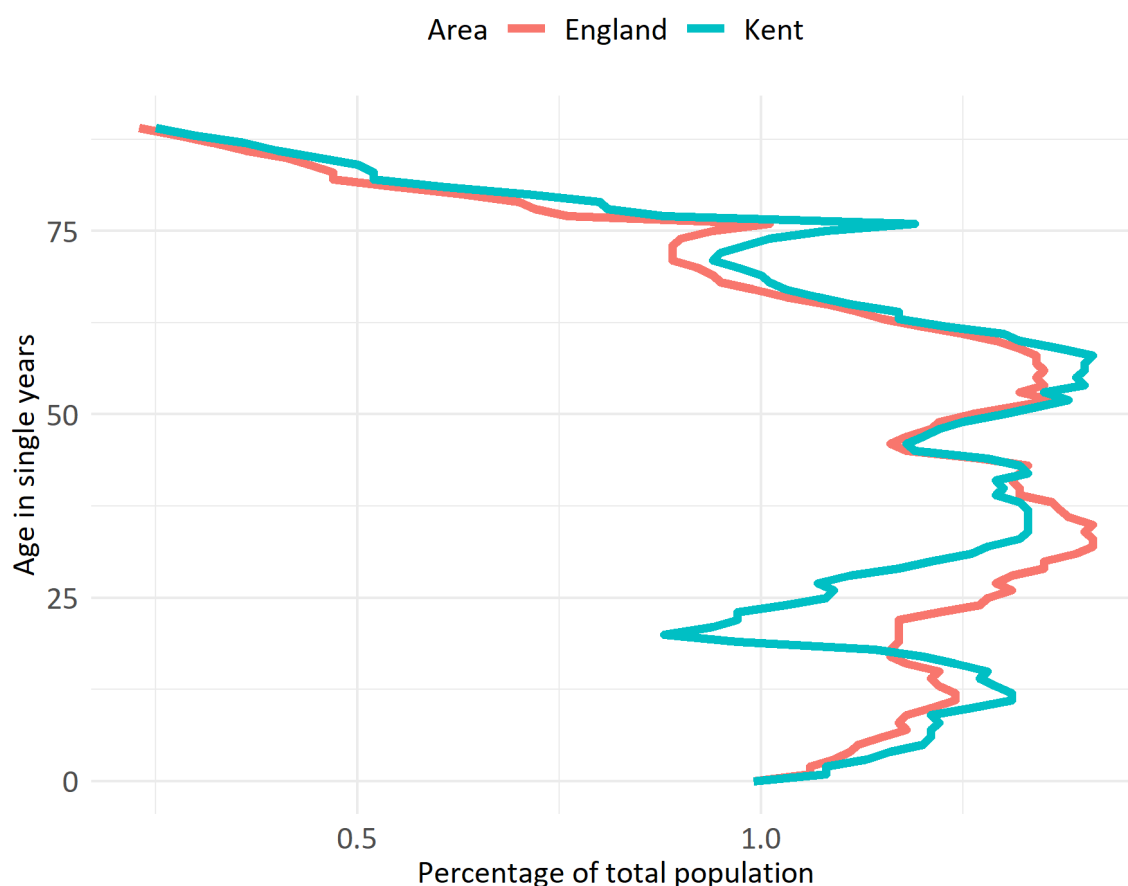


<b>Area</b>	<b>Total population</b>
Maidstone	184,187
Sevenoaks	121,262
Swale	155,893
Thanet	140,439
Tonbridge and Malling	135,206
Tunbridge Wells	117,020
<b>Kent</b>	<b>1,610,251</b>

*Table 2: Age profile of Kent districts and England in 2023, ONS mid-year population estimates*

<b>Area</b>	<b>Aged 0-15</b>	<b>Aged 16-24</b>	<b>Aged 25-49</b>	<b>Aged 50-64</b>	<b>Aged 65+</b>
Ashford	19.7%	8.8%	31.7%	20.2%	19.6%
Canterbury	16.0%	15.6%	27.5%	18.7%	22.2%
Dartford	22.8%	8.8%	37.7%	17.1%	13.6%
Dover	17.5%	8.1%	28.4%	21.5%	24.5%
Folkestone and Hythe	16.4%	8.3%	28.1%	21.6%	25.5%
Gravesham	21.4%	9.6%	32.9%	18.9%	17.2%
Maidstone	19.7%	8.5%	33.5%	19.4%	18.9%
Sevenoaks	19.7%	8.3%	29.2%	20.7%	22.2%
Swale	19.8%	9.2%	32.0%	19.9%	19.1%
Thanet	17.9%	8.4%	29.3%	20.4%	24.0%
Tonbridge and Malling	20.0%	8.8%	31.5%	20.4%	19.3%
Tunbridge Wells	20.0%	8.3%	30.8%	20.9%	20.0%
<b>Kent</b>	<b>19.2%</b>	<b>9.3%</b>	<b>31.1%</b>	<b>19.9%</b>	<b>20.5%</b>
<b>England</b>	<b>18.5%</b>	<b>10.7%</b>	<b>32.9%</b>	<b>19.3%</b>	<b>18.7%</b>

Figure 1: Population profile by single year or age



In Kent there is a greater proportion of people aged 65 to 84 and a lower proportion aged 15 to 24 and 25 to 34 compared to England (Figure 1). Other broad age groups are within 1%. The median age in Kent is 42 compared to 40 in England.

There are more women than men in older age groups.

### 1.1.3 Fertility

The General Fertility Rate (GFR) is the ratio of live births divided by the number of women aged 15 to 44, multiplied by 1,000. Between 2013 and 2023, the GFR in Kent reduced from 61 per 1,000 to 53 per 1,000. Over the same period, the England rate has reduced from 62 to 50. At a district level in 2023, Gravesham is highest (61 per 1,000), followed by Dartford (58) and Swale (57). The lowest district is Canterbury (38 per 1,000). Canterbury has been lower than all other Kent districts over previous years. This is partly due to the high number of university students.<sup>2</sup>

<sup>2</sup> NOMIS. Live births in England and Wales: birth rates down to local authority areas. 2024 [Accessed February 2025]. <https://www.nomisweb.co.uk/query/construct/summary.asp?menuopt=200&subcomp=>.

### 1.1.4 Life expectancy

Life expectancy is the average time a person is expected to live, based on their birth year, current age, and other factors like sex. Period life expectancies use mortality rates from a specific year (or group of years) and assume these rates stay the same for the rest of a person's life. This means future changes in mortality rates aren't considered.<sup>3</sup>

Female life expectancy at birth is about four years higher than for males. Since 2001, life expectancy has increased for both genders. It remained stable from 2012 to 2019, then dropped in 2020 and 2021 due to the COVID-19 pandemic. It has slightly increased in 2022 and 2023. In Kent, life expectancy is higher than the national average for England, but the gap has narrowed since 2012.<sup>4</sup>

From 2021 to 2023, the average female life expectancy in Kent was 83.3 years, compared to 83.1 years across England. For males, it was 79.3 years in Kent, compared to 79.1 years in England.<sup>4</sup>

At district level, life expectancy at birth is lowest in coastal areas, which are also the most deprived. These areas include Thanet, Folkestone and Hythe, Swale, Dartford, Gravesham, Dover, and Canterbury. The areas with the highest life expectancy are Sevenoaks, Tonbridge and Malling, Tunbridge Wells, Maidstone and Ashford.<sup>4</sup>

The slope index of inequality measures the gap in life expectancy between the most and least deprived community segments. Between 2018 and 2020, this gap was 7.8 years for males and 5.6 years for females in Kent.<sup>5</sup>

## 1.2 Geography

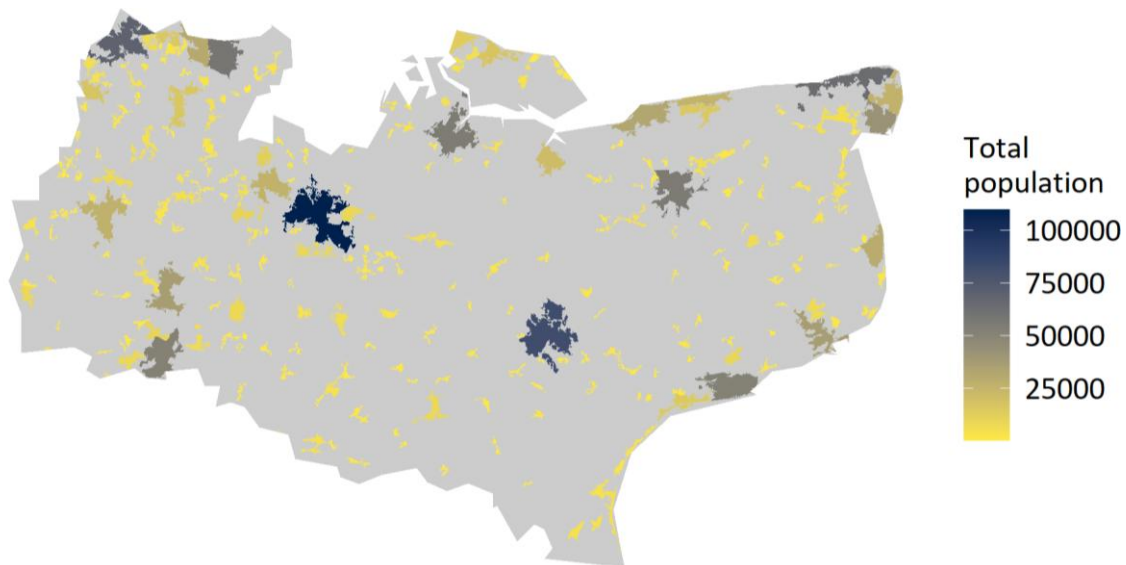
Figure 2 shows the location and population of the built-up areas in Kent.

<sup>3</sup> Buxton J. Period and Cohort life expectancy explained. ONS, 2023. [Accessed February 2025]. <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/lifeexpectancies/methodologies/periodandcohortlifeexpectancyexplained>.

<sup>4</sup> ONS 2024. Life expectancy for local areas of Great Britain. [Accessed February 2025]. <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/datasets/lifeexpectancyforlocalareasofgreatbritain>.

<sup>5</sup> OHID. Inequality in life expectancy at birth. [Accessed February 2025]. <https://fingertips.phe.org.uk/search/life%20expectancy#page/3/gid/1938133217/pat/6/par/E12000008/ati/502/are/E10000016/iid/92901/age/1/sex/2/cat/-1/ctp/-1/yr/3/cid/4/tbm/1/page-options/car-do-0>.

*Figure 2: Map of built-up areas with population at time of Census 2021*



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Data source: Census 2021, Office for National Statistics

Table 3 shows the 5 built-up areas with the largest population at the time of the Census 2021.

*Table 3: Populations of largest built-up areas, Census 2021*

Built-up area	Population
Maidstone	109,490
Ashford (Ashford)	82,140
Dartford	69,130
Margate	63,320
Gravesend	58,105

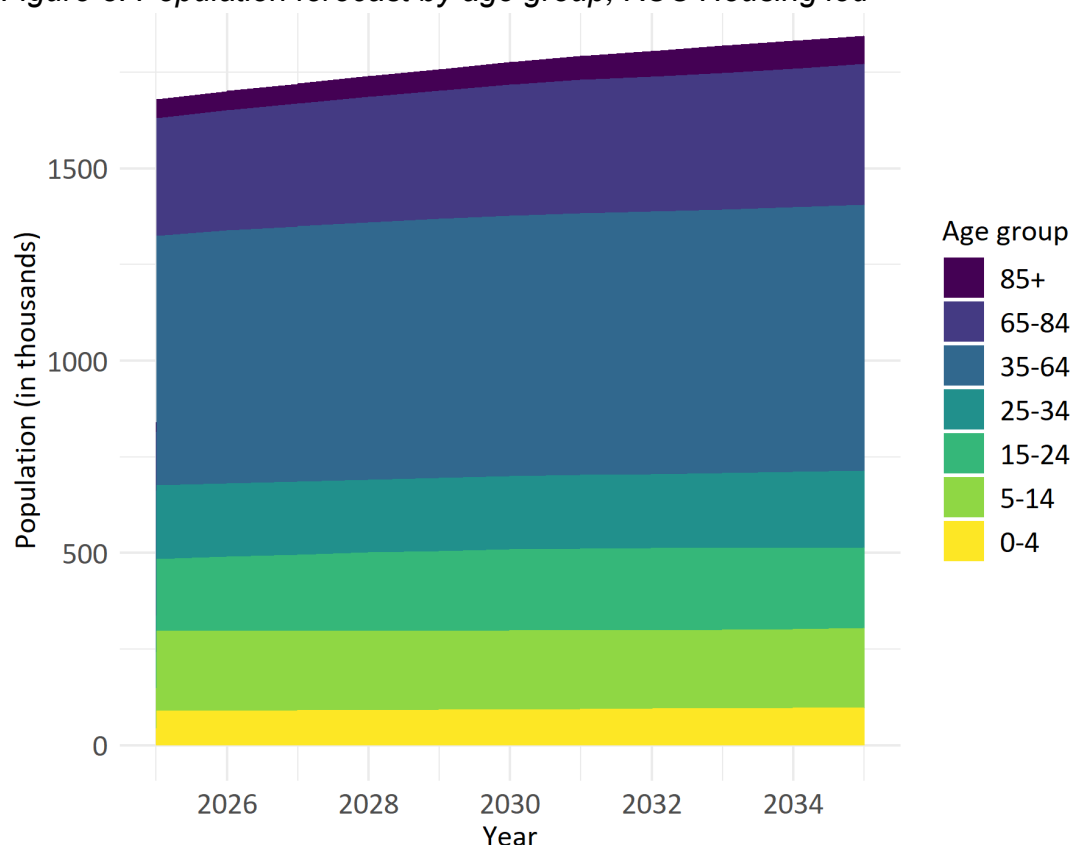
### 1.3 Projections and forecasts

The latest population projections<sup>6</sup> from the Office for National Statistics are based on the 2018 calendar year. ONS has consulted users<sup>7</sup> about the frequency and format of future releases. Projections are not forecasts and do not attempt to predict the impact of future political and economic changes or local development policies. The methodology is based on assumptions made about three major components of population change: natural change (births, deaths and ageing), migration and special populations using recent trends.

Kent County Council (KCC) produces complementary housing-led population forecasts.<sup>8</sup> Population growth is determined by the number of dwellings expected to be built in the county. It uses information provided by each Kent local authority planning department (including Medway) and includes some additional assumptions made at the county level.

By 2035, the total population of Kent is expected to be about 1,846,000.

*Figure 3: Population forecast by age group, KCC Housing led*



<sup>6</sup> ONS Subnational population projections for England. [Accessed February 2025].

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/bulletins/subnationalpopulationprojectionsforengland/2018based#strengths-and-limitations>.

<sup>7</sup> ONS Subnational population projections for England- user feedback. [Accessed February 2025].

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/articles/invitationtoprovidefeedbackontimescalesforfuturenationalandsubnationalpopulationprojections/april2021#final-decision>.

<sup>8</sup> Kent Analytics. KCC Housing led forecasts 2021. [Accessed February 2025].

<https://www.kent.gov.uk/about-the-council/information-and-data/facts-and-figures-about-Kent/population-and-census#tab-3>.



Table 4 describes the forecast percentage change in population between 2025 and 2035.

*Table 4: Population forecast percentage change by age group*

<b>Age</b>	<b>Kent</b>
0-4	10.3%
5-14	-0.6%
15-24	11.6%
25-34	4.5%
35-64	6.4%
65-84	20.1%
85+	50.8%

*Table 5: Population forecast of Kent districts between 2024 and 2030 by district, KCC Housing-based population forecasts (numbers are in 1,000's)*

<b>Area</b>	<b>Year 2024</b>	<b>Year 2025</b>	<b>Year 2026</b>	<b>Year 2027</b>	<b>Year 2028</b>	<b>Year 2029</b>	<b>Year 2030</b>
Ashford	138.5	141.0	143.7	146.2	148.8	151.4	154.0
Canterbury	173.1	176.0	178.7	181.2	183.7	186.1	188.5
Dartford	122.5	124.4	125.9	127.4	128.8	130.2	131.5
Dover	123.5	125.7	128.0	128.3	128.7	129.2	129.6
Folkestone and Hythe	116.5	118.2	119.5	120.7	122.0	123.3	124.3
Gravesham	110.5	111.9	113.3	114.7	116.1	116.6	117.2
Maidstone	181.2	183.2	184.6	185.9	187.2	188.5	189.8
Sevenoaks	125.8	127.5	129.1	130.6	132.2	133.7	135.3
Swale	157.2	159.0	160.4	161.9	163.3	164.8	166.3
Thanet	145.7	148.5	151.5	154.4	157.3	160.2	163.2
Tonbridge and Malling	138.6	140.3	142.0	143.6	145.2	146.8	148.5
Tunbridge Wells	123.2	124.3	125.1	126.0	126.9	127.8	128.7
<b>Kent</b>	<b>1,656.2</b>	<b>1,680.1</b>	<b>1,701.9</b>	<b>1,721.0</b>	<b>1,740.3</b>	<b>1,758.6</b>	<b>1,776.7</b>

*Table 6: Percentage change in population forecast of Kent districts between 2024 and 2030 by district, KCC Housing-based population forecasts*

<b>Area</b>	<b>Year 2025</b>	<b>Year 2026</b>	<b>Year 2027</b>	<b>Year 2028</b>	<b>Year 2029</b>	<b>Year 2030</b>
Ashford	2%	4%	6%	7%	9%	11%
Canterbury	2%	3%	5%	6%	8%	9%
Dartford	2%	3%	4%	5%	6%	7%

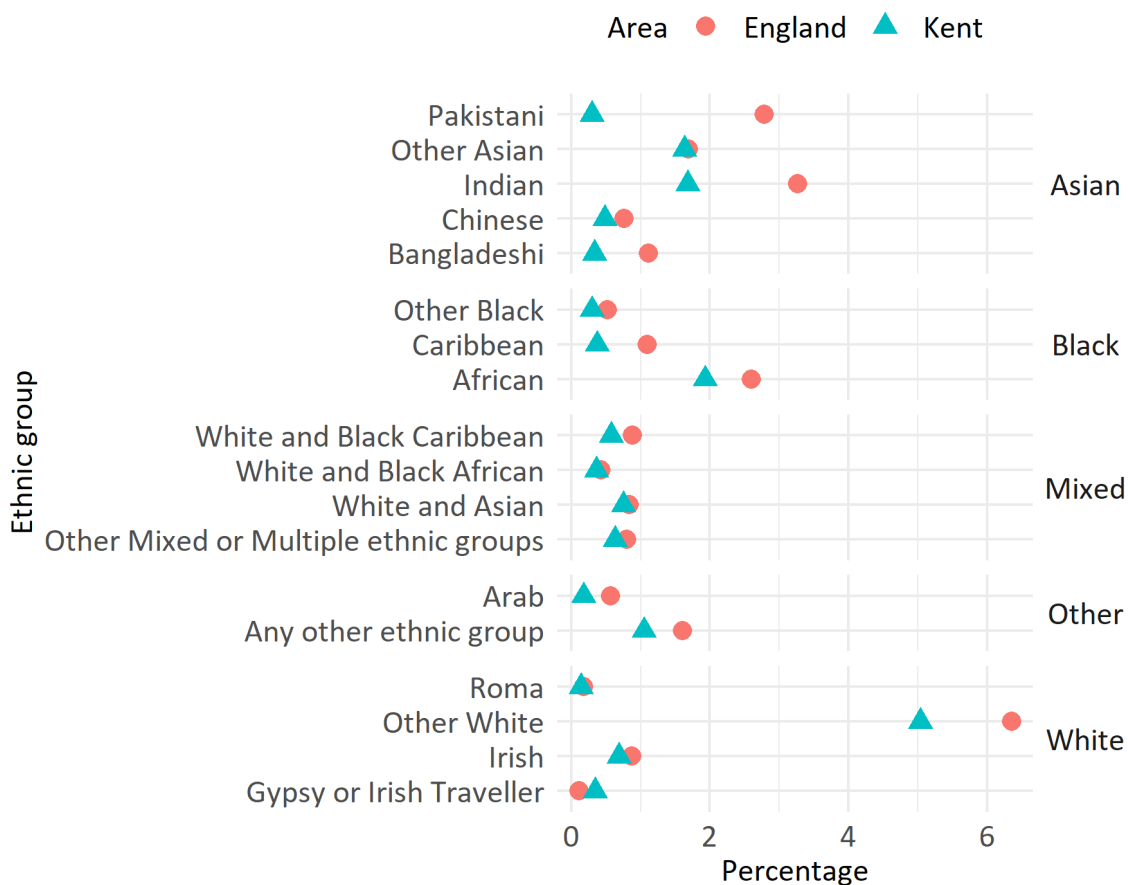
Dover	2%	4%	4%	4%	5%	5%
Folkestone and Hythe	1%	3%	4%	5%	6%	7%
Gravesham	1%	3%	4%	5%	6%	6%
Maidstone	1%	2%	3%	3%	4%	5%
Sevenoaks	1%	3%	4%	5%	6%	8%
Swale	1%	2%	3%	4%	5%	6%
Thanet	2%	4%	6%	8%	10%	12%
Tonbridge and Malling	1%	2%	4%	5%	6%	7%
Tunbridge Wells	1%	2%	2%	3%	4%	4%
<b>Kent</b>	1%	3%	4%	5%	6%	7%

## 1.4 Identity

### 1.4.1 Ethnicity

In Kent at the time of the Census in 2021, 83.2% of the population were classified as 'White: English, Welsh, Scottish, Northern Irish or British'. This compares to 73.5% in England.

*Figure 4: Shows the population profile of the other ethnic groups, comparing Kent and England.*

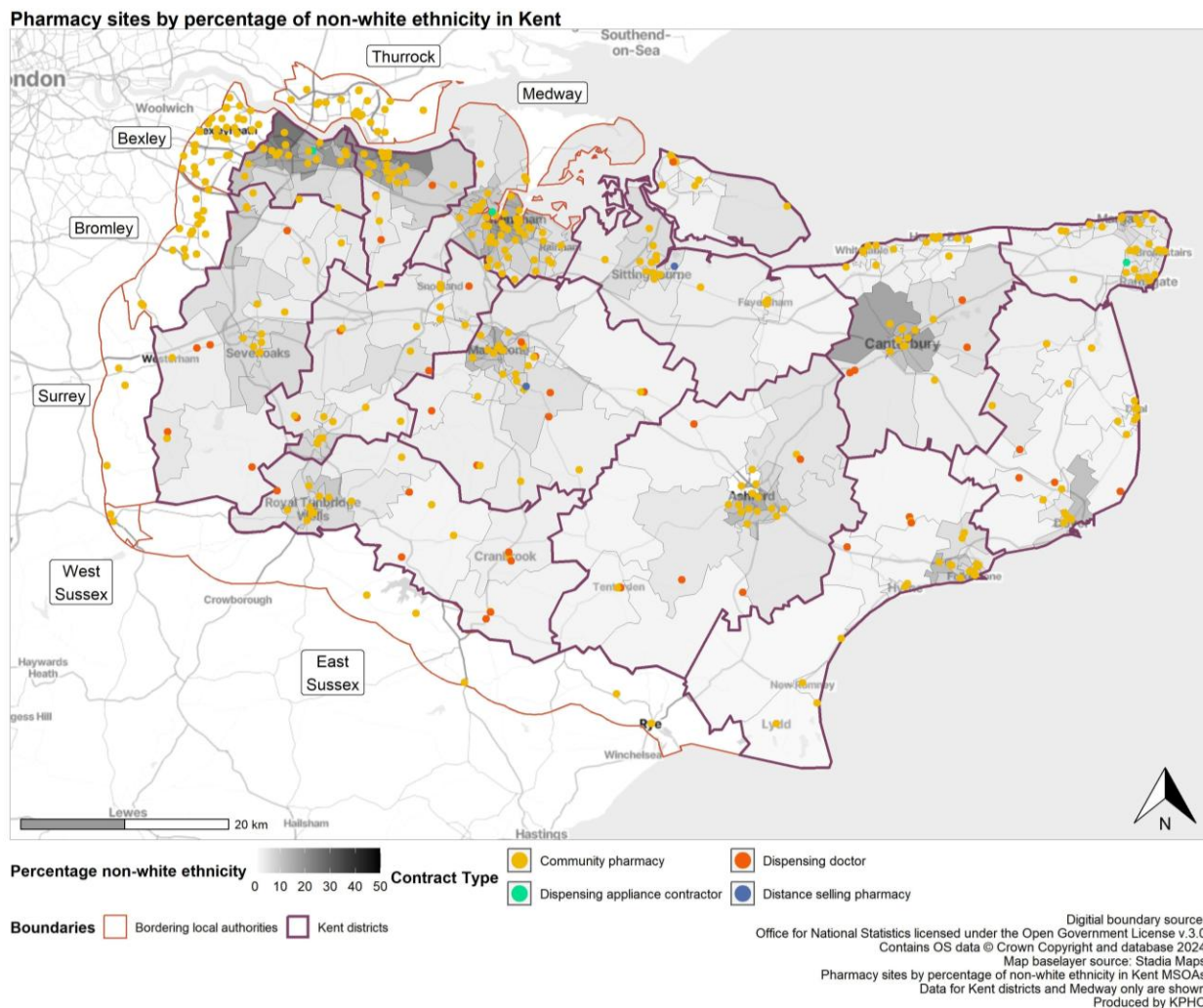


Apart from White British, African (1.9%), Any other ethnic group (1%), Indian (1.7%), Other Asian (1.6%) and Other White (5%) ethnic groups account for more than 1% of the population.

*Table 7: Total population of Kent districts by broad Ethnic group in 2021, ONS Census 2021*

<b>Area</b>	<b>Asian, Asian British or Asian Welsh</b>	<b>Black, Black British, Black Welsh, Caribbean or African</b>	<b>Mixed or Multiple ethnic groups</b>	<b>White</b>	<b>Other ethnic group</b>
Ashford	5.8%	2.6%	2.2%	88.1%	1.4%
Canterbury	4.1%	2.5%	2.7%	89.2%	1.5%
Dartford	9.9%	10.5%	3.1%	74.5%	2.0%
Dover	2.1%	0.7%	1.5%	94.9%	0.9%
Folkestone & Hythe	3.9%	0.6%	1.9%	92.6%	1.0%
Gravesham	11.2%	6.5%	2.6%	76.6%	3.0%
Maidstone	4.7%	2.1%	2.3%	89.8%	1.2%
Sevenoaks	2.9%	1.6%	2.6%	92.1%	0.8%
Swale	1.5%	2.3%	1.8%	93.8%	0.5%
Thanet	2.3%	1.1%	2.4%	93.0%	1.2%
Tonbridge & Malling	2.9%	1.0%	2.2%	93.3%	0.6%
Tunbridge Wells	4.0%	1.0%	2.6%	91.5%	1.0%
<b>Kent</b>	<b>4.4%</b>	<b>2.6%</b>	<b>2.3%</b>	<b>89.4%</b>	<b>1.2%</b>

Figure 5: Non-White population in Kent and pharmacy locations



### 1.4.2 Gypsy Roma Traveller communities

Kent has a higher percentage of Gypsy and Traveller people than the England average and many Roma communities too. Nationally there is a lack of focus on Gypsy, Roma and Traveller communities in Joint Strategic Needs Assessments which results in these communities being overlooked when planning services. In response to these issues, Public Health in Kent County Council carried out a Gypsy, Roma and Traveller Health Needs Assessment (HNA)<sup>9</sup> to update the previous HNA of 2015.

<sup>9</sup> Abbott M, Jolly A, Chapman S. Kent gypsy, roma and traveller populations joint strategic needs assessment. 2023. [Accessed February 2025]. <https://www.kpho.org.uk/joint-strategic-needs-assessment/health-intelligence/population-groups/ethnicity#tab1>.

The 2021 Census recorded that 5,405 people in Kent (0.3%) identified as being from Gypsy and Irish Traveller ethnic groups, while the corresponding figure for England was 60,073 people (0.1%). Maidstone (Linton, Hunton and Ulcombe, Marden, Yalding, and Coxheath), Swale (Sheppey East) and Ashford (Weald Central) rank in the top five of England local authority districts with the highest proportion of people from the Gypsy or Irish Traveller ethnic group. Other areas in Kent where Gypsy and Traveller communities are located include near the Dartford Bypass, near Shadoxhurst and near South Alkam, Dover.

The 2021 Census recorded that 2,255 people in Kent (0.1%) identified themselves being from the Roma ethnic group, while the corresponding figure for England was 99,138 people (0.2%).

### 1.4.3 Main language

There are 98 distinct main languages spoken by people in Kent. 37 are spoken by at least 500 people. The top 5 languages are: English 89.8%, Polish 0.7%, Romanian 0.6%, Nepalese 0.5% and Panjabi 0.3%.

*Table 8: Main spoken language*

Area	Percent English	Other languages at least 0.5 percent
Ashford	93.2%	Nepalese (2.5%), Polish (0.7%)
Canterbury	94.6%	Romanian (0.7%)
Dartford	90.6%	Romanian (1.1%), Polish (1.0%), Tamil (0.9%)
Dover	96.4%	Polish (0.5%)
Folkestone and Hythe	95.2%	Nepalese (1.8%)
Gravesham	88.1%	Panjabi (3.7%), Romanian (1.5%), Polish (1.3%), Lithuanian (0.9%), Slovak (0.5%)
Maidstone	92.2%	Nepalese (1.2%), Polish (1.1%), Romanian (1.0%), Bulgarian (0.7%)
Sevenoaks	96.6%	No other language greater than 0.5%
Swale	96.2%	Romanian (0.7%), Polish (0.7%)
Thanet	95.3%	Polish (0.7%)
Tonbridge and Malling	96.9%	No other language greater than 0.5%
Tunbridge Wells	94.7%	Polish (0.8%), Romanian (0.5%)
<b>Kent</b>	<b>94.2%</b>	<b>Polish (0.7%), Nepalese (0.6%), Romanian (0.6%)</b>



#### 1.4.4 Religion

In Kent, from the Census 2021 48.5% are Christian, 1.6% are Muslim and 1.2% Hindu. 40.9% declared no religion and 5.8% declined to answer.

*Table 9: Religion, Census 2021*

Religion	Value	Percentage
Christian	763,716	48.5%
No religion	644,189	40.9%
Not answered	90,629	5.8%
Muslim	25,615	1.6%
Hindu	19,240	1.2%
Sikh	12,309	0.8%
Buddhist	8,749	0.6%
Other religion	9,572	0.6%
Jewish	2,049	0.1%

#### 1.4.5 Sexual orientation and gender identity

Sexual orientation is an umbrella term covering sexual identity, attraction, and behaviour.

Census 2021 was the first census in England and Wales to ask about people's sexual orientation and gender identity. These were voluntary questions for those aged 16 years and over.

In Kent at the time of 2021 Census, 90.6% of residents aged 16 years and over responded that they were Straight or Heterosexual. 2.7% were Gay or Lesbian, Bisexual or another sexual orientation. This question was not answered by 6.7% of people.

*Table 10: Sexual orientation, Census 2021*

Sexual orientation	Value	Percentage
Straight or Heterosexual	1,156,388	90.6%
Not answered	85,146	6.7%
Gay or Lesbian	16,912	1.3%
Bisexual	14,521	1.1%
All other sexual orientations	3,597	0.3%

Gender identity refers to a person's sense of their own gender, whether male, female or another category such as non-binary. This may or may not be the same as their sex registered at birth.

In Kent, 94.4% of residents responded that their gender identity was the same as their sex registered at birth. 0.5% identified as a different gender. This question was not answered by 5.1% of people.

## 1.5 Veterans and Armed Forces

The Armed Forces and Veteran Community Needs Assessment<sup>10</sup> focuses on the needs of armed forces and veterans living in Kent. It looks at the Armed Forces Covenant, governance in Kent and Medway, and the support structures that connect various organisations.

People who have previously served in the regular or reserve UK armed forces are often known as the veteran population and form part of the armed forces community (along with those who currently serve in the armed forces or Merchant Navy and their families). At the time of the 2021 Census, there were 52,542 veterans living in Kent, approximately 4.1% of the population aged 16 years and over. This compares to 3.8% in England. 6,315 veterans reported as female while 46,230 reported as male.

The proportion of the population who are veterans increases with age. Among those aged 75 to 84 it is 11% and in those aged 85 years and over it is 26%.

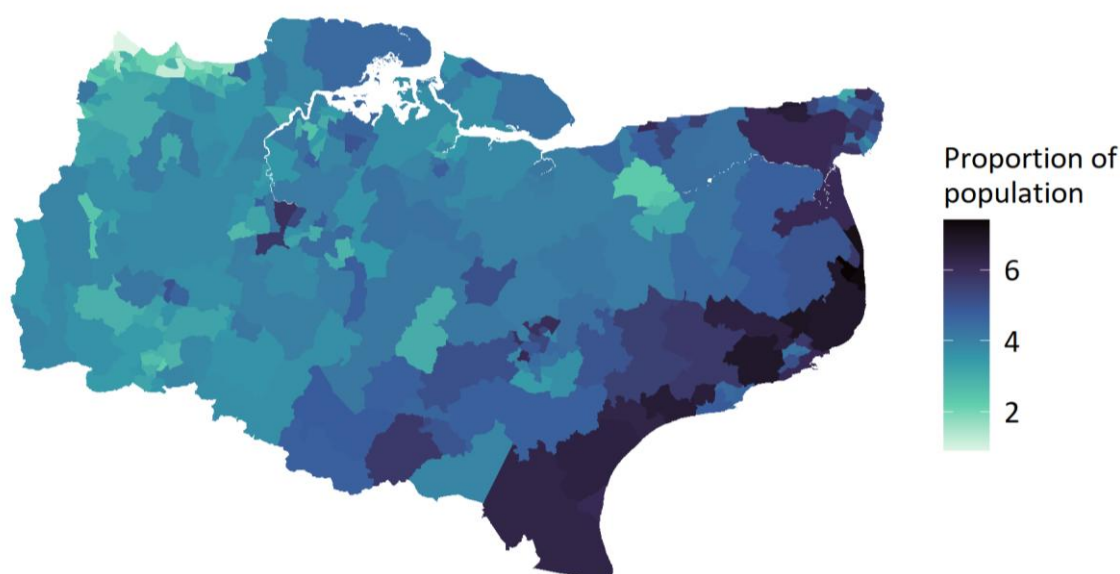
As of January 2024, there were 410 serving UK armed forces personnel in Kent, along with 900 Gurkha soldiers. These service personnel are stationed across Canterbury, Folkestone and Maidstone; namely Shorncliffe, Folkestone (640) and Maidstone (260) for the Gurkha community.<sup>10</sup> Gurkha soldiers have a Nepalese background, forming part of Kent's ethnic minority population. Additionally, in Kent and Medway, there are 11 Reserve Units with 340 of the Army Reserves in Kent, as well as the cadet community.<sup>10</sup>

Figure 6 shows a map of electoral wards in Kent and Medway shaded corresponding to the percentage of the population which has served in the armed forces.

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<sup>10</sup> Cochrane S, George A, Hopton H. Armed Forces and Veteran Community Needs Assessment 2024. Kent Public Health Department; 2024. [Accessed February 2025].

Figure 6: Percentage of the population who are military veterans by electoral ward



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Data source: Census 2021, Office for National Statistics

The coastal fringe localities of Dover, Folkestone & Hythe and Thanet have the highest percentages of resident veterans, 5.9%, 5.7% and 5% respectively. Dartford and Gravesham have the lowest, 2.6% and 2.8% respectively.

## 1.6 Disability

### 1.6.1 Limited day-to-day activities

In response to the Census 2021, people who assessed their day-to-day activities as limited by long-term physical or mental health conditions or illnesses are considered disabled. This definition of a disabled person meets the harmonised standard for measuring disability and is in line with the Equality Act (2010).

In Kent, 17.9% of residents are disabled using this definition (limited day-to-day activities), compared to 17.3% in England. There are five districts with higher rates than Kent and England average: Thanet (22.9%), Folkestone and Hythe (21.8%), Dover (21.2%), Canterbury (19.6%) and Swale (19.5%). Dartford, Tunbridge Wells, Sevenoaks, Tonbridge and Malling and Maidstone are all below 16%.<sup>11</sup>

<sup>11</sup> NOMIS. Day to day activities limited by long-term physical or mental health conditions or illnesses. 2021. [Accessed February 2025]. <https://www.nomisweb.co.uk/datasets/c2021ts038>.

*Table 11: Limiting long-term activities and disability by Kent districts in 2021, ONS Census 2021*

Area	Disabled under the Equality Act	Disabled under the Equality Act: Day-to-day activities limited a lot	Disabled under the Equality Act: Day-to-day activities limited a little
Ashford	17.1%	6.8%	10.2%
Canterbury	19.6%	7.9%	11.7%
Dartford	14.0%	5.7%	8.3%
Dover	21.2%	9.1%	12.0%
Folkestone & Hythe	21.8%	9.5%	12.3%
Gravesham	16.4%	6.9%	9.4%
Maidstone	15.9%	6.3%	9.7%
Sevenoaks	15.0%	5.8%	9.2%
Swale	19.5%	8.4%	11.2%
Thanet	22.9%	10.2%	12.6%
Tonbridge & Malling	15.3%	5.9%	9.4%
Tunbridge Wells	15.0%	5.6%	9.4%
<b>Kent</b>	17.9%	7.4%	10.5%

### 1.6.2 Economic inactivity

Questions about economic activity were part of the Census 2021. It should be noted that the Census took place during the COVID-19 pandemic which will have affected the responses.

Economically inactive are those aged 16 years and over who did not have a job between 15 March to 21 March 2021 and had not looked for work between 22 February to 21 March 2021 or could not start work within two weeks. It includes those who are retired. A subgroup of economically inactive is those who are long-term sick or disabled.

In Kent, 3.7% are economically inactive due to long-term sickness or disability which is lower than the England average 4.1%. It is highest in Thanet (5.4%), Folkestone and Hythe (5%), Dover (4.8%) and Swale (4.5%). Sevenoaks, Tunbridge Wells, Dartford and Tonbridge and Malling are all less than 3%.<sup>12</sup>

### 1.6.3 Unpaid carers

An unpaid carer may look after, give help or support to anyone who has long-term physical or mental ill-health conditions, illness or problems related to old age. This does not include any activities as part of paid employment.

<sup>12</sup> NOMIS. Economic activity status. 2021. [Accessed February 2025].  
<https://www.nomisweb.co.uk/datasets/c2021ts066>.

Of all Kent residents aged 5 years and over, just over 9 % provide some form of unpaid care. This is slightly higher than the England average (8%). It is highest in Dover and Thanet (10.4%), and Folkestone and Hythe (10.3%). It is lowest in Dartford and Tunbridge Wells (about 8%).<sup>13</sup>

## 1.7 Homeless and rough sleeping

### 1.7.1 Rough sleeping

Every Autumn, local authorities in England carry out an annual estimate of rough sleeping on a single night between 1 October and 30 November which includes some basic demographics details (age, gender, nationality). The results are submitted to the Ministry of Housing, Communities and Local Government.

People sleeping rough are defined as those sleeping or about to bed down in open air locations and other places including tents and makeshift shelters. The snapshot does not include people in hostels or shelters, or those in recreational or organised protest, squatter or traveller campsites. The snapshot can be carried out using either a count-based estimate, evidence-based estimate meeting with local partners or an evidence-based estimate with spotlight count. It does not include everyone in an area with a history of sleeping rough, or everyone sleeping rough in areas from October to November.

According to the Rough sleeping data dashboard,<sup>14</sup> the 2023 snapshot shows that there are an estimated 126 people sleeping rough (7.9 per 100,000 population) across Kent districts which compares to 6.8 per 100,000 across England. 75% are from the UK, 13% from the European Union and 7% outside the EU. Four-fifths are male, and 83% are over the age of 25. No under 18s were identified.

*Table 12: Estimated number of rough sleepers in Kent by district (2023)*

Area	Rough sleepers
Ashford	8
Canterbury	33
Dartford	3
Dover	9
Folkestone & Hythe	16
Gravesham	11
Maidstone	6
Sevenoaks	1
Swale	11
Thanet	23
Tonbridge & Malling	1
Tunbridge Wells	4

<sup>13</sup> Unpaid carers 2021. [Accessed February 2025]. <https://www.nomisweb.co.uk/datasets/c2021ts039>

<sup>14</sup> Rough sleeping data dashboard. Autumn 2023. [Accessed February 2025]. <https://www.gov.uk/government/publications/dashboards-on-rough-sleeping>



Area	Rough sleepers
<b>Kent</b>	<b>126</b>
<b>South East</b>	<b>670</b>
<b>England</b>	<b>3,898</b>

Source: Department for Levelling Up, Housing and Communities – presented by Kent.

Table 12 shows Canterbury had the highest number of rough sleepers (33). Thanet followed with 23 rough sleepers and Folkestone & Hythe with 16. Tonbridge & Malling and Sevenoaks had the least number of rough sleepers, one each, followed by Dartford, which had three.

### 1.7.2 Homeless

Each local housing authority is required to consider housing needs within its area, including the needs of homeless households, to whom local authorities have a statutory duty to provide assistance. The definition of homeless includes statutorily homeless, which are those households which meet specific criteria of priority need set out in legislation, and to whom a homelessness duty has been accepted by a local authority. Such households are rarely homeless in the literal sense of being without a roof over their heads but are more likely to be threatened with the loss of, or are unable to continue with, their current accommodation.<sup>15</sup> Table 13 summarises homelessness statistics across Kent in 2023-24.

*Table 13: Statutory Homeless statistics by local authority per 1,000*

Area	Threat homeless rate per 1,000 Households	Homeless rate per 1,000 Households
Ashford	7.2	7.8
Canterbury*	-	-
Dartford	6.4	6.0
Dover	4.1	6.0
Folkestone & Hythe	4.7	4.1
Gravesham	6.3	6.7
Maidstone	8.2	6.9
Sevenoaks	3.9	3.1
Swale	4.0	5.1
Thanet	5.9	6.4
Tonbridge & Malling	4.8	4.0
Tunbridge Wells	5.1	3.8
<b>South East</b>	<b>5.9</b>	<b>5.4</b>
<b>England</b>	<b>6.0</b>	<b>7.4</b>

\* Data for Canterbury not published

<sup>15</sup> HM Government. Homelessness data: notes and definitions. 2018. [Accessed February 2025]. <https://www.gov.uk/guidance/homelessness-data-notes-and-definitions>.

Across Kent, the threat rate of homelessness in Ashford, Dartford, Gravesham and Maidstone was greater than the national average of 6.0 per 1,000 household, and greatest in Maidstone (8.2 per 1,000 household). However, the rate of homelessness was greatest in Ashford (7.8 per 1,000 household) followed by Maidstone (6.9 per 1,000 household).

## 1.8 Students

At the time of the 2021 Census, there were a total of 44,806 full-time students whose usual place of residence (term-time address) was in Kent (Table 14). This is approximately 3.6% of the total population aged 18 years and over, compared with 5.2% in England.

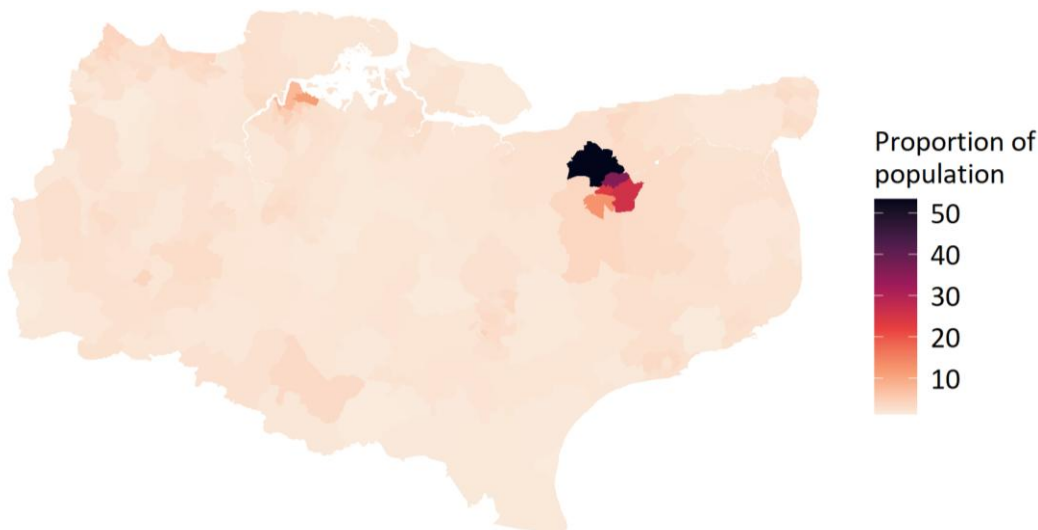
Please note, these figures include students aged 18 or more who are still in school or further education.

*Table 14: Percentage of adult population who are full-time students, Census 2021*

Area	Not a student	Student	Percent
Kent	1,194,881	44,806	3.6%
England	42,385,364	2,330,085	5.2%

As shown in Figure 7 across Kent and Medway, there are six electoral wards in Canterbury in which the proportion of the adult population who are full-time students is between 13% and 53%. From largest to smallest, these are Blean Forest, St Stephen's, Northgate, Barton, Westgate and Wincheap. In Medway, Gillingham North and River ward have 11% and 8% student populations respectively.

*Figure 7: Percentage of the population aged 18 years and over who are full-time students by electoral ward, Census 2021*



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Data source: Census 2021, Office for National Statistics

## 1.9 Deprivation

### 1.9.1 Indices of deprivation

The Indices of Deprivation 2019 (IoD2019) is based on 39 separate indicators, organised across seven distinct domains of deprivation which are combined and weighted to calculate the Index of Multiple Deprivation (IMD) 2019.

This is an overall measure of multiple deprivation experienced by people living in an area and is calculated for every Lower-layer Super Output Area (LSOA), or neighbourhood, in England. All neighbourhoods in England are then ranked according to their level of deprivation relative to that of other areas. High ranking LSOAs or neighbourhoods can be referred to as the ‘most deprived’ or as being ‘highly deprived’ to aid interpretation. However, there is no definitive threshold above which an area is described as ‘deprived’.

The IoD2019 measure deprivation on a relative rather than an absolute scale, so a neighbourhood ranked 100th is more deprived than a neighbourhood ranked 200th, but this does not mean it is twice as deprived.

At the neighbourhood-level, the IoD2019 provides a place-based insight into deprivation. However, this description does not apply to every person living in these areas. Many non-deprived people live in deprived areas, and many deprived people live in non-deprived areas. It is important to note that the IoD2019 is designed to identify and measure specific aspects of deprivation, rather than measures of affluence.<sup>16</sup>

*Table 15: Index of multiple deprivation 2019 – average score by Kent district and proportion of lower super output areas in the most deprived 10% nationally, Ministry of Housing, Communities & Local Government*

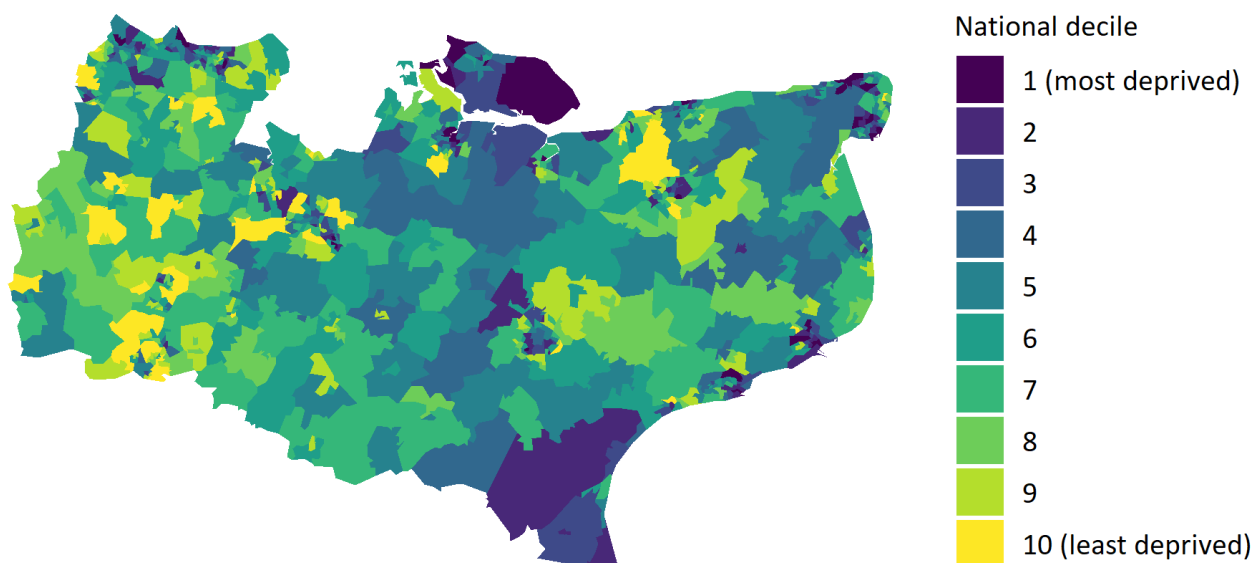
Area	IMD - Average score	Proportion of LSOAs in most deprived 10% nationally
Ashford	18.5	1.3%
Canterbury	16.8	2.2%
Dartford	18.8	1.7%
Dover	22.2	7.5%
Folkestone and Hythe	24.1	6.0%
Gravesham	21.4	3.1%
Maidstone	16.5	2.1%
Sevenoaks	12.4	0.0%
Swale	27.1	18.8%

<sup>16</sup> Ministry of Housing, Communities & Local Government. The English Indices of Deprivation 2019 - Statistical Release. 2019. [Accessed February 2025].

[https://assets.publishing.service.gov.uk/media/5d8e26f6ed915d5570c6cc55/IoD2019\\_Statistical\\_Release.pdf](https://assets.publishing.service.gov.uk/media/5d8e26f6ed915d5570c6cc55/IoD2019_Statistical_Release.pdf).

Area	IMD - Average score	Proportion of LSOAs in most deprived 10% nationally
Thanet	31.3	21.4%
Tonbridge and Malling	13.3	0.0%
Tunbridge Wells	11.3	0.0%

Figure 8: Index of Multiple Deprivation, 2019



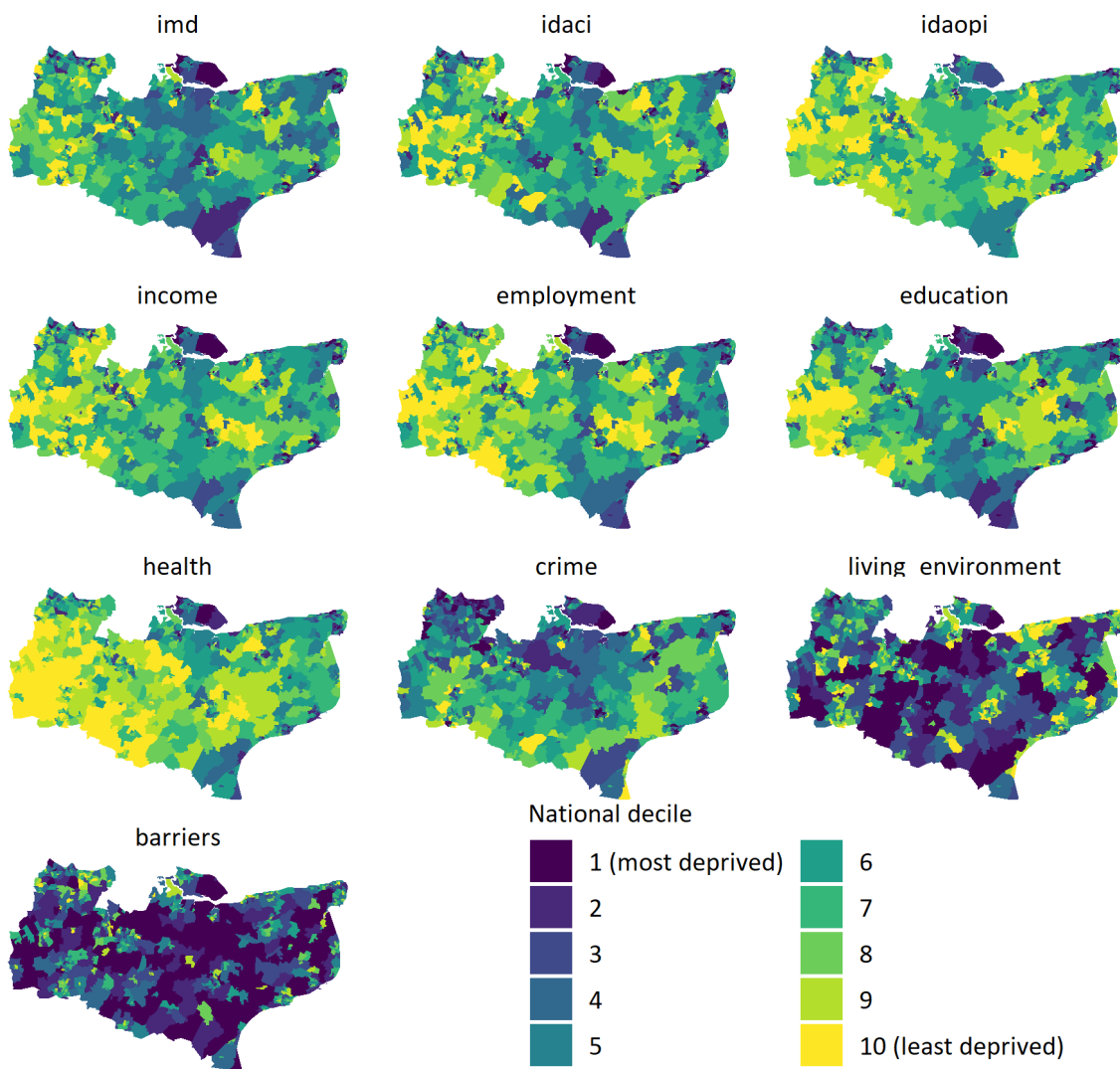
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Data source: Indices of Deprivation 2019, Ministry of Housing, Communities & Local Government

The seven domains which comprise the overall index listed below with weighting in brackets:

- Income (22.5%)
- Employment (22.5%)
- Health deprivation and disability (13.5%)
- Education, skills training (13.5%)
- Crime (9.3%)
- Barriers to housing and services (9.3%)
- Living environment (9.3%)

In addition, there are two supplementary indices of income deprivation: among children (IDACI) and older people (IDAOP). The Income Deprivation Affecting Older People Index (IDAOP) measures the proportion of all those aged 60 or over who experience income deprivation. The Income Deprivation Affecting Children Index (IDACI) measures the proportion of all children aged 0 to 15 living in income deprived families.

Figure 9: Deprivation deciles by domain of deprivation, 2019



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Data source: Indices of Deprivation 2019, Ministry of Housing, Communities & Local Government



### 1.9.2 Car or van availability

In Kent, 17.5% of households do not own or a car or have one available. All districts within Kent are lower than the England average (23.5%) apart from Thanet, which is 26.1%.<sup>17</sup>

*Table 16: Car or van availability by Kent districts in 2021, ONS Census 2021*

<b>Area</b>	<b>No cars or vans in household</b>
Area	14.4%
Ashford	20.8%
Canterbury	16.9%
Dartford	20.1%
Dover	20.5%
Folkestone & Hythe	19.7%
Gravesham	14.6%
Maidstone	11.4%
Sevenoaks	16.6%
Swale	26.1%
Thanet	12.3%
Tonbridge & Malling	15.5%
Tunbridge Wells	17.5%
<b>Kent</b>	<b>17.5%</b>
<b>England</b>	<b>23.5%</b>

<sup>17</sup> ONS. 2021 Census Profile for areas in England and Wales. [Accessed February 2025]  
[https://www.nomisweb.co.uk/sources/census\\_2021/report?compare=E92000001#section\\_6](https://www.nomisweb.co.uk/sources/census_2021/report?compare=E92000001#section_6).

## 2 Burden of disease

### 2.1 Cardiovascular disease

Cardiovascular Disease (CVD) is a general term for conditions affecting the heart or blood vessels. It is usually associated with a build-up of fatty deposits inside the arteries (atherosclerosis) and an increased risk of blood clots. It can also be associated with damage to arteries in organs such as the brain, heart, kidneys, and eyes.<sup>18</sup>

CVD is one of the main causes of death and disability in the UK, but it can often largely be prevented by leading a healthy lifestyle. For example, not smoking, avoiding excessive alcohol consumption, eating a balanced diet and taking regular exercise. Diagnosing CVD and recording it on GP registers may mean that a patient is more likely to be reviewed or investigated further and if appropriate, offered ongoing lifestyle advice, monitoring, and treatment, in accordance with NICE guidance.<sup>19</sup>

CVD is more likely to occur as we age but it is also one of the main causes of premature death (before the age of 75 years). Areas with older populations are therefore likely to have higher prevalence of CVD. Deaths from all types of circulatory disease is the most important contributor to the inequality gap in life expectancy within Kent between the most and least deprived 20% of the population.<sup>20</sup>

#### Local population impact

Age standardisation allows adjustments to be made to reflect the different age profile of an area. Age-standardised recorded prevalence is strongly associated with men, more deprived communities and is lower among Black ethnic groups.<sup>21</sup>

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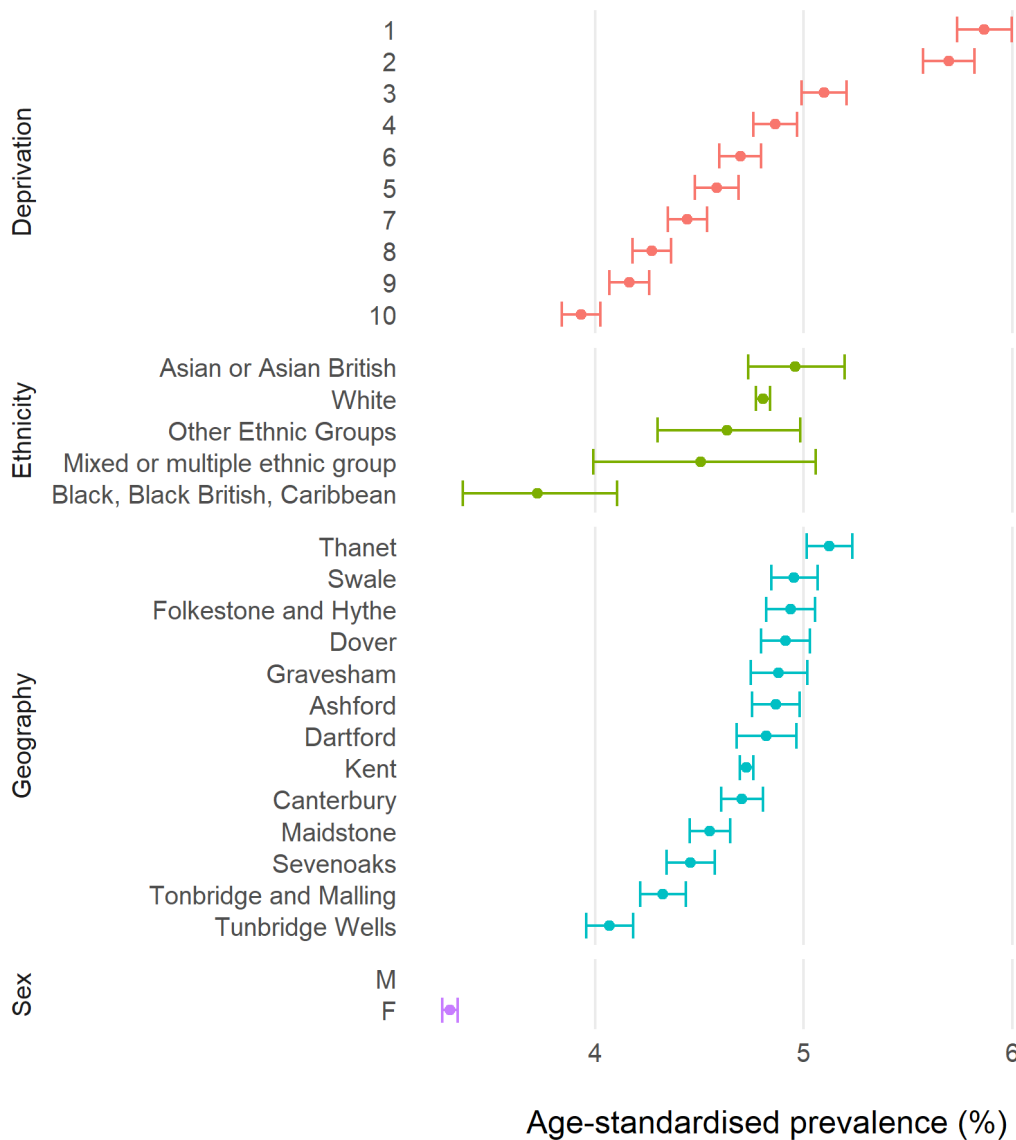
<sup>18</sup> Office for Health Improvement and Disparities (OHID) and the NHS Benchmarking Network. Prevalence of GP recorded CVD (wide definition) 2024 [Accessed February 2025]. <https://www.cvdprevent.nhs.uk/>.

<sup>19</sup> NICE. Cardiovascular Disease Prevention. 2010. [Accessed February 2025]. <https://www.nice.org.uk/guidance/PH25>.

<sup>20</sup> Office for Health Improvement and Disparities. Segment tool. 2023. [Accessed February 2025]. <https://analytics.phe.gov.uk/apps/segment-tool/>.

<sup>21</sup> Chambers M. Age-standardised prevalence of disease registers in primary care using Kent and Medway Care Record. Analytical report. Unpublished: Kent Public Health Observatory; 2024. [Accessed February 2025].

*Figure 10: Age-standardised prevalence of CVD by geography and dimensions of inequality (Nov 2024), Kent and Medway Care Record*



According to the Kent and Medway Care Record, there are an estimated 86,000 people living in Kent with CVD, a crude rate of 4.9% of the total population. The age-standardised prevalence is 4.7% with a 95% confidence interval between 4.69% and 4.76%.

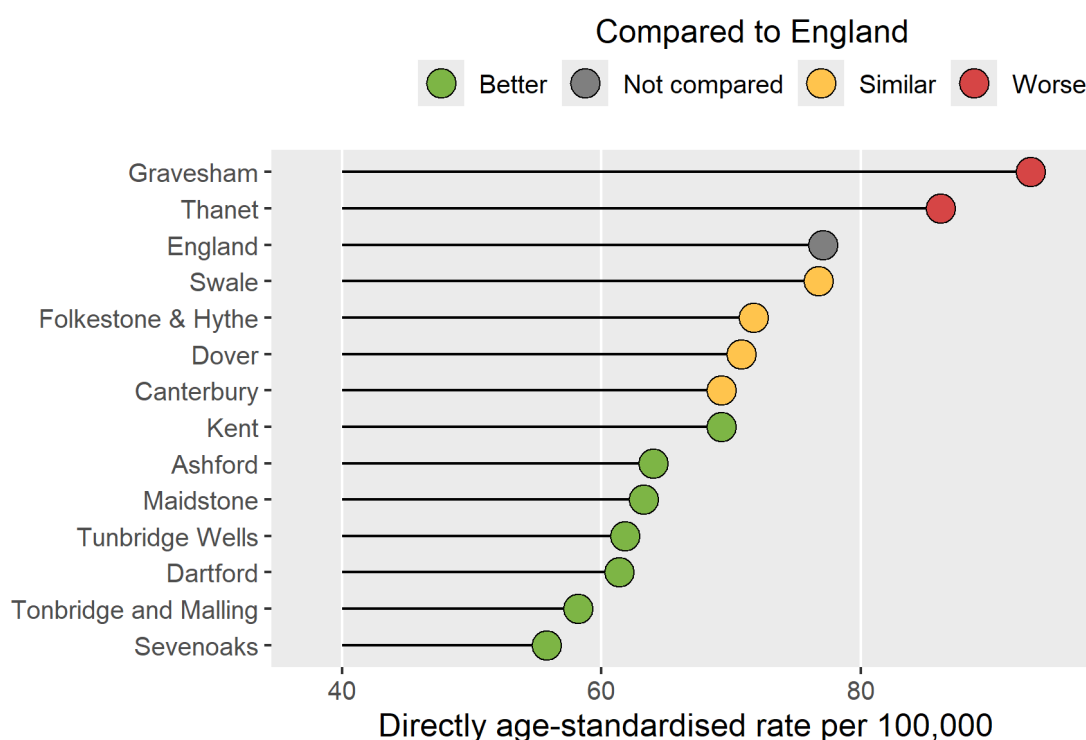
The following areas are significantly higher than Kent: Thanet, Swale, Folkestone and Hythe and Dover. The areas which are significantly lower than Kent are Maidstone, Sevenoaks, Tonbridge and Malling and Tunbridge Wells.

The age-standardised prevalence rate for females in Kent is 3.3%, males is 6.3%. The recorded prevalence in males is nearly double that of females.

Across Kent, the Asian or Asian British group has the highest age standardised prevalence rate at 5%. It is significantly higher than Black, Black British and Caribbean. The White group is second highest (4.8%). It is significantly higher than Black, Black British and Caribbean. Please note that low values are not necessarily a true indication of the level of need in the population. They could be due to under-recording or a low presentation rate in primary care. The proportion of people with CVD but whose ethnicity is unknown is 0.5%.

The age-standardised prevalence of CVD in the most deprived segment of the Kent population is 5.9%, compared to 3.9% among the least deprived. There is statistical evidence of a strong association with deprivation in which age-standardised rates are generally higher in the more deprived areas.

*Figure 11: Under 75 mortality rates from cardiovascular disease (2021 - 23), OHID (Fingertips)*



The directly age-standardised under 75 mortality rates from cardiovascular disease in Kent in the three-year period from 2021 to 2023 was 69.3, with a 95% confidence interval between 66.8 and 71.8 (Figure 11). There were 3,009 occurrences over the latest time period. The following areas are significantly worse than England: Gravesham and Thanet. The following areas are significantly better than England: Kent, Ashford, Dartford, Maidstone, Sevenoaks, Tonbridge and Malling and Tunbridge Wells.

Figure 12: Under 75 mortality rates from cardiovascular disease, OHID (Fingertips)

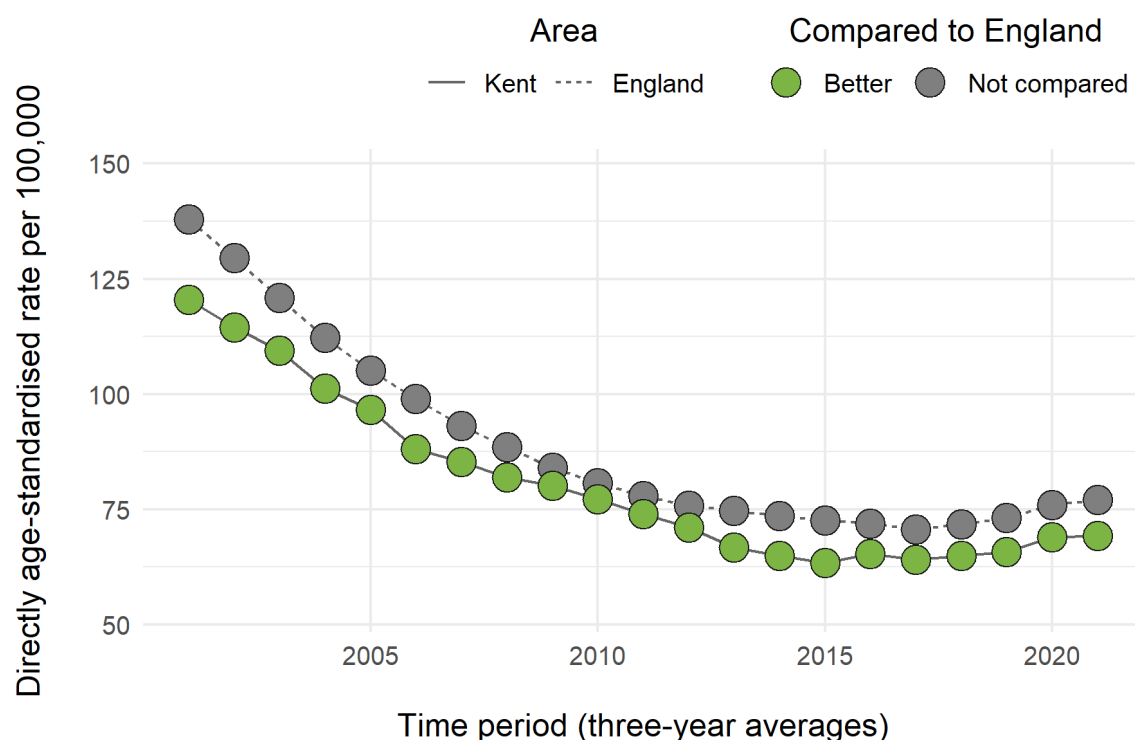


Figure 12 shows trend shows Kent compared to England in three-year averages. There are 21 data points between 2001 to 2003 and 2021 to 2023. The rate decreased until 2015 to 2017, then rose slightly. This pattern is mirrored for England.

## 2.2 Diabetes

Diabetes is a condition that causes a person's blood sugar level to become too high, known as hyperglycaemia.<sup>22</sup>

There are 2 main types of diabetes:

- Type 1 diabetes - a lifelong condition where the body's immune system attacks and destroys the cells that produce insulin
- Type 2 diabetes - where the body does not produce enough insulin, or the body's cells do not react to insulin properly

Type 2 diabetes is far more common than type 1. In the UK, over 90% of all adults with diabetes have type 2. Type 1 diabetes most commonly presents in children and young people and persists into adult life. It can also start in adulthood.<sup>23</sup>

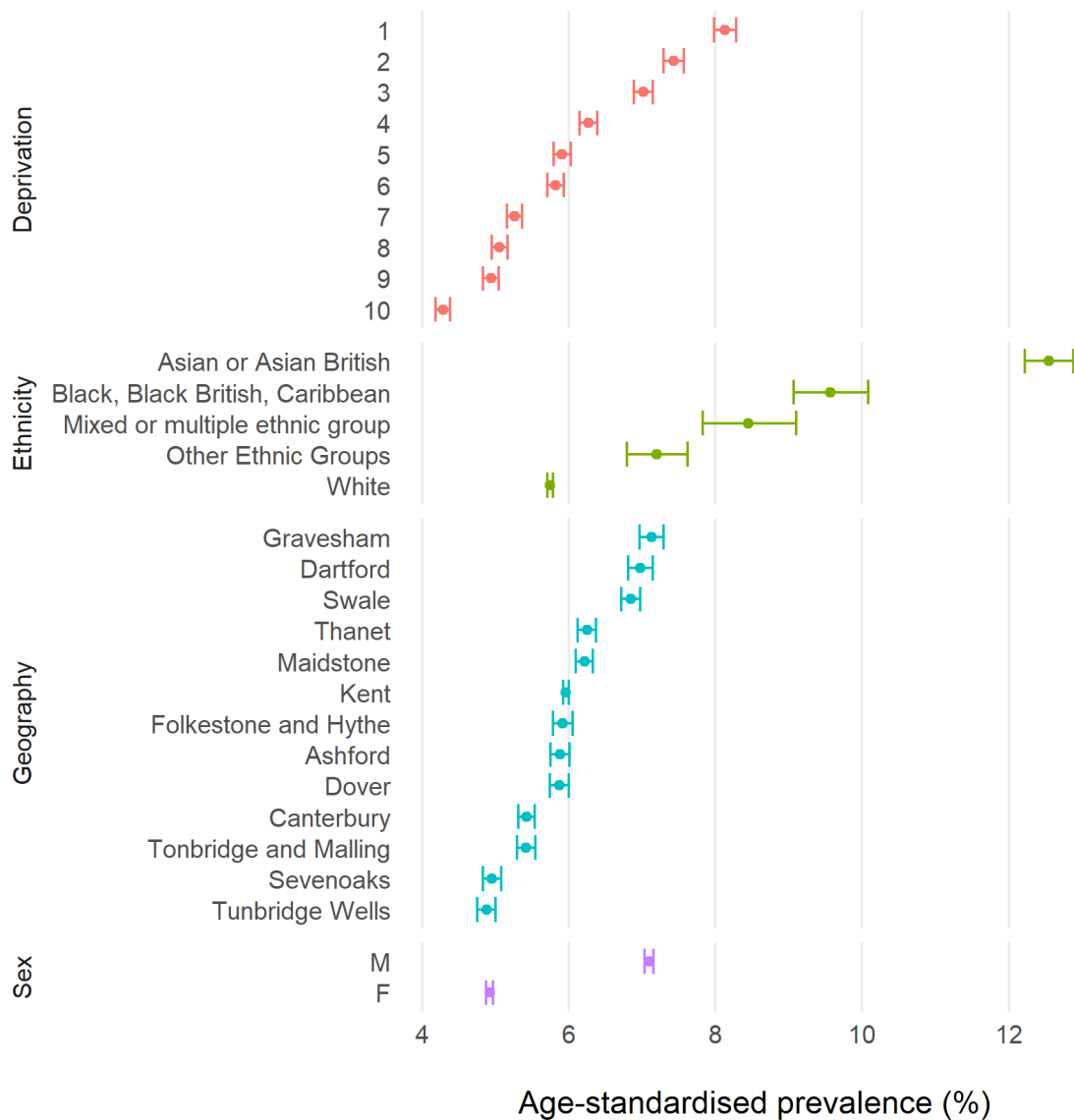
<sup>22</sup> NHS England. Diabetes. February 2025. [Accessed March 2025] <https://www.nhs.uk/conditions/diabetes/>

<sup>23</sup> NICE. Diabetes - Type 1. December 2024. [Accessed March 2025] <https://cks.nice.org.uk/topics/diabetes-type-1/>

In both cases, it is important that people with Diabetes lead a healthy lifestyle and receive regular check-ups. Some of the main complications associated with Diabetes are increased risk of heart disease and stroke, nerve damage (and associated foot problems), blood vessel damage to the eyes and kidneys.<sup>24</sup>

### Local population impact

*Figure 13: Age-standardised prevalence of Diabetes by geography and dimensions of inequality (Nov 2024), Kent and Medway Care Record*



According to the Kent and Medway Care Record, there are an estimated 105,000 people living in Kent with Diabetes, a crude rate of 6.01% of the total population. The age-standardised prevalence is 5.96% with a 95% confidence interval between 5.92% and 6%.

<sup>24</sup> Diabetes UK. Complications of Diabetes. [Accessed March 2025]. <https://www.diabetes.org.uk/about-diabetes/complications>



The following areas are significantly higher than Kent: Gravesham, Dartford, Swale, Thanet and Maidstone. The areas which are significantly lower than Kent are Canterbury, Tonbridge and Malling, Sevenoaks and Tunbridge Wells.

The age-standardised prevalence rate for females in Kent is 4.92%, males is 7.09%. The recorded prevalence in males is about 40% higher than females.

Across Kent, the Asian or Asian British group has the highest age standardised prevalence rate at 12.55%. It is significantly higher than all the other ethnic groups. The Black, Black British, Caribbean group is second highest (9.56%). It is significantly higher than Other Ethnic Groups and White. Please note that low values are not necessarily a true indication of the level of need in the population. They could be due to under-recording or a low presentation rate in primary care. The proportion of people with Diabetes but whose ethnicity is unknown is 0.9%.

The age-standardised prevalence of Diabetes in the most deprived segment of the Kent population is 8.13%, compared to 4.28% among the least deprived. There is statistical evidence of a strong association with deprivation in which age-standardised rates are generally higher in the more deprived areas.

### **2.3 Respiratory disease**

Respiratory diseases range from acute infections, such as pneumonia and bronchitis, to chronic conditions such as asthma and Chronic Obstructive Pulmonary Disease (COPD). COPD not only affects the lungs but can also cause muscle wasting and weight loss, swollen ankles, and depression.<sup>25</sup>

The most important cause of COPD is smoking, but past exposures to fumes, chemicals and dusts at work will have also contributed to causing many currently occurring cases. Socioeconomic status and genetic causes may also be risk factors. There is a clear social class gradient in respiratory disease mortality.

Asthma is a common lung condition that causes occasional breathing difficulties. It affects people of all ages and often starts in childhood, although it can also develop for the first time in adults. People with asthma have swollen (inflamed) and sensitive airways that become narrow and clogged with sticky mucus in response to certain triggers such as infections and allergies among others.<sup>26</sup>

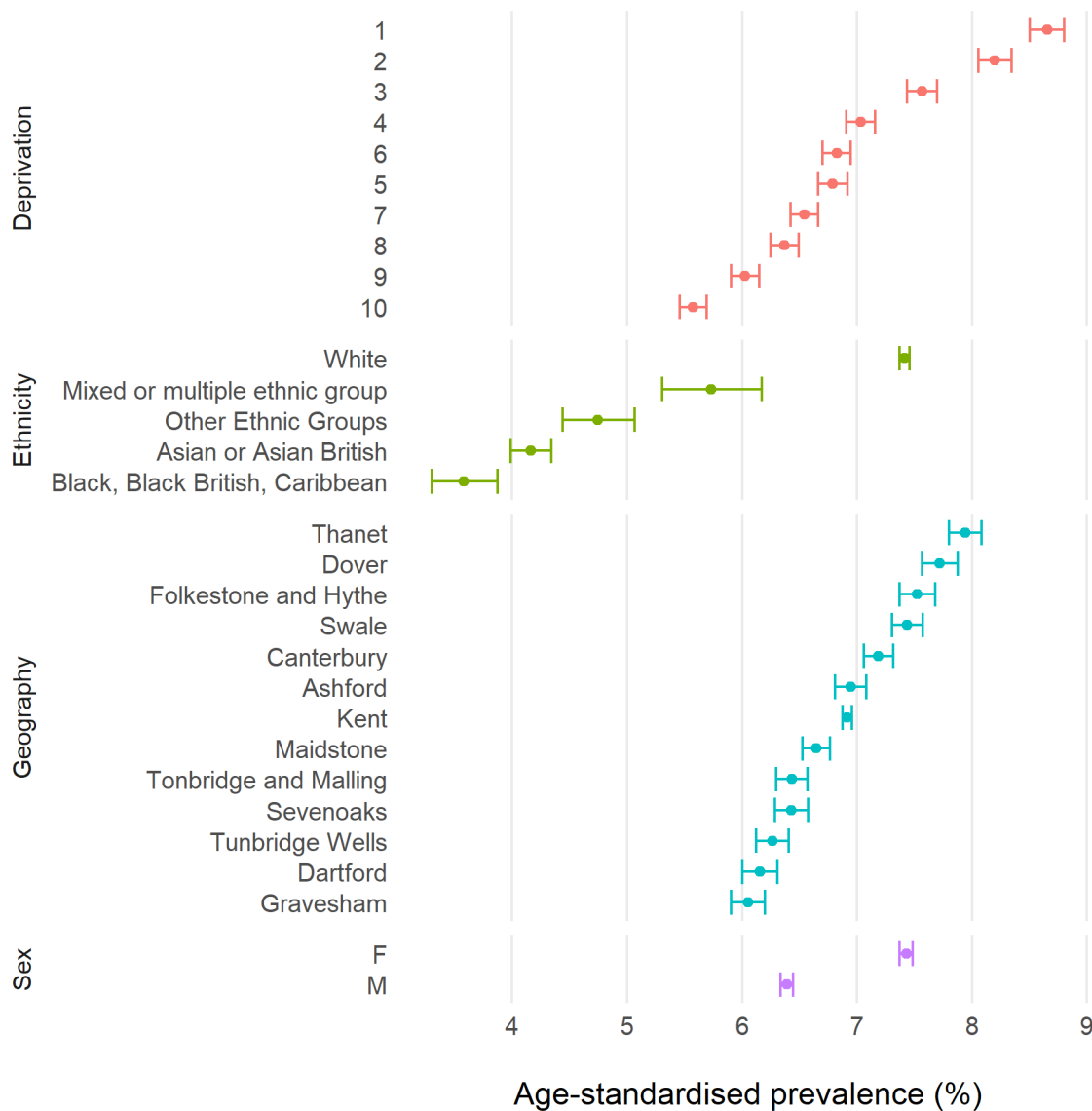
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<sup>25</sup> NHS England. Chronic obstructive pulmonary disease. April 2023. [Accessed March 2025]. <https://www.nhs.uk/conditions/chronic-obstructive-pulmonary-disease-copd/>.

<sup>26</sup> NHS England. Asthma. April 2021. [Accessed March 2025]. <https://www.nhs.uk/conditions/asthma/>.

## Local population impact

*Figure 14: Age-standardised prevalence of Asthma or COPD by geography and dimensions of inequality (Nov 2024), Kent and Medway Care Record*



According to the Kent and Medway Care Record, there are an estimated 121,000 people living in Kent with respiratory disease, a crude rate of 7% of the total population. The age-standardised prevalence is 6.9% with a 95% confidence interval between 6.87% and 6.95%.

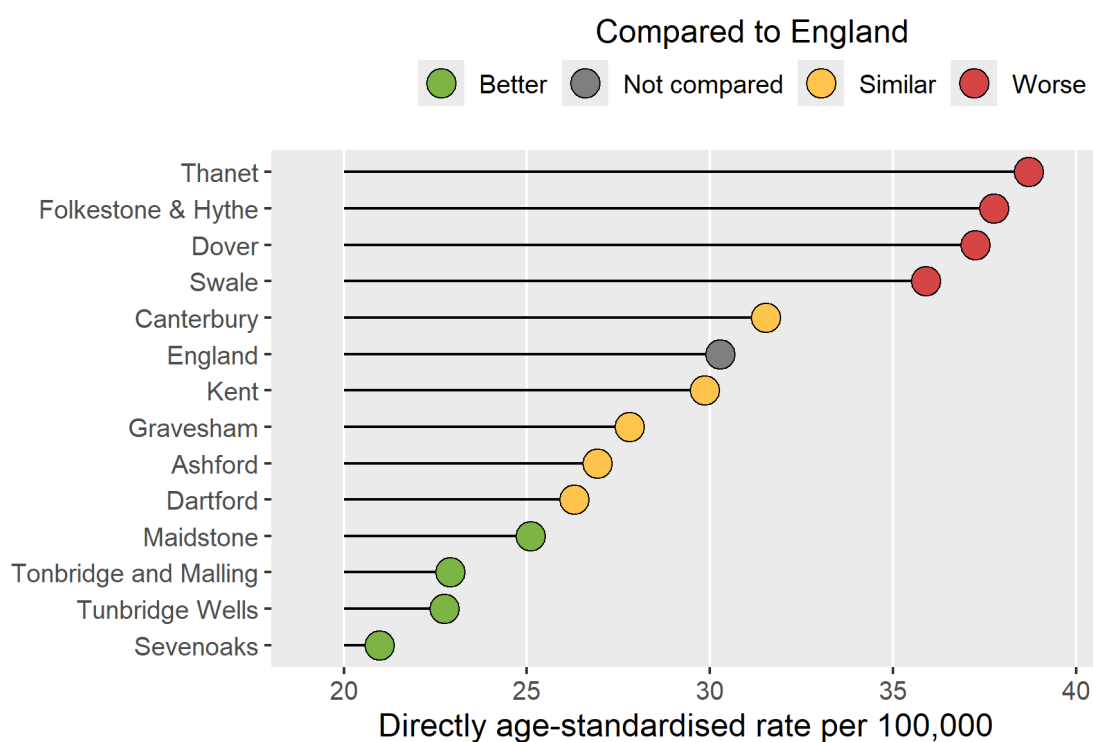
The following areas are significantly higher than Kent: Thanet, Dover, Folkestone and Hythe, Swale and Canterbury. The areas which are significantly lower than Kent are Maidstone, Tonbridge and Malling, Sevenoaks, Tunbridge Wells, Dartford and Gravesham.

The age-standardised prevalence rate for females in Kent is 7.4%, males is 6.4%. The recorded prevalence in females is about 20% higher than males.

Across Kent, the White group has the highest age standardised prevalence rate at 7.4%. It is significantly higher than all the other ethnic groups. The Mixed or multiple ethnic groups is second highest (5.7%). It is significantly higher than Other Ethnic Groups, Asian or Asian British, Black, Black British and Caribbean. Please note that low values are not necessarily a true indication of the level of need in the population. They could be due to under-recording or a low presentation rate in primary care. The proportion of people with respiratory disease but whose ethnicity is unknown is 0.8%.

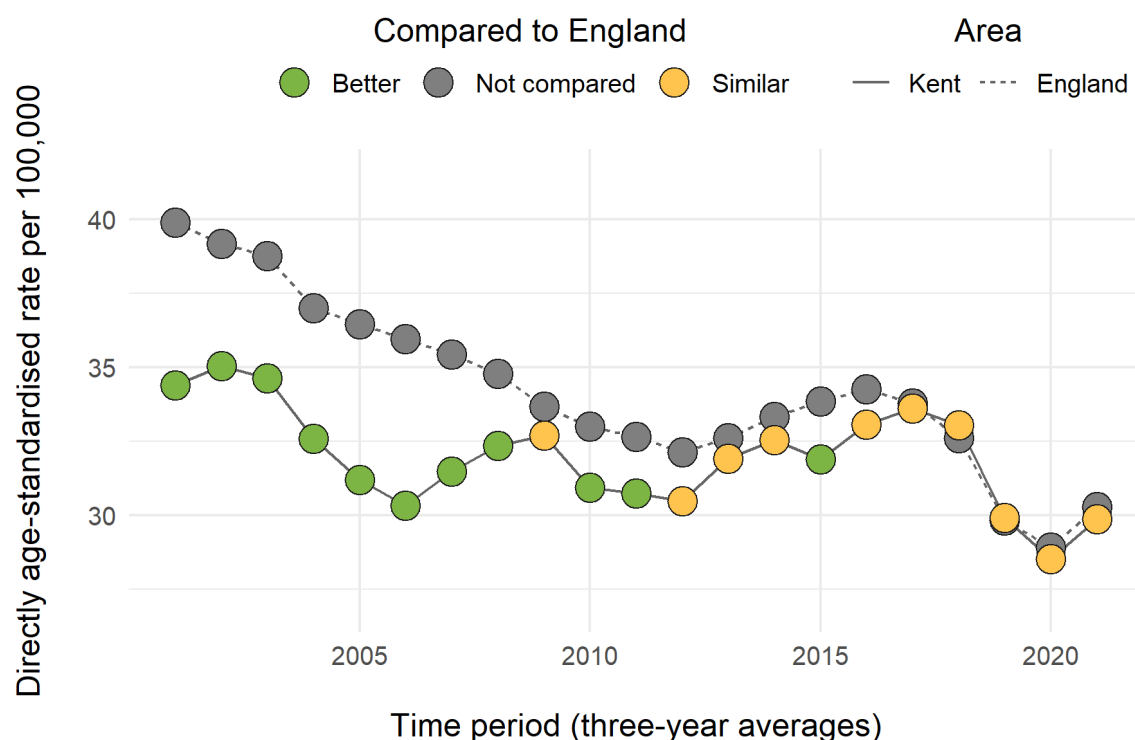
The age-standardised prevalence of respiratory disease in the most deprived segment of the Kent population is 8.7%, compared to 5.6% among the least deprived. There is statistical evidence of a strong association with deprivation in which age-standardised rates are generally higher in the more deprived areas.

*Figure 15: Under 75 mortality rates from respiratory disease (2021 - 23), OHID (Fingertips)*



The directly age-standardised under 75 mortality rates from respiratory disease in Kent in the three-year period from 2021 to 2023 was 29.9, with a 95% confidence interval between 28.3% and 31.5%. There were 1,301 occurrences over the latest time period. The following areas are significantly worse than England: Dover, Folkestone & Hythe, Swale and Thanet. The following areas are significantly better than England: Maidstone, Sevenoaks, Tonbridge and Malling and Tunbridge Wells.

Figure 16: Under 75 mortality rates from respiratory disease, OHID (Fingertips)



The trend shows Kent compared to England in three-year averages. There are 21 data points between 2001 to 2003 and 2021 to 2023. The rate has fluctuated, varying between 29 and 35 per 100,000 people. The England data indicates a long-term decreasing trend.

## 2.4 Dementia

Dementias are a range of diseases characterised by progressive changes to the brain. They can affect anyone but become more common with age. Indeed, the number of elderly people with dementia is increasing as people live longer.

Over half of those with dementia have Alzheimer's disease and up to a third vascular dementia.

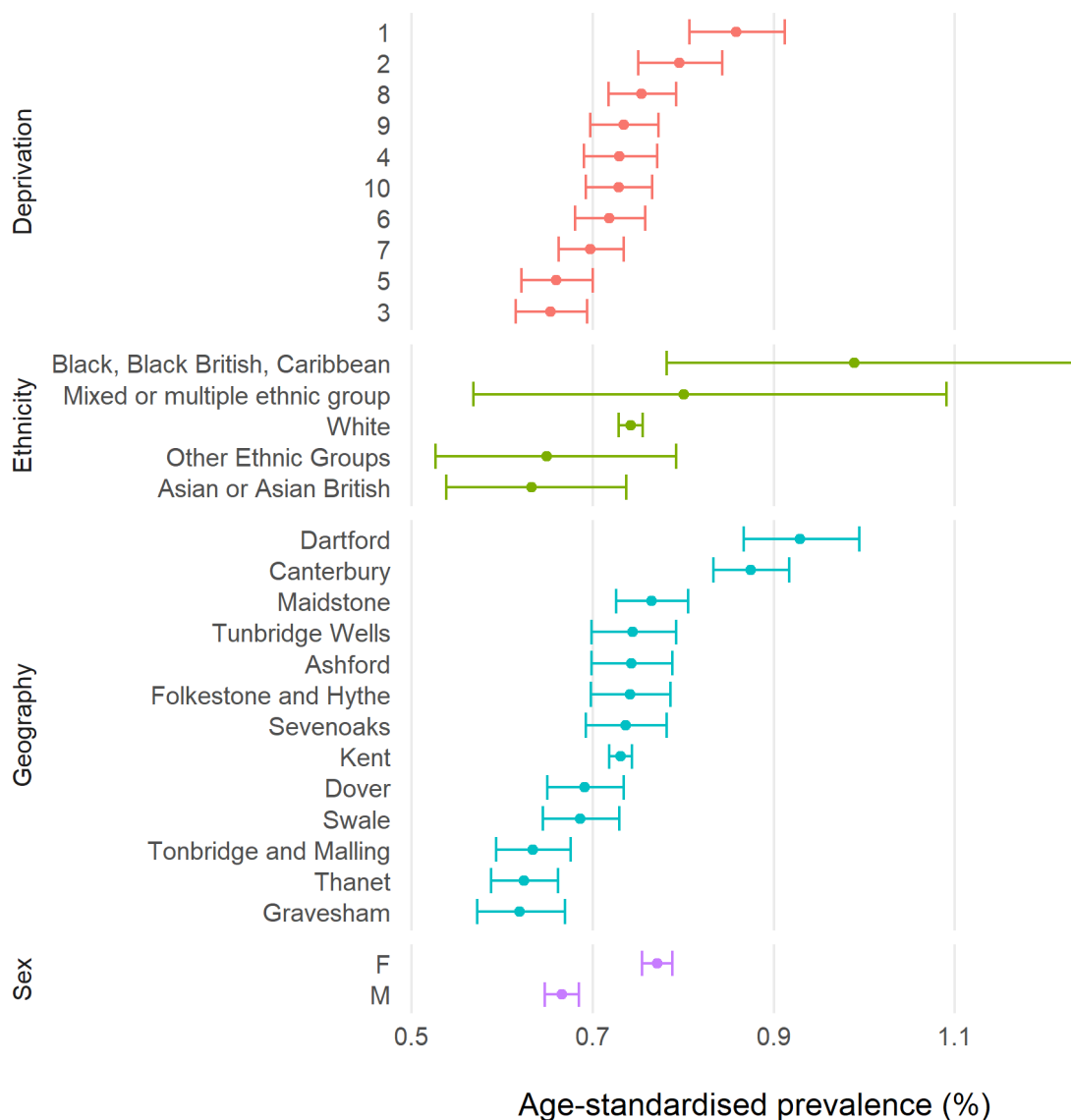
The likelihood of developing dementia increases significantly with age. One in 14 people aged over 65 has dementia. This rises to one in six for people aged over 80. Dementia can affect younger people too. This is often called young-onset dementia. Around one in 20 people with dementia are younger than 65. Dementia is also more common among women than men.<sup>27</sup>

<sup>27</sup> Alzheimer's Society. What is dementia? Symptoms, causes and treatments. [Accessed March 2025]. <https://www.alzheimers.org.uk/about-dementia/types-dementia/what-is-dementia>.

Dementia is associated with complex needs and especially, in the later stages, high levels of dependency and morbidity. As the condition progresses, people with dementia can present carers and social care staff with complex problems including aggressive behaviour, restlessness and wandering, eating problems, incontinence, delusions and hallucinations and mobility difficulties that can lead to falls and fractures. The impact of dementia on an individual may be compounded by personal circumstances such as changes in financial status and accommodation, or bereavement.<sup>28</sup>

### Local population impact

*Figure 17: Age-standardised prevalence of Dementia by geography and dimensions of inequality (Nov 2024), Kent and Medway Care Record*



<sup>28</sup> George A, Abi-Aad G. Kent County Council Public Health. Dementia, p6, 2017. [Accessed March 2025]. <https://www.kpho.org.uk/joint-strategic-needs-assessment/jsna-archive>.

According to the Kent and Medway Care Record, there are an estimated 14,000 people living in Kent with Dementia, a crude rate of 0.8% of the total population. The age-standardised prevalence is 0.7% with a 95% confidence interval between 0.72% and 0.74%.

The following areas are significantly higher than Kent: Dartford and Canterbury. The areas which are significantly lower than Kent are Tonbridge and Malling, Thanet and Gravesham.

The age-standardised prevalence rate for females in Kent is 0.8%, males is 0.7%. The recorded prevalence in females is about 20% higher than males.

Across Kent, the Black, Black British, Caribbean group has the highest age standardised prevalence rate at 1%. It is significantly higher than White and Asian or Asian British. The Mixed or multiple ethnic groups is second highest (0.8%). No ethnic groups are significantly lower than it. The confidence intervals are relatively wide which limits direct comparisons. Please note that low values are not necessarily a true indication of the level of need in the population. They could be due to under-recording or a low presentation rate in primary care. The proportion of people with Dementia but whose ethnicity is unknown is 0.1%.

The age-standardised prevalence of Dementia in the most deprived segment of the Kent population is 0.9%, compared to 0.7% among the least deprived. There is insufficient evidence of an association with deprivation.

## **2.5 Cancer**

Cancer is a group of diseases characterised by the uncontrolled growth and spread of abnormal cells. If the growth is not controlled, it can result in death.<sup>29</sup>

The most common types of cancer include breast, lung, colon and prostate cancers. These cancers account for a significant portion of cancer cases worldwide.<sup>29</sup>

Risk factors for cancer include behavioural risk factors such as tobacco use, alcohol consumption, poor diet and lack of physical activity, as well as environmental exposures like air pollution and radiation.<sup>29</sup>

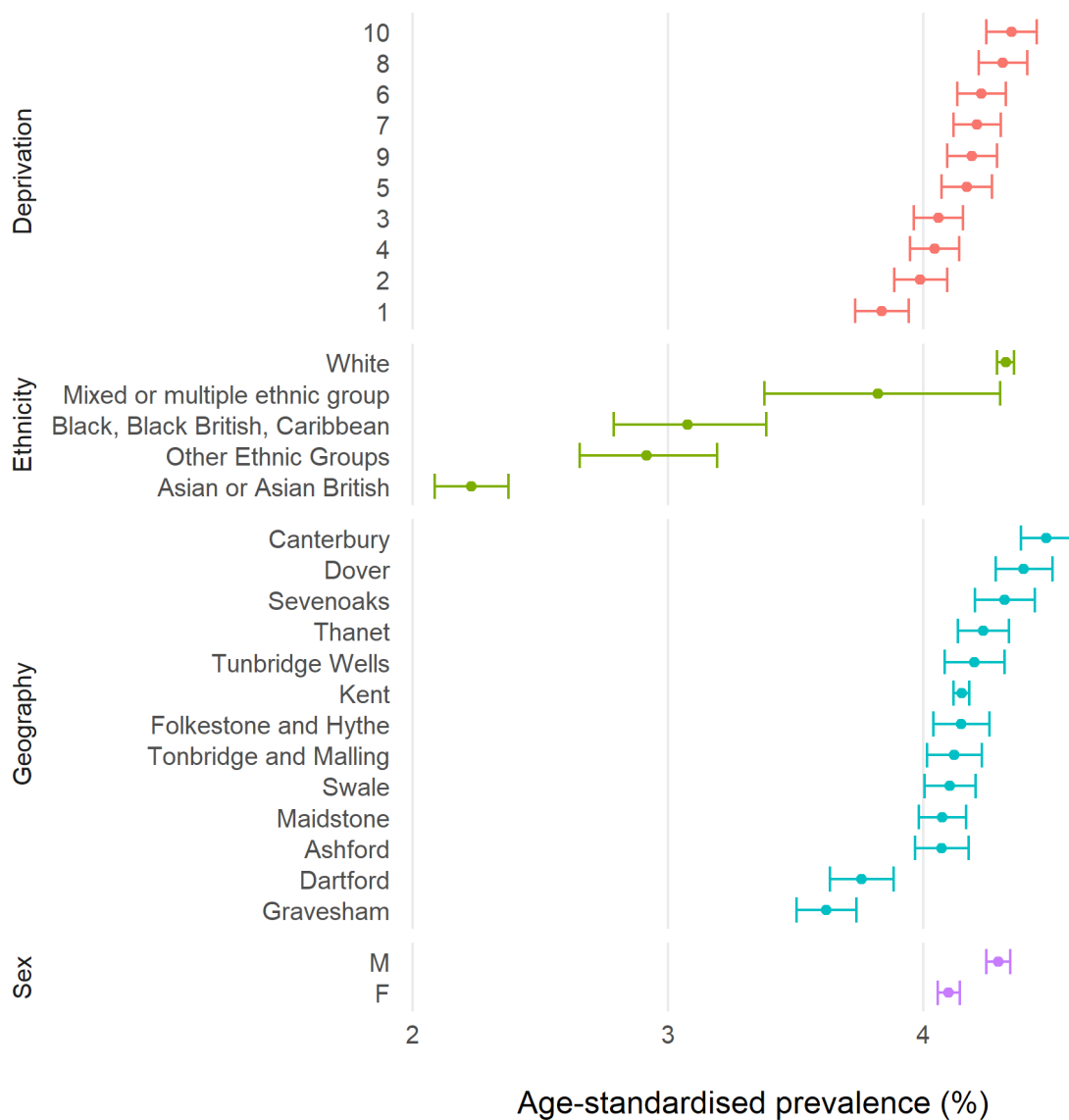
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<sup>29</sup> World Health Organisation. Cancer. February 2025. [Accessed March 2025] <https://www.who.int/news-room/fact-sheets/detail/cancer>



### Local population impact

*Figure 18: Age-standardised prevalence of Cancer by geography and dimensions of inequality (Nov 2024), Kent and Medway Care Record.*



According to the Kent and Medway Care Record, there are an estimated 74,000 people living in Kent with Cancer, a crude rate of 4.26% of the total population. The age-standardised prevalence is 4.15% with a 95% confidence interval between 4.12% and 4.18%.

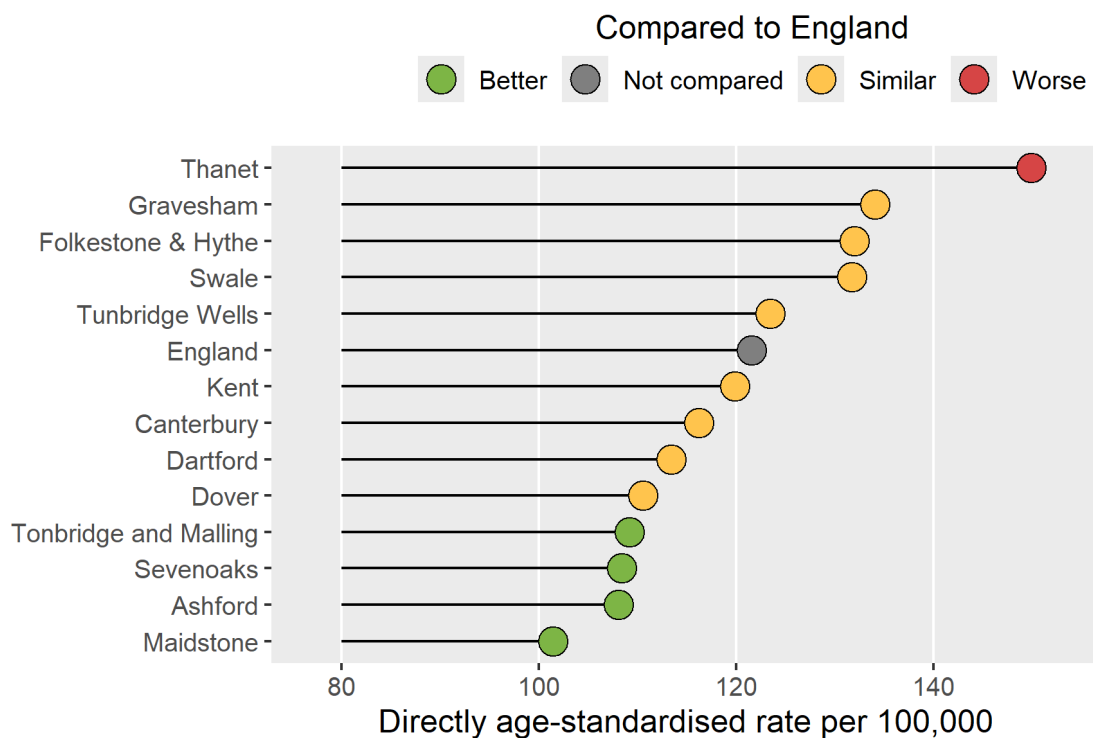
The following areas are significantly higher than Kent: Canterbury, Dover and Sevenoaks. The areas which are significantly lower than Kent are Dartford and Gravesham.

The age-standardised prevalence rate for females in Kent is 4.1%, males is 4.29%. The recorded prevalence is about the same for males and females.

Across Kent, the White group has the highest age standardised prevalence rate at 4.32%. It is significantly higher than Black, Black British, Caribbean, Other Ethnic Groups and Asian or Asian British. The Mixed or multiple ethnic groups is second highest (3.82%). It is significantly higher than Other Ethnic Groups and Asian or Asian British. Please note that low values are not necessarily a true indication of the level of need in the population. They could be due to under-recording or a low presentation rate in primary care. The proportion of people with Cancer but whose ethnicity is unknown is 0.7%.

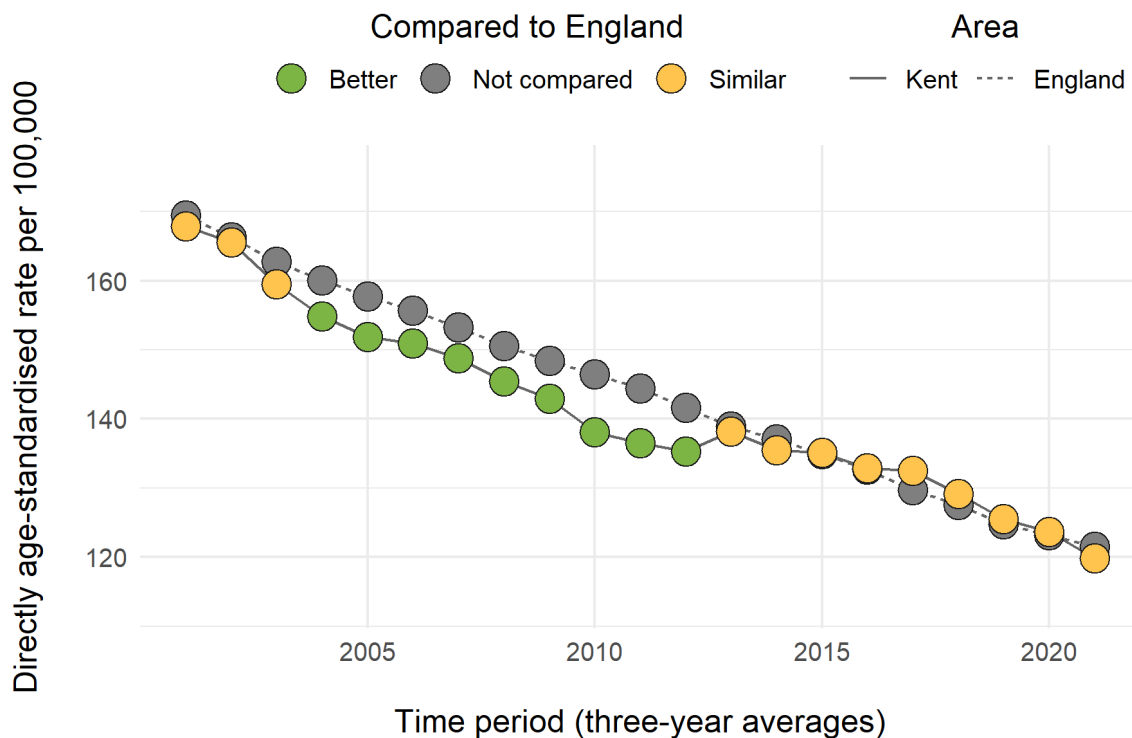
The age-standardised prevalence of Cancer in the most deprived segment of the Kent population is 3.84%, compared to 4.35% among the least deprived. There is statistical evidence of a strong association with deprivation in which age-standardised rates are generally higher in the less deprived areas.

*Figure 19: Under 75 mortality rates from cancer (2021-23), OHID (Fingertips)*



The directly age-standardised under 75 mortality rates from cancer in Kent in the three-year period from 2021 to 2023 was 119.8, with a 95% confidence interval between 116.6 and 123.1. There were 5,209 occurrences over the latest time period. Only Thanet is significantly worse than England. The following areas are significantly better than England: Ashford, Maidstone, Sevenoaks and Tonbridge and Malling.

Figure 20: Under 75 mortality rates from cancer, OHID (Fingertips)



The trend shows Kent compared to England in three-year averages. There are 21 data points between 2001 to 2003 and 2021 to 2023. There is clear evidence of a decreasing trend with an overall change of 30%. This pattern is mirrored for England.

## 2.6 Mental health

Mental health is a state of well-being that enables individuals to cope with the stresses of life, realise their abilities, learn well, work well and contribute to their community.<sup>30</sup> Mental health conditions, including depression and anxiety are common and can significantly impact all aspects of life, including relationships, work and overall health.<sup>31</sup> Risk factors for mental health conditions include individual factors like genetics and emotional skills, as well as broader social, economic and environmental factors such as poverty, violence and inequality.<sup>30</sup>

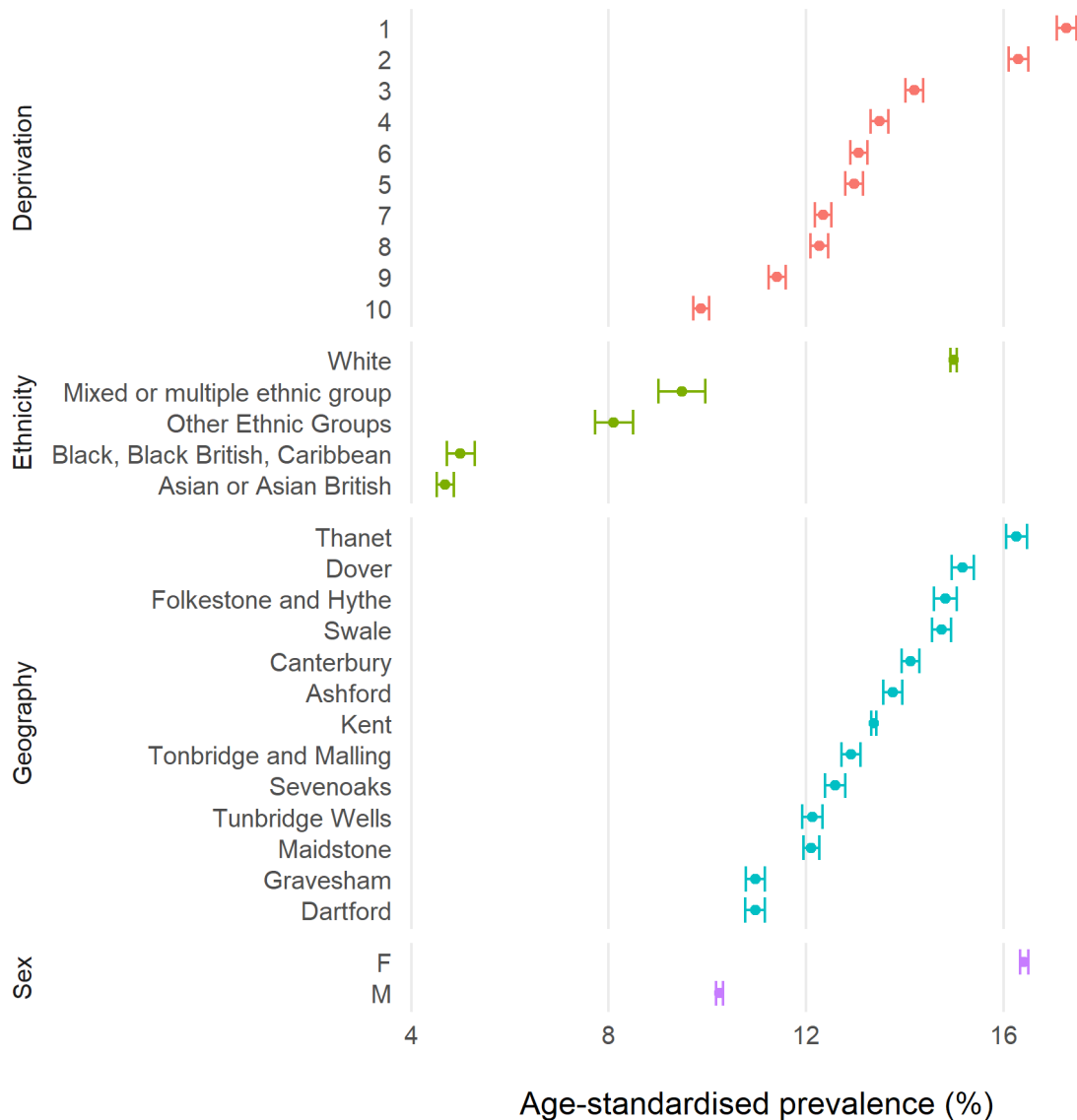
<sup>30</sup> World Health Organisation. Mental Health Strengthening our Response. WHO. 2022. [Accessed March 2025]. <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>.

<sup>31</sup> World Health Organisation. Mental Health. WHO. [Accessed March 2025]. [https://www.who.int/health-topics/mental-health#tab=tab\\_1](https://www.who.int/health-topics/mental-health#tab=tab_1).

In England, one in six adults (17%) experiences a common mental health problem, such as anxiety or depression, each week<sup>32</sup>. Furthermore, around one in four people in the UK will experience a mental health problem of some kind each year in England.<sup>33</sup>

### Local population impact

*Figure 21: Age-standardised prevalence of depression by geography and dimensions of inequality (Nov 2024), Kent and Medway Care Record*



<sup>32</sup> McManus S, Bebbington P, Jenkins R, Brugha T. Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014. NatCen Social Research; University of Leicester; 2016. [Accessed March 2025]. <https://digital.nhs.uk/data-and-information/publications/statistical/adult-psychiatric-morbidity-survey/adult-psychiatric-morbidity-survey-survey-of-mental-health-and-wellbeing-england-2014>.

<sup>33</sup> McManus S, Meltzer H, Brugha T, Bebbington P, Jenkins R. Adult psychiatric morbidity in England, 2007: Results of a household survey. NatCen Social Research; University of Leicester; 2009. [Accessed March 2025]. <https://digital.nhs.uk/data-and-information/publications/statistical/adult-psychiatric-morbidity-survey/adult-psychiatric-morbidity-in-england-2007-results-of-a-household-survey>.

According to the Kent and Medway Care Record, there are an estimated 227,000 people living in Kent with depression, a crude rate of 13% of the total population. The age-standardised prevalence is 13.4% with a 95% confidence interval between 13.32% and 13.43%.

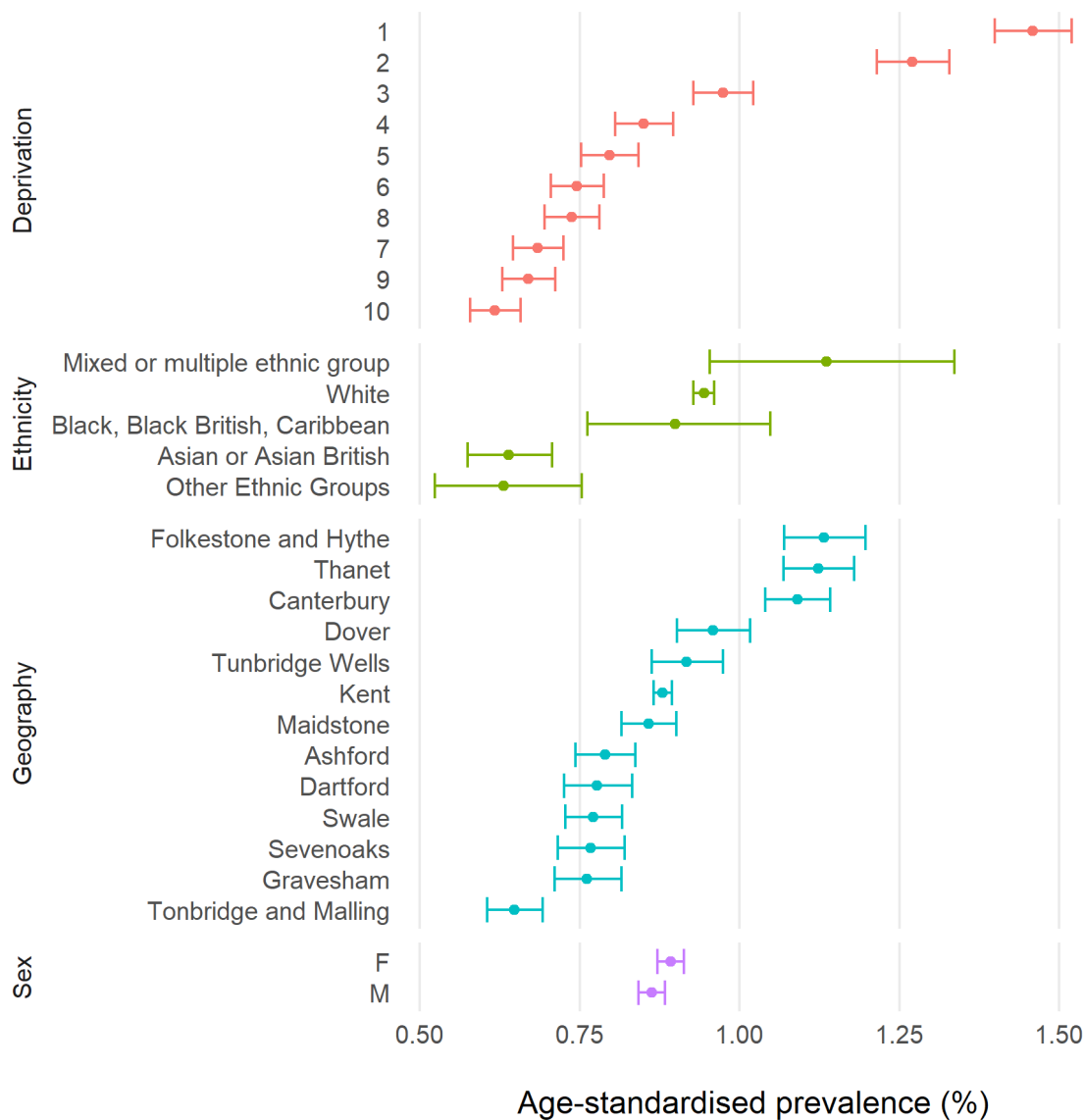
The following areas are significantly higher than Kent: Thanet, Dover, Folkestone and Hythe, Swale, Canterbury and Ashford. The areas which are significantly lower than Kent are Tonbridge and Malling, Sevenoaks, Tunbridge Wells, Maidstone, Gravesham and Dartford.

The age-standardised prevalence rate for females in Kent is 16.4%, males is 10.2%. The recorded prevalence in females is about 60% higher than males.

Across Kent, the White group has the highest age standardised prevalence rate at 15%. It is significantly higher than all the other ethnic groups. The Mixed or multiple ethnic groups is second highest (9.5%). It is significantly higher than Other Ethnic Groups, Black, Black British, Caribbean and Asian or Asian British. Please note that low values are not necessarily a true indication of the level of need in the population. They could be due to under-recording or a low presentation rate in primary care. The proportion of people with depression but whose ethnicity is unknown is 0.9%.

The age-standardised prevalence of depression in the most deprived segment of the Kent population is 17.3%, compared to 9.9% among the least deprived. There is statistical evidence of a strong association with deprivation in which age-standardised rates are generally higher in the more deprived areas.

*Figure 22: Age-standardised prevalence of Severe Mental Illness by geography and dimensions of inequality (Nov 2024), Kent and Medway Care Record*



According to the Kent and Medway Care Record, there are an estimated 15,000 people living in Kent with severe mental illness, a crude rate of 0.86% of the total population. The age-standardised prevalence is 0.88% with a 95% confidence interval between 0.87% and 0.89%.

The following areas are significantly higher than Kent: Folkestone and Hythe, Thanet, Canterbury and Dover. The areas which are significantly lower than Kent are Ashford, Dartford, Swale, Sevenoaks, Gravesham and Tonbridge and Malling.

The age-standardised prevalence rate for females in Kent is 0.89%, males is 0.86%. The recorded prevalence is about the same for males and females.



Across Kent, the Mixed or multiple ethnic groups has the highest age standardised prevalence rate at 1.14%. It is significantly higher than Asian or Asian British and Other Ethnic Groups. The White group is second highest (0.94%). It is significantly higher than Asian or Asian British and Other Ethnic Groups. The confidence intervals are relatively wide which limits direct comparisons. Please note that low values are not necessarily a true indication of the level of need in the population. They could be due to under-recording or a low presentation rate in primary care. The proportion of people with severe mental illness but whose ethnicity is unknown is 0.4%.

The age-standardised prevalence of severe mental illness in the most deprived segment of the Kent population is 1.46%, compared to 0.62% among the least deprived. There is statistical evidence of a strong association with deprivation in which age-standardised rates are generally higher in the more deprived areas.

### 3 Behavioural risk factors

Behavioural risk factors that affect the health of a population include the use of alcohol, drugs and other substances which can lead to mental health issues such as depression, anxiety and substance use disorders.<sup>34 35</sup>

Another risk factor is inadequate emotional regulation, and coping mechanisms can increase vulnerability to mental health conditions. A lack of social connections and support can contribute to feelings of loneliness and depression.<sup>34</sup>

#### 3.1 Excess weight and obesity

Overweight and obesity (Excess weight) are defined as abnormal or excessive fat accumulation that presents a risk to health. In the UK, obesity is typically measured using the Body Mass Index (BMI), with a BMI of 25 to 29.9 indicating overweight and a BMI of 30 or above indicating obesity.<sup>36</sup>

Obesity is a complex issue influenced by various intersectional factors, including biology, society, culture, environment, and sedentary working patterns. Effectively tackling obesity requires a long-term, large-scale commitment.<sup>37</sup>

Behavioural risk factors for obesity include poor diet, physical inactivity, and excessive alcohol consumption. These behaviours contribute to an energy imbalance where calorie intake exceeds calorie expenditure.<sup>38 39</sup>

Excess weight can significantly impact health, increasing the risk of chronic diseases such as type 2 diabetes, cardiovascular disease, liver disease, some form of cancers, and osteoarthritis. Obesity can also be a risk factor for depression and low self-esteem, negatively impacting well-being and quality of life while reducing life and health expectancy.<sup>37</sup>

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<sup>34</sup> Centers for Disease Control and Prevention. Mental Health. August 2024. [Accessed March 2025]. <https://www.cdc.gov/mental-health/about/index.html>.

<sup>35</sup> Centers for Disease Control and Prevention. About Behavioural Health. August 2024. [Accessed March 2025]. <https://www.cdc.gov/mental-health/about/about-behavioral-health.html>.

<sup>36</sup> World Health Organisation. Obesity and Overweight. March 2024. [Accessed March 2025]. <https://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight>.

<sup>37</sup> World Health Organisation. Obesity. [Accessed March 2025] <https://www.who.int/health-topics/obesity/>

<sup>38</sup> World Health Organisation. Noncommunicable Diseases: Risk Factors and conditions. [Accessed March 2025]. <https://www.who.int/data/gho/data/themes/topics/noncommunicable-diseases-risk-factors>.

<sup>39</sup> Ojo A. Adult Obesity Needs Assessment. Kent County Council Public Health; 2024. [Accessed March 2025]. [Adult Obesity Needs Assessment](#)

The increasing rate of overweight and obesity in adults in the UK is a national priority with government commitment to tackle obesity. In 2020, the government published an obesity strategy “Tackling obesity: empowering adults and children to live healthier lives”<sup>40</sup> with a focus on making healthy choices the easiest choices, while also providing support for individuals to lose weight.

In Kent, efforts to address excess weight involve many partners working across the systems in making obesity everybody’s business, such as the whole systems approach programme providing the platforms for collaborating with stakeholders across various sectors to promote healthy weight in Kent.<sup>37</sup>

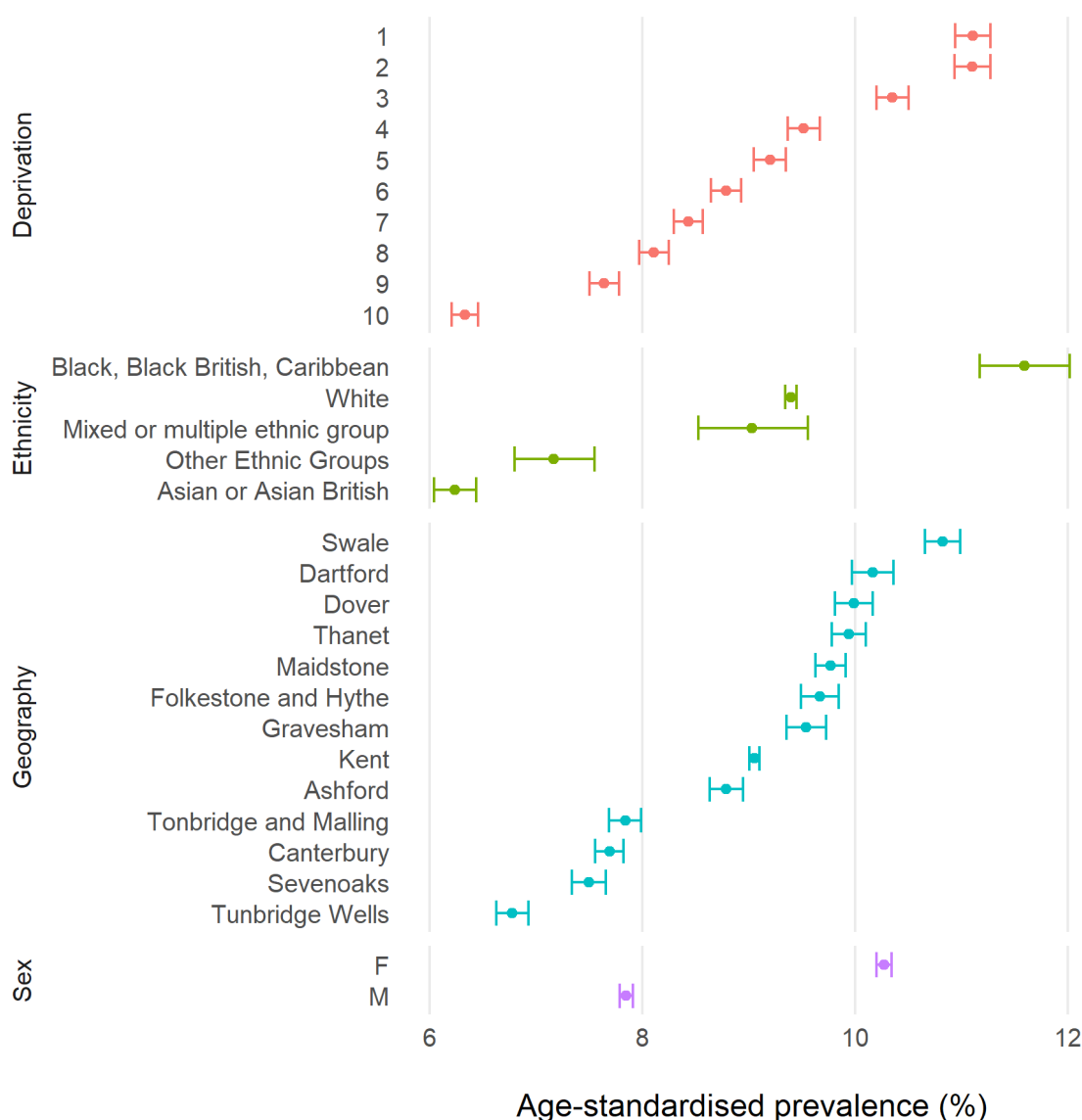
### **Local population impact**

The estimated prevalence of obesity among adults in Kent is 27.8% in the year 2022/23. The prevalence of excess weight is 67%. Both these figures are statistically significantly higher than the England average.

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<sup>40</sup> Department of Health and Social Care (DHSC). Tackling obesity: Empowering adults and children to live healthier lives. February 2025. [Accessed March 2025] <https://www.gov.uk/government/publications/tackling-obesity-government-strategy/tackling-obesity-empowering-adults-and-children-to-live-healthier-lives>

*Figure 23: Age-standardised prevalence of obesity by geography and dimensions of inequality (Nov 2024), Kent and Medway Care Record*



According to the Kent and Medway Care Record, there are an estimated 156,000 people living in Kent with obesity, a crude rate of 8.91% of the total population. The age-standardised prevalence is 9.05% with a 95 % confidence interval between 9.01% and 9.1%. These figures must be interpreted with caution because obesity in children is not consistently recorded by General practices. It is also an under-estimate compared to surveys among adults. However, it is useful to make comparisons between other population groups which is not possible using other sources.

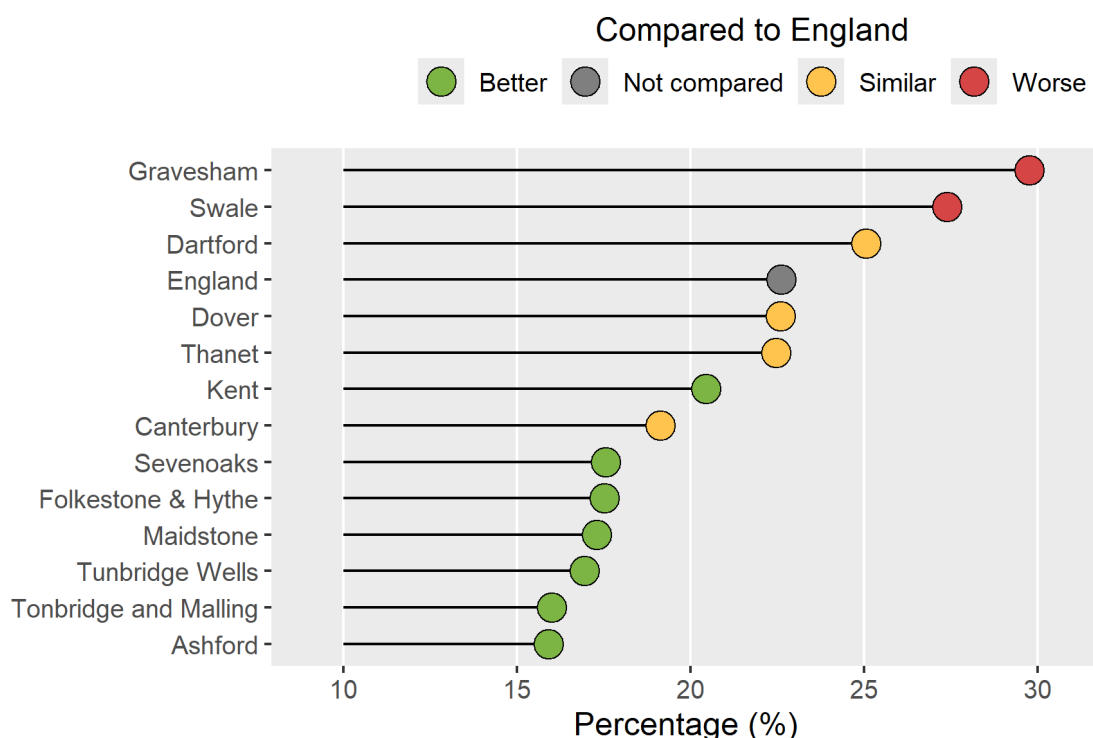
The following areas are significantly higher than Kent: Swale, Dartford, Dover, Thanet, Maidstone, Folkestone and Hythe and Gravesham. The areas which are significantly lower than Kent are Ashford, Tonbridge and Malling, Canterbury, Sevenoaks and Tunbridge Wells.

The age-standardised prevalence rate for females in Kent is 10.27%, males is 7.85%. The recorded prevalence in females is about 30% higher than males.

Across Kent, the Black, Black British, Caribbean group has the highest age standardised prevalence rate at 11.59%. It is significantly higher than all the other ethnic groups. The White group is second highest (9.4%). It is significantly higher than Other Ethnic Groups and Asian or Asian British. Please note that low values are not necessarily a true indication of the level of need in the population. They could be due to under-recording or a low presentation rate in primary care. The proportion of people with obesity but whose ethnicity is unknown is 0.8%.

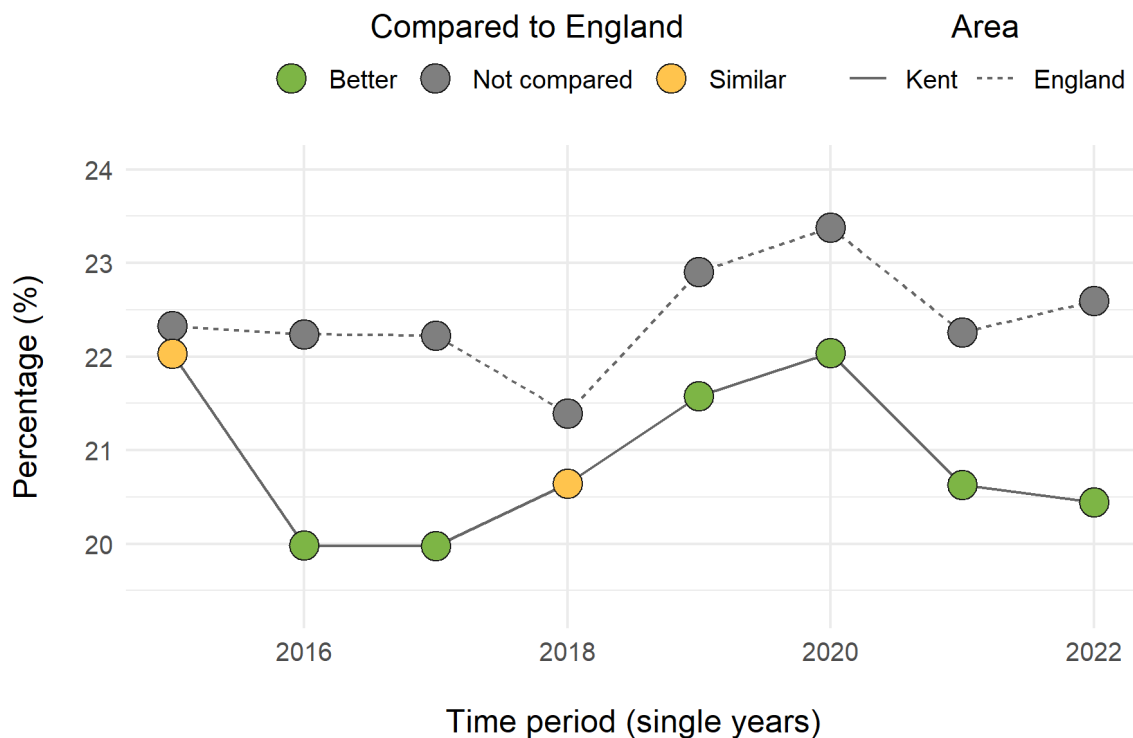
The age-standardised prevalence of obesity in the most deprived segment of the Kent population is 11.11%, compared to 6.33% among the least deprived. There is statistical evidence of a strong association with deprivation in which age-standardised rates are generally higher in the more deprived areas.

*Figure 24: Percentage of physically inactive adults (2022/23), OHID (Fingertips)*



The estimated percentage of physically inactive adults in Kent in 2022/23 was 20.4, with a 95% confidence interval between 19.4 and 21.5. The following areas are significantly worse than England: Gravesham and Swale. The following areas are significantly better than England: Kent, Ashford, Maidstone, Sevenoaks, Folkestone & Hythe, Tonbridge and Malling and Tunbridge Wells.

Figure 25: Percentage of physically inactive adults, OHID (Fingertips)



The trend shows Kent compared to England in single financial years. There are 8 data points between 2015/16 and 2022/23. The rate has fluctuated, varying between 20 and 22%. The England data has also fluctuated.

### 3.2 Smoking

Smoking is the act of inhaling and exhaling the smoke of burning tobacco. This is typically done through cigarettes, cigars, or pipes. Tobacco smoke contains nicotine, which is highly addictive, as well as thousands of other chemicals, many of which are harmful and can cause serious health issues.



Smoking is a major risk factor for 16 different cancers, COPD, heart disease and stroke causing approximately 6,000 deaths in Kent each year. Smoking rates remain stubbornly high among our vulnerable communities such as those who live in areas of deprivation, people with mental health illness and lesbian, gay, bisexual, transgender, queer groups.<sup>41</sup> Smoking also negatively impacts mental health. Contrary to the belief that it relieves stress; smoking can actually increase anxiety and depression. Quitting smoking is associated with improved mood and reduced stress levels.<sup>42</sup> Smoking is the leading cause of health inequalities and accounts for half of the difference in life expectancy between the most and least affluent communities in England.<sup>43</sup>

There has been a decline in the number of people using stop smoking services to quit, representing only 3.4% of smokers over the 12-month period April 2023 to March 2024. Stop smoking services need to be effectively promoted and delivered to high smoking prevalence groups (such as people with a serious mental illness in whom smoking prevalence is about 40%), Black and Ethnic minority groups, LGBTQ communities. More information is needed to ensure that messaging and services are culturally appropriate and may require extending the length of quit programmes or introduce harm reduction programmes prior to quitting. There are also opportunities to deliver smokefree activities in workplace and residential settings, particularly social housing, and prisons.<sup>41</sup>

The Government has published a new national tobacco control plan, Stopping the Start,<sup>44</sup> to create a smokefree generation. This includes £70million per year for five years in additional funding to local authorities, starting in 2024/25 to support stop smoking services to help reach the Smokefree 2030 ambition. There is also funding allocated to fund a new national anti-smoking campaign and a proposal to increase the minimum age of sale of tobacco products. The plan is based on the 15 recommendations set out in the Khan review<sup>45</sup> and can be localised for a newly established Tobacco Control Alliance to deliver. In addition, local maternity systems and Acute Trusts will be delivering in-house stop smoking support in response to the NHS Long Term Plan.<sup>46 41</sup>

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<sup>41</sup> Smith D. Tobacco Control Needs Assessment. Kent County Council Public Health; December 2022. [Accessed March 2025]. [https://www.kpho.org.uk/\\_data/assets/word\\_doc/0018/164034/Tobacco-Control-Needs-Assessment-2022.docx](https://www.kpho.org.uk/_data/assets/word_doc/0018/164034/Tobacco-Control-Needs-Assessment-2022.docx).

<sup>42</sup> NHS England. The Truth About Smoking. Better Health. February 2025. [Accessed March 2025]. <https://www.nhs.uk/better-health/quit-smoking/why-quit-smoking/the-truth-about-smoking-stress-and-mental-health/>.

<sup>43</sup> OHID. Smoking and Inequalities. Fingertips. [Accessed March 2025]. <https://fingertips.phe.org.uk/profile/tobacco-control/supporting-information/smokingandinequalities>.

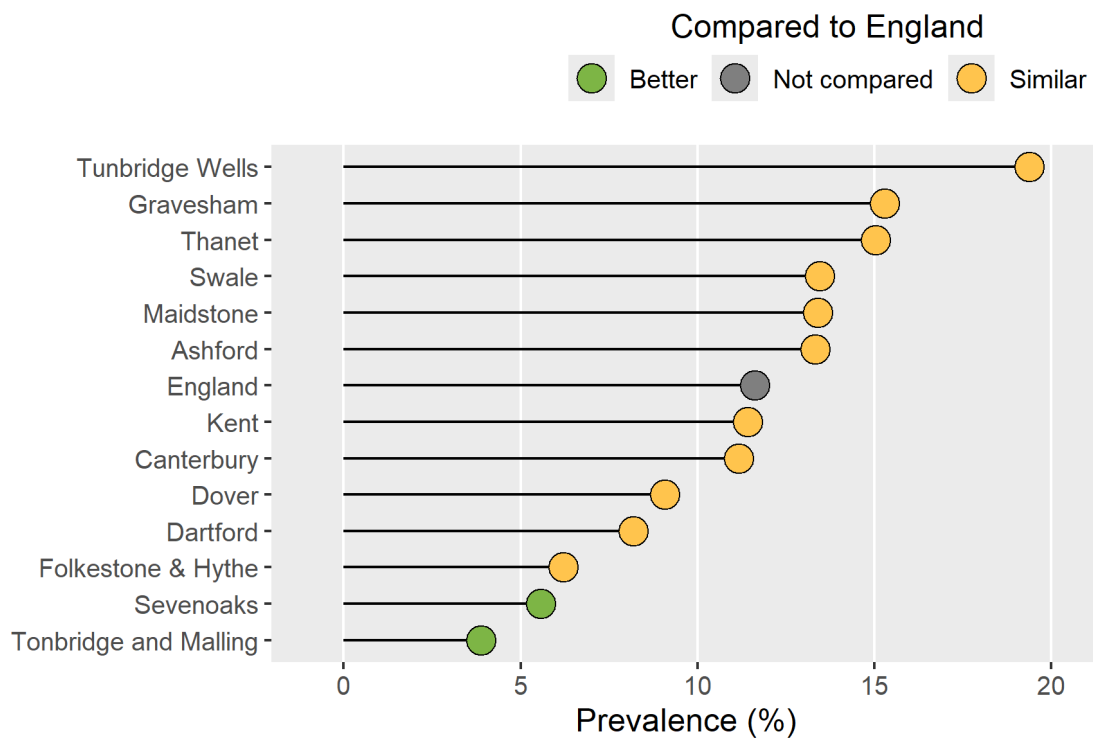
<sup>44</sup> DHSC. Stopping the start: Our new plan to create a smokefree generation. October 2023. [Accessed March 2025]. <https://www.gov.uk/government/publications/stopping-the-start-our-new-plan-to-create-a-smokefree-generation>.

<sup>45</sup> Khan J. Making smoking obsolete. Office for Health Improvement and Disparities; June 2022. [Accessed March 2025]. <https://www.gov.uk/government/publications/the-khan-review-making-smoking-obsolete>.

<sup>46</sup> NHS England. Smoking NHS LTP. [Accessed March 2025]. <https://www.longtermplan.nhs.uk/online-version/chapter-2-more-nhs-action-on-prevention-and-health-inequalities/smoking/>.

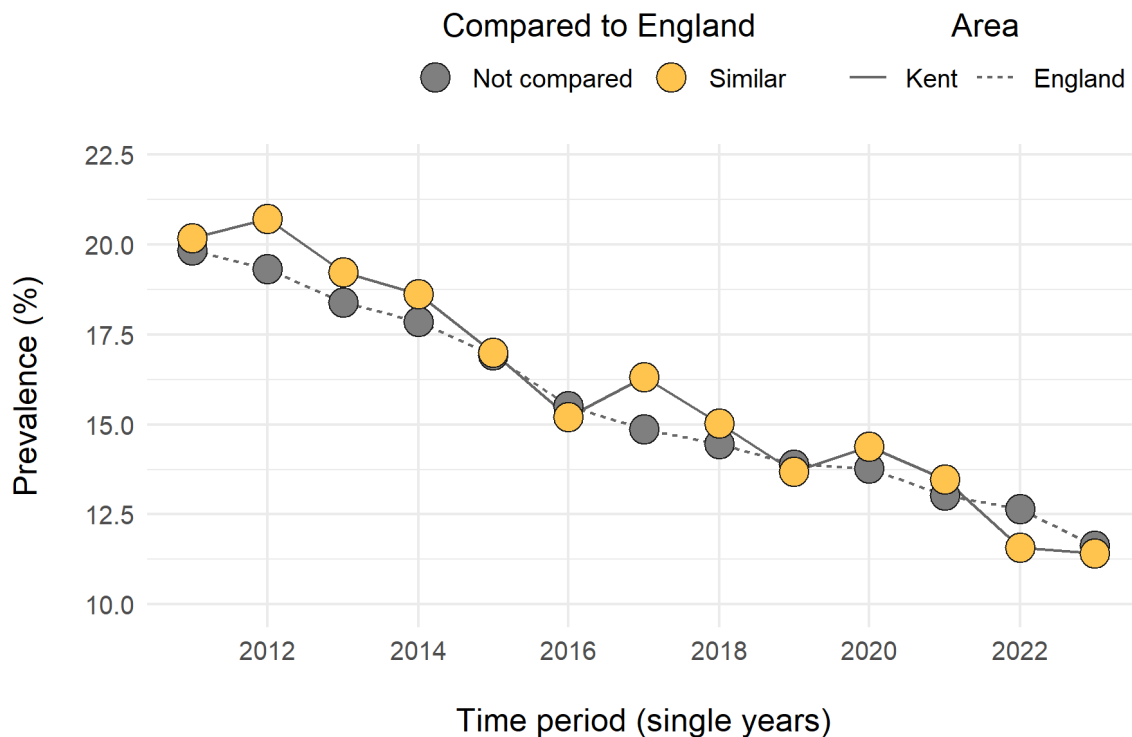
### Local population impact

Figure 26: Smoking Prevalence in adults (aged 18 and over) - current smokers (APS) (2023), OHID (Fingertips)



The estimated smoking prevalence in adults in Kent in 2023 was 11.4%, with a 95% confidence interval between 9 and 13.9. No areas are significantly worse than England. The following areas are significantly better than England: Sevenoaks and Tonbridge and Malling.

Figure 27: Smoking Prevalence in adults (aged 18 and over) - current smokers (APS), OHID (Fingertips)



The trend shows Kent compared to England in single years. There are 13 data points between 2011 and 2023. There is clear evidence of a decreasing trend with an overall change of about 9 percentage points. This pattern is mirrored for England.

### 3.3 Substance misuse

Substance misuse refers to the harmful or hazardous use of psychoactive substances, including illicit drugs. It can lead to addiction, physical and mental health issues, and social problems.<sup>47</sup>

The health impacts of substance misuse are significant. It can cause a range of acute and chronic health problems, including liver disease, cardiovascular issues, mental health disorders, and increased risk of infectious diseases.<sup>47</sup>

Effective treatment and support are essential for recovery. This includes medical treatment, counselling, and social support services to help individuals overcome addiction and reduce the harm associated with substance misuse.<sup>47 48</sup>

<sup>47</sup> NHS England. Alcohol Misuse. NHS UK. October 2022. [Accessed March 2025]. <https://www.nhs.uk/conditions/alcohol-misuse/risks/>.

<sup>48</sup> Hampshire Child and Adolescent Mental Health Service. Substance Misuse (Drugs and Alcohol). [Accessed March 2025]. <https://hampshirecamhs.nhs.uk/issue/substance-misuse/>.

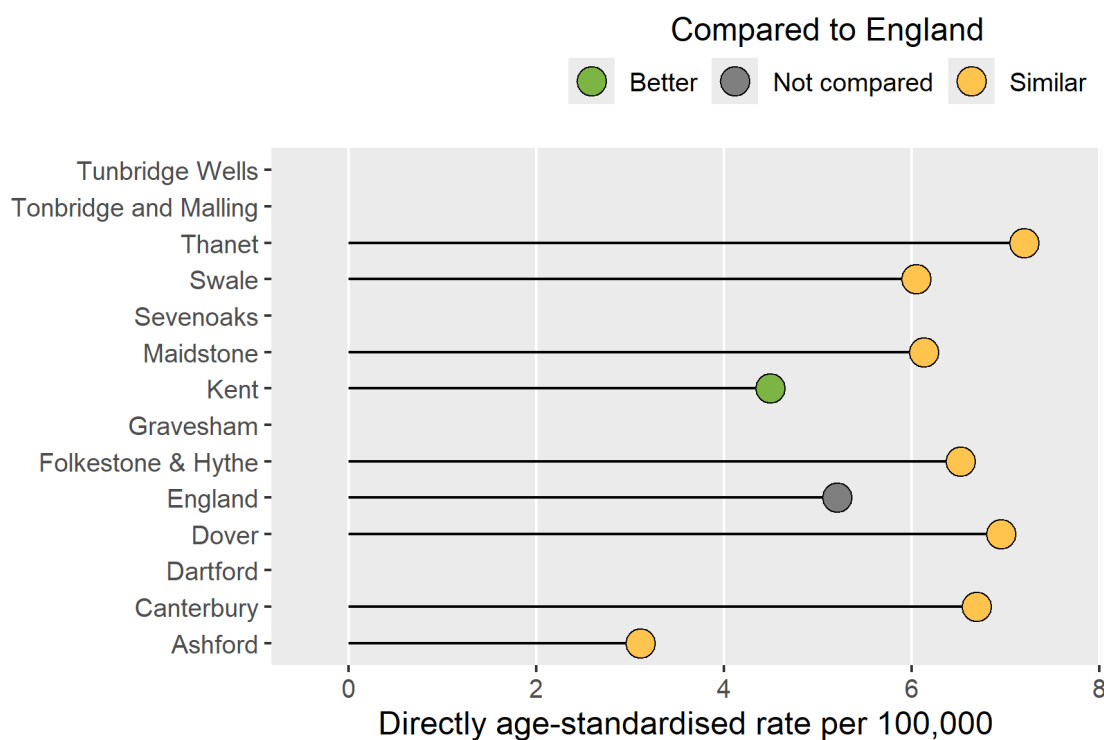
### Local population impact

There are an estimated 81,000 people taking illegal drugs in Kent of which around 32,000 take Class A drugs. The modelled estimate of the number of opiate and / or crack users (OCUs) in Kent is approximately 5,600. The rate of unmet need of OCUs is 63%, higher than the national average of 54%.<sup>49</sup>

The estimated rate of opiate and/or crack use in England is 9.5 per 1,000 population in the period 2019 to 2020. The rate among males is nearly four times that of females (15.07 compared to 4.01)<sup>50</sup>.

In May 2024, there were 5,463 clients in Kent's Drug and Alcohol treatment services. This includes 882 opiates only clients, 922 OCUs (opiate and crack), and 2,140 alcohol only clients. There has been a nationwide reduction in numbers into treatment services. In Kent there has been a 3% reduction in OCU users in treatment but there are increasing numbers of Alcohol dependent people in treatment. It is estimated that around 200 people in Kent will need Inpatient detox per year.<sup>49</sup>

Figure 28: Deaths from drug misuse (2020 - 22), OHID (Fingertips)

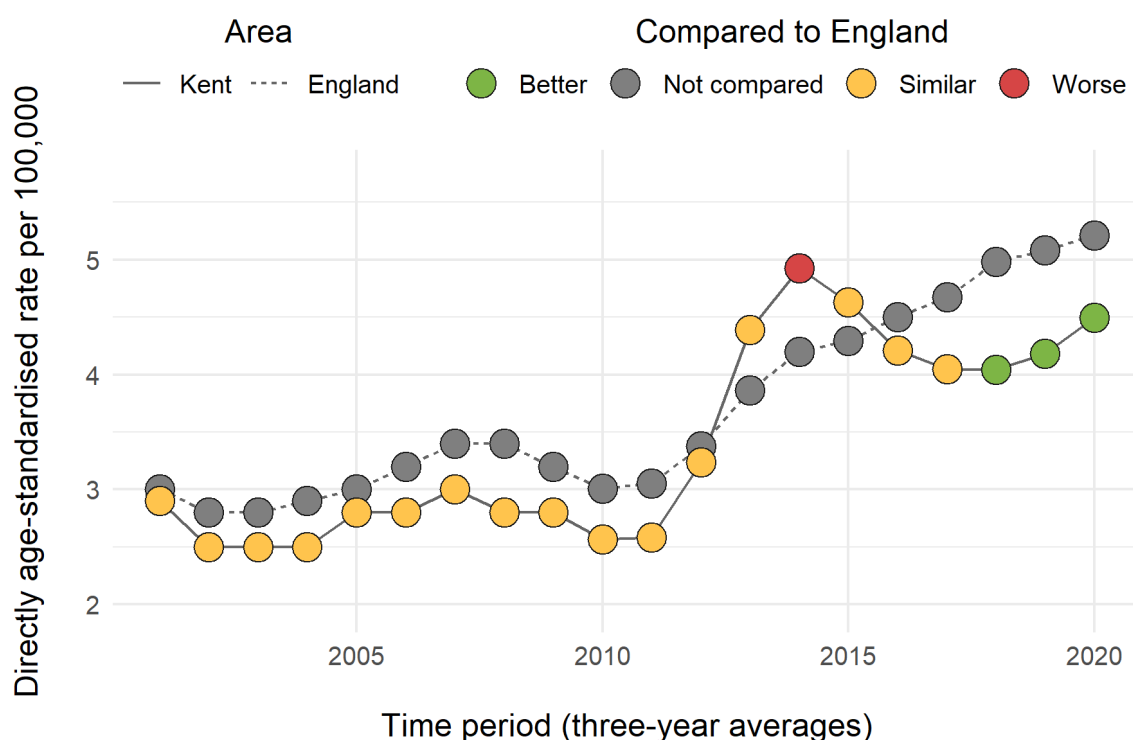


The estimated directly age-standardised rate of deaths from drug misuse per 100,000 in Kent in the three-year period from 2020 to 2022 was 4.5, with a 95% confidence interval between 3.9 and 5.2. There were 205 occurrences over the latest time period. No areas are significantly worse than England. Only Kent is significantly better than England.

<sup>49</sup> Guo L. Opiate & Crack Users in Substance Misuse Treatment Services. Briefing. Unpublished: Kent County Council Public Health; 2024. [Accessed March 2025].

Please note, some areas are missing values because the number of recorded cases is too small to calculate robust rates.

Figure 29: Deaths from drug misuse, OHID (Fingertips)



The trend shows Kent compared to England in three-year averages. There are 20 data points between 2001 to 2003 and 2020 to 2022. The rate increased greatly in 2012 to 2014, 2013 to 2015 and 2014 to 2016, rising from 2.5 to 5 per 100,000. The England rate also started to increase at the same time.

### 3.4 Alcohol

Alcohol misuse refers to drinking in a way that is harmful or when you are dependent on alcohol. It can lead to a range of health issues, including liver disease, heart problems, and mental health disorders.<sup>47</sup>

The health impacts of alcohol misuse are significant. Short-term effects include accidents, injuries, and alcohol poisoning, while long-term misuse can cause chronic conditions such as liver cirrhosis, cardiovascular diseases, and various cancers.<sup>51</sup>

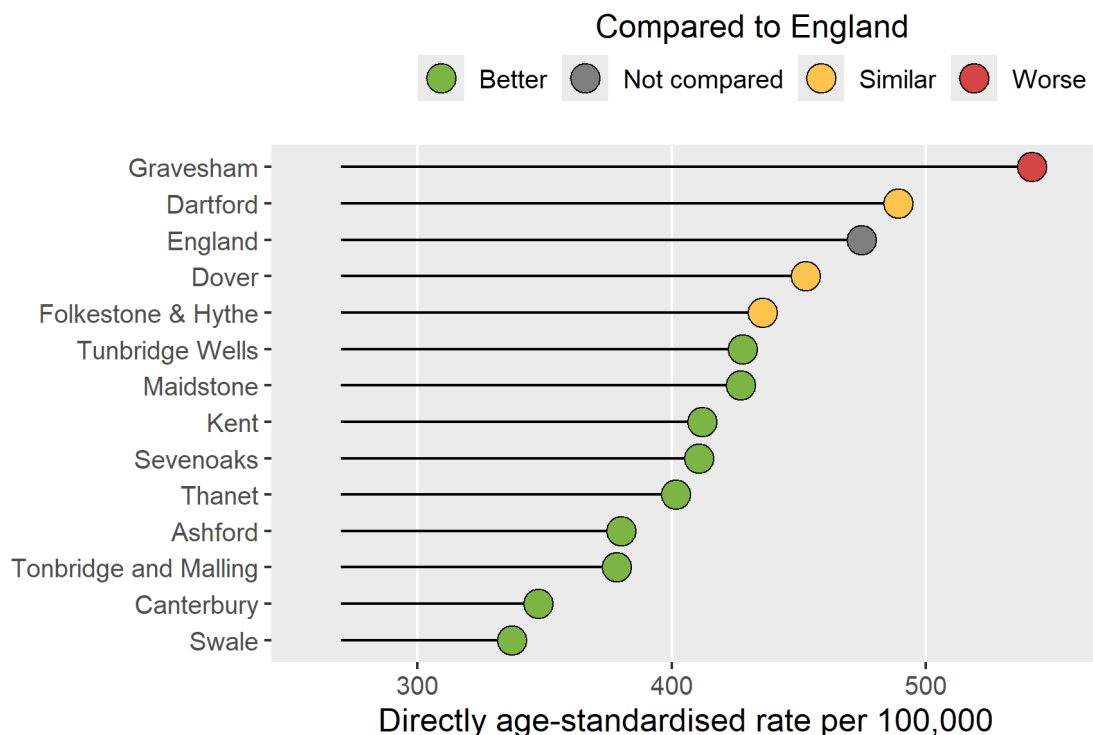
Reducing alcohol consumption can lead to significant health benefits, including lower blood pressure, improved liver function, and a decreased risk of chronic diseases such as liver cirrhosis and heart disease. It also enhances mental well-being by reducing anxiety and depression, improves sleep quality, and aids in weight management.<sup>51</sup>

<sup>51</sup> Public Health England. Harmful Drinking and Alcohol Dependence. January 2016. [Accessed March 2025]. <https://www.gov.uk/government/publications/health-matters-harmful-drinking-and-alcohol-dependence/health-matters-harmful-drinking-and-alcohol-dependence>.

## Local population impact

In May 2024, there were 5,463 clients in Kent's Drug and Alcohol treatment services. This includes 882 opiates only clients, 922 OCUs (opiate and crack), and 2,140 alcohol only clients. There has been a nationwide reduction in numbers into treatment services. In Kent there has been a 3% reduction in OCU users in treatment but there are increasing numbers of Alcohol dependent people in treatment. It is estimated that around 200 people in Kent will need Inpatient detox per year.<sup>49</sup>

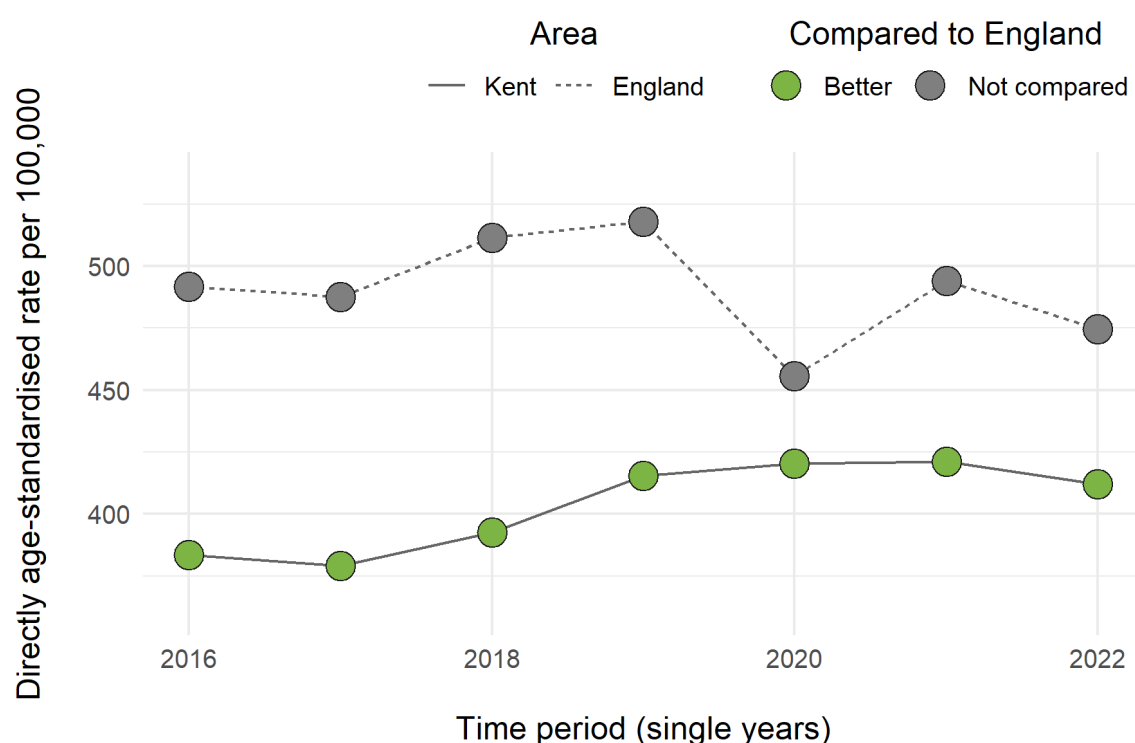
*Figure 30: Admission episodes for alcohol-related conditions (Narrow) (2022/23), OHID (Fingertips)*



The estimated directly age-standardised rate of alcohol-related hospital admissions (narrow definition) per 100,000 in Kent in 2022/23 was 412, with a 95% confidence interval between 402.1 and 422.2. There were 6,550 occurrences over the latest time period. Only Gravesham is significantly worse than England. The following areas are significantly better than England: Kent, Ashford, Canterbury, Maidstone, Sevenoaks, Swale, Thanet, Tonbridge and Malling and Tunbridge Wells.



Figure 31: Admission episodes for alcohol-related conditions (Narrow), OHID (Fingertips)



The trend shows Kent compared to England in single financial years. There are 7 data points between 2016/17 and 2022/23. There is clear evidence of an increasing trend with an overall change of 7%. The pattern for England is less clear.

### 3.5 Sexual health

Sexually transmitted infections (STIs) are a major public health concern. STIs are often considered to be stigmatising and may seriously impact the health and wellbeing of affected individuals, as well as being costly to healthcare services.<sup>52</sup>

If left undiagnosed and untreated, common STIs may cause complications and long-term health problems, including:

- Pelvic inflammatory disease, ectopic pregnancy, postpartum endometriosis, infertility, and chronic abdominal pain in women
- Adverse pregnancy outcomes - including abortion, intrauterine death, and premature delivery
- Neonatal and infant infections and blindness
- Urethral strictures and epididymitis in men
- Genital malignancies, proctitis, colitis, and enteritis in men who have sex with men (MSM)
- Cardiovascular and neurological damage.<sup>52</sup>

<sup>52</sup> Public Health England. Health matters: Preventing STIs. August 2019. [Accessed March 2025].  
<https://www.gov.uk/government/publications/health-matters-preventing-stis/health-matters-preventing-stis>.

Sexual health is not a single issue and can be affected by a variety of factors which can have lasting positive or negative effects on sexual behaviours; including but not limited to child and adult experiences, vulnerability, lifestyle, mental health, misuse of drug and alcohol, sexual abuse, gender identity, reproductive health, utilization and flexibility of sexual health services and accessibility to preconceptual care services.<sup>53</sup>

Certain population groups within Kent are at a higher risk of poor sexual health. These groups include young people, people living in deprived areas, black and ethnic minorities, migrants, the homeless population, LGBTQ+ people, those experiencing sexual abuse and violence, people in contact with the justice system, Gypsy, Roma and Traveller people and those misusing drugs and alcohol. Insight works for these groups highlighted a lack of awareness of services, ensuring services have good understanding of various cultures and communities, barriers to access resulting from a lack of openness of discussion of sexual health issues within some communities and ensuring sex education is inclusive for LGBTQ+ people.

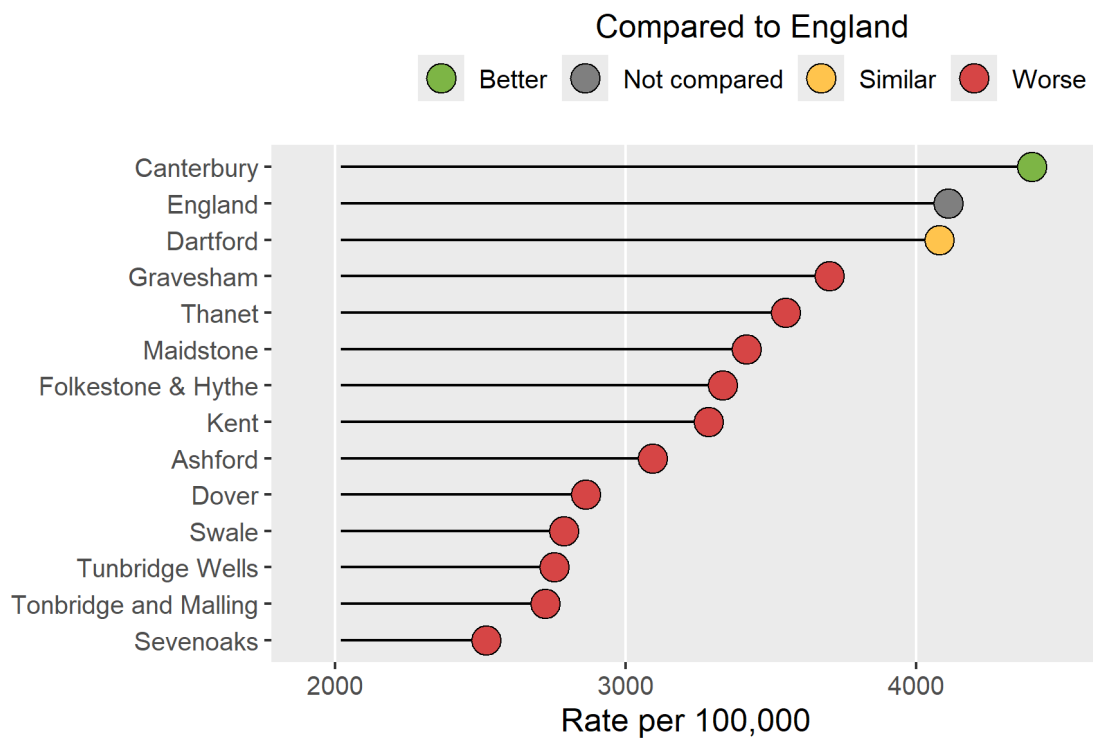
The [Kent Sexual Health Needs Assessment conducted in 2024](#) reported that the COVID-19 pandemic resulted in a changed landscape in sexual health. Kent services adapted by introducing more availability of online services, for example by introducing symptomatic testing in addition to the existing asymptomatic testing offer via the online testing route in 2019. Since 2020, there have been several national policy changes and strategies that influence sexual health including the [Women's Health Strategy](#), the addition of oral contraception availability in pharmacies, introduction of statutory relationship and sex education in schools and changes in the way people can access termination of pregnancy services. Reductions in spending for [sexual health services](#) has been affected by cuts to the public health grant.

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<sup>53</sup> Jeffreys W, Pateman M. Sexual Health Needs Assessment. Kent Public Health Observatory. 2018. [Accessed March 2025]. [https://www.kpho.org.uk/\\_data/assets/pdf\\_file/0006/89151/Kent-sexual-health-needs-assessment.pdf](https://www.kpho.org.uk/_data/assets/pdf_file/0006/89151/Kent-sexual-health-needs-assessment.pdf).

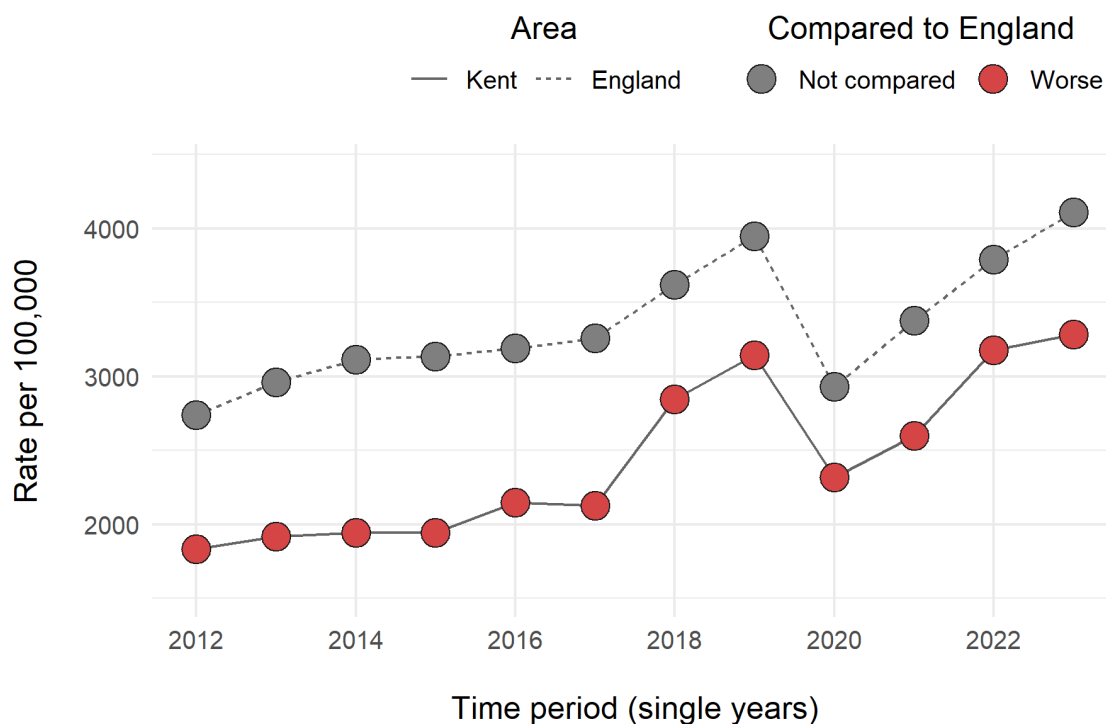
### Local population impact

Figure 32: STI testing rate (exclude chlamydia aged under 25) per 100,000 (2023), OHID (Fingertips)



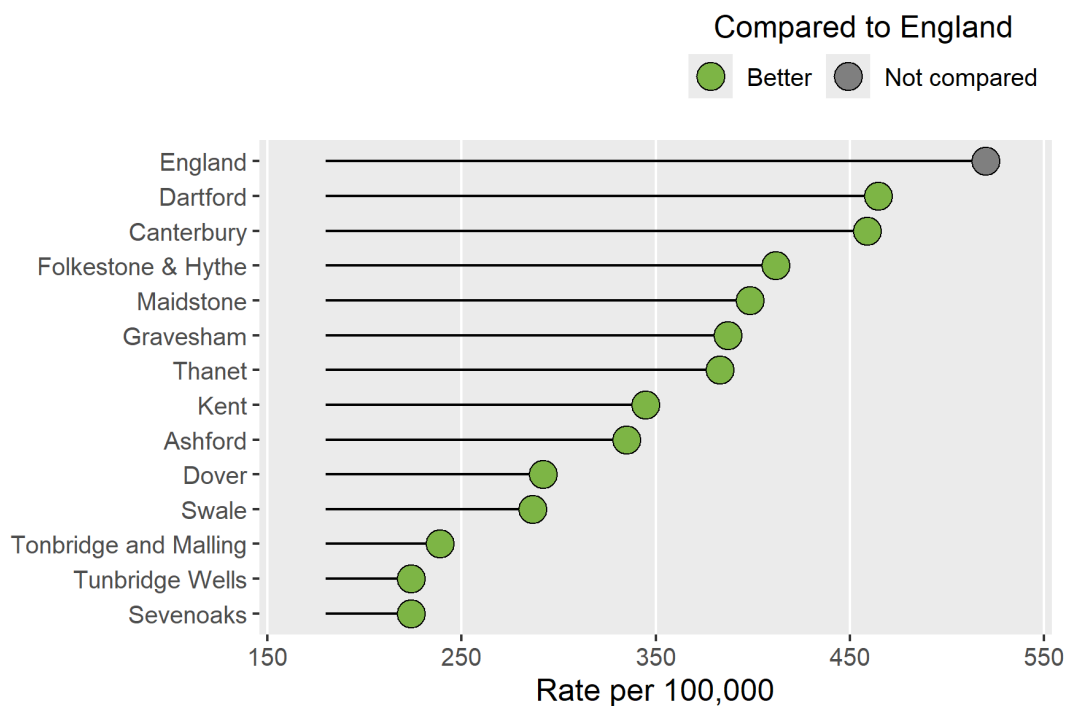
The estimated STI testing rate (exclude chlamydia aged under 25) per 100,000 in Kent in 2023 was 3284, with a 95% confidence interval between 3256 and 3313. There were 52,325 occurrences over the latest time period. The following areas are significantly worse than England: Kent, Ashford, Dover, Gravesham, Maidstone, Sevenoaks, Folkestone & Hythe, Swale, Thanet, Tonbridge and Malling and Tunbridge Wells. Only Canterbury is significantly better than England.

**Figure 33: STI testing rate (exclude chlamydia aged under 25) per 100,000, OHID (Fingertips)**



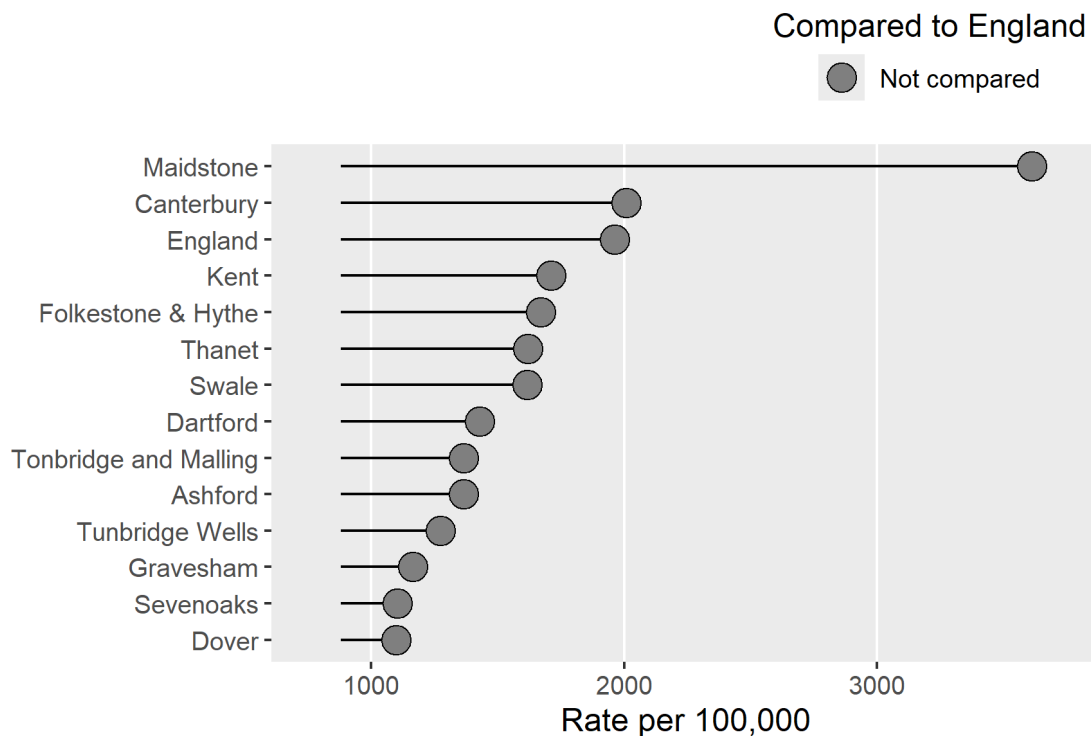
The trend shows Kent compared to England in single financial years. There are 12 data points between 2012 and 2023. There is clear evidence of an increasing trend, interrupted by the COVID-19 pandemic in 2020 and 2021. The overall change in rate is about 80%. This pattern is mirrored for England.

**Figure 34: New STI diagnoses (excluding chlamydia aged under 25) per 100,000 (2023), OHID (Fingertips)**



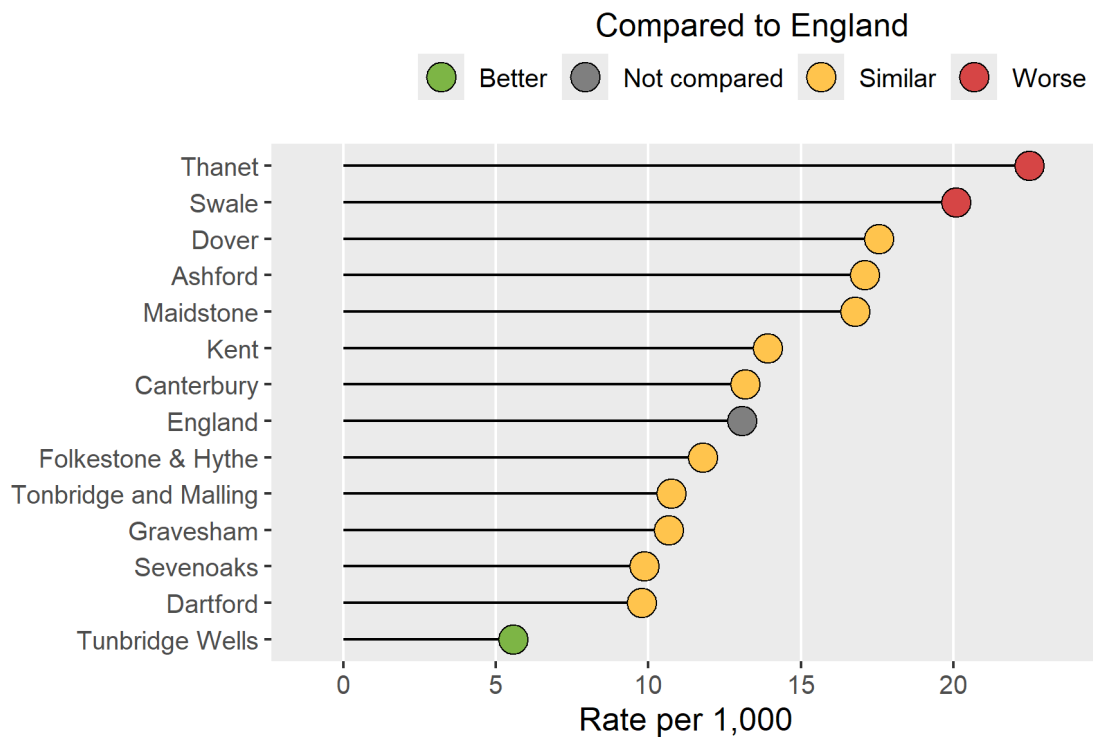
The estimated rate of new STI diagnoses (excluding Chlamydia aged under 25) per 100,000 in Kent in 2023 was 345, with a 95% confidence interval between 336 and 354. There were 5,491 occurrences over the latest time period. No areas are significantly worse than England. The following areas are significantly better than England: Kent, Ashford, Canterbury, Dartford, Dover, Gravesham, Maidstone, Sevenoaks, Folkestone & Hythe, Swale, Thanet, Tonbridge and Malling and Tunbridge Wells.

*Figure 35: Chlamydia detection rate per 100,000 aged 15 to 24 (2023), OHID (Fingertips)*



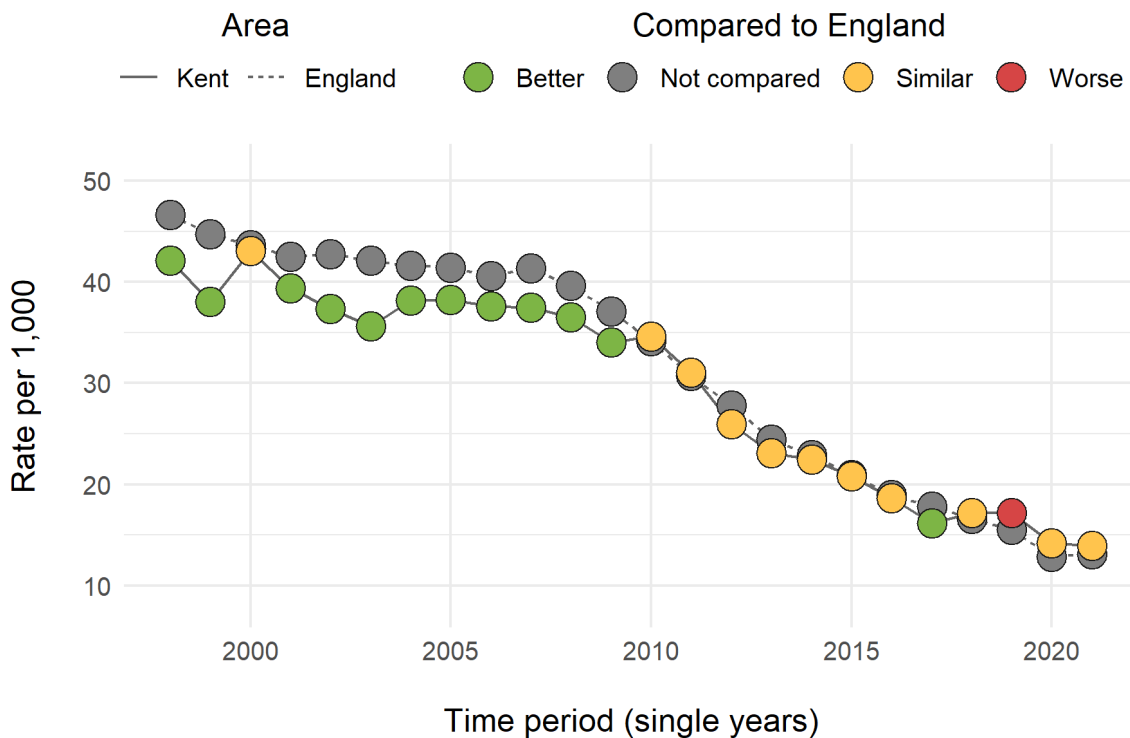
The estimated chlamydia detection rate per 100,000 aged 15 to 24 in Kent in 2023 was 1712, with a 95% confidence interval between 1624 and 1804. There were 1,405 occurrences over the latest time period. No areas are significantly worse than England. No areas are significantly better than England.

Figure 36: Under 18s conception rate / 1,000 (2021), OHID (Fingertips)



The estimated under 18 conception rates per 1,000 in Kent in 2021 was 13.9, with a 95% confidence interval between 12.5 and 15.4. There were 373 occurrences over the latest time period. The following areas are significantly worse than England: Swale and Thanet. Only Tunbridge Wells is significantly better than England.

Figure 37: Under 18s conception rate / 1,000, OHID (Fingertips)





The trend shows Kent compared to England in single years. There are 24 data points between 1998 and 2021. There is clear evidence of a decreasing trend with an overall change of 67%. This pattern is mirrored for England.

### 3.6 Immunisations and vaccinations

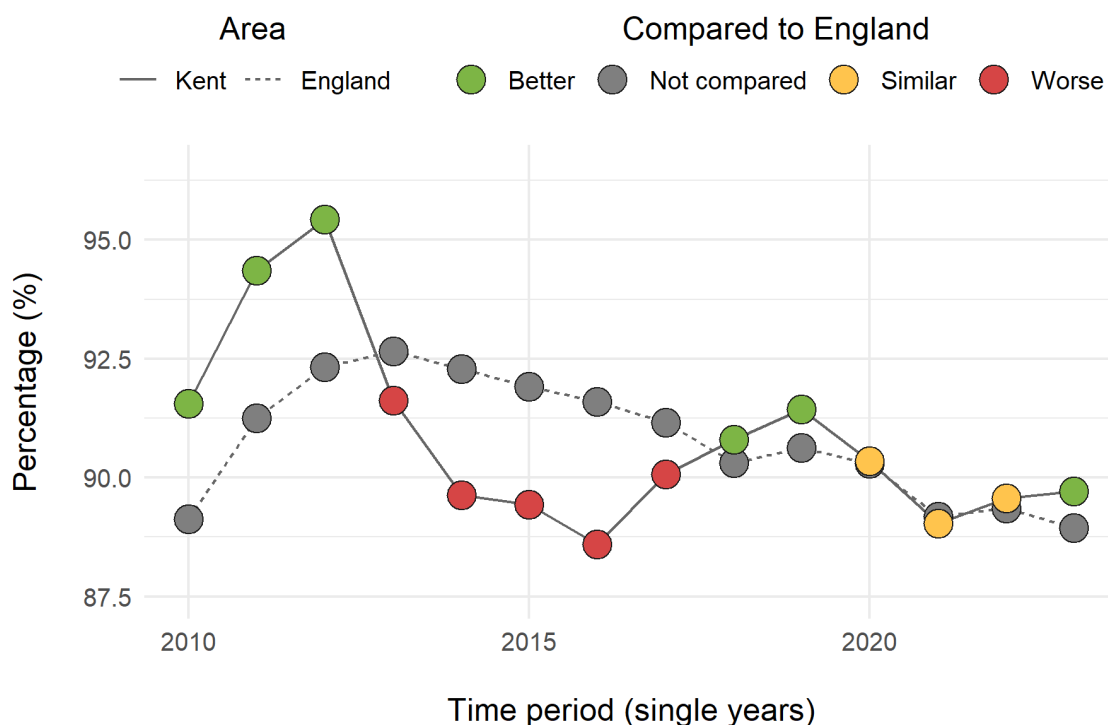
Immunisation is a crucial public health measure that protects individuals from infectious diseases by stimulating the body's immune system to recognize and fight pathogens. Vaccines are a safe and effective way to prevent diseases such as measles, polio, and influenza.<sup>54</sup>

Vaccines have significantly reduced the prevalence of many life-threatening diseases. For example, childhood vaccines alone prevent approximately 4 million deaths globally each year.

Widespread immunisation contributes to herd immunity, protecting those who cannot be vaccinated due to medical conditions. This collective protection helps prevent outbreaks and control the spread of infectious diseases.

#### Local population impact

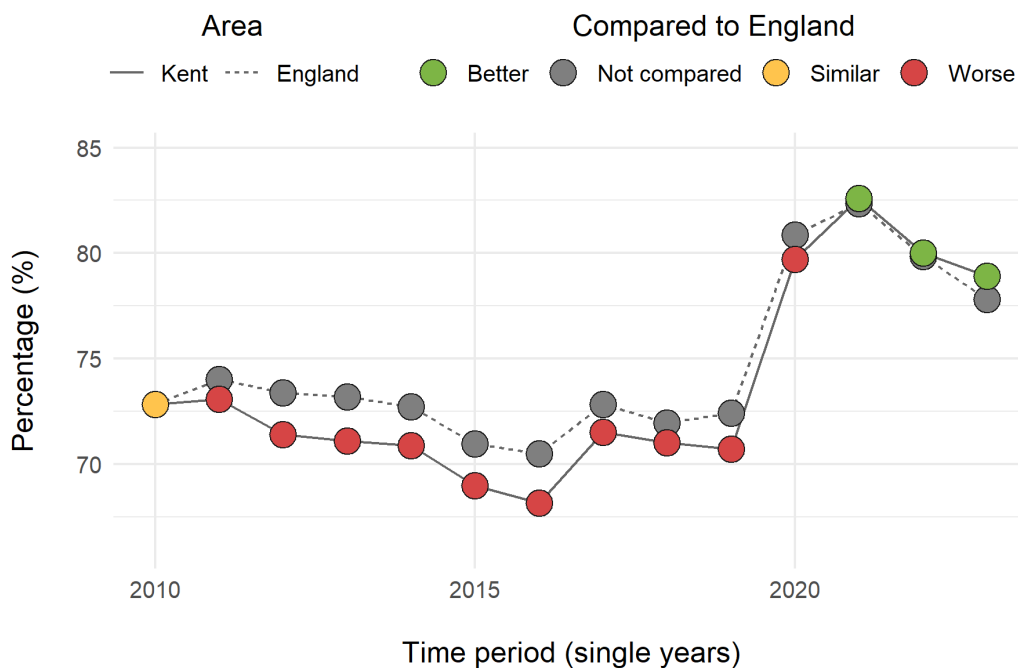
*Figure 38: Population vaccination coverage: MMR for one dose (2 years old), OHID (Fingertips)*



The trend shows Kent compared to England in single financial years. There are 14 data points between 2010/11 and 2023/24. The rate has fluctuated, varying between 89 and 95%. The England data has also fluctuated.

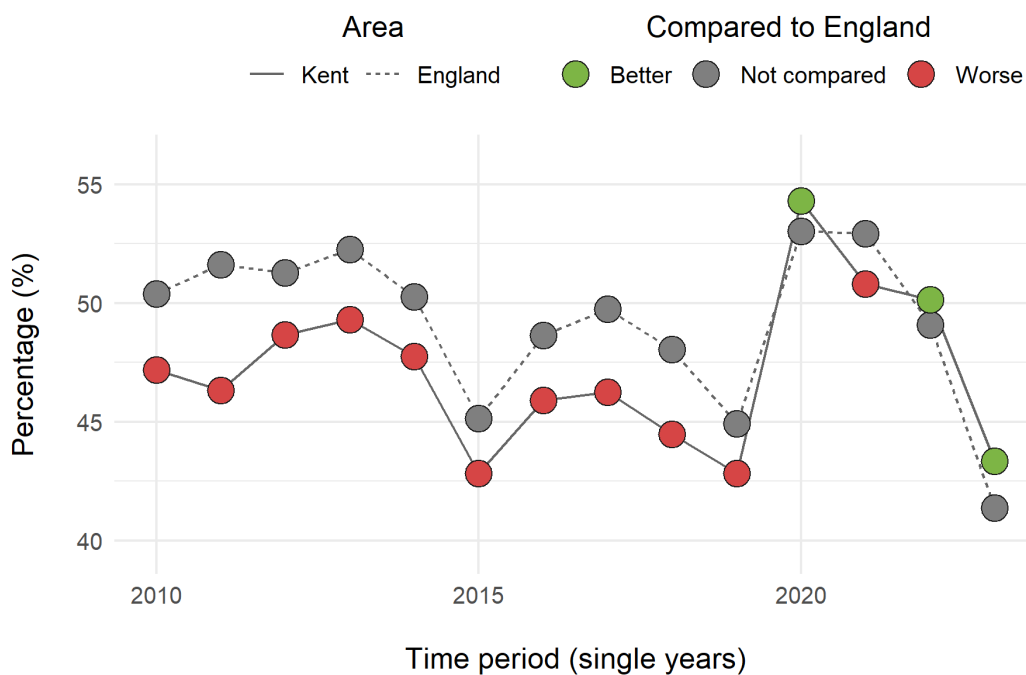
<sup>54</sup> World Health Organisation. Vaccines and Immunizations. [Accessed March 2025]. <https://www.who.int/health-topics/vaccines-and-immunization>.

Figure 39: Population vaccination coverage: Flu (aged 65 and over), OHID (Fingertips)



The trend shows Kent compared to England in single financial years. There are 14 data points between 2010/11 and 2023/24. Prior to 2020/21, the rate fluctuated, varying between 68 and 73%. Since 2020/21, the rate has increased about 10 percentage points, likely due to concern about COVID-19 and other respiratory viruses. This pattern is mirrored for England.

Figure 40: Population vaccination coverage: Flu (at risk individuals), OHID (Fingertips)



The trend shows Kent compared to England in single financial years. There are 14 data points between 2010/11 and 2023/24. Prior to 2020/21, the rate fluctuated, varying between 43 and 49%. Since 2020/21, the rate has increased about 10 percentage points, likely due to concern about COVID-19 and other respiratory viruses. In the latest year, it has reduced back to pre-pandemic levels. This pattern is mirrored for England.

## 4 Health of specific populations

### 4.1 Coastal communities

Kent has a coastline that is undeniably one of the most iconic and beautiful in England. However, in 2021, the Chief Medical Officer (CMO) for England published a report that revealed England's coastal communities experience many health inequalities, with some of the highest rates of many major diseases, the worst health outcomes and the lowest life expectancy in England.<sup>55</sup> The coast has a higher proportion of older residents and health problems tend to increase with age.

Kent's coastline stretches over 350 miles and nearly a quarter of Kent's population (23.5% in 2020) live in these coastal areas. Kent shows a 'coastal excess', which refers to health outcomes in coastal towns that are worse than those in non-coastal towns, the county as a whole and England. The 'coastal excess' is often combined with poorer access to health and social care facilities, a lack of employment opportunities and difficulty recruiting and retaining health and social care workers.

There are 12 coastal towns in Kent located in the districts of Canterbury, Dover, Folkestone and Hythe, Thanet and Swale with a population larger than 5000 people: Broadstairs, Deal, Dover, Folkestone, Hythe, Herne Bay, Margate, Minster (Swale), New Romney, Ramsgate, Sheerness and Whitstable. There are eight coastal towns with a population of more than 20,000 and four are smaller towns of between 5,000 and 20,000 people.<sup>56</sup> The population composition and age structure of coastal areas in Kent are described in Table 17 and Figure 41.

*Table 17: Coastal community population in Kent, 2020*

Area	2020 population	Kent population (%)
Coastal community, District	373,823	23.5%
Broadstairs, Thanet	23,464	1.5%
Deal, Dover	28,340	1.8%
Dover, Dover	37,333	2.3%
Folkestone, Folkestone and Hythe	54,130	3.4%
Herne Bay, Canterbury	39,457	2.5%
Hythe, Folkestone and Hythe	15,193	1.0%

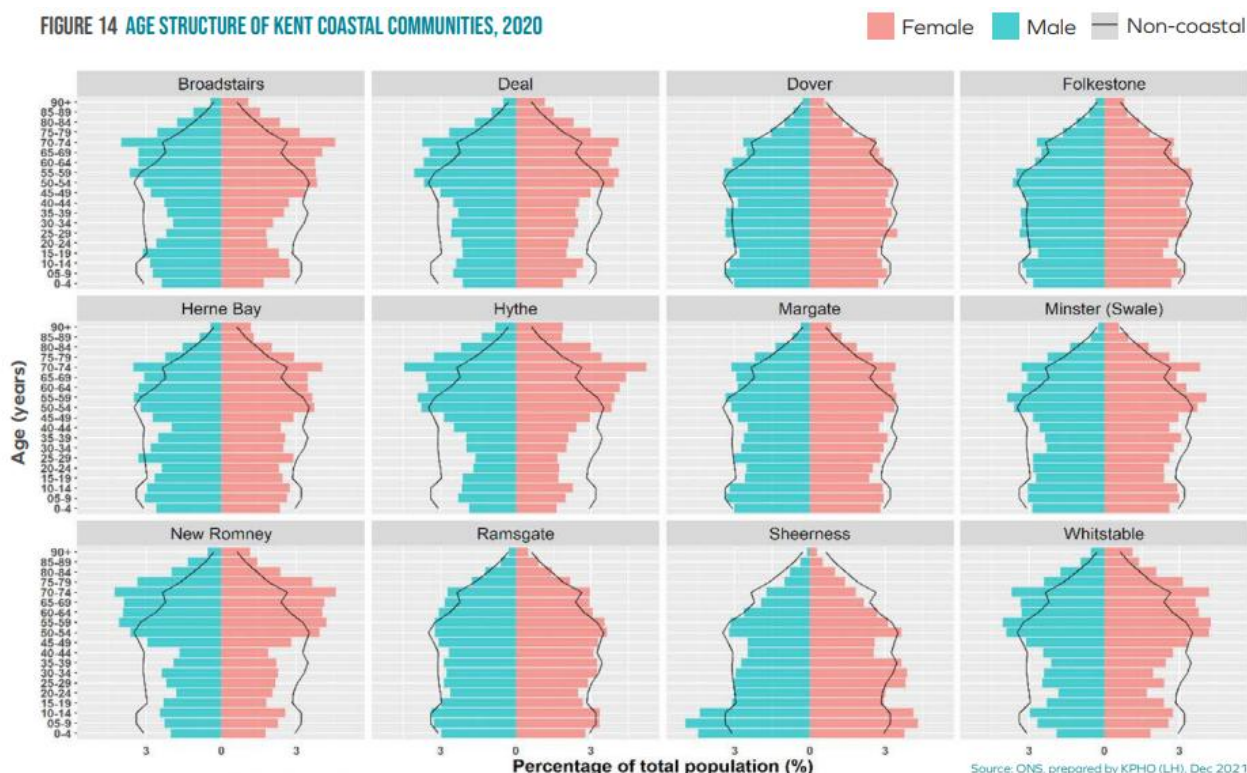
<sup>55</sup> Whitty CJM, Loveless B. Health of Coastal Communities. Chief Medical Officer's Annual Report 2021. Department of Health and Social Care, London, 2021. [Accessed March 2025]. [https://assets.publishing.service.gov.uk/media/60f98750e90e0703bbd94a41/cmo-annual\\_report-2021-health-in-coastal-communities-accessible.pdf](https://assets.publishing.service.gov.uk/media/60f98750e90e0703bbd94a41/cmo-annual_report-2021-health-in-coastal-communities-accessible.pdf).

<sup>56</sup> Duggal A, Dissanayake N, Mookerjee J, et al. Annual Public Health Report 2021: Health and Wellbeing of Coastal Communities in Kent. Kent Public Health Department. August 2023. [Accessed March 2025]. [https://www.kpho.org.uk/\\_data/assets/pdf\\_file/0003/138270/Kent-APHR-2021-Coastal-Communities.pdf](https://www.kpho.org.uk/_data/assets/pdf_file/0003/138270/Kent-APHR-2021-Coastal-Communities.pdf).

Area	2020 population	Kent population (%)
Margate, Thanet	63,811	4.0%
Minster, Swale	20,368	1.3%
New Romney, Folkestone and Hythe	8,769	0.6%
Ramsgate, Thanet	41,776	2.6%
Sheerness, Swale	13,475	0.8%
Whitstable, Canterbury	27,707	1.7%
Non-coastal community	1,029,435	64.8%
Rural village or dispersed	185,799	11.7%
Kent county	1,589,057	100.0%

Source: Annual Public Health Report 2021, Kent County Council

**Figure 41: Age structure (population pyramids) of Kent coastal communities, 2020**



Source: Annual Public Health Report 2021, Kent County Council

Broadstairs, Deal, Hythe, New Romney, and Whitstable have a higher proportion of over 55's and a lower proportion of younger age groups compared to the non-coastal average. The population pyramids for the Dover, Folkestone, and Ramsgate do not reveal a striking difference compared to non-coastal areas.<sup>56</sup>

The scope of ill-health in coastal areas in Kent can be seen by the number of patients on selected GP disease registers. An “unadjusted coastal effect” is demonstrated in Table 18 which highlights the difference between the proportion of practice patients that were on each disease register (QOF condition) in coastal areas compared to England, Kent and non-coastal towns in Kent.

*Table 18: Unadjusted coast effect on proportion of practice patients on disease registers, 2019/2020*

<b>GP disease register</b>	<b>Compared to non-coastal towns in Kent</b>	<b>Compared to Kent</b>	<b>Compared to England</b>
CHD*	37.0%	23.5%	17.5%
Hypertension	22.0%	14.0%	20.0%
Diabetes	21.0%	15.1%	11.9%
COPD*	60.0%	38.0%	48.0%
Depression	23.0%	16.0%	28.0%
Smoking	26.0%	20.4%	20.7%
Obesity	22.0%	14.8%	3.3%
Asthma	14.0%	9.0%	2.0%

\* CHD- coronary heart disease; COPD- Chronic Obstructive Pulmonary Disease

Source: Annual Public Health Report 2021, Kent County Council

Table 18 shows that a higher proportion of patients in coastal towns were on disease registers for coronary heart disease (CHD), hypertension, diabetes, chronic pulmonary obstructive disease (COPD), depression, smoking, obesity and asthma, compared to non-coastal areas in Kent, Kent County and England. The greatest coastal effect was seen for COPD where prevalence was 60% higher than non-coastal towns.<sup>56</sup>

There is a higher burden of disease in coastal towns compared to non-coastal towns in Kent; this is the case for CHD, hypertension, diabetes, COPD, depression, smoking, obesity and asthma and was most evident for COPD and CHD. Risk factors such as obesity and smoking also show a coastal excess when compared to non-coastal Kent towns, Kent and England. Whilst disease burden varies across coastal towns, Dover, Folkestone, Margate and Ramsgate contain some of the wards with the highest ‘coastal excess’. Coastal areas in Kent contain a higher proportion of people living in the most deprived neighbourhoods. Even after adjusting for demography and deprivation in Kent, the ‘coastal effect’ remained for all diseases investigated. Premature mortality from all causes and cancer were also found to be significantly higher in Kent coastal areas. Higher rates of hospital admissions related to alcohol among adults and admissions for self-harm in young people may point to a degree of socio-psychological disturbance in coastal communities.<sup>56</sup>



## 4.2 Gypsy Roma Traveller communities

It is recognised nationally that Gypsy, Roma and Traveller people have significantly poorer health outcomes than the general population of England and these inequalities in health are a result of interactions between adverse environments (living, working and social), lifestyle behaviours and poor access to health, social care and wider support services. Kent has a higher percentage of Gypsy and Traveller people than the England average and many Roma communities.

Findings from the 2023 Kent Gypsy, Roma and Traveller population Needs Assessment were in line with what is known about the health needs of these communities nationally.<sup>57</sup> Stakeholders reported significantly poorer health outcomes across the life course for all Gypsy, Roma and Traveller groups. Poorer health outcomes included: high rates of childhood illness, predominance of non-communicable disease, poor mental health across the life course, unhealthy lifestyle behaviours e.g. high prevalence of smoking and obesity. Additional concerns for older community members included musculoskeletal issues, especially in men, and the care of individuals with dementia. All groups have a strong tradition of elder care which may deter help seeking for older relatives. Poor mental health was reported across the life course, specifically perinatal mental health for Gypsy and Traveller mothers. Stakeholders highlighted that the concept of mental health is unfamiliar amongst Roma communities which negatively impacts help seeking and treatment.

Members of the Gypsy, Roma and Traveller communities face multiple barriers to accessing healthcare, many of which are common across all communities. A major theme was a lack of trust resulting from experiences of discrimination and a lack of cultural awareness amongst healthcare providers. Stakeholders reported low levels of health literacy amongst some community members. This was partly attributable to general low literacy levels, language difficulties (for first generation Roma migrants) and on-going cultural beliefs/taboo of issues such as sexual health, mental health, and cancer. Barriers to healthcare result in low uptake of preventative and screening services across all communities. Uptake of antenatal and cancer screening services were of particular concern.

In the UK, around three quarters of Gypsy and Travellers now live in bricks and mortar settled accommodation, and one quarter live in caravans or mobile structures.<sup>58</sup> Kent County Council owns and manages seven sites designated for Gypsy and Traveller accommodation in Dover, Sevenoaks, Aylesford, Canterbury, Polhill, Sittingbourne and West Malling as detailed in Table 19 below. Additionally, there are a variety of other authorised sites across Kent. The needs of those living on these sites should be taken into consideration when planning pharmaceutical services.

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<sup>57</sup> Jolly A, Abbott M, and Chapman S. Kent 'Gypsy, Roma and Traveller Populations' Joint Strategic Needs Assessment. June 2023. [Accessed March 2025].

[https://www.kpho.org.uk/\\_data/assets/word\\_doc/0003/154803/Gypsy-Roma-Traveller-HNA-2023.docx](https://www.kpho.org.uk/_data/assets/word_doc/0003/154803/Gypsy-Roma-Traveller-HNA-2023.docx).

<sup>58</sup> Friends, Families and Travellers How to Tackle Health Inequalities in Gypsy Roma and Traveller Communities: A Guide for Health and Care Services. November 2020. [Accessed March 2025].

[https://www.gypsy-traveller.org/wp-content/uploads/2020/11/SS00-Health-inequalities\\_FINAL.pdf](https://www.gypsy-traveller.org/wp-content/uploads/2020/11/SS00-Health-inequalities_FINAL.pdf).

Table 19: Local authority authorised site provision in Kent, Caravan Count, July 2022

District	Site name and location	No. pitches (of which transit)	Caravan capacity	Date opened	Date of last site changes
Ashford	Chilmington, Chart Road	23 (0)	32	1985	Not known
Dartford	Claywood Lane, Bean	12 (0)	12	1972	2012
Dover	Snowdown Caravan Site, Aylesham	14 (0)	14	1985	2002
Gravesham	Denton Caravan site, Gravesend	8 (0)	16	1977	1984
Maidstone	Stilebridge Lane Caravan Site, Marden	23 (0)	23	Not known	Not known
Maidstone	Water Lane Caravan Site, Ulcombe	20 (0)	20	Not known	Not known
Sevenoaks	Barnfield Park, Ash	35 (0)	35	1999	1999
Sevenoaks	Hever Road, Edenbridge	16 (0)	16	1993	2013
Sevenoaks	Polhill, Dunton Green	7 (0)	7	1993	Not known
Swale	Silverspot, Old Ferry Road	1 (0)	1	1990	Not known
Swale	Three Lakes Park, Swale Way	14 (0)	22	1990	Not known
Tonbridge and Malling	Coldharbour Caravan Site, Aylesford	33 (0)	52	1982	2013
Tonbridge and Malling	Windmill Lane, West Malling	14 (0)	14	1969	Not known
Tunbridge Wells	Cinderhill Wood, Five Wents	8 (2)	8	1988	2007
Tunbridge Wells	Heartenoak, Hawkhurst	5 (2)	5	1978	1978
<b>TOTAL</b>		<b>233 (4)</b>	<b>277</b>		

Information provided by partners indicates that Kent has larger communities in areas such as Headcorn or Lenham, where there are significant numbers of private plots, such as The Meadow Gypsy and Travellers site located alongside Lenham Road in Headcorn. In addition, a lot of Gypsy, Roma and Travellers communities are dispersed around general population, living in bricks and mortar. Marden and Staplehurst and Ulcombe are an example of an area where Romani Gypsy settled.

Pharmaceutical services may significantly contribute to the well-being of Gypsy, Roma and Travellers by fulfilling their health requirements, mitigating health disparities, and cultivating trust. Close walking proximity to pharmacies is essential particularly amongst many Roma communities. Some Roma individuals struggle with English communication, find public transport travel to unfamiliar locations problematic, and often fear prejudice and are anxious about being singled out.

An exemplary illustration of the culturally sensitive pharmaceutical approach and its connection with Roma communities from Slovakia and Bulgaria is the partnership established by the Central Pharmacy on Northdown Road in Margate and the community.

### **Case study: Central Pharmacy, Northdown Road, Cliftonville**

Central Pharmacy on Northdown Road has become an essential healthcare service for the local Roma community in Cliftonville, showcasing effective strategies to meet the specific needs of this population. The pharmacy is ideally situated near streets with a significant population of Slovak and Bulgarian Roma households, ensuring accessibility.

Central Pharmacy has established trust via the provision of consistent, accessible, and non-discriminatory services. This sense of trustworthiness has motivated members of the Roma community to pursue healthcare guidance and services. The staff exhibit cultural sensitivity, which is essential for addressing health conditions that are frequently stigmatised or misconstrued, such as mental health and sexual health issues.

The pharmacy partners with local services and experts engaged with Roma communities to tailor services to their distinct health and social requirements.

Central Pharmacy's strategy emphasises the significance of cultural competence, community trust, and accessibility in servicing underprivileged populations.

Pharmaceutical services should be strategically located near Gypsy, Roma and Traveller communities to provide adaptable and inclusive services that cater to their specific requirements. Services should be inclusive and culturally sensitive to the diverse history, culture and needs of Gypsy, Roma and Traveller people, which is not one homogenous group. Cultural Competency Training (CCT) is essential for pharmaceutical service staff to improve their understanding of Gypsy, Roma, and Travellers communities. This training is instrumental in reducing the barriers that these communities frequently encounter when seeking access health care. CCT will provide staff members with the necessary knowledge and ability to deliver culturally sensitive, inclusive care, which guarantees equitable access to health services. Services should be conscious of the barriers some Gypsy, Roma and Traveller community members face, such as low/no literacy and digital exclusion, which might present a barrier for form filling and referral to other services. Materials and services which avoids jargon, uses visuals and enables use of easy read or audio versions of text will support accessibility. The ability to communicate in a language spoken by the local community would also be helpful.

### 4.3 Homeless and rough sleepers

People who experience homelessness for longer periods are more likely to have their health at risk. Homeless people have a much higher risk of death from a range of causes compared to the general population. Those experiencing the worst health out of the homeless population are those who are (and have recently been) rough sleepers. Rough sleepers are those who sleep or live on the street. This is the most extreme manifestation of homelessness. A greater proportion of people sleeping rough suffer from chronic physical illness, and mental illnesses compared to the general population. This is due to the exposure to poor living conditions, difficulty in maintaining personal hygiene, poor diet, high levels of stress and drug and alcohol dependence. Many of them have co-occurring physical and mental health conditions, and drug and alcohol dependence. They also report higher rates of communicable diseases including HIV and Tuberculosis. Hepatitis B and C are commonly found among people sleeping rough and often associated with high morbidity and mortality.<sup>59</sup>

The rough sleeping population in Kent demonstrate unique and complex health needs. Findings from the 2022 Rough Sleepers Needs Assessment show mental health conditions are extremely prevalent among the rough sleeping population in Kent. Proportions of rough sleepers with mental ill-health varied from 32% to 90% across different districts in Kent, in line with the findings from national research. Depression and anxiety were the most reported mental ill-health. More than 40% of rough sleepers across six Kent districts reported a drug, alcohol or drugs and alcohol misuse problem. 4.5% to 59% of rough sleepers in different Kent districts reported to be suffering from long term physical health conditions; diabetes, heart disease, cancer, and epilepsy were commonly reported long term physical health conditions among the rough sleepers in Kent. It is widely documented that homeless people are at increased risk of respiratory disease, coronary heart disease, diabetes, and hypertension.<sup>59</sup>

The scale of homelessness is much larger than that which is reported as hidden homelessness is not captured in the statistics. Hidden homeless and households at risk of homelessness are relative gaps for which there is no reliable local data available. The most visible form of homelessness is rough sleeping.<sup>59</sup>

### 4.4 People in contact with the Justice System

People in contact with the justice system include those in prison serving a sentence and those under supervision of probation services.<sup>60</sup> There is a distinction made between community offenders and those accommodated in prison. The term 'youth' is used to refer to those under the age of 18 who offend.<sup>61</sup>

<sup>59</sup> Mookherjee J and Dissanayake N. Rough Sleepers Needs Assessment. February 2022. [Accessed March 2025]. [https://www.kpho.org.uk/\\_data/assets/pdf\\_file/0014/134042/Rough-Sleepers-Needs-Assessment.pdf](https://www.kpho.org.uk/_data/assets/pdf_file/0014/134042/Rough-Sleepers-Needs-Assessment.pdf)

<sup>60</sup> OHID. Inclusion Health Groups in Kent and Medway ICS: An overview of available data and published evidence. December 2023. [Accessed March 2025]. [https://www.southeastclinicalnetworks.nhs.uk/wp-content/uploads/2023/12/Inclusion-Health-Groups-SE-datapack\\_KM.pdf](https://www.southeastclinicalnetworks.nhs.uk/wp-content/uploads/2023/12/Inclusion-Health-Groups-SE-datapack_KM.pdf).

<sup>61</sup> Kent Public Health Department. Kent 'Offenders' JSNA Chapter Summary Update 2014/15. January 2015. [Accessed March 2025]. [https://www.kpho.org.uk/\\_data/assets/pdf\\_file/0004/44527/Offenders.pdf](https://www.kpho.org.uk/_data/assets/pdf_file/0004/44527/Offenders.pdf).

People in contact with the justice system experience greater health inequalities compared to the general population. They are some of the most marginalised and vulnerable of all population groups in society with poor access to health services.<sup>60</sup> Evidence shows they suffer from multiple and complex health and social care issues, including mental and physical health problems, learning difficulties, substance misuse and increased risk of premature mortality, all exacerbated by difficulties in accessing community health and social care services.<sup>62</sup> People in contact with the justice system also tend to be affected by wider determinants of health and have a background of poverty, unemployment, indebtedness, poor education and homelessness.<sup>60</sup>

People in prison are more likely to engage in high-risk behaviours, have poorly managed existing health issue and had limited contact with healthcare services.<sup>60</sup> A higher prevalence of infectious diseases (e.g. Hepatitis C, Tuberculosis and sexually transmitted infections), long-term conditions (e.g. cardiovascular disease, type 2 diabetes and asthma), substance misuse (including tobacco consumption) and mental ill health are recorded in the prison population <sup>63</sup>.

Across Kent and Medway there are seven prison institutions, see Table 20 below. As of September 2023, the total adult prison population across Kent and Medway was 3,865, of which 3,770 were male.<sup>60</sup> NHS England has overall responsibility for the commissioning of prison healthcare services, including pharmaceutical services. Across Kent, these services have been commissioned to a lead provider, Oxleas NHS Foundation Trust.

*Table 20: Kent prisons, category and capacity (2023)*

<b>Prison</b>	<b>Category</b>	<b>Capacity</b>
HMP Swaleside	CAT B (Trainer)	1100
HMP Elmley	CAT B (Local Remand)	1150
HMP Stanford Hill	CAT D Open	464
HMP Maidstone	CAT C (Foreign National)	600
HMP Rochester	CAT C	695
HMP East Sutton Park	Female Open	90
HMYOI Cookham Wood	Youth Offending	188

Source: NHS England – South East Region, July 2023

<sup>62</sup> Revolving Doors Agency. BALANCING ACT: Addressing health inequalities among people in contact with the criminal justice system. October 2013. [Accessed March 2025]. <https://revolving-doors.org.uk/wp-content/uploads/2016/08/Balancing-Act.pdf>.

<sup>63</sup> Revolving Doors. Rebalancing Act A resource for Directors of Public Health, Police and Crime Commissioners, the police service and other health and justice commissioners, service providers and users. February 2017. [Accessed March 2025]. <https://revolving-doors.org.uk/wp-content/uploads/2017/01/Rebalancing-Act.pdf>.

In September 2023, the number of Kent and Medway youth in contact with the justice system, in the Children and Young People's Secure estate (which comprises secure children's homes, secure training centre and young offender institutions), was 441; this has reduced from a peak of 3,654 in 2002.<sup>60</sup> It is well established that youth offenders are a vulnerable group, with complex psychosocial and physical health needs.<sup>61</sup>

People currently and previously in contact with the justice system are socially excluded populations and face challenges in navigating the healthcare system.<sup>64</sup> As of January 2025, the total number of offenders in the community (those on a prison licence or having been sentenced to a Community Sentenced Order by the court) in contact with Kent Probation services was 7,480, of which 90% were males, see Table 21 below.

*Table 21: Population demographic of people in contact with Kent Probation Services, 2025*

<b>Age</b>	<b>Male (number)</b>	<b>Male (%)</b>	<b>Female (number)</b>	<b>Female (%)</b>	<b>Total (number)</b>	<b>Total (%)</b>
<18 or not specified	5	0%	-	-	5	0
18-27	1,356	20%	132	18%	1,488	20%
28-37	2,090	31%	246	33%	2,336	31%
38-47	1,618	24%	223	30%	1,841	25%
48-57	883	13%	103	14%	986	13%
58-67	494	7%	41	5%	535	7%
68-77	207	3%	9	1%	216	3%
78-87	61	1%	2	0%	63	1%
88-97	9	0%	-	-	9	0%
98-107	1	0%	-	-	1	0%
<b>TOTAL</b>	<b>6,724</b>	<b>100%</b>	<b>756</b>	<b>100%</b>	<b>7,480</b>	<b>100%</b>

Source: HM Prison & Probation Service Kent, Surrey & Sussex, January 2025

The age structure of this cohort was predominantly young adults when compared with the population of Kent and are therefore less likely to have a long-term health condition.<sup>64</sup> 51% were 37 years old or younger, 89% were 57 years old or younger and 11% were 58 years old or older. Between the age range of 88-107 years, there were 10 males and no females.

<sup>64</sup> Kent Public Health Department. Kent Probation Community Offenders Health Needs Assessment. June 2014. [Accessed March 2025]. [https://www.kpho.org.uk/\\_data/assets/pdf\\_file/0020/43085/KM-Community-Offenders-Final-Documen-3rdMarch-2014-V16-2-1.pdf](https://www.kpho.org.uk/_data/assets/pdf_file/0020/43085/KM-Community-Offenders-Final-Documen-3rdMarch-2014-V16-2-1.pdf).



*Table 22: Needs of people in contact with Kent Probation services, 2025*

<b>Need</b>	<b>Population = 7,480</b>	<b>Percent</b>
Drug misuse	1,533	20%
Alcohol misuse	1,035	14%
Drugs and Alcohol misuse	552	7%
Recorded Disability	1,860	25%
General Health condition *	2,696	36%
Mental health condition **	3,479	47%
Accommodation needed	1,702	23%

\* Type unspecified

\*\* Self-reported low mood, anxiety, depression or a diagnosed mental health condition

Source: HM Prison & Probation Service Kent, Surrey & Sussex, January 2025

Data in Table 22 from HM Prison & Probation Service Kent, Surrey & Sussex shows nearly 50% of people in contact with Kent probation services had either a self-reported or diagnosed mental health condition. 36% had an unspecified general health condition and 25% had a recorded disability. In relation to substance misuse, more people misused drugs (20%) compared to alcohol (14%), and a smaller portion of people misused a combination of drugs and alcohol (7%). Nearly one quarter of people reported issues with accommodation.

Similar to what is known nationally and the findings from the 2013 Kent Probation Community Offenders Health Needs Assessment, people in contact with Kent Probation services have a high prevalence of health problems, namely mental health conditions and substance misuse. Smoking rates were also reported high among community offenders in 2013.<sup>64</sup>

Transition from prison to probation services and back into the community is a fundamental time to ensure continuity of care.<sup>60</sup> Certain health issues, such as mental health problems and substance misuse (particularly drug misuse), are linked with crime and reoffending.<sup>60</sup>

<sup>61</sup> Addressing the health needs of this population can reduce risk factors of re-offending and have an overall positive impact in the community, as well as individual health benefits.<sup>60</sup> Evidence to support interventions which support prison leavers with drug misuse, reduce drug-related deaths and re-offending have been identified by a 2021 literature review; these interventions are Community-based treatments, take home naloxone intervention/opioid substitution therapy and continuity of care.<sup>65</sup> Pharmaceutical service providers engaging with people in contact with the justice system should be aware of the health needs and challenges faced by this population.

<sup>65</sup> Kent Public Health Department. What works to reduce drug-related deaths for prison leavers with drug misuse- Literature search. February 2021. [Accessed March 2025].

[https://www.kpho.org.uk/\\_data/assets/word\\_doc/0017/125441/Interventions-for-prison-leavers-Literature-Search.docx](https://www.kpho.org.uk/_data/assets/word_doc/0017/125441/Interventions-for-prison-leavers-Literature-Search.docx).

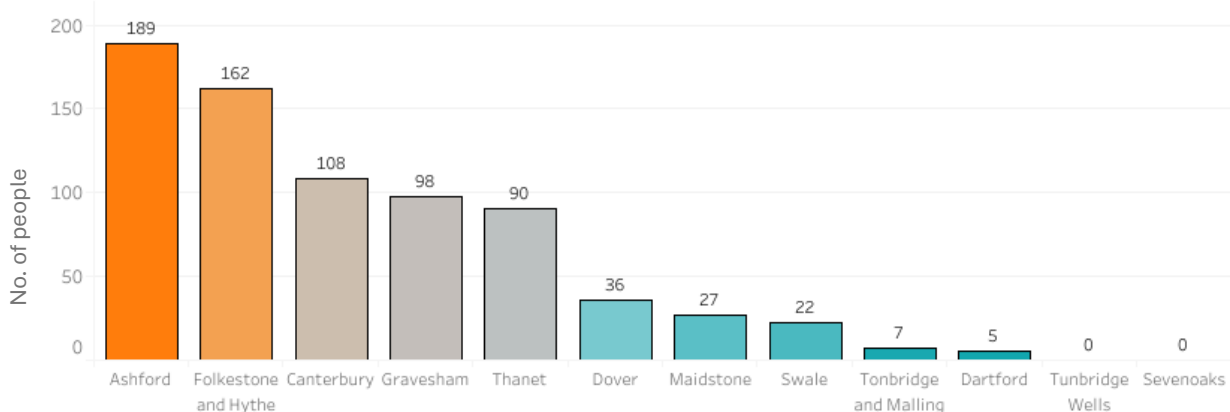
#### 4.5 Refugees and asylum seekers

As of mid-2024, there were 122.6 million forcibly displaced people globally as a result of persecution, conflict, violence and human rights violations. Of these, 37.9 million were refugees and 8 million were asylum seekers. Between 2018 and 2023, an estimated 2 million children were born as refugees.<sup>66</sup>

There were 72,464 asylum applications lodged in the UK in 2023, 4,880 (6.7%) of which were by Unaccompanied Asylum-Seeking Children (UASC). In relation to the number of applicants granted protection, resettlement or alternative legal basis to remain in the UK, there were 63,008 in 2023.<sup>67</sup> In the Southeast region of England, Afghanistan, Iran and Iraq were the leading nationalities of asylum seekers in receipt of local authority support (correct as of September 2024).<sup>68 69</sup>

In September 2024, there were 744 asylum seekers receiving support from lower tier authorities in Kent as shown in Figure 42;<sup>69</sup> Ashford, Folkestone and Hythe and Canterbury provided support to most of the asylum seekers in Kent (189, 162 and 108 respectively).

*Figure 42: Number of asylum seekers supported by local authority in Kent (September 2024)*



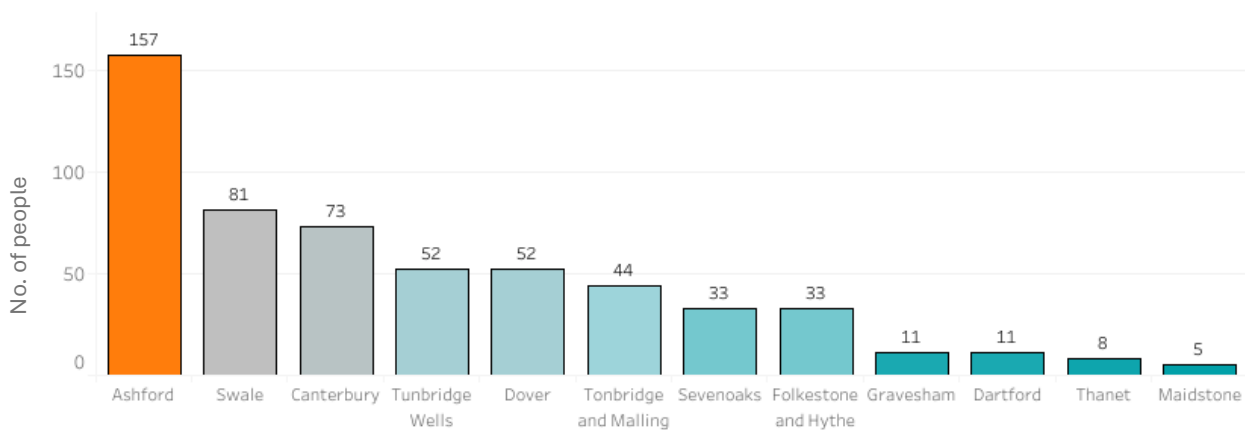
Source: Home Office Immigration System Statistics- Presented by South East Strategic Partnership for Migration Data Dashboard

<sup>66</sup> UNHCR. Refugee Data Finder. [Accessed March 2025]. <https://www.unhcr.org/refugee-statistics>.

<sup>67</sup> Home office. Immigration system statistics data tablets- Asylum and resettlement summary tables, year ending September 2024. November 2024. [Accessed March 2025]. <https://www.gov.uk/government/statistical-data-sets/immigration-system-statistics-data-tables#asylum-and-resettlement>.

<sup>68</sup> Home office. Immigration system statistics data tablets- Asylum Support. Asylum seekers in receipt of support. November 2024. [Accessed December 2024]. <https://www.gov.uk/government/statistical-data-sets/immigration-system-statistics-data-tables#asylum-and-resettlement>.

<sup>69</sup> South East Strategic Partnership for Migration. Data Dashboard. [Accessed December 2024]. <https://southeastspm.org.uk/south-east-asylum-nationality-breakdown/>.

*Figure 43: Cumulative number of refugees initially resettled in Kent (2014 – 2024 Q3)*

Source: Home Office Immigration System Statistics- Presented by South East Strategic Partnership for Migration Data Dashboard

Between 2014 and September 2023, a cumulative total of 560 refugees had been resettled in Kent.<sup>69</sup> 157 refugees have been resettled in Ashford, followed by 81 in Swale and 73 in Canterbury. Maidstone had the lowest number of refugees resettled in Kent (Figure 43).

Asylum seekers and refugees can have complex health needs, which may be related to experiences in their country of origin, journey to the UK and arrival. The mental and physical health needs of this group of migrants are strongly linked to social determinants of health, such as employment, education and housing.<sup>70</sup> Physical health problems affecting these migrants can include poorly controlled non-communicable diseases, communicable diseases e.g. measles, food- and waterborne diseases, untreated health conditions and lack of medical care, accidental injuries, hypothermia, burns and unwanted pregnancy and lack of maternity care.<sup>70</sup> Mental health issues affecting these migrants can include post-traumatic stress disorder, depression, anxiety and Insomnia.<sup>70</sup> Consequently, this group of migrants may have difficulty trusting people in positions of authority, including healthcare professionals.

<sup>70</sup> World Health Organisation. Refugee and migrant health. [Accessed March 2025].  
<https://www.who.int/news-room/fact-sheets/detail/refugee-and-migrant-health>.

KCC (along with a small number of other ‘gateway authorities’) regularly support asylum seekers who arrive in the UK after crossing the channel, including unaccompanied children. Between 2021 and 2024, the number of looked after UASC registered with KCC increased year on year and ranged between 289 and 498.<sup>71</sup> It is important to emphasise this does not reflect the initial number of UASC arriving in Kent. An analysis of UASC Initial Health Assessments from 2015 found dermatological (rashes, scares and fungal infections), anaemia and musculoskeletal symptoms to be the most common complaints of ill physical health; the most common mental health symptoms noted were of post-traumatic stress disorder, anxiety and depression.<sup>72</sup>

As reported by local- and non- government organisations supporting asylum seekers and refugees in Kent, pharmacies facilitate the care of these migrants by providing “*convenient*” and “*quick*” healthcare advice and services. However, there are general barriers to health experienced by asylum seekers and refugees. These can include:

- A perceived stigma among some migrant groups with certain health issues (such as mental health and sexually transmitted diseases) and cultural views that may prevent disclosure of particular health needs or past medical history,
- Language barriers, and/ or lack of interpretation or translation, which can compromise patient safety and medicine adherence as a result of limited understanding and effective communication between migrant and healthcare professional,
- Difficulty accessing healthcare due to a lack of understanding of how the UK healthcare system works (particularly asylum seekers who do not benefit from the support of a caseworker), or
- Limited financial resources, especially within weeks of arrival, when an individual may have no access to cash and/or is yet to be issued a HC2 certificate exempting them from prescription costs, hindering access to over the counter and prescription-only medication.

Pharmaceutical services provide a point of access into the UK healthcare system and are utilised by asylum seekers and refugees in Kent. Sensitivity to and an understanding of these migrants’ health needs should be applied when engaging with asylum seekers and refugees; some individuals may need additional support with health education and may benefit from translation and/ or interpretation of written and/ or verbally communicated advice and guidance.

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<sup>71</sup> Department for Education. Children looked after in England adoption: 2023 to 2024. November 2024. [Accessed March 2025.] <https://explore-education-statistics.service.gov.uk/data-catalogue/data-set/4cd4f681-d54b-4835-97dc-426bb6b7b99e#dataSetFootnotes>

<sup>72</sup> Kent Public Health Department. Health Needs Assessment- Unaccompanied children seeking asylum. March 2016. [Accessed March 2025]. [https://www.kpho.org.uk/\\_data/assets/pdf\\_file/0011/58088/Unaccompanied-children-HNA.pdf](https://www.kpho.org.uk/_data/assets/pdf_file/0011/58088/Unaccompanied-children-HNA.pdf).

## 4.6 Veterans

Veterans are often indistinguishable from other members of the community. Many veterans present in primary care with health problems relevant to their general age and health profile rather than a problem related to their time in the Armed Forces e.g. complex and co-occurring mental, physical health issues. musculoskeletal problems, hearing loss, respiratory conditions, accident acquired conditions (Land Transport Accidents), limb loss, vision impairment/loss, heat/cold related conditions, and increased occurrence of certain cancers, including ovarian and breast cancer.<sup>73</sup>

In Kent, veterans are statistically more likely to attend substance misuse treatment services for treatment for alcohol rather than opiates or non-opiates compared to non-veterans.<sup>73</sup> Data from Kent commissioned drug and alcohol services in Table 23 shows Maidstone had the highest number of recorded veterans accessing substance misuse treatment.

*Table 23: Veterans accessing Kent substance misuse services in 2023 by district*

Area	Patients
Maidstone	35
Tunbridge Wells	25
Margate	20
South Kent Coastal	20
Gravesend	15
Canterbury	10
Sittingbourne	10
Ashford	*

\* Totals may not add up to 100% as low numbers suppressed and rest rounded to nearest 5

Source: Kent commissioned drug and alcohol services

In terms of wider determinants, veterans face challenges with employment, housing including homelessness and training, but within Kent, there are numerous charities and agencies able to assist veterans and their families in addressing barriers and inequalities.<sup>73</sup>

Insights from the Armed Forces Community (AFC) in Kent, Surrey and Sussex report the following challenges members face in accessing healthcare:<sup>73</sup>

- Although improving, stigma around mental health and addictions prevent health seeking behaviour within the AFC due to issues around masculine culture and concerns around impact on career. The 'military mindset' may encourage them to be self-sufficient and not seek help.

<sup>73</sup> Kent Public Health Department. Armed Forces and Veteran Community Needs Assessment 2024. [Accessed March 2025]. <https://www.kpho.org.uk/joint-strategic-needs-assessment/health-intelligence/population-groups/minority-groups#tab1>.

- Veterans feel they are seen as too complex to treat and are passed between services
- Armed Forces communities can be reticent to speak to people who do not have armed forces experience and may struggle to relate to civilians
- Civilians can be viewed by the AFC to lack any understanding of their lives and experiences, fail to understand their methods of communication, and fail to show respect for what they have done in their lives
- A lack of translatable materials in Nepali required for Gurkha and Nepalese Armed Forces Communities.

The Armed Forces Covenant is a promise by the nation that those who serve and have served, and their families, should be treated fairly. The Covenant was enshrined in law in the Armed Forces Act 2011 and ensures that members of the AFC are not disadvantaged as a result of their service in accessing public and commercial services;<sup>74</sup> KCC actively supports this covenant.

#### 4.7 Visitors

Kent, also known as the “Garden of England”, is accessible by high-speed rail and passenger ferry ports linked to Europe and the rest of Britain. It is estimated the Garden of England received 66 million visitors in 2023: a combination of day and overnight trips.<sup>75</sup> Domestic visitors made up the larger portion of visitors versus overseas visitors. Visiting Kent for holiday and/or leisure or visiting friends and family were the most frequent type of visit. 49% of day visitors visited urban areas, while 31% and 20% visited the countryside and coastal areas. The leading nations of visitors from overseas who stayed overnight in Kent were the USA, France and Germany.<sup>75</sup> As shown in Table 24, Dartford, Canterbury and Swale had the most visitors, while Gravesham, Tonbridge and Malling and Sevenoaks had the least visitors<sup>76</sup>.

*Table 24: Number of day and overnight trips by visitors to Kent by district*

Area	Number of visitors (million)
Ashford	4.5
Canterbury	8.1
Dartford	10.5
Dover	4.5
Folkestone and Hythe	4.7
Gravesham	2.2

<sup>74</sup> Ministry of Defence. Armed Forces Covenant Duty Statutory Guidance. November 2022. [Accessed March 2025]. <https://www.gov.uk/government/publications/armed-forces-covenant-duty-statutory-guidance>.

<sup>75</sup> Visit Kent Business. Kent Tourism Economic Impact Study. December 2024. [Accessed March 2025]. <https://www.visitkentbusiness.co.uk/media/117895/economic-impact-of-tourism-kent-2023-report.pdf>.

<sup>76</sup> Visit Kent Business. Kent Tourism Economic Impact Study Infographic. [Accessed March 2025]. <https://www.visitkentbusiness.co.uk/media/117907/kent-s-visitor-economy-2023.pdf>.



Area	Number of visitors (million)
Sevenoaks	4.3
Maidstone	4.6
Swale	5.3
Thanet	4.6
Tonbridge and Malling	3.1
Tunbridge Wells	4.7
Medway	4.8
<b>Kent</b>	<b>66</b>

Some of the numbers have been rounded up.

Source: Visit Kent Business, Kent's visitor economy (2024)

It is not anticipated that the health needs of this patient group are likely to be very different to those of the general population of Kent. As they may only be in the county for a day or two, their health needs are likely to be:

- Treatment of an acute condition which requires the dispensing of a prescription
- The need for repeat medication
- Support for self-care, or
- Signposting to other health services such as a GP or NHS 111.

#### 4.8 People with sensory impairment

People with sensory impairment or loss can experience substantial challenges with safe and effective access to/ use of medicines. The Safety Gap report (March 2025) commissioned by the Patient Safety Commissioner highlights barriers to pharmaceutical care experienced by people with sensory impairment.<sup>77</sup> Many of these barriers are associated with access to information, primarily written (including digital), but also verbal in terms of communication during consultations and accessing support services. A lack of training and awareness of the needs of people with sensory impairment amongst healthcare professionals, including pharmacy personnel, has also been identified. Consequentially, service users with sensory impairments will be affected and the Safety Gap reports people with sensory loss have lower levels of medication-related knowledge and are at higher risk of medicine-related harm compared to people without.

The Royal National Institute of Blind People (RNIBP) reports over 2 million people in the UK have a form of visual impairment, and of these, 320,000 are registered as blind or partially blind.<sup>78</sup>

<sup>77</sup> Patient safety commissioner. The safety Gap: Safety and Accessibility of Medicine and Medical Devices for people with sensory impairment. March 2025. [Accessed July 2025].

[https://www.patientsafetycommissioner.org.uk/wp-content/uploads/2025/03/The-Safety-Gap\\_Accessible.pdf](https://www.patientsafetycommissioner.org.uk/wp-content/uploads/2025/03/The-Safety-Gap_Accessible.pdf).

<sup>78</sup> Royal Institute of Blind People. RNIB Insight snapshots: Population and demographics. RNIB Insight snapshots – Population and demographics. [Accessed July 2025].

[https://media.rnib.org.uk/documents/Population\\_and\\_demographics\\_-\\_Insight\\_snapshot.pdf](https://media.rnib.org.uk/documents/Population_and_demographics_-_Insight_snapshot.pdf).

With regard to hearing impairment, the Royal Institute of Deaf People reports one in three adults in the UK (18 million people) are affected by deafness, hearing impairment or tinnitus; an estimated 1.2 million people have hearing loss impacting ability to hear most conversational speech.<sup>79</sup>

The Equality Act (2010) places legal responsibilities on pharmaceutical providers to make reasonable adjustments to their service to meet the needs of people with protected characteristics (which includes people with sensory impairments). Guidance to improve the accessibility of medicines and medical devices for people with sensory impairments have been produced by community pharmacy organisations, however, organisations also highlight that a lack of government funding makes it difficult for community pharmacies to comply with their responsibilities under the Equality Act.<sup>80</sup> NHS England reported *“despite the existence of legislation and guidance ... in reality many service users continue to receive information from health and social care organisations in formats which they are unable to understand and do not receive the support they need to communicate”*.<sup>81</sup>

#### 4.9 Impact of the changing climate

Climate is one of the wider determinants of health impacting particularly more on deprived communities and groups. Climate change is expected to bring extreme weather events including, but not limited to, heatwaves, flooding and droughts, all of which increase risk to health and excess mortality. Kent's climate is already changing but its impacts are likely to be felt acutely in Kent with its long, strategically important coastline and warm summers compared to the rest of the UK. The impact of climate change on individuals will vary, with the worst effects on disadvantaged and vulnerable populations; vulnerable groups include people with poor cognition, children, older people, people with existing conditions, people who are overweight and obese, people with unconventional lifestyles such as those who are homeless and people who work outdoors such as farmers or outdoor labourers.<sup>82 83 84</sup>

<sup>79</sup> Royal Institute of Deaf People. Prevalence of deafness and hearing loss. Prevalence of deafness and hearing loss – RNID. [Accessed July 2025]. <https://rnid.org.uk/get-involved/research-and-policy/facts-and-figures/prevalence-of-deafness-and-hearing-loss/>.

<sup>80</sup> Patient safety commissioner. The safety Gap: Safety and Accessibility of Medicine and Medical Devices for people with sensory impairment. March 2025. [Accessed July 2025]. [https://www.patientsafetycommissioner.org.uk/wp-content/uploads/2025/03/The-Safety-Gap\\_Accessible.pdf](https://www.patientsafetycommissioner.org.uk/wp-content/uploads/2025/03/The-Safety-Gap_Accessible.pdf).

<sup>81</sup> NHS England (2017). Accessible Information: Specification v.1.1. NHS England Report Template 1 - long length title. [Accessed July 2025]. <https://ca2-ecl.edcdn.com/implementation-guidance.pdf?v=1719916171>.

<sup>82</sup> Deakin, S, Schwartz, E. Implications of Climate Change for Public Health (2024). The Public Health Department Kent County Council. [Accessed July 2025]. <https://democracy.kent.gov.uk/mgConvert2PDF.aspx?ID=127475>.

<sup>83</sup> UK Health Security Agency. Health Effects of Climate Change (HECC) in the UK (2024). Health Effects of Climate Change in the UK: state of the evidence 2023. [Accessed July 2025]. <https://assets.publishing.service.gov.uk/media/659ff6a93308d200131f8e78/HECC-report-2023-overview.pdf>.

<sup>84</sup> The Pharmaceutical Journal. Heat-related illnesses: preparing for periods of high temperatures. Heat-related illnesses: preparing for periods of high temperatures - The Pharmaceutical Journal. [Accessed July 2025]. <https://pharmaceutical-journal.com/article/id/heat-related-illnesses-preparing-for-high-temperatures>.

In the UK an estimated 2295 heat related deaths occurred during the summer of 2023 and almost 3000 in the summer of 2022, when temperatures exceeded 40°C for the first time. Extreme heat has also affected the UK's health service, as heatwaves in 2022 led to service disruption in three London hospitals. Warmer temperatures and changing human behaviours could increase the spread of resistant infections, making it harder to fight antimicrobial resistance. Despite the warming climate, deaths from cold are also expected to rise, mainly due to an ageing population.

The top five climate change risks in Kent are: heat leading to increased mortality, overheating homes and public buildings causing productivity and health issues, overheating of public spaces affecting health, water scarcity and droughts affecting access to water, increase in flood risk impacting people's homes, businesses, health and social care facilities and access.

## Appendix I: Consultation reports

### Contents

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<b>Summary of consultation responses .....</b>	<b>3</b>
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### Consultation stakeholders and communication

Regulation 8 of the Pharmaceutical and Local Pharmaceutical Services (PLPS) Regulations 2013 requires the Health and Wellbeing Board (HWB) to consult a specified range of organisations on a draft of the Pharmaceutical Needs Assessment (PNA) at least once during the process of drafting the document for a period of at least 60 days.

The Kent HWB held a consultation on the draft Kent PNA for 60 days from 6 June to 4 August 2025.

The draft PNA was hosted on Kent County Council's (KCC) engagement website Let's Talk Kent<sup>1</sup> and invitations to review the assessment, and comment, were sent to a wide range of stakeholders as described below. An invite was also sent to registered users of Let's Talk Kent who had asked to be kept informed of activities related to public health and wellbeing and/or had participated in the engagement to help inform the draft assessment.

The consultation was also promoted by KCC via a media release on the launch day, social media throughout the consultation period, articles in their residents' e-newsletter and through posters displayed in Kent libraries and gateways. Kent Healthwatch, the Kent Association of Local Councils (KALC) and Kent and Medway ICB communications team promoted the consultation through their social medial channels and newsletters. Other members of the Kent PNA Steering Group also distributed the consultation web link within their organisations and network.

During the consultation period there were 1,047 visits to the consultation webpage by 959 visitors.

Responses to the consultation could be made via an online questionnaire, word version of the questionnaire or by email. Paper copies and alternative formats were also available on request.

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<sup>1</sup> <https://letstalk.kent.gov.uk/pharmaceutical-needs-assessment-2025-2028>

**Consultees as required by PLPS Regulations 2013 Part 2 (8):**

- Kent Local Pharmaceutical Committee
- Kent Local Medical Committee
- Pharmacies and Dispensing Appliance Contractors in Kent<sup>2</sup>
- Dispensing GP practices in Kent
- Kent Healthwatch
- NHS Trust or NHS Foundation Trusts:
  - Dartford and Gravesham NHS Trust
  - East Kent Hospitals University NHS Foundation Trust
  - Kent Community Health NHS Foundation Trust
  - Kent and Medway NHS and Social Care Partnership Trust
  - Maidstone and Tunbridge Wells NHS Trust
- Kent and Medway ICB
- Neighbouring Health and Wellbeing Boards (HWBs):
  - Medway HWB
  - East Sussex HWB
  - Surrey HWB
  - Bromley HWB
  - Bexley HWB
  - Thurrock HWB

**Other consultees:**

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

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<sup>2</sup> Please note there are no LPS contractors in Kent Health and Wellbeing Board area.

## Summary of consultation responses

There were in total 60 responses, 58 of them from the online questionnaire and two received by email. Responses received were:

- 51 (85%) from members of the public resident in Kent
- 3 (5%) from pharmacies in Kent
- 2 (3%) from other organisations in Kent
- 1 (2%) from members of the public resident outside Kent
- 1 (2%) from a social care professional (individual)
- 1 (2%) from a Kent NHS Trust
- 1 (2%) from a neighbouring HWB

All responses were considered by the PNA Steering Group at its meeting on 27 August 2025 for the final PNA.

From the 60 responses, 29 (48%) agreed and 16 (27%) partly agreed with the conclusions of the draft Kent 2025 PNA, 10 (17%) didn't know and only 3 (5%) disagreed. The remaining respondents (3%) skipped this question.

Below is a summary of responses to the specific questions, asked during the consultation. Some figures may not add up to 100% due to rounded numbers. Due to small numbers, responses are not broken down by district. All additional comments received to these questions are listed in the Consultation comments section below.

### Part 1 – About you

**Q1. In what capacity are you mainly responding?** (Answered: 60, Skipped: 0)

Options	Number	%
As a Kent resident (living in the Kent County Council authority area)	51	85%
As a resident from somewhere else, such as Medway or further away	1	2%
As an individual (Health professional)	0	0%
As an individual (Social Care professional)	1	2%
As a Kent Pharmacy or Dispensing Appliance Contractor	3	5%
Representing the Kent Local Pharmaceutical Committee	0	0%
Representing the Kent Local Medical Committee	0	0%
Representing Healthwatch or another patient, consumer or community group	0	0%
Representing a Kent NHS Trust or NHS Foundation Trust	1	2%
Representing NHS England	0	0%
Representing a neighbouring Health and Wellbeing Board to Kent	1	0%
Representing another organisation in Kent	2	3%
Other	0	0%



**Q1a. If you are responding on behalf of an organisation, please tell us its name**

(Answered: 5, Skipped: 55)

Representatives from the following organisations identified:

- Boots UK Limited
- Kent Community Health NHSFT
- Whitstable Medical Practice
- NHS Kent and Medway ICB
- London Borough of Bromley

**Q2. If you are a resident, please tell us which district you live in.**

(Answered: 52, Skipped: 8)

Options	Number	%
Ashford	3	6%
Canterbury	11	21%
Dartford	3	6%
Dover	2	4%
Folkestone and Hythe	4	8%
Gravesham	1	2%
Maidstone	6	11%
Sevenoaks	1	2%
Swale	6	11%
Thanet	7	13%
Tonbridge and Malling	3	6%
Tunbridge Wells	4	8%
I live in Medway	0	0%
I live somewhere else (please see below)	1	2%

I live somewhere else: London.

**Q3. If you are responding as a professional or an organisation, please tell us which district or districts you work in. Select all that apply.**

(Answered: 5, Skipped: 55)

Options	Number	%
Ashford	1	20%
Canterbury	1	20%
Dartford	2	40%
Dover	1	20%
Folkestone and Hythe	1	20%

Options	Number	%
Gravesham	2	40%
Maidstone	1	20%
Sevenoaks	1	20%
Swale	2	40%
Thanet	1	20%
Tonbridge and Malling	2	40%
Tunbridge Wells	1	20%
I/we work in Medway	1	20%
I/we am/are based somewhere else	0	0%

## Part 2 – Your views on the draft PNA for 2025-2028

**Q4. Has the purpose of the PNA been explained?** (Please read about the purpose of the PNA in Section 1.4 of the draft PNA) (Answered: 59, Skipped: 1)

Options	Number	%
Yes	48	81%
Partly	7	12%
No	3	5%
I don't know	1	2%

**Q4a. If you have responded 'Partly' or 'No' to Q4, please tell us why below.**

Six comments were submitted (full comments in under the Consultation comments section below). Summary of themes:

- Lack of clarity on purpose
- Length of the document.

**Q5. Does the draft Pharmaceutical Needs Assessment reflect the current provision of pharmaceutical services within your area?** (Answered: 59, Skipped: 1)

Options	Number	%
Yes	37	63%
Partly	10	17%
No	2	3%
I don't know	10	17%

**Q5a. If you have responded ‘Partly’ or ‘No’ to Q5, please tell us why below.**

Eight comments were submitted (full comments in the Consultation comments section below). Summary of themes:

- Insufficient provision or services
- Medicines shortage
- Accessibility issues.

**Q6. Are there any gaps in service provision, for example, when, where and which services are available that have not been identified in the draft PNA?** (Answered: 59, Skipped: 1)

Options	Number	%
Yes	12	20%
Partly	7	12%
No	25	42%
I don't know	15	25%

**Q6a. If you have responded ‘Yes’ or ‘Partly’ to Q6, please tell us why below.**

Thirteen comments were submitted (full comments in the Consultation comments section below). Summary of themes:

- Access out of normal working hours
- Medicines shortage
- Reduced access due to closure of pharmacies.

**Q7. Does the draft PNA reflect the need of your area's population?** (Please read about the needs of your area's population in Sections 2 and 6 of the draft PNA) (Answered: 59, Skipped: 1)

Options	Number	%
Yes	30	51%
Partly	16	27%
No	1	2%
I don't know	12	20%

**Q7a. If you have responded ‘Partly’ or ‘No’ to Q7, please tell us why below.**

Twelve comments were submitted (full comments in the Consultation comments section below). Summary of themes:

- Concerns about elderly population and people with mobility issues
- Concerns about population growth
- Evening and weekend access.

**Q8. Has the draft PNA provided information to inform market entry decisions? For example, decisions on applications for new pharmacies and dispensing appliance contractor premises?** (Please read about market entry decisions in Section 1.1 of the draft PNA) (Answered: 59, Skipped: 1)

Options	Number	%
Yes	29	49%
Partly	8	14%
No	3	5%
I don't know	19	32%

**Q8a. If you have responded 'Partly' or 'No' to Q8, please tell us why below.**

Five comments were submitted (full comments in the Consultation comments section below). Summary of themes:

- Number of pharmacies is adequate but not the staffing levels
- Concerns about provision at weekends and in rural areas.

**Q9. Has the draft PNA provided information to inform how pharmaceutical services may be commissioned in the future?** (Please read about how pharmaceutical services may be commissioned in the future in Section 7 of the draft PNA). (Answered: 58, Skipped: 2)

Options	Number	%
Yes	36	62%
Partly	9	16%
No	2	3%
I don't know	11	19%

**Q9a. If you have responded 'Partly' or 'No' to Q9, please tell us why below.**

Five comments were submitted (full comments in the Consultation comments section below). Summary of themes:

- More information about pathfinders
- Differentiation between national and local services.

**Q10. Has the draft PNA provided enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors?** (Please read about future pharmaceutical service provision and plans for pharmacies and dispensing appliance contractors in Sections 6 and 7 of the draft PNA). (Answered: 59, Skipped: 1)

Options	Number	%
Yes	35	59%
Partly	8	14%
No	2	3%
I don't know	14	24%

**Q10a. If you have responded 'Partly' or 'No' to Q10, please tell us why below.**

Three comments were submitted (full comments in the Consultation comments section below). Summary of themes:

- Use of technology
- Concerns about profitability of pharmacies and funding.

**Q11. Are there any pharmaceutical services that could be provided in the community pharmacy setting in the future that have not been highlighted?**

(Answered: 58, Skipped: 2)

Options	Number	%
Yes	10	17%
No	21	36%
I don't know	27	47%

**Q11a. If you have responded 'Yes' to Q11, please tell us which pharmaceutical service could be provided in the future.**

Nine comments were submitted (full comments in the Consultation comments section below). Summary of themes:

- Use of technology
- Access to over the counter medicines from dispensing practices
- Vaccinations and other services.

**Q12. Do you agree with the conclusions of the draft PNA?** (Please read the conclusions in Section 7 of the draft PNA). (Answered: 58, Skipped: 2)

Options	Number	%
Yes	29	50%
Partly	16	28%
No	3	5%
I don't know	10	17%

**Q12a. If you have responded 'Partly' or 'No' to Q12, please tell us why below.**

Nine comments were submitted (full comments in the Consultation comments section below). Summary of themes:

- Financial pressure and closures.
- Concerns about rural areas

**Q13. If there are any further comments that you have about the draft PNA, please add them below.** (Answered: 14, Skipped or “no comment”: 46)

Fourteen comments were submitted (full comments in the Consultation comments section below). Summary of themes:

- Medication shortages
- Concerns about capacity for dispensing
- Funding and closures
- Access to services during weekends.

### Part 3 – Equality Analysis

To help ensure that we are meeting our obligations under the Equality Act 2010 we have prepared an Equality Impact Assessment (EqIA) for the draft PNA.

An EqIA is a tool to assess the potential impact the draft PNA could have on the protected characteristics: age, disability, gender re-assignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation. At KCC we also include carer's responsibilities. The EqIA is available online at <http://www.kent.gov.uk/pharmacyneeds> or in paper copy on request.

**Q14. We welcome your views on our equality analysis, including suggestions for anything else we should consider relating to equality and diversity. Please add your comments below.** (Answered: 12, Skipped or “no comment”: 48)

Twelve comments were submitted (full comments in the Consultation comments section below). Summary of themes:

- Concerns about service provision for population with disabilities and other groups.



**Part 4 – More about you** (It is not necessary to answer these questions if you are responding on behalf of an organisation)

**Q15. What is your sex?** A question about gender identity will follow. (Answered: 47, Skipped: 13)

Options	Number	%
Female	27	57%
Male	20	43%
I prefer not to say	0	0%

**Q16. Is the gender you identify with the same as your sex registered at birth?** (Answered: 47, Skipped: 13)

Options	Number	%
Yes	46	98%
No, please tell us your gender identity (please see below)	1	2%
I prefer not to say	0	0%

Gender identity: Non binary

**Q17. Which of these age groups applies to you?** (Answered: 47, Skipped: 13)

Options	Number	%
0-15	0	0%
16-24	1	2%
25-34	0	0%
35-49	1	2%
50-59	9	19%
60-64	9	19%
65-74	12	26%
75-84	13	28%
85+ over	2	4%
I prefer not to say	0	0%

**Q18. What is your religion or belief?** (Answered: 47, Skipped: 13)

Options	Number	%
No religion or belief	15	32%
Atheist	1	2%
Christian	29	62%
Buddhist	0	0%
Hindu	0	0%
Jewish	0	0%
Muslim	0	0%
Sikh	0	0%
A different religion or belief, please tell us	0	0%
I prefer not to say	2	4%

**Q19. Do you have a disability, health condition, physical or mental impairment that has a substantial and long-term negative effect on your ability to do normal daily activities?** (Answered: 47, Skipped: 13)

Options	Number	%
Yes	23	49%
No	21	45%
I prefer not to say	3	6%

**Q19a. If you answered 'Yes' to Q19, please tell us if any of the following disabilities or health conditions apply to you. (You may have more than one, so please select all that apply)** (Answered: 40, Skipped: 20)

Options	Number	%
Physical	19	47%
Sensory (hearing, sight or both)	4	10%
Longstanding illness or health condition, such as cancer, HIV/AIDS, heart disease, diabetes or epilepsy	10	25%
Mental health condition	4	10%
Learning disability	0	0%
Neurodivergent, such as ADHD, autism, dyslexia and dyspraxia	1	2%
A different disability or health condition, please tell us (see below)	2	5%
I prefer not to say	0	0%

A different disability or health condition:

- Solar urticaria, high blood pressure
- Dexterity as well as problems walk long.

**Q20. Are you a Carer?** (A Carer is someone who gives unpaid care or help to anyone because they have a long-term physical or mental health condition or illness, or problem related to old age. Both children and adults can be Carers). (Answered: 47, Skipped: 13)

Options	Number	%
Yes	8	17%
No	38	81%
I prefer not to say	1	2%

**Q21. What is your ethnic group?** (Answered: 47, Skipped: 13)

Options	Number	%
White – English, Scottish, Welsh, Northern Irish or British	45	96%
White – Irish	1	2%
White – Gypsy or Irish Traveller	0	0%
White – Roma	0	0%
White – Any other White background	1	2%
Mixed or Multiple ethnic groups – White and Black Caribbean	0	0%
Mixed or Multiple ethnic groups – White and Black African	0	0%
Mixed or Multiple ethnic groups – White and Asian	0	0%
Mixed or Multiple ethnic groups – Any other Mixed or Multiple background	0	0%
Asian or Asian British – Indian	0	0%
Asian or Asian British – Pakistani	0	0%
Asian or Asian British – Bangladeshi	0	0%
Asian or Asian British – Chinese	0	0%
Asian or Asian British – Any other Asian background	0	0%
Black, Black British, Caribbean or African – Caribbean	0	0%
Black, Black British, Caribbean or African – African background	0	0%
Black, Black British, Caribbean or African – Any other Black, Black British or Caribbean background	0	0%
Another ethnic group – Arab	0	0%
Another ethnic group – Roma	0	0%
Another ethnic group – Any other ethnic group	0	0%
I prefer not to say	0	0%

**Q22. Which of the following best describes your sexual orientation?** (Answered: 45, Skipped: 15)

Options	Number	%
Heterosexual / straight	41	91%
Bisexual	1	2%
Gay or lesbian	3	7%
I prefer to define my own sexuality	0	0%
I prefer not to say	0	0%

## Consultation comments

### Comments received on the consultation questionnaire

The Steering Group that oversees the production of the Pharmaceutical Needs Assessment (as explained in Section 1.6 and Appendix C) has reviewed all comments received. We thank you for taking the time to read the draft PNA and share your feedback.

Please note comments have been included exactly as submitted to the questionnaire. When a user added the same comment in more than one question, this has only been listed and responded to once. Only questions with comments have been included here.

#### Comments to **Q4. Has the purpose of the Pharmaceutical Needs Assessment been explained?**

**Q4a.** If you have responded 'Partly' or 'No', please tell us why.

From	Answer	Comment	Steering Group response
Kent resident	No	Don't know anything about it	The consultation process was explained on the consultation website, and the purpose of the PNA described in Section 1.4 of the document.
Kent resident	Partly	Not clear how the PNA will identify changes needed and implement them	The PNA uses the latest data and forecasts available at the time of writing to assess needs. Any current or future recommendations are included in Section 7.2 as an aid to support commissioning decisions.
Kent resident	Partly	It's a very big document	We recognise the PNA is a long document. The content is required to meet NHS Regulations, which mandate detailed analysis and evidence.
Kent resident	Partly	I have not had to give any opinions hitherto. I do not know what to expect.	Thank you for your comment.
Kent resident	Partly	It appears that the exercise is to see if Kent is over providing for its residents sufficient or excess Pharmacies.	The purpose of the PNA is described in Section 1.4 of the document. The consultation process was explained on the consultation website.

From	Answer	Comment	Steering Group response
Kent resident	Partly	The documents are too wordy for an average patient	We recognise the PNA is a long document. The content is required to meet NHS Regulations, which mandate detailed analysis and evidence.

Comments to **Q5. Does the draft Pharmaceutical Needs Assessment reflect the current provision of pharmaceutical services within your area?**

**Q5a.** If you have responded 'Partly' or 'No', please tell us why.

From	Answer	Comment	Steering Group response
Kent resident	No	Insufficient service	The PNA has reviewed provision and need and concluded that service is adequate considering commercial and population needs across each district and the whole of Kent.
Neighbouring HWB	No	I am in Bromley	Your comment is noted.
Kent resident	Partly	As a resident/patient with long term conditions I am not clear on which pharmacies in my area of Swale offer Advanced and/or Enhanced service	Specific details about pharmacies in Swale and the services they offer are included in section in Section 6.2.9 and in Appendix A.
Kent resident	Partly	Most of the 42 villages do not have a pharmacy near	The PNA has reviewed provision and need including the rural areas of Kent and concluded that service is adequate considering commercial and population needs across each district and the whole of Kent. Dispensing GP practices provide coverage for rural areas. In some cases, community pharmacies may offer delivery services, and Distance Selling Pharmacies (DSPs) also remain an option for patients who live further away from a pharmacy.
Kent resident	Partly	I use this service	Thank you for your comment.



From	Answer	Comment	Steering Group response
Kent resident	Partly	Thanet has patchy pharmaceutical provision and many are understocked.	The PNA has reviewed provision and need and concluded that access to services is adequate for Thanet (Section 6.2.10). We acknowledge that medication supply shortage is a national issue but is outside the scope of the PNA process
Kent resident	Partly	Although we appear to have sufficient pharmacy hours, all are understaffed and unable to give the complete care that people deserve - need better funding	We acknowledge there is a national workforce issue, but this is outside the scope of the PNA process.
Kent resident	Partly	I cannot get to my pharmacy without assistance. They do not answer their phone for queries and leave you on hold stating "caller no. 2 or 1 and never answer just play music in between. Been on hold now for over one hour!! Also they let my partner know when his meds are ready but I do not hear from them or if they have any issues getting a medicine. As you will appreciate this is not a good service for me.	Under the Equality Act 2010, community pharmacies are required to make reasonable adjustments to ensure services are accessible to all, including less-abled persons. In some cases, community pharmacies may offer delivery services on a voluntary basis. Distance Selling Pharmacies (online) also remain an option for patients who face challenges in accessing a pharmacy in person. We understand that the quality of service is a concern, but this is outside the scope of the PNA process. Patients can share concerns with the pharmacy, and if the issue is not solved, this can be escalated to the Integrated Care Board (part of NHS) by phone 01634 335095 option 7 or email <a href="mailto:kmicb.patientexperience@nhs.net">kmicb.patientexperience@nhs.net</a> . All information is available <a href="#">NHS England » Contact your local integrated care board (ICB)</a>
Kent Pharmacy	Partly	Lack of access to acute NHS prescribing services through local partners (i.e. pharmacies) to help access for residents of Swale.	The PNA has reviewed provision and need and concluded that access to services is adequate for Swale (Section 6.2.9).

Comments to **Q6. Are there any gaps in service provision, for example when, where and which services are available that have not been identified in the draft Pharmaceutical Needs Assessment?**

**Q6a.** If you have responded 'Yes' or 'Partly', please tell us why.

From	Answer	Comment	Steering Group response
Kent resident	Yes	I couldn't see in the report where it shows that there are no pharmacists open after 6pm in Deal on Sunday. Intact, when I used the NHS website to search my local area (Deal, Dover, Ramsgate etc) , I couldn't find a single Pharmacy open after 6 pm on a Sunday.	The PNA has reviewed provision and need (including evenings and weekends) and concluded that service is adequate considering commercial and population needs across each district and the whole of Kent. Specific details about pharmacies in Dover and Thanet and their opening hours are included in sections 6.2.4, 6.2.10 and Appendix A.
Kent resident	Yes	Certain medications unavailable (e.g. Creon); advice from a pharmacy is very very limited and there is often a long queue	We acknowledge that medication supply shortage is a national issue but is outside the scope of the PNA process. We understand the quality of advice and queues are a concern, but this is also outside the scope of the PNA. Patients can share concerns with the pharmacy, and if the issue is not solved, this can be escalated to the Integrated Care Board (part of NHS) by phone 01634 335095 option 7 or email <a href="mailto:kmicb.patientexperience@nhs.net">kmicb.patientexperience@nhs.net</a> . All information is available <a href="#">NHS England » Contact your local integrated care board (ICB)</a>
Kent resident	Yes	There is no mention anywhere in the paper as to how this provision can utilise assistive technology to enhance service and delivery a much more preventative strategy	Thank you for your feedback. Utilisation of technology would vary for each contractor. Under the Equality Act 2010, community pharmacies are required to make reasonable adjustments to ensure services are accessible to all, including less-abled persons. Further detail has been added in Section 2 and Section 7 of the report.

From	Answer	Comment	Steering Group response
Kent resident	Yes	Too many pharmacies are closed on Saturdays, which is problematic particularly for people who work away from home during the week.	The PNA reviewed weekend opening hours across the county and for each of the districts and concluded there is currently no gap in Saturday provision, based on population needs and access to existing services. Opening hours reflect commercial and local need. Distance Selling Pharmacies (online) also remain an option for patients who face challenges in accessing a pharmacy in person during normal opening hours.
Representing a Kent NHS Trust or NHS Foundation Trust	Yes	<p>Frailty Virtual ward and Community nursing teams report difficulty accessing palliative care medicines in west Kent due to lack of pharmacy service provision mainly after 5pm and at weekends. It is not realistic for a community nurse to travel huge distances to find a 72 hour open pharmacy.</p> <p>KCHFT has noted problems since Pharmacies have dropped from 100 hour to 72. We have been working with the ICB to resolve but it is very difficult.</p> <p>The other issue not addressed in the PNA is access to pharmacies via the phone. I wonder if this could become part of a future analysis?</p> <p>The ICB EOL care team as well as KCHFT staff find some Pharmacies impossible to reach by phone and therefore impossible to check stock status.</p>	<p>There is currently a Palliative care (tier 1 and tier 2) ICB commissioned service across Kent. Please see section 4.2 in the main report.</p> <p>However, the updated <b>Pharmacy Quality Scheme (PQS)</b> now includes specific requirements for pharmacies to maintain and update a palliative care stock list and to demonstrate staff awareness of local availability. This development is intended to significantly improve timely access to key palliative care medicines, particularly during urgent situations.</p> <p>The PQS also promotes better communication between pharmacies and healthcare professionals, which may help address the difficulties previously reported in reaching pharmacies by phone to check stock availability.</p> <p>Concerns can be escalated to the Integrated Care Board (part of NHS) by phone 01634 335095 option 7 or email <a href="mailto:kmicb.patientexperience@nhs.net">kmicb.patientexperience@nhs.net</a>.</p> <p>All information is available <a href="#">NHS England » Contact your local integrated care board (ICB)</a></p>

From	Answer	Comment	Steering Group response
Kent resident	Yes	Lack of provision of medication without break for ADHD	We acknowledge that medication supply shortages are a national issue, but this is outside the scope of the PNA process.
Kent resident	Yes	There is limited pharmacy availability on weekends and evenings. There are also ongoing staff shortages in my area which impacts service availability and efficiency	The PNA reviewed evening and weekend opening hours across the county and for each of the districts and concluded that there is currently no gap in provision, based on population needs and access to existing services. While current provision is deemed good, the PNA recognises that pressures on pharmacy contractors vary. We acknowledge there is a national workforce issue, but this is outside the scope of the PNA process.
Representing another organisation in Kent	Yes	The draft PNA has concluded that there are no gaps in service provision which does not account for the significant barriers to pharmacy access currently being experienced by vulnerable patients in Whitstable. Since the closure of two pharmacies in the Whitstable area, Lloyds' Sainsburys and Estuary View Pharmacy, thousands of patients have been displaced and many have great difficulty in accessing their new pharmacy.	Under the Equality Act 2010, community pharmacies are required to make reasonable adjustments to ensure services are accessible to all. We recognise that travel time to pharmacies can vary significantly depending on geography, mobility, and access to transport, particularly for older residents and those in areas with limited public transport. In some cases, community pharmacies may offer delivery services on a voluntary basis, even though this is not a nationally commissioned service. Distance Selling Pharmacies (online) also remain an option for patients who face challenges in accessing a pharmacy in person. The PNA has reviewed provision and need and concluded that access to services is adequate. Pharmacy locations and opening hours reflect commercial and local need.

From	Answer	Comment	Steering Group response
Kent Pharmacy or Dispensing Appliance Contractor	Yes	No mention of upcoming ("autumn/winter 2025") free emergency contraception under Pharmacy Contraception Service	The upcoming changes to some of the services, including the Pharmacy Contraception Service, are mentioned in the PNA Section 1.3.
Kent resident	Partly	Again I feel many of the villages do not have services	The PNA has reviewed provision and need and concluded that service is adequate considering commercial and population needs across each district and the whole of Kent.
Kent Pharmacy or Dispensing Appliance Contractor	Yes	Minor ailment schemes and NHS funded prescribing services for community pharmacy.	Currently there is no commissioned minor illness service across Kent however some minor illnesses are included in the Pharmacy First Service. Pharmacist independent prescribing is growing as part of NHS services and will continue to develop from 2026, when all pharmacy graduates will be independent prescribers as mentioned in Section 1.2 and 7.2.4.
Kent resident	Partly	Margate has no pharmacy provision on Sunday and the pharmacies all close for lunch. This makes it difficult to use them during working hours and impossible if you need a chemist on a Sunday.	The PNA reviewed weekend opening hours across the county and for each of the districts and concluded that there is currently no gap in Sunday provision, based on population needs and access to existing services. Opening hours reflect commercial and local need. Details of opening hours for pharmacies In Thanet are included in Section 6.2.10 and Appendix A.
Kent resident	Partly	Intermittent supplies at times	We acknowledge that medication supply shortages are a national issue, but this is outside the scope of the PNA process.

Comments to **Q7. Does the draft Pharmaceutical Needs Assessment reflect the need of your area's population?****Q7a.** If you have responded 'Partly' or 'No', please tell us why.

From	Answer	Comment	Steering Group response
Kent resident	No	The number of pharmacies per population is much lower in Tunbridge Wells than the county and country average. There are always queues and there are many blocks of flats being built, especially for the elderly, so the demand will increase. Re 6.1 'expectation that pharmacy contractors will scale and flex their capacity in response to local needs', the pharmacy is very small in Southborough and there is insufficient room to expand.	<p>The PNA reviewed provision in Tunbridge Wells (Section 6.2.12) and concluded that there is currently no gap, based on population needs (including projected growth) and access to existing services.</p> <p>Average number of pharmacies are an indicator but cannot be used as a direct comparator because Tunbridge Wells is a largely rural area, with dispensing GP practices as well as the community pharmacies.</p> <p>In some cases, community pharmacies may offer delivery services and Distance Selling Pharmacies (online) also remain an option for patients who live further away from a pharmacy.</p> <p>To meet the increasing demand, changes like staff training, better use of technology and new ways of working will help keep services strong and reliable.</p>
Kent resident	Partly	There is a growing need to work preventatively and allow people the choice and dignity to remain safe and well in their own homes. There is a large proportion of our community who are in and out of hospital when medication adherence can be improved and reduce admissions and re admissions	Your comment has been noted by commissioners within the steering group. However, this is outside the scope of the PNA process.



From	Answer	Comment	Steering Group response
Kent resident	Partly	From your figures only two Pharmacies are open in Gravesham on a Sunday when public transport is reduced, so many people would have problems traveling to find an open store.	The PNA reviewed weekend opening hours across the county and for each of the districts and concluded that there is currently no gap in Sunday provision, based on population needs and access to existing services. Opening hours reflect commercial and local need.
Kent resident	Partly	Location of services needs study. The suitability of location for those with mobility issues or the elderly	<p>The PNA has reviewed provision (including pharmacy locations) and concluded that service is adequate considering commercial and population needs across each district and the whole of Kent.</p> <p>Under the Equality Act 2010, community pharmacies are required to make reasonable adjustments to ensure services are accessible to all, including less-abled persons. We recognise that travel time to pharmacies can vary significantly depending on geography, mobility, and access to transport, particularly for older residents and those in areas with limited public transport.</p> <p>In some cases, community pharmacies may offer delivery services on a voluntary basis, even though this is not a nationally commissioned service. Distance Selling Pharmacies (online) also remain an option for patients who face challenges in accessing a pharmacy in person.</p>
Kent resident	Partly	more house being built. More provision will be needed	The PNA assessed whether existing provision meets current and future population needs, considering projected growth and housing developments, and concluded that provision is adequate between 2025 and 2028, when a new PNA revision will take place.

From	Answer	Comment	Steering Group response
Kent resident	Partly	Cannot keep up with the population influx from London	The PNA has considered current population and projected increases as part of the assessment.
Kent resident	Partly	Whilst the broad brush picture says that there is no gap in service provision there are gaps in accessing repeat medication multiple times from different pharmacies so micro access on a personal level reveals many gaps which I as a resident/patient have to deal with.	We acknowledge that medication supply shortages are a national issue, but this is outside the scope of the PNA process.
Social care professional	Partly	In practice - still yet to encounter any Pharmacist who prescribes or extends any prescriptions following the change in the law	Pharmacist independent prescribing is growing as part of NHS services and will continue to develop from 2026, when all pharmacy graduates will be independent prescribers. Currently, there is not a nationally commissioned NHS community pharmacy prescribing service.
Kent resident	Partly	With significant growth in housing continuing, the PNA should be clearer on how pharmacies will serve new estates and how any requirement will be included in the Local Plan and in online planning applications.	The PNA assesses whether existing provision meets current and future population needs, considering projected growth and housing developments (Sections 2.9 and 6.3). While current provision is deemed good, the PNA recognises that pressures on pharmacy contractors and the way they may adapt would vary.
Representing another organisation in Kent	Partly	Whitstable is briefly referenced under Canterbury. Do the figures quoted account for the major coastal towns of Whitstable and Herne Bay?	Yes, Whitstable and Herne Bay fall under Canterbury. The PNA has considered current population and projected increases in all areas of Kent and each of the districts.
Kent resident	Partly	1 140,000 population and only 4 sites where you can access meds after 5pm: NOT adequate.	The PNA reviewed evening opening hours across the county and each of the districts and concluded that there is no gap in provision, based on population needs and access to services. Opening hours reflect commercial and local need.

From	Answer	Comment	Steering Group response
Representing a Kent Trust or NHS Foundation Trust	Partly	For KCHFT the specific cohort of patients tends to be PNG10&11 with complex needs and usually bedbound. It is our staff who use the community pharmacies and will report issues. We still receive issues about community pharmacies not receiving waste medicines.	Community pharmacies offer disposal of unwanted medicines returned to the pharmacy by someone living at home, in a children's home, or in a residential care home. (A 'residential care home' is defined in the 2013 regulations as an establishment which exists wholly or mainly for the provision of residential accommodation, together with board and personal care, for persons in need of personal care because of old age, mental or physical disability, past or present dependence on alcohol or drugs, any past illnesses, or past or present mental disorder). Concerns can be escalated to the Integrated Care Board (part of NHS) by phone 01634 335095 option 7 or email <a href="mailto:kmicb.patientexperience@nhs.net">kmicb.patientexperience@nhs.net</a> . All information is available <a href="#">NHS England » Contact your local integrated care board (ICB)</a>

Comments to **Q8. Has the draft Pharmaceutical Needs Assessment provided information to inform market entry decisions?**  
For example, decisions on applications for new pharmacies and dispensing appliance contractor premises?

**Q8a.** If you have responded 'Partly' or 'No', please tell us why.

From	Answer	Comment	Steering Group response
Kent resident	No	It's too complicated for a quick review	We recognise the PNA is a technical document. The content is required to meet NHS Pharmaceutical Regulations, which mandate detailed analysis and evidence.
Kent resident	No	If such information HAS been provided , I am unaware.	The PNA role in the market entry process is explained in Section 1.1 and reference to which services are a determination for market entry can be seen throughout the document.

From	Answer	Comment	Steering Group response
Kent resident	Partly	There is a need for rural services	Thank you for your comment.
Kent resident	Partly	We don't need new pharmacies but more staff provision within them	We acknowledge there is a national workforce issue, but this is outside the scope of the PNA process.
Kent resident	Partly	I cannot remember in Gravesham when a new pharmacy opened (one not replacing a closed one) the area could certainly do with additional pharmacies and people in the villages (Istead Rise, New Ash Green, Chalk etc must consider themselves very poorly served at weekends when the already poor public transport system is even worse on a Sunday, even if it exists at all.	Details of pharmacies in Gravesham are included in Section 6.2.6. The PNA reviewed weekend opening hours and concluded that there is currently no gap in weekend provision, based on population needs and access to existing services. Opening hours reflect commercial and local need.

Comments to **Q9. Has the draft Pharmaceutical Needs Assessment provided information to inform how pharmaceutical services may be commissioned in the future?**

**Q9a.** If you have responded 'Partly' or 'No', please tell us why.

From	Answer	Comment	Steering Group response
Kent resident	No	There seems to be huge amount of data collected and collated. Unless I am missing something there are no proposals from this data regarding the future.	Future opportunities are included in Section 7.2.
Kent pharmacy contractor	Partly	Only shows pathfinders sites for prescribing services, no clarification on process to apply for these services.	Initial pathfinder project was a pilot designed to inform a commissioning framework for the future. This currently concludes in December 2025.

From	Answer	Comment	Steering Group response
Representing a Kent NHS Trust or Foundation Trust	Partly	As part of the 10 year plan, the growth in virtual ward/home treatment services is likely to result in greater needs for unusual medicines and more medicines being dispensed in the community rather than the acute. We have seen year on year growth in the service provision which will need greater support from community pharmacies.	Thank you for your comment. We recognise that more care is being delivered in people's homes, including virtual wards, and this may increase the demand on community pharmacies to supply specialist medicines. While this PNA looks at current needs and the next three years, future assessments will consider the longer-term impact of the NHS 10-Year Plan at the ICB level.
Representing another organisation in Kent	Partly	There is a nationally commissioning framework for the national advanced services, which is unlikely to take advice from local PNA processes. Locally, these decisions are based on population health needs and gaps- will be a useful resource in planning, however it won't be definitive as only a moment in time snapshot.	Thank you for your comment. This has been acknowledged.
Kent resident	Partly	It is not totally clear to me how commissioning decisions are running alongside expanded communities.	The assessment uses the latest data and forecasts available at the time of writing. Population growth is considered in Sections 2.9.3, and in Section 6.2 and 6.3 for its impact in pharmaceutical provision.

Comments to **Q10. Has the draft Pharmaceutical Needs Assessment provided enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors?**

**Q10a.** If you have responded 'Partly' or 'No', please tell us why.

From	Answer	Comment	Steering Group response
Kent resident	Partly	Future provisions should include how and when utilisation of appropriate assistive and accessible technology will be utilised	Utilisation of technology would vary for each contractor. Your comment on assistive technology has been taken into consideration for the final PNA in Sections 2.12.8 and 7.2.4.
Representing a Kent NHS Trust or NHS Foundation Trust	Partly	Do we have any data on how many community pharmacies are not profitable in Kent as this may help forecast future losses?	Data on individual contractors is not held however at a national level the following report provides a helpful insight. Economic Analysis of NHS Pharmaceutical Services in England. March 2025 <a href="https://www.frontier-economics.com/media/aazb0awt/frontier-iqvia-economic-analysis-pharmacy-final-report-web.pdf">https://www.frontier-economics.com/media/aazb0awt/frontier-iqvia-economic-analysis-pharmacy-final-report-web.pdf</a>

Comments to **Q11. Are there any pharmaceutical services that could be provided in the community pharmacy setting in the future that have not been highlighted?**

**Q11a.** If you have responded 'Yes', please tell us which pharmaceutical service could be provided in the future.

From	Answer	Comment	Steering Group response
Kent resident	Yes	Recycling of Sharps	Thank you. Your comment has been noted by commissioners within the steering group.
Kent resident	Yes	Working in partnership to utilise assistive technology solutions	Thank you. Your comment has been noted by commissioners within the steering group.
Kent resident	Yes	Dispensing practices should be allowed to sell over the counter medicines like any other pharmacy if they so wish.	Thank you. Your comment has been noted by commissioners within the steering group.
Kent resident	Yes	Manically managed weight loss injections	Your comment is noted.



From	Answer	Comment	Steering Group response
Kent resident	Yes	<p>It would be good if we could have pharmacy tiles to help manage mental health conditions, such as structured medication reviews for antidepressants and anti-anxiety medication. We already have pharmacies offering flu and Covid-19 vaccines, but it would be good if these were expanded to include HPV, shingles, and travel vaccinations.</p> <p>Pharmacies could play a greater role in supporting patients with long-term conditions like diabetes and asthma through structured intervention programmes.</p> <p>Maybe pharmacies could offer rapid testing for conditions like strep throat, urinary tract infections, and sexually transmitted infections to reduce pressure on GP services.</p> <p>Pharmacies could offer long-acting reversible contraceptives and menopause management support.</p> <p>Pharmacies could expand support for opioid dependency, needle exchange programmes, and alcohol dependency interventions.</p>	<p>Thank you for your detailed response. Some of these services are already offered by community pharmacies in Kent (Sections 1.5.6, 3.10, 3.11, 4.1 and 4.2). Your comment about other services has been noted by commissioners within the steering group.</p>
Kent pharmacy contractor	Yes	Expansion of national vaccination services to pharmacy, such as, RSV, pneumococcal, shingles.	<p>Thank you. Your comment has been noted by commissioners within the steering group.</p>

From	Answer	Comment	Steering Group response
Kent pharmacy contractor	Yes	NHS acute prescribing services - for specific conditions e.g. dermatology Minor ailment schemes	Thank you. Your comment has been noted by commissioners within the steering group.
Kent resident	Yes	Restoration of pharmacy provision at Summerfield surgery Ramsgate. Local users don't have bus service to Newington Surgery and though frequent loop to Ramsgate, some users can't mobilise to Ramsgate Boots.	Public transport provision has been considered as part of the assessment. Although provision and access has been deemed as adequate, we recognise that individual experiences may vary.
Kent resident	Yes	more consideration of dispensing pharmacy items to those with dextrous disabilities	Thank you. Your comment has been noted by commissioners within the steering group.

Comments to **Q12. Do you agree with the conclusions of the draft Pharmaceutical Needs Assessment?**

**Q12a.** If you have responded 'Partly' or 'No', please tell us why.

From	Answer	Comment	Steering Group response
Kent resident	No	The draft PNA talks of providing needs tailored to the population needs. However, our local pharmacy no longer opens on Saturday. This seems to be addressing their needs/ wishes, NOT the public needs. THIS at a time when pharmacies are supposed to be picking up much of the work done by doctor surgeries and A&E. Let us remember, health is 24/7 (365) NOT Monday to Friday.	The PNA reviewed weekend opening hours across the county and each of the districts therein and concluded that there is currently no gap in Saturday provision, based on population needs and access to existing services. Opening hours reflect commercial and local need.

From	Answer	Comment	Steering Group response
Kent resident	No	Statistical information on which to provide services is not sufficient to determine what is needed on the ground. Where I live, Thanet, has a poor health record in certain age groups, a. Door certain medical conditions, yet the draft PNA concludes there are “no gaps”. Contradictory.	The assessment is completed at district level, considering the current needs of Thanet population and the service provision. While current provision is deemed good, the PNA recognises that individual experiences may vary.
Kent resident	No	The PNA keeps repeating "No gaps are identified". But what is in place now simply is not working and looks like it will only get worse as demand increases. I don't expect independent pharmacies will remain in business if they have to remain open longer hours and face increased costs.	We acknowledge concerns regarding the impact of increasing service demands on pharmacy capacity. While current provision is deemed good, to meet the increasing demand, changes like staff training, better use of technology and new ways of working will help keep services strong and reliable. The way pharmacy contractors may adapt would vary. Opening hours reflect commercial and local needs.
Kent resident	Partly	I see the data. I see the number of pharmacies. But the availability to people living in rural areas v those in the cities is not highlighted. Likewise the availability of services to those with no transport or limited mobility	The PNA acknowledges the difference between the areas in Kent. The assessment has been completed by district, to further identify specific needs and better assess the provision of each area. Different travel methods have also been considered. Dispensing GP practices provide coverage for rural areas. In some cases, community pharmacies may also offer delivery services, and Distance Selling Pharmacies (DSPs) remain an option for patients who live further away from a pharmacy.
Kent resident	Partly	The issue of 'no gaps' in provision at macro level is not always reflected at micro individual patient level where access to medication and services is mixed and unclear.	The assessment is completed at district level, considering the needs of the population and the service provision. While current provision is deemed good, the PNA recognises that individual experiences may vary.

From	Answer	Comment	Steering Group response
Kent resident	Partly	I feel generally, there is not enough information on homeless people	Homeless population and rough sleepers have been considered in the PNA (Section 2.12.3) with the data currently available. More details are included in Appendix H, section 4.3. We recognise the full extent of homelessness is underreported, as it is not fully captured in statistics.
Representing a Kent NHS Trust or NHS Foundation Trust	Partly	Generally I agree with the assumptions and the conclusions for the general public however the detail for our KCHFT services will present a different picture as explained previously.	Thank you for your comment.
Representing another organisation in Kent	Partly	<p>We believe there is a need for additional local pharmacies to cover the Whitstable area. This is supported by a recent survey of over 7000 patients in which 97.8% of patients requested the return of a pharmacy to Estuary View Medical Centre. This was supplemented by over 3000 supportive comments which evidence the local need and challenges patients have faced since the unfortunate closure of this pharmacy.</p> <p>Two pharmacies in Whitstable have closed in recent years leading to a decline in pharmaceutical capacity.</p> <p>While many of the remaining local pharmacies offer delivery services, this does not address acute needs of patients, including</p>	Thank you for your detailed review and comment. We acknowledge concerns about the impact of closures and increasing demands on pharmacies. The PNA assesses whether existing provision meets current and future needs of the population, taking into account how the population will grow and future demands on the service considering the location and opening hours of the pharmacies. Closures of pharmacies since the last PNA are also reviewed in Sections 3 and 6 of the document. While we acknowledge that fewer pharmacies may be inconvenient, the assessment concludes that there is currently no gap in service provision until 2028, when a new PNA revision will take place. Opening hours are linked to commercial and local needs.

From	Answer	Comment	Steering Group response
		<p>some of the most vulnerable who are now no longer able to walk to their local pharmacy. The convenience that once was available to patients in having a pharmacy co-located with a GP Surgery and Urgent Treatment Centre has now also been lost and needs to be replaced. Estuary View Medical Centre provides care for over 45,000 patients in Whitstable alone. It is also frequented by patients across the whole of East Kent and beyond. It is open 8am to 8pm, 7 days of the week. There are a minimum of 600 face to face encounters in the building every day, many of which necessitate a prescription or other pharmacy interventions.</p> <p>Areas around Estuary View Medical Centre are undergoing significant development both commercially and residentially. Demand on all medical services is increasing as a result.</p>	<p>To meet the increasing demand, changes like staff training, better use of technology and new ways of working will help keep services strong and reliable. The way each pharmacy will adapt would vary.</p>
Kent resident	Partly	<p>Illegal immigration crisis has 2 major implications: 1 - effects on public health/infection control etc. 2 - why should illegal immigrants receive free healthcare..?</p> <p>Also - persons held by HM Prison services receive free &amp; frequent healthcare better than vulnerable people in the public. The reverse should be the priority!</p>	<p>Thank you for your comment however this is outside of the scope of the PNA process.</p>

Responses to **Q13**. If you there are any further comments that you have about the draft PNA, please add them below.

From	Comment	Steering Group response
Kent resident	So many surveys from KCC - surely this is NHS responsibility. KCC should focus on reducing council tax i.e. waste , getting rid of the Police Commissioner ( double management ) and the No of Councillors ( double management ~) and lifting every stone to find waste and eradicating it. Start with biscuits ant team meetings.	As explained in Section 1.6, Kent Health and Wellbeing Board has statutory responsibilities under the Health and Social Care Act to complete the PNA assessment. Public Health in Kent County Council produces this document and completes the activity on behalf of the Kent HWB.
Kent resident	A global concern with the production and circulation of Creon medication.	We acknowledge that medication supply shortages are a national issue, but this is outside the scope of the PNA process.
Kent resident	I feel the dispensing capacity is not good, with GPs sending scripts directly to pharmacy but takes 4 or 5 days to be ready	The PNA has reviewed provision and need and concluded that service is adequate considering commercial and population needs across each district and the whole of Kent. Dispensing time from the pharmacy is outside the scope of the PNA process. Concerns can be escalated to the Integrated Care Board (part of NHS) by phone 01634 335095 option 7 or email <a href="mailto:kmicb.patientexperience@nhs.net">kmicb.patientexperience@nhs.net</a> . All information is available <a href="#">NHS England » Contact your local integrated care board (ICB)</a>
Kent resident	As I said above, it seems odd that any health services are severely depleted at weekends. WHY?. There are many other services which run every day of the year by having a shift pattern(e.g. Energy suppliers etc) It CAN be done.	The PNA reviewed weekend opening hours across the county and for each of the districts and concluded that there is currently no gap in weekend provision, based on population needs and access to existing services. Opening hours reflect commercial and local need.



From	Comment	Steering Group response
Kent resident	The assumption that pharmacies can scale up to meet increased demand seems unjustified. My three nearest pharmacies could not accommodate more customers and already experience long queues, often out into the street. I sometimes have to wait at the pharmacy for 20 minutes or more and there is only seating for two or three people. I use the home delivery service of my preferred nearest pharmacy to avoid the need to travel, find a parking space, wait in the pharmacy, and remain in close contact with ill people, but the pharmacy often fails to complete my order due to supply chain problems, and they tell me I need to get another prescription for the missing items and try an alternate pharmacy. This is very inefficient and uses the pharmacy resources to NOT provide my essential medication, It's not as if my meds are a surprise and hard to find a supplier I've been on the same meds for many years!. So the service level may seem pretty good on paper but in reality it is terrible.	Thank you for your detailed comment. To meet the increasing demand, changes like staff training, better use of technology and new ways of working will help keep services strong and reliable. The way each pharmacy will adapt would vary. We acknowledge that medication supply shortages are a national issue, but this is outside the scope of the PNA process.
Kent resident	The draft PNA is very thorough and although long, is easy to understand.	Thank you for your comment.
Kent resident	local pharmacies appear to be extremely busy, is the funding provided adequate? I find the local pharmacy extremely helpful. particularly when I cannot get through to my GP surgery	Thank you for your comment. Funding challenges are noted in Section 1.2, but this is outside the scope of the PNA process.

From	Comment	Steering Group response
Kent resident	I think the draft PNA is excessively long for me to read and make useful comments. All I know is that pharmacies along with GP services is money driven and much of the service is driven by QUAF monies and not necessarily patient needs. Therefore I get unnecessary phone follow ups from the pharmacy, along with their inability to provide prescriptions in a timely manner. That coupled with unexplained shortages of prescribed medication makes for difficult times.	We recognise the PNA is a long document. The content is required to meet NHS Pharmaceutical Regulations, which mandate detailed analysis and evidence. We acknowledge that medication supply shortages are a national issue, but this is outside the scope of the PNA process. Funding challenges are noted in Section 1.2, but this is also outside the scope of the PNA process.
Kent resident	Please ensure there is improved / further pharmacy provision in Margate and across Thanet so that it is possible to access these services easily during working hours and at weekends. Thank you.	The PNA has concluded there is a sufficient access currently in Thanet and Margate and for the next three years. If you experience difficulty accessing pharmacies during published opening hours, you can share concerns with the pharmacy and they can be escalated to the Integrated Care Board (part of NHS) by phone 01634 335095 option 7 or email <a href="mailto:kmicb.patientexperience@nhs.net">kmicb.patientexperience@nhs.net</a> . All information is available <a href="#">NHS England » Contact your local integrated care board (ICB)</a>
Kent resident	Having a public consultation on such a lengthy document is a nonsense. Should have been distilled down to its kept parts & options offered for the public to vote for.	We recognise the PNA is a long document. The content is required to meet NHS Pharmaceutical Regulations, which mandate detailed analysis and evidence and a consultation on the draft document.

From	Comment	Steering Group response
Kent resident	My pharmacy could do better. Other services offered are heating wax removal. They do not run this properly and again will not answer phone or cancel your appointment and not let you know	We understand the quality of service is a concern, but this is outside the scope of the PNA process. Patients can share concerns with the pharmacy, and if the issue is not solved, this can be escalated to the Integrated Care Board (part of NHS) by email <a href="mailto:kmicb.patientexperience@nhs.net">kmicb.patientexperience@nhs.net</a> or phone 01634 335095 option 7. All information is available <a href="#">NHS England » Contact your local integrated care board (ICB)</a>
Kent resident	What has been proposed in my area? The pharmacy serving my village is excellent and provides the needs for a large aging population without resorting to travel by an inadequate public transport.	Thank you for your comment. The analysis for Sevenoaks is detailed in Section 6.2.8. Recommendations are included in Section 7.2.
Representing another Kent organisation	Please consider the loss of two busy pharmacies in Whitstable which we would like to see restored to address the current and future needs of the rapidly growing patient population of Whitstable. The co-location of a pharmacy with an integrated care facility has undeniable benefit to all patients and the wider NHS healthcare system. It promotes the best use of resources and improves the healthcare journey and outcomes for patients. We would be happy to share with you all of the survey information that we have referenced in this report including all of the (non-identifiable) qualitative data.	Thank you for your comment. We acknowledge concerns about the impact of closures and increasing demands on pharmacies. While we acknowledge that fewer pharmacies may be inconvenient, the assessment concludes that there is currently no gap in service provision.
Kent resident	I haven't got time to read 200 odd pages just now. Sorry, However, I just moved to Canterbury, and it's very obvious that there aren't nearly enough pharmacies or pharmacists in this town.	The PNA has reviewed provision and need and concluded that access to services is adequate for Canterbury (Section 6.2.2).

Responses to **Q14. We welcome your views on our equality analysis, including suggestions for anything else we should consider relating to equality and diversity.** Please add your comments below.

From	Comment	Steering Group response
Kent resident	My chemist was Lloyds before being taken over. Chemist in place does not respond to enquiries either on phone or their online website!!	We understand that the quality of service is a concern, but this is outside the scope of the PNA process. Patients can share concerns with the pharmacy, and if the issue is not solved, concerns can be escalated to the Integrated Care Board (part of NHS) by phone 01634 335095 option 7 or email <a href="mailto:kmicb.patientexperience@nhs.net">kmicb.patientexperience@nhs.net</a> . All information is available <a href="#">NHS England » Contact your local integrated care board (ICB)</a>
Kent resident	Issues relating to disability appears underserved and underrepresented in Kent and I note on the Equality Impact Assessment that only Healthwatch appears as a stakeholder with potentially Lay people who may or may not have disabilities? Where are the Disability groups in Kent and why is there not more representation about service needs of different disabled communities? Physical accessibility in Pharmacies is a key example but not the only one in relation to Disability. Just using Healthwatch as a proxy for all protected characteristics seems very thin and not ;likely to very representative so a lot of issues are potentially missing that the different groups could report on if asked.	Details of specific population groups (including people with disabilities) and their needs have been considered in Section 2 and Section 6. The Steering Group that supports the PNA includes representatives from Healthwatch and other local organisations and groups. An engagement exercise with the public was conducted during November and December 2024. The analysis of the responses highlighted that 38% of the respondents had a disability. Please see Section 5 for further details.
Kent resident	Good to see this has been included as essential to identify and mitigate any potentially negative impacts for individuals with protected characteristics.	Thank you for your comment.

From	Comment	Steering Group response
Representing another organisation in Kent	Potentially a number of hidden groups and detail on how their needs may specifically be addressed. Including numbers to compare different groups and how the areas compare, and how this would impact access to services.	Details of specific population groups and their needs have been considered in Section 2 and Section 6. An Equality Impact Assessment has also been conducted as part of the PNA process.
Kent pharmacy or dispensing appliance contractor	Ensure political leadership does not result in policy that could increase stigma against protected characteristics in healthcare, particularly gender re-assignment or sexual orientation	Under the Equality Act 2010, community pharmacies are required to make reasonable adjustments to ensure services are accessible to all.
Kent pharmacy contractor	Swale is an area of deprivation and a high ratio of patients per GP. The need is for better access as public transport to local NHS commissioned services is worse than other areas of Kent - e.g. buses and train services.	Under the Equality Act 2010, community pharmacies are required to make reasonable adjustments to ensure services are accessible to all. Access in Swale has been reviewed in Section 6.2.9. Although current provision is deemed adequate, we recognise individual experiences may vary.
Kent resident	I think you have covered all you need to.	Thank you for your comment.
Kent resident	Scrap it completely and apply common sense - Best person for job and discourage any form of racism - job done	The PNA process is required to undertake equality analysis.
Kent resident	You have not included people who do not use these new-fangled annoying online computer only systems. What about pet owners!!!!	Population in general and specific groups were considered in Section 2 of the PNA and in more detailed in a separate appendix H. Responses to the consultation could be made via an online questionnaire, word version of the questionnaire or email. Paper copies and alternative formats were also available on request.

From	Comment	Steering Group response
Kent resident	waste of time	The PNA process is required to undertake equality analysis.
Social care professional	there does appear to be an inequality for public vulnerable people whose needs are secondary to illegal immigrants & people in prison.	Your comment is noted.
Kent resident	<p>The EqIA should recognise how multiple factors like disability, race, and socioeconomic status, intersect to create unique barriers to accessing pharmaceutical services.</p> <p>It should ensure that pharmacy services are accessible to those with limited digital literacy or English as a second language. This should include translated materials and alternative communication methods.</p> <p>Kent County Council should strengthen outreach for homeless populations, refugees, and neurodivergent people who may face additional barriers in accessing pharmaceutical services.</p>	<p>Under the Equality Act 2010, community pharmacies are required to make reasonable adjustments to ensure services are accessible to all.</p> <p>Recommendations have been made in Section 7.4 on how this can be improved going forward and for commissioners to consider how to support local communities better.</p>



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**Supplementary statement to Kent Health and Wellbeing Board's  
Pharmaceutical Needs Assessment**

Date Pharmaceutical Needs Assessment published – September 2025

Date Supplementary Statement issued – September 2025

The NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013 state that Supplementary Statements can provide updates to the Pharmaceutical Needs Assessment (PNA) only in relation to changes in the availability of pharmaceutical services. Supplementary Statements cannot provide updates on pharmaceutical need. This can only be achieved through a review of the PNA. The following pharmaceutical services currently contained within the PNA have been identified as needing updating. This updated information supersedes some of the original information within the PNA and should be read in conjunction with that document.

**The following pharmacy has closed as a result of a successful consolidation application:**

Taylor's Pharmacy (FLD21) at 362-364 Cheriton Road, Folkestone, CT19 4DX.

The pharmacy provided all the pharmaceutical Essential Services and the following Advanced Services: Pharmacy First, Flu vaccination, Pharmacy Contraception Service, New Medicine Service, Hypertension case-finding, Lateral Flow Device tests supply. In addition, it provided the following services commissioned locally by Kent County Council: Chlamydia treatment, Sexual health dispensing, Emergency oral contraception, and Smokefree service.

These services were provided at the following times: 09:00-18:00 Monday to Friday.

The pharmacy closed on 19 May 2025.

**The following pharmacy has closed as a result of a successful consolidation application:**

Gravesend Medical Centre Pharmacy (FLJ66) at Gravesend Medical Centre, 1 New Swan Yard, Gravesend, DA12 2EN.

The pharmacy provided all the pharmaceutical Essential Services and the following Advanced Services: Pharmacy First, Flu vaccination, New Medicine Service, Hypertension case-finding.

These services were provided at the following times: 09:00-13:00 and 14:00-18:00 Monday to Friday.

The pharmacy closed on 1 August 2025.

It is the opinion of Kent Health and Wellbeing board that the removal of these two pharmacies from the pharmaceutical list does not create a gap in pharmaceutical services provision that could be met by a routine application (a) to meet a current or future need for pharmaceutical services, or (b) to secure improvements, or better access, to pharmaceutical services

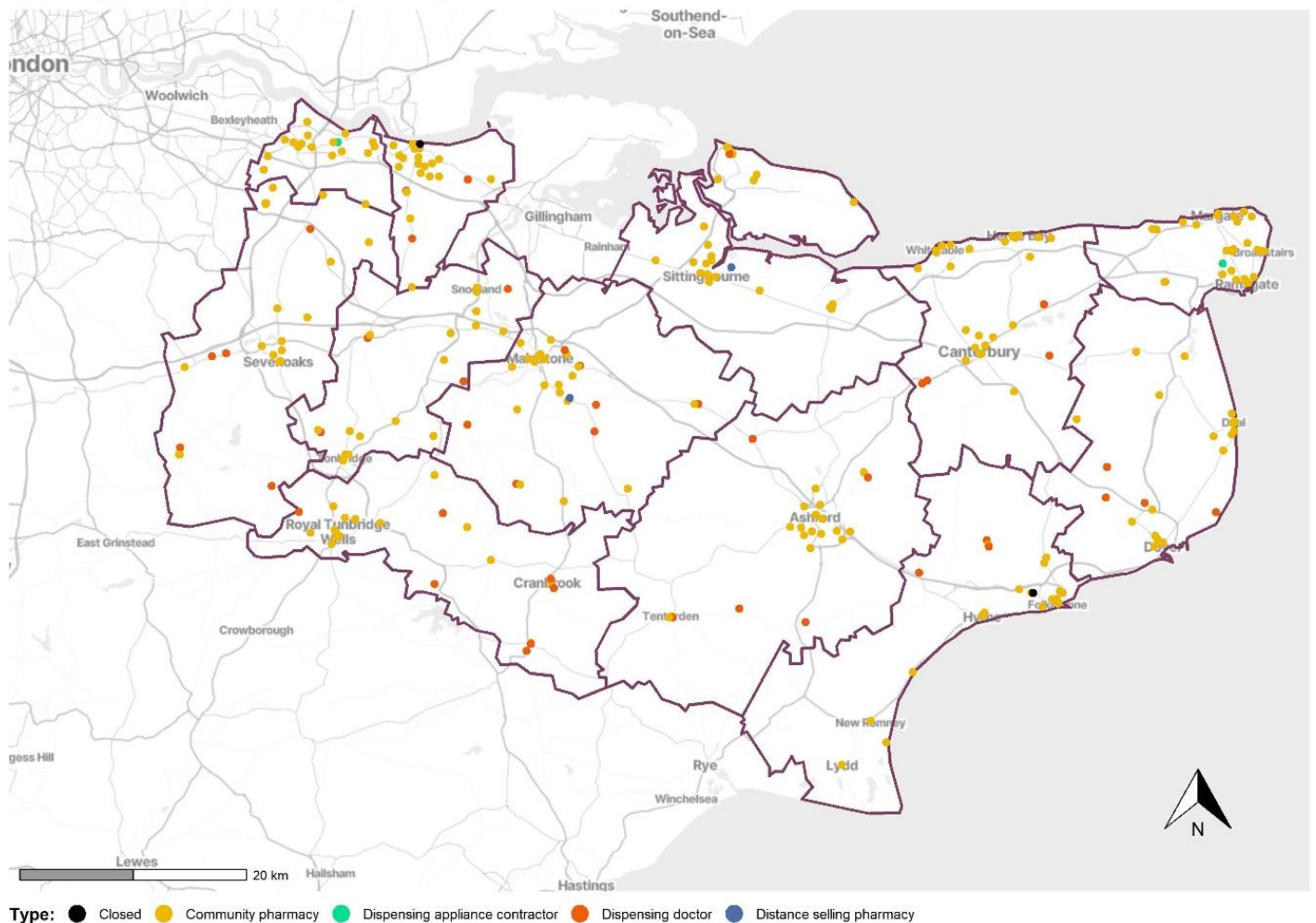
Supplementary Statement prepared by Soar Beyond Ltd and issued by the Director of Public Health, on behalf of Kent Health and Wellbeing Board.

Information correct as of September 2025.

## Map update to Kent Health and Wellbeing Board's Pharmaceutical Needs Assessment 2025

This map serves as an update and replaces Figure 3 in the 2025 Pharmaceutical Needs Assessment (PNA); the map is correct as of August 2025.

### Pharmacy sites in Kent districts by service type



Digital boundary source:  
Office for National Statistics licensed under the Open Government License v.3.0  
Contains OS data © Crown Copyright and database 2025  
Map baselayer source: Stadia Maps  
Pharmacy sites by type in Kent  
Produced by KPHO

Replaces Figure 3: Map of pharmaceutical providers in Kent, page 57.

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## EQIA Submission – ID Number

### Section A

#### EQIA Title

Pharmaceutical Needs Assessment 2025-2028

#### Responsible Officer

Toyin Sosanya - AH Public Health

#### Approved by (Note: approval of this EqIA must be completed within the EqIA App)

Ellen Schwartz - AH Public Health

### Type of Activity

#### Service Change

No

#### Service Redesign

No

#### Project/Programme

No

#### Commissioning/Procurement

No

#### Strategy/Policy

Strategy/Policy

#### Details of other Service Activity

No

### Accountability and Responsibility

#### Directorate

Adult Social Care and Health

#### Responsible Service

Public Health

#### Responsible Head of Service

Ellen Schwartz - AH Public Health

#### Responsible Director

Anjan Ghosh - AH Public Health

### Aims and Objectives

#### Aim and objective:

The Pharmaceutical Needs Assessment (PNA) is a key document used by the National Health Service (NHS) to make decisions on new applications for pharmacies and change of services or relocations by current pharmacies (market entry). It is also used by commissioners reviewing the health needs for services within their particular area, to identify if any of their services can be commissioned through pharmacies.

The aim of the Pharmaceutical Needs Assessment (PNA) is to identify the current providers of pharmaceutical services, where they are, the population that they serve and systematically identify any gaps or unmet pharmaceutical needs in consultation with stakeholders. And to make recommendations on future pharmaceutical services where necessary.

The PNA is to ensure equitable access to pharmaceutical services across all communities, support the reduction of health inequalities, and reflect demographic trends, particularly the ageing population, deprivation levels, and needs of vulnerable groups.

#### Equality Recommendations:

Ensure continuous monitoring and engagement with underserved and vulnerable communities (e.g.,



coastal communities, ethnic minorities, disabled people) to prevent emerging gaps in access.

Sections 4 and 7 highlights requirement for pharmaceutical providers to comply with the Equality Act (2010) and suggests recommendation to support improved compliance.

Section 7 also provides recommendations to support the reduction on health inequalities through targeted pharmacy services.

## Section B – Evidence

**Do you have data related to the protected groups of the people impacted by this activity?**

Yes

**It is possible to get the data in a timely and cost effective way?**

Yes

**Is there national evidence/data that you can use?**

Yes

**Have you consulted with stakeholders?**

Yes

**Who have you involved, consulted and engaged with?**

Representatives from local organisations that have an interest in the provision of pharmaceutical services have been involved in development of the PNA; representatives from the following organisations are members of the PNA Steering group:

- Kent and Medway ICB
- Local Pharmaceutical Committee
- Local Medical Committee
- Healthwatch Kent
- NHS England

A public, pharmacy contractor and dispensing GP engagement exercise (questionnaires) was conducted November-December 2024 and received over 1100 responses. The engagement was promoted through the following channels:

- KCC communication channels including:
  - o Let's Talk Kent and e-newsletter was sent to 9,240 registered users
  - o Postage of an engagement promotion poster to all pharmacies across Kent
  - o Internal communication platform (Viva Engage and Viva Engage Equality, Diversity and Inclusion)
  - o Corporate social media channels including Facebook, Nextdoor, X and LinkedIn
  - o Family Hubs Team – for onward sharing and also on social media Facebook
  - o Gypsy, Roma, Traveller team – for onward sharing
  - o District and Borough comms network
  - o Residents' e-newsletter
  - o Media release
  - o Kent Association of Local Councils (KALC)- for inclusion in December newsletter and promotion across their channels
- Kent and Medway ICB network including GP and KAM news bulletins
- Kent Local Medical Committee weekly practice bulletin
- Kent Local Pharmaceutical Committee weekly bulletin
- Healthwatch Kent network including website, newsletter and mental health voice updates

A formal statutory consultation will run for 60 days, statutory consultees include the following:

- Kent Local Pharmaceutical Committee
- Kent Local Medical Committee

- Any persons on the pharmaceutical lists and any dispensing Doctors in Kent
- LPS Chemist in Kent
- Kent Healthwatch
- Any NHS Trust or NHS Foundation Trusts in Kent
- Kent and Medway Integrated Care Boards
- Neighbouring HWB

The Health and Wellbeing board has also chosen to consult with others with an interest in the provision of pharmaceutical services in the Kent area, including Kent residents, ahead of finalising the PNA. Harder to reach communities were also engaged, including Armed Forces Network, Kent Equality Cohesion Council and Gypsy, Roma, Traveller team for onwards sharing.

#### Has there been a previous Equality Analysis (EQIA) in the last 3 years?

Yes

#### Do you have evidence that can help you understand the potential impact of your activity?

Yes

### Section C – Impact

#### Who may be impacted by the activity?

##### Service Users/clients

Service users/clients

##### Staff

Staff/Volunteers

##### Residents/Communities/Citizens

Residents/communities/citizens

#### Are there any positive impacts for all or any of the protected groups as a result of the activity that you are doing?

Yes

#### Details of Positive Impacts

Improved planning of pharmaceutical services to meet local needs, particularly in areas with higher deprivation, older populations, and coastal communities.

Service access supports self-care and management of long-term conditions, especially for the elderly, disabled people, and those with mental health issues.

Commitment to continuous service development/ monitoring to match population growth and housing expansion.

### Negative impacts and Mitigating Actions

#### 19. Negative Impacts and Mitigating actions for Age

##### Are there negative impacts for age?

No. Note: If Question 19a is "No", Questions 19b,c,d will state "Not Applicable" when submission goes for approval

##### Details of negative impacts for Age

Not Completed

##### Mitigating Actions for Age

Not Completed

##### Responsible Officer for Mitigating Actions – Age

Not Completed

#### 20. Negative impacts and Mitigating actions for Disability

##### Are there negative impacts for Disability?

No. Note: If Question 20a is "No", Questions 20b,c,d will state "Not Applicable" when submission goes for approval

approval
<b>Details of Negative Impacts for Disability</b>
Not Completed
<b>Mitigating actions for Disability</b>
Not Completed
<b>Responsible Officer for Disability</b>
Not Completed
<b>21. Negative Impacts and Mitigating actions for Sex</b>
<b>Are there negative impacts for Sex</b>
No. Note: If Question 21a is "No", Questions 21b,c,d will state "Not Applicable" when submission goes for approval
<b>Details of negative impacts for Sex</b>
Not Completed
<b>Mitigating actions for Sex</b>
Not Completed
<b>Responsible Officer for Sex</b>
Not Completed
<b>22. Negative Impacts and Mitigating actions for Gender identity/transgender</b>
<b>Are there negative impacts for Gender identity/transgender</b>
No. Note: If Question 22a is "No", Questions 22b,c,d will state "Not Applicable" when submission goes for approval
<b>Negative impacts for Gender identity/transgender</b>
Not Completed
<b>Mitigating actions for Gender identity/transgender</b>
Not Completed
<b>Responsible Officer for mitigating actions for Gender identity/transgender</b>
Not Completed
<b>23. Negative impacts and Mitigating actions for Race</b>
<b>Are there negative impacts for Race</b>
No. Note: If Question 23a is "No", Questions 23b,c,d will state "Not Applicable" when submission goes for approval
<b>Negative impacts for Race</b>
Not Completed
<b>Mitigating actions for Race</b>
Not Completed
<b>Responsible Officer for mitigating actions for Race</b>
Not Completed
<b>24. Negative impacts and Mitigating actions for Religion and belief</b>
<b>Are there negative impacts for Religion and belief</b>
No. Note: If Question 24a is "No", Questions 24b,c,d will state "Not Applicable" when submission goes for approval
<b>Negative impacts for Religion and belief</b>
Not Completed
<b>Mitigating actions for Religion and belief</b>
Not Completed
<b>Responsible Officer for mitigating actions for Religion and Belief</b>
Not Completed
<b>25. Negative impacts and Mitigating actions for Sexual Orientation</b>
<b>Are there negative impacts for Sexual Orientation</b>
No. Note: If Question 25a is "No", Questions 25b,c,d will state "Not Applicable" when submission goes for approval

approval
<b>Negative impacts for Sexual Orientation</b>
Not Completed
<b>Mitigating actions for Sexual Orientation</b>
Not Completed
<b>Responsible Officer for mitigating actions for Sexual Orientation</b>
Not Completed
<b>26. Negative impacts and Mitigating actions for Pregnancy and Maternity</b>
<b>Are there negative impacts for Pregnancy and Maternity</b>
No. Note: If Question 26a is "No", Questions 26b,c,d will state "Not Applicable" when submission goes for approval
<b>Negative impacts for Pregnancy and Maternity</b>
Not Completed
<b>Mitigating actions for Pregnancy and Maternity</b>
Not Completed
<b>Responsible Officer for mitigating actions for Pregnancy and Maternity</b>
Not Completed
<b>27. Negative impacts and Mitigating actions for Marriage and Civil Partnerships</b>
<b>Are there negative impacts for Marriage and Civil Partnerships</b>
No. Note: If Question 27a is "No", Questions 27b,c,d will state "Not Applicable" when submission goes for approval
<b>Negative impacts for Marriage and Civil Partnerships</b>
Not Completed
<b>Mitigating actions for Marriage and Civil Partnerships</b>
Not Completed
<b>Responsible Officer for Marriage and Civil Partnerships</b>
Not Completed
<b>28. Negative impacts and Mitigating actions for Carer's responsibilities</b>
<b>Are there negative impacts for Carer's responsibilities</b>
No. Note: If Question 28a is "No", Questions 28b,c,d will state "Not Applicable" when submission goes for approval
<b>Negative impacts for Carer's responsibilities</b>
Not Completed
<b>Mitigating actions for Carer's responsibilities</b>
Not Completed
<b>Responsible Officer for Carer's responsibilities</b>
Not Completed

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**From:** Diane Morton, Cabinet Member for Adult Social Care and Public Health

Dr Anjan Ghosh, Director of Public Health

**To:** **Kent Health and Wellbeing Board, 25 September 2025**

**Subject:** Public Health Service Transformation Programme Update

**Classification:** Unrestricted

### **Summary:**

Public Health embarked on a service transformation programme (PHSTP) in July 2023, designed to improve all services in receipt of the Public Health Grant. Key aims were to ensure they were efficient, achieving best value, evidence-based and delivering the right outcomes for the people of Kent.

The purpose of this paper is to provide the Health and Wellbeing board with the background on the Public Health Transformation Programme (PHSTP), an update on recent progress and share detail of future work.

The transformation process has followed a robust commissioning process which has included desktop analysis, stakeholder engagement, benchmarking, market analysis, options appraisal, financial appraisal, external peer review, business case development and internal procurement governance. Some services also were required to carry out public consultation. Proposed models have been presented through public cabinet committees for input and endorsement.

Key decisions on the revised models have now been approved, and an implementation phase is taking place comprising of sourcing and service mobilisation. Key to this phase is robust communications with people using current services, current providers, stakeholders, residents and new providers (where applicable).

This paper sets out a summary of the work completed to date and the key changes as a result of this programme. All new contracts are on track to be in place by April 2026 with some ongoing transformation happening during the life of the contract where a phased approach to change has been needed. The approach to evaluation and tracking the benefits is being finalised alongside this final stage of the programme.

### **Recommendation(s):**

The Health and Wellbeing Board is asked to **NOTE** the information contained within this update report.



## **1. Introduction and background**

- 1.1 Kent County Council (KCC) Public Health is leading a Public Health Service Transformation Programme to improve service delivery to communities in Kent.
- 1.2 The review of services is a normal part of the commissioning cycle and Public Health contracts are continually monitored to drive continuous improvements. However, the transformation work aims to support opportunities to look across services and consider how to maximise impact through better support cross cutting themes, gaps or learning.
- 1.3 Services in scope include;
  - Children's services including Kent Health Visiting Service, Infant Feeding, School Health and Emotional Wellbeing
  - Sexual Health Services including Specialist Integrated Sexual Health clinics, Pharmacy and Online STI Testing
  - Postural Stability/ Older people's exercise
  - Adult Lifestyle Services including NHS Health Checks, weight management and smoking
  - Substance Misuse services
  - Consideration and recommendations have also been made in relation to public health campaigns and KCC-funded services which interlink. For example, additional promotion on NHS Health Checks was agreed to support uptake from targeted groups.
- 1.4 The majority of services are statutory and funded via a ring-fenced Public Health Grant. Many have nationally prescribed specifications, need to comply with national evidence-based guidance and report performance nationally. Services are largely informed by a strong evidence base of impact and return on investment.
- 1.5 The Public Health Service Transformation programme commenced in July 2023. Its aims are:
  - To deliver best value and the biggest impact
  - To improve services for our communities
  - To ensure services are safe and effective
  - To ensure services are fit for the future, sustainable and responsive to need
- 1.6 Core Principles underpinning the recommissioning programme are:
  - Prevention and tackling health inequalities
  - Working across KCC directorates
  - Aligning commissioning across systems
  - Working closely with the NHS, District Councils and other partners and providers
  - Value for money / Best value
  - Person centred

- 1.7 The services within the scope of the Transformation Programme support the Council's prevention offer, the Integrated Care Strategy and Securing Kent's Future. They are underpinned by strong evidence based which is particularly important given the increasingly challenging funding pressures, cost rises and need to prevent the associated cost of ill health.
- 1.8 They play a critical role in the reduction in health inequalities, which are unfair and avoidable differences in health across the population, and between different groups within Kent communities. These include how long people are likely to live, the health conditions they may experience and the care that is available to them. [Core20Plus5](#) is an evidence-based approach which supports the reduction of healthcare inequalities and is embedded in service specifications.
- 1.9 The commissioning landscape continues to evolve and will be impacted by several strategic developments. This includes Local Government Reform, change in political landscape, significant cuts to the Integrated Care Board budgets, abolishment of NHS England, negotiations on national pharmacy contract and more recently the NHS 10-year plan. New services will have review points and need to build in flexibility to adapt and evolve alongside these changes.
- 1.10 On the whole, the performance of services is good with Key Performance Indicators in the main consistently met and levels in line or above expected standards and regional benchmarks. However, there are always opportunities to improve, innovate and respond to support best value demands, whilst also responding to changes in the macro environment.

## **2. Methodology and work completed**

- 2.1 The Public Health Service Transformation Programme commenced in July 2023 and is now in the final stage of the programme. A summary of the activity completed is set out below;

<b>1. Planning</b>	<ul style="list-style-type: none"> <li>• Aims, objectives and vision developed</li> <li>• Development of methodology and processes</li> <li>• Early endorsement via KCC governance meetings and key external stakeholders</li> <li>• Programme management approach developed</li> <li>• Staff recruited</li> </ul>
<b>2. Information gathering</b>	<ul style="list-style-type: none"> <li>• Evidence gathering phase is complete with (21) proformas across services drawing together needs, performance and benchmarking analysis, market review, evidence base, Strengths Weaknesses Opportunities and Threats (SWOTS) and developing commercial considerations and legal advice regarding Provider Selection Regime.</li> </ul>

	<ul style="list-style-type: none"> <li>• Soft market insight gathered e.g. via Local Pharmacy Committee and Local Medical Committee and desktop research.</li> <li>• User views and insight collated to support gaps analysis</li> <li>• Quality assurance</li> </ul>
<b>3. Engagement</b>	<ul style="list-style-type: none"> <li>• Thematic workshops held across each service area with key stakeholders to support the vision and development of the new model.</li> <li>• Resident engagement support development of options</li> </ul>
<b>4. Options Appraisal</b>	<ul style="list-style-type: none"> <li>• Options appraisal process used to rank series of options against Critical Success Factors to inform a recommended option.</li> </ul>
<b>5. Local engagement</b>	<ul style="list-style-type: none"> <li>• Testing of preferred models with key stakeholders for feedback and refinement</li> <li>• Market engagement</li> <li>• Further insight work insight gained from seldom heard groups or where there are identified gaps in information. Testing of service model ideas.</li> </ul>
<b>6. Service models</b>	<ul style="list-style-type: none"> <li>• Refine service models and complete final assessment of scoring</li> <li>• Public consultation if required (then further refinement of models)</li> <li>• Peer review with Surrey County Council</li> <li>• Update business case and internal governance</li> </ul>
<b>7. Implementation – current stage</b>	<ul style="list-style-type: none"> <li>• Formal governance</li> <li>• Procurement / sourcing</li> <li>• Mobilisation</li> <li>• Evaluation/ lessons learnt</li> </ul>

### **3. Current position**

- 3.1 All services are in the implementation stage and have secured endorsement through relevant governance structures and taken formal key decisions.
- 3.2 A number of procurements have commenced with some completed and new suppliers awarded. Others will commence over the next few months to ensure new services are in place by April 2026, when the majority of existing contracts end.
- 3.3 Once procured or sourced, commissioning plans will be taken forward to support implementation of the new service model. Mobilisation of the newly designed services will vary due to their size, scale and complexity. Communication with key parties will be critical to a smooth transition.

- 3.4 An evaluation framework is also being developed to support a robust review of new models and evidence of impact. It should be noted that many services commissioned are mandated, hold a strong evidence base and are nationally prescribed.
- 3.5 In order to implement all recommissioning activity, the council will work closely with key partners, providers and stakeholders including local people to manage the change to new service models. It is anticipated that full transformation will be achieved during the life of new contracts.

#### 4. Key changes

- 4.1 A summary position for each service can be found below. A link to the public papers is also available.

<b>Substance Misuse</b>	<p>The PSR procurement process has been completed and KCC has awarded contracts directly for Young People (We Are With You), East Kent Adults (Forward Trust), and West Kent Adults (CGL). Services provide support for local residents with drugs and/or alcohol addiction.</p> <p>The new services started in February 2025 with refined specifications and providers are the same as previous contracts. Improvements to the services include refining pathways for 18–25-year-olds, inclusion of trauma-informed principles, specific pathways for children impacted by someone else’s substance use, inclusion of women-specific groups, and improved pathways with criminal justice and tier 4 (inpatient/residential) services.</p> <p>See <a href="#">HRPHCC July 2024 Paper</a> for more information.</p>
<b>Children and young people’s emotional wellbeing</b>	<p>A new Therapeutic Support Service has been procured for children and young people aged 4 (on school entry) – 19 years who need mild to medium emotional wellbeing support.</p> <p>This new service will be delivered by Salus and replace the Children and Young People’s Counselling Service, delivered by Kent Community Health Foundation Trust, when the current contract ends at the end of March 2026.</p> <p>The new service is currently being mobilised and will open to referrals in November 2025, building up to full reach and capacity by March 2026. It will offer a range of brief, evidence-based creative and therapeutic interventions (both one-to-one and in groups), tailored to the different ages, stages and needs of children and young people.</p> <p>The approach has been aligned with ICB commissioning and the recently awarded Therapeutic Alliance for children and young people (which was also awarded to Salus). The two services have been designed to complement one another, and</p>

	KCC will be working closely with commissioners in NHS Kent & Medway, Salus, and key stakeholders to ensure a smooth mobilisation and on-going alignment between both services and with the wider system.
<b>Health Visiting and Community Infant Feeding</b>	<p>The procurement of place-based infant feeding services is in its final stages and will be awarded this month. It will be mobilised ready to commence in January 2026. The service will enable mothers to access infant feeding social support and peer support in a group setting through the Family Hubs programme. Specialist Infant feeding support will remain with the Health Visiting Service.</p> <p>The requirements for Health Visiting are being finalised so the procurement can commence next month and the new service start in January 2026. Key enhancements will include; enhancement to the mandated health and wellbeing review, more outcome focused reporting and digital improvements.</p> <p>See <a href="#">21 January 2025</a>. For more information.</p>
<b>School Health</b>	<p>The current Children and Young Person's (CYP) Counselling Service embedded in this service will end on March 2026 and be replaced with a new CYP Therapeutic Support Service (TSS) (as described above). The team is working closely with key stakeholders, providers and young people to implement a communication and transition plan.</p> <p>The requirements for School Health are being finalised so that the procurement can commence this Autumn. Key enhancements will include; exploring options to improve support for children and families with the transition from primary to secondary school, responding to health priorities and reviewing the requirement in relation to the Whole School Approach. The new service will go live on the 1 April 2026.</p> <p>See <a href="#">1 March 2025</a>. For more information.</p>
<b>Lifestyle services</b>	<p>Adult Lifestyle services (weight management and healthy lifestyle) will follow a similar model service model but include a more targeted approach to weight management services and enhancement of digital solutions.</p> <p>Smoking services will remain similar but include self-guided support and removal of the Smoking in Pregnancy (SIP) Service, which delivered home visit interventions to support pregnant individuals and their partners to quit smoking. Following the NHS Long Term Plan these services will be provided in a different way. Funding has been devolved to Integrated Care Systems (ICSs), enabling NHS Trusts to provide in-house support within both Acute and Maternity</p>

	<p>settings. In Kent, maternity trusts are developing their own services and recruiting Maternity Support Workers (MSWs) to deliver these interventions directly.</p> <p>Procurements for Lifestyle and Smoking Services are currently live. New services will commence on the 1 April 2026. The Weight Management and Healthy Lifestyle Service will continue to support Kent residents to manage their weight, improve their diet, increase their physical activity (including health walks), boost their wellbeing and reduce their alcohol consumption, plus one to one coaching and referral as appropriate to more specialist services. The Stop Smoking Service will continue to support residents 12+ and provide weekly behavioural support alongside nicotine replacement therapy (NRT) and other smoking cessation aids over a 7-week period.</p> <p>See <a href="#">11 March 2025</a> for more information.</p>
<b>NHS Health Checks</b>	<p>NHS Health Checks will move to a targeted approach aiming to increase uptake from those at greatest risk of cardiovascular disease, whilst ensuring the Programme remains a universal health service offer from the 1 April 2026. The bulk of the programme will continue to be delivered by primary care, but KCC will be directly contracting with them rather than a third party. This will be the first step in aligning all primary care contracts, with an aim to streamline processes for primary care and people who use services. This will also support efficiencies.</p> <p>An outreach service will remain to engage with those experiencing health inequalities and a procurement will launch in October 2025.</p> <p>KCC will also procure a quality assurance service for the testing equipment used and a training service to ensure that the programme remains compliant with national regulations. New contracts with primary care contracting will start from April 2026.</p> <p>See <a href="#">8 July 2025</a> for more information.</p>
<b>Sexual Health</b>	<p>The services in scope are Specialist Integrated Sexual Health clinics and outreach (including HIV Outpatient Treatment &amp; Care), Psychosexual Therapy, Online STI Testing and the E-Bureau, and Community Pharmacy Sexual Health.</p> <p>Whilst the delivery of the service is prescribed in national specifications and guidance documents, the transformation programme has led to key improvements including;</p> <ul style="list-style-type: none"> <li>• Changes to the Psychosexual Therapy offer so it is integrated with other services</li> </ul>



	<ul style="list-style-type: none"> <li>• Changes to the E-Bureau (which provides support to residents following a positive STI test), so that it is aligned better with local delivery</li> <li>• Emergency Oral Contraception will no longer be provided/funded by KCC in Community Pharmacy as it will form part of the national pharmacy contract.</li> <li>• The council is refining plans to manage Community Pharmacy Sexual Health directly during the lifetime of this contract.</li> </ul> <p>Procurements will launch this Autumn with new services starting in April 2026.</p> <p>See <a href="#">8 July 2025</a>, for more information.</p>
<b>Postural Stability</b>	<p>Current postural stability services will end on the 31 March 2026 and be replaced with a new approach designed to engage more older people in physical activity and encourage community-led local projects.</p> <p>The approach will expanded access, move to a shorter, intensive 12-week programs to improve completion rates and fit better with participants' lifestyles. It will also be delivered by a new grant system which is planned to be fully mobilised with services starting no later than 1 April 2026. The revised model was developed based on feedback from key stakeholders including residents and supported through formal public consultation.</p> <p>See here for more information <a href="#">8 July 2025</a>.</p>
<b>Oral health</b>	<p>Specifications are being finalised and procurement will commence this Autumn. The new service model will continue to support the Supervised Toothbrushing Programme and will place more focus on the outcomes and impact of oral health workforce training and promotion.</p>

## 5. Commercial Considerations

- 5.1 New service models will be implemented in line with the Provider Selection Regime (2013) (PSR) and the new Procurement Act (2025) (PA) as applicable.
- 5.2 PSR is applicable to most public health services and applies when contracting for healthcare services. There are Key Criteria under the Provider Selection Regime (PSR) which cover Value, Social Value, Quality and Innovation, Integration and Collaboration, and Improving Access and Reducing Health Inequalities. Procurements choose from one of five key routes including Direct Award (A, B and C), Most Suitable Provider Process and Competitive Process.

- 5.3 Each service will consider best commercial arrangements such as contracting model, payment mechanics, supplier sustainability, risk allocation and strategies to manage inflationary price rises.
- 5.5 It is important that KCC are mindful and understanding of the many financial challenges that are currently facing suppliers from uncertain funding sources, inflationary increases in staff costs and those from the recent central government changes to National Insurance Contributions and to both the National Minimum and Living Wages. KCC have set financial constraints and cannot agree to long term contracts that may be unsustainable to fund. KCC will need to continue to work alongside suppliers to find solutions, to these and future challenges, throughout the lifespan of new services.

## **6. Risks**

- 6.1 In addition to the inherent risks associated with the Commercial Considerations, the programme is managing other risks.
- 6.2 There are uncertainties around whether the proposed contracts will be attractive to suppliers in terms of what is being asked to deliver in the service model specification and within the financial constraints of funding and potential TUPE liabilities. This risk is being mitigated by testing and engaging with the market and through discussions with providers.
- 6.3 The current operating environment for commissioners and suppliers is challenging, with increases in costs, cuts to other services, increases in staffing costs, uncertainties of grant funding and sustainable long-term contracts. Both suppliers and commissioners need to be mindful of potential supplier market failures due to other financial pressures.
- 6.4 The time allocated to scheduling of the programme, is the minimum time needed to deliver each of the new commissioning arrangements. If for any reason they are delayed, it is likely an extension to the current contract would be required to re-commission the service. Reasons for a delay may include, for example, a failed procurement i.e. no award possible.
- 6.5 Complexity – The Transformation programme is a complex programme of work. There are multiple services transforming at the same time, many providers, new and untested procurement legislation, uncertainties around future funding arrangements, Local Government Reorganisation, changes to national guidance and legislation.
- 6.6 It is critical that during this period of transformation that service stability is maintained so that any adverse impacts on residents are minimised. To mitigate this, regular engagement has taken place with providers and current users. Mobilisation timeframes have been set on realistic market feedback with some cross over between the end of one service and the start of the next. Communication to key stakeholders also remains of key importance.

## **7. Legal considerations**

- 7.1 Most services within the scope of this programme are mandatory and KCC has a legal duty to deliver these Public Health services under the Health and Social Care Act 2012. Legal advice has been sought throughout the programme and in relation to; a) the decision surrounding the legal requirement for a Public Consultation and b) relevant procurement legislation and contractual terms and conditions.
- 7.2 Many of the services within scope of the transformation programme were procured through a Partnership Agreement with KCHFT (Kent Community Health NHS Foundation Trust) and MTW (Maidstone and Tunbridge Wells NHS Trust) based on Regulation 12(7) of the Public Contracts Regulations (PCR) to establish a cooperation agreement. The new Provider Selection Regime (PSR) regulations do not contain the same opportunities to continue the cooperation agreement. Services which did fall under the old legislation will need to be procured, separately using alternative, relevant legislation. The KCHFT and MTW Partnerships will therefore end as part of this programme of work and new relationships be established.

## **8. Financial considerations**

- 8.1 A large proportion on the Public Health Grant is spent on the services contained within the Transformation review. These services have strong evidence of reducing longer term health and social care costs.
- 8.2 Although the aims of this programme are not financially driven, value for money, ensuring an overall balanced budget and efficiency of the services funded, is integral to the outcomes of this work given the need in the local population vs service capacity.
- 8.3 The financial model for each service has been carefully considered and includes a modest uplift each year. Different payment approaches have been taken to support best value, for example KCC will continue to pay based on the number of NHS Health Checks and Online STI Test Kits issued, in recognition that demand levels fluctuate.
- 8.4 Alongside price, providers are expected to demonstrate how they support social value and environmental objectives, and this will be monitored via contract management.

## **9. Conclusions**

- 9.1 The Public Health Service Transformation Programme presents an opportunity to improve services, target them to local residents with greatest need and ensure they represent best value.
- 9.2 Officers have completed significant activity to ensure a robust review process has been completed and any recommendations are informed by best practice, evidence and need.
- 9.3 The programme has delivered against key milestones and all services will commence no later than 1 April 2026.

9.4 The Health and Wellbeing Board is asked to comment and note the approach taken and key changes.

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## **10. Recommendation(s):**

10.1 The Health and Wellbeing Board is asked to NOTE the information contained within this update report.

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## **Contact Details**

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