# KENT PHARMACEUTICAL NEEDS ASSESSMENT 2022

Version 1.0 | September 2022

# Contents

## Executive Summary

Since 1 April 2013, every Health and Wellbeing board in England has had a statutory responsibility to publish and keep up to date a statement of the needs for pharmaceutical services for the population in its area, referred to as a 'pharmaceutical needs assessment'. Kent Health and Wellbeing board published its first pharmaceutical needs assessment in 2015, revised 2018 and has now published the second revised version in 2022.

Note: Due to the Covid pandemic the government delayed the requirement to review PNAs published in 2018 until 1 October 2022.

The pharmaceutical needs assessment will be used by NHS England when considering whether to grant applications to join the pharmaceutical list for the area of Kent Health and Wellbeing Board under The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended. It may be used to inform commissioners such as the Clinical Commissioning Group (CCG)/integrated Care Board (ICB) and the County Council's public health team, of the current provision of pharmaceutical services and where locally commissioned services could help meet local health priorities.

Chapter 1 sets out the regulatory framework for the provision of pharmaceutical services which, for the purpose of this document, include those services commissioned by NHS England from pharmacies and dispensing appliance contractors and the dispensing service provided by some GP practices to eligible patients. It also contains the views of residents in the county on their use of pharmacies and information provided by contractors which could not be nationally sourced.

Following an overview of the demographic characteristics of the residents of Kent in chapter 2, chapter 3 focusses on their health needs as identified from the following sources:

- The Kent Joint Strategic Needs Assessment
- Cancer in Kent: Equity Review June 2015
- Sexual Health June 2017
- Kent Sexual Health Needs Assessment September 2018
- Alcohol Needs Assessment December 2021
- National Child Measurement Analytical Report For 2019/20 academic year July 2021
- Tobacco Dependence Needs Assessment January 2019

In order to ensure that those sharing a protected characteristic and other patient groups are able to access pharmaceutical services chapter 4 identifies the specific groups that are present in Kent and their likely health needs.

Chapter 5 focusses on the provision of pharmaceutical services in Kent and those providers who are located outside of the county but who provide services to residents 4 of the county. Services which affect the need for pharmaceutical services either by increasing or reducing demand are identified in

chapter 6. Such services include the hospital pharmacies, the GP out of hours service and the public health services commissioned from pharmacies by Kent County Council via providers.

Having considered the general health needs of the population, chapter 7 focusses on those that can be met by pharmacies and dispensing appliance contractors.

The Health and Wellbeing Board has divided Kent into twelve localities for the purpose of this document, based upon the boundaries of the district, city and borough councils. This is consistent with the Joint Strategic Needs Assessment (JSNA) and allows data to be easily collated. Each locality has a dedicated chapter which looks at the needs of the population, considers the current provision of pharmaceutical services to residents and identifies whether current pharmaceutical service provision meets the needs of those residents. Each chapter also consider whether there are any gaps in service delivery that may arise during the lifetime of the pharmaceutical needs assessment.

There are 271 pharmacies and 2 dispensing appliance contractors in the county all providing the full range of essential services. In 2020/21 84% (82.2% from current pharmacies) of all prescriptions written were dispensed by the pharmacies and dispensing appliance contractors in the county [(1)]. 84.9% (83% from current pharmacies) of prescriptions written by GP practices were dispensed by the pharmacies and dispensing appliance contractors in the county [(1)]. Some provide advanced and enhanced services as commissioned by NHS England, and some provide services commissioned by Kent County Council via KCC commissioned providers. In addition, 48 (according to 26/08/21 list from NHSE&I, 4 of which are closed according to ODS Portal) GP practices dispense to eligible patients and in 2020/21 dispensed 8.6% of all prescriptions [(1)].

As well as accessing services from pharmacies and dispensing appliance contractors in the county, residents also choose to access contractors in other parts of England. In 2020/21 5.3% of prescriptions were dispensed outside of the county [(1)]. Whilst many were dispensed by contractors just over the border some were dispensed much further afield and reflect the fact that some residents prefer to use a distance selling premises (also known as an internet pharmacy), a specific dispensing appliance contractor or a specialist provider, with some prescriptions being dispensed whilst the person is on holiday or near to their place of work.

Access to pharmaceutical services for the residents of Kent is good and the main conclusion of this pharmaceutical needs assessment is that there are currently no gaps in the provision of pharmaceutical services.

The pharmaceutical needs assessment also looks at changes which are anticipated within the lifetime of the document. These include the predicted population growth and changes in GP opening hours. Given the current population demographics, housing projections and the distribution of service providers across the county, the document concludes that the current provision will be sufficient to meet the future needs of the residents during the three-year lifetime of this pharmaceutical needs assessment, with the exception of specific areas in two localities: Folkestone & Hythe and Ashford Localities.

The Health and Wellbeing Board has not identified any gaps in respect of securing improvements, or better access, to enhanced services in specified future circumstances in any of the twelve localities.

Based on the information available at the time of developing this pharmaceutical needs assessment the Health and Wellbeing Board has identified gaps in respect of securing improvements, or better access, to advanced services in specified future circumstances in specific areas of three localities; Folkestone and Hythe, Ashford and Maidstone.

# 1 Introduction

## 1.1 Purpose of a pharmaceutical needs assessment

The purpose of the pharmaceutical needs assessment is to assess and set out how the provision of pharmaceutical services can meet the health needs of the population of the Kent Health and Wellbeing Board's area for a period of up to three years, linking closely to the Joint Strategic Needs Assessment. Whilst the Joint Strategic Needs Assessment (JSNA) focusses on the general health needs of the population of Kent, the pharmaceutical needs assessment looks at how those health needs can be met by pharmaceutical services commissioned by NHS England.

If a person (a pharmacy or a dispensing appliance contractor) wants to provide pharmaceutical services, they are required to apply to NHS England to be included in the pharmaceutical list for the Health and Wellbeing Board's area in which they wish to have premises. In general, their application must offer to meet a need that is set out in the Health and Wellbeing Board's pharmaceutical needs assessment, or to secure improvements or better access similarly identified in the pharmaceutical needs assessment. There are however some exceptions to this e.g., applications offering benefits that were not foreseen when the pharmaceutical needs assessment was published ('unforeseen benefits applications').

As well as identifying if there is a need for additional premises, the pharmaceutical needs assessment will also identify whether there is a need for an additional service or services, or whether improvements or better access to existing services are required. Identified needs, improvements or better access could either be current or will arise within the three-year lifetime of the pharmaceutical needs assessment.

Whilst the pharmaceutical needs assessment is primarily a document for NHS England to use to make commissioning decisions, it may also be used by local authorities and the Clinical Commissioning Group/integrated care board. A robust pharmaceutical needs assessment will ensure those who commission services from pharmacies and dispensing appliance contractors target services to areas of health need and reduce the risk of overprovision in areas of less need.

## 1.2 Health and Wellbeing Board duties in respect of the Pharmaceutical Needs Assessment

Further information on the Health and Wellbeing Board's specific duties in relation to pharmaceutical needs assessments and the policy background to pharmaceutical needs assessments can be found in

appendix A, however following publication of the revised pharmaceutical needs assessment in 2022 the Health and Wellbeing Board must, in summary:

- Publish revised statements (subsequent pharmaceutical needs assessments), on a three yearly basis, which comply with the regulatory requirements.
- Publish a subsequent pharmaceutical needs assessment sooner when it identifies changes to the need for pharmaceutical services which are of a significant extent, unless to do so would be a disproportionate response to those changes; and
- Produce supplementary statements which explain changes to the availability of pharmaceutical services in certain circumstances.

Note: Due to the Covid pandemic the government delayed the requirement to review PNAs published in 2018 until 1 October 2022.

### 1.3 Pharmaceutical services

The services that a pharmaceutical needs assessment must include are defined within both the National Health Service Act 2006 and the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended.

Pharmaceutical services may be provided by:

- A pharmacy contractor who is included in the pharmaceutical list for the area of the Health and Wellbeing Board.
- A pharmacy contractor who is included in the Local Pharmaceutical Services list for the area of the Health and Wellbeing Board.
- A dispensing appliance contractor who is included in the pharmaceutical list held for the area of the Health and Wellbeing Board; and

A doctor or GP practice that is included in a dispensing doctor list held for the area of the Health and Wellbeing Board.

NHS England is responsible for preparing, maintaining, and publishing these lists. In Kent there are 271 pharmacies, 2 dispensing appliance contractors and 48 (according to 26/08/21 list from NHSE&I, 4 of which are closed according to ODS Portal) dispensing practices.

Contractors may operate as either a sole trader, partnership, or a body corporate. The Medicines Act 1968 governs who can be a pharmacy contractor, but there is no restriction on who can operate as a dispensing appliance contractor.

#### 1.3.1 Pharmaceutical Services Provided by Pharmacy Contractors

Unlike for GPs, dentists and optometrists, NHS England does not hold contracts with the majority of pharmacy contractors. Instead, they provide services under a contractual framework, sometimes referred to as the community pharmacy contractual framework, details of which (the terms of service) are set out in schedule 4 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations

2013, as amended, and also in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013

Pharmacy contractors provide three types of service that fall within the definition of pharmaceutical services and the community pharmacy contractual framework. They are:

- **Essential services** – all pharmacies must provide these services listed below as part of the NHS Community Pharmacy Contractual Framework (the 'pharmacy contract').
    - Dispensing of prescriptions for medicines and appliances (both electronic and non-electronic), including urgent supply of a drug or appliance without a prescription
    - Dispensing of repeatable prescriptions
    - Discharge Medicines Service
    - Clinical Governance
    - Public Health (Promotion of healthy lifestyles)
    - Signposting
    - Support for self-care
    - Disposal of unwanted drugs

- **Advanced services** – pharmacies may choose whether to provide these services or not. If they choose to provide one or more of the advanced services, they must meet certain They must be fully compliant with the essential services and clinical governance requirements.
    - Appliance Use Review
    - Community Pharmacy Consultation Service (CPCS)
    - C19 Lateral flow device distribution service
    - Flu vaccination
    - Hepatitis C testing Service
    - Hypertension Case Finding Service
    - New Medicines Service (NMS)
    - Pandemic Delivery Service
    - Stoma Appliance Customisation Service
    - Stop Smoking Advanced Service (referral from hospital)

Note: The medicines use review and prescription intervention services (more commonly referred to as the Medicines Use Review service) is no longer an advanced service.

- **Enhanced services** – Service specifications for this type of service are developed by NHS England and then commissioned to meet specific health needs.

  NHS England has no Local Pharmaceutical Services contracts within the Kent Health and Wellbeing Board's area, and NHS England does not have plans to commission such contracts within the lifetime of this pharmaceutical needs assessment.

Further information on the essential, advanced, and enhanced services requirements can be found in appendices B, C and D respectively.

Underpinning the provision of all of these services is the requirement on each pharmacy contractor to have an identifiable clinical governance lead and apply clinical governance principles to the delivery of services. The clinical governance system is set out within the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended, and includes:

- Patient and public involvement
- Clinical audit
- Risk management
- Clinical effectiveness programmes
- Staffing and staff management
- Education, training and continuing professional and personal development
- Use of information to support clinical governance and health care delivery

Pharmacies are required to open for 40 hours per week, and these are referred to as core opening hours, but many choose to open for longer and these additional hours are referred to as supplementary opening hours. Between April 2005 and August 2012, some contractors successfully applied to open new premises on the basis of being open for 100 core opening hours per week (referred to as 100-hour pharmacies), which means that they are required to be open for 100 core hours per week, 52 weeks of the year (with the exception of weeks which contain a bank or public holiday, or Easter Sunday). It continues to be a condition that these 100-hour pharmacies remain open for 100 core hours per week, and they may open for longer hours. Since August 2012 some pharmacy contractors may have successfully applied to open a pharmacy with a different number of core opening hours in order to meet a need, improvements or better access identified in a pharmaceutical needs assessment.

The proposed opening hours for each pharmacy are set out in the initial application, and if the application is granted and the pharmacy subsequently opens then these form the pharmacy's contracted opening hours. The contractor can subsequently apply to change their core opening hours and NHS England will assess the application against the needs of the population of the Health and Wellbeing Board area as set out in the pharmaceutical needs assessment to determine whether to agree to the change in core opening hours or not. If a pharmacy contractor wishes to change their supplementary opening hours, they simply notify NHS England of the change, giving at least three months' notice.

Whilst most pharmacies provide services on a face-to-face basis e.g., people attend the pharmacy to ask for a prescription to be dispensed, or to receive health advice, there is one type of pharmacy that is restricted from providing services in this way. They are referred to in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended, as distance selling premises (sometimes referred to as mail order or internet pharmacies).

Distance selling premises are required to provide essential services and participate in the clinical governance system in the same way as other pharmacies; however, they must provide these services remotely. For example, a patient asks for their prescription to be sent to a distance selling premises via the Electronic Prescription Service and the contractor dispenses the item and then delivers it to the patient's preferred address. Distance selling premises therefore interact with their customers via the telephone, email, or a website. Such pharmacies are required to provide services to people who request them wherever they may live in England and delivery dispensed items is free of charge.

### 1.3.2 Pharmaceutical Services Provided by Dispensing Appliance Contractors

As with pharmacy contractors, NHS England does not hold contracts with dispensing appliance contractors. Their terms of service are set out in schedule 5 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended and in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013.

Dispensing appliance contractors provide the following services for appliances (not drugs) for example catheters and colostomy bags, which fall within the definition of pharmaceutical services:

- Dispensing of prescriptions (both electronic and non-electronic), including urgent supply without a prescription
- Dispensing of repeatable prescriptions
- Home delivery service for some items
- Supply of appropriate supplementary items (e.g., disposable wipes and disposal bags)
- Provision of expert clinical advice regarding the appliances, and
- Signposting

They may also choose to provide advanced services. If they do choose to provide them then they must meet certain requirements and must be fully compliant with their terms of service and the clinical governance requirements. The two advanced services that they may provide are:

- Stoma appliance customisation
- Appliance use review

As with pharmacies, dispensing appliance contractors are required to participate in a system of clinical governance. This system is set out within the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended 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, and
- An information governance programme.

Further information on the requirements for these services can be found in appendix E.

Dispensing appliance contractors are required to open at least 30 hours per week, and these are referred to as core opening hours. They may choose to open for longer and these additional hours are referred to as supplementary opening hours.

The proposed opening hours for each dispensing appliance contractor are set out in the initial application, and if the application is granted and the dispensing appliance contractor subsequently opens then these form the dispensing appliance contractor's contracted opening hours. The contractor can subsequently apply to change their core opening hours. NHS England will assess the application against the needs of the population of the Health and Wellbeing Board area as set out in the pharmaceutical needs assessment to determine whether to agree to the change in core opening hours or not. If a dispensing appliance contractor wishes to change their supplementary opening hours, they simply notify NHS England of the change, giving at least three months' notice.

#### 1.3.3 Pharmaceutical Services Provided by Doctors

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended allow doctors to dispense to eligible patients in certain circumstances. The regulations are complicated on this matter but in summary:

- Patients must live in a 'controlled locality' (an area which has been determined by NHS England or a preceding organisation as rural in character), more than 1.6km (measured in a straight line) from a pharmacy (excluding distance selling premises), and
- Their practice must have premises approval and consent to dispense to that area.

There are some exceptions to this, for example patients who have satisfied NHS England that they would have serious difficulty in accessing a pharmacy by reason of distance or inadequacy of means of communication.

#### 1.3.4 Local Pharmaceutical Services

Local Pharmaceutical Services contracts allow NHS England to commission services, from a pharmacy, which are tailored to specific local requirements. Local Pharmaceutical Services complement the national contractual arrangements described above but is an important local commissioning tool in its own right. Local Pharmaceutical Services provide flexibility to include within a contract a broader or narrower range of services (including services not traditionally associated with pharmacies) than is possible under the national contractual arrangements. For the purposes of the pharmaceutical needs assessment the definition of pharmaceutical services includes Local Pharmaceutical Services. There are, however, no Local Pharmaceutical Services contracts within the Kent Health and Wellbeing Board's area and NHS England does not have plans to commission such contracts within the lifetime of this pharmaceutical needs assessment.

### 1.4 Locally Commissioned Services

Community pharmacy services can be contracted via a number of different routes and by different commissioners, including local authorities, clinical commissioning groups (CCGs) to meet the needs of their local population. Kent County Council, Kent and Medway Clinical Commissioning Group may also

commission services from pharmacies and dispensing appliance contractors, however these services fall outside the definition of pharmaceutical services. For the purposes of this document, they are referred to as locally commissioned services and include the following services which are commissioned by Kent County Council and the Clinical Commissioning Group.

In the Kent Health and Wellbeing area the following services are commissioned by Kent County Council via its contracted providers of services and Kent and Medway CCG.

- Smoking Free Advisor provider
- Smoking Cessation referral Service
- Supply of Varenicline (Champix)
- Supply of Nicotine Replacement Therapy
- Weight Loss Advisor
- One You Kent Pharmacy
- Health living Pharmacy
- What the Bump
- Sexual and Health Improvement Service
- Chlamydia Screening and treatment
- Emergency hormonal contraception
- Condom Distribution (LC)
- Needle Exchange
- Supervised Consumption
- Antiviral supply (out of season)
- Online Non-Prescription Ordering system (ONPOS) West Kent
- Palliative Care Service
- Medicines administration record (MARs) and monitored dose system (MDS) service
- Common Ailments service
- Anticoagulation Services

Locally commissioned services are included within this assessment where they affect the need for pharmaceutical services, or where the further provision of these services would secure improvements or better access to pharmaceutical services.

### 1.5 Other NHS services

Other services which are commissioned or provided by NHS England, Kent County Council, Kent and Medway Clinical Commissioning Group, East Kent Hospitals Foundation Trust, Medway Foundation Hospital NHS Trust, Dartford and Gravesham NHS Trust, and Maidstone and Tunbridge Wells NHS Trust, Kent, Medway NHS and Social Care Partnership Trust and Kent Community Health Foundation Trust which affect the need for pharmaceutical services are also included within the pharmaceutical needs assessment.

## 1.6 How the Assessment was Undertaken

### 1.6.1 Pharmaceutical Needs Assessment Project Advisory Group (PNA Steering Group)

The Health and Wellbeing Board has overall responsibility for the publication of the pharmaceutical needs assessment, and the director of public health is the Health and Wellbeing Board member who is accountable for its development. The Health and Wellbeing Board has established a pharmaceutical needs assessment steering group whose purpose is to ensure that the Health and Wellbeing Board develops a robust pharmaceutical needs assessment that complies with the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended, and meets the needs of the local population. The membership of the steering group ensured all the main stakeholders were represented and can be found in appendix F.

### 1.6.2 Pharmaceutical Needs Assessment Localities

The localities that have been used for the pharmaceutical needs assessment match the boundaries of the district, city, and borough councils of Kent, namely:

- 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 Well Borough Council

This approach is consistent with the Joint Strategic Needs Assessment. It should be noted that the areas covered by each of the localities within this document do not match the localities of the same name used by Kent and Medway Clinical Commissioning Group. Dispensing practices may therefore appear in different localities in this document to those that they appear in on Kent and Medway Clinical Commissioning Group's website. On balance though it was felt more appropriate to use the district and borough council as localities because health needs data is collected at super output area and collated up to district and borough council level, and council boundaries are more fixed that GP practice groupings.

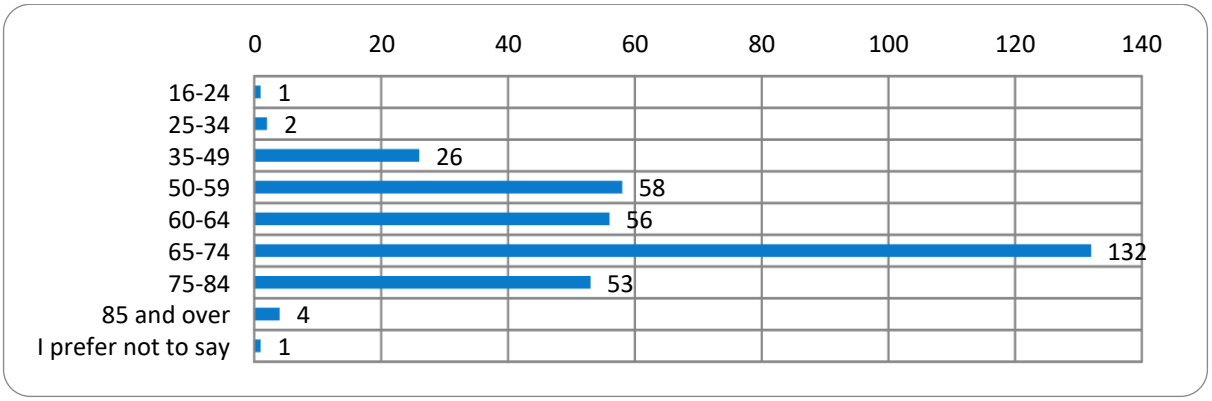
### 1.6.3 Patient and public engagement

To gain the views of patients and the public on pharmaceutical services, a questionnaire was developed and made available on the Council's consultation webpage from 4 November 2021 to 19 December 2021. As well as promoting it on the Council's website, the questionnaire was publicised

with Kent County Council consultation register members and the Kent residents' panel. A copy, which shows the questions asked, can be found in Appendix G. The full results can be found in Appendix H.

A total of 350 people completed the questionnaire of which 159 or 45.4% were female and 172 or 49.14% male (19 people preferred not to give their gender or skipped this question). The figure below shows the age breakdown of respondents.

**Figure 1. Which of these age groups applies to you?**




Dispensing services were obtained by respondents as follows:

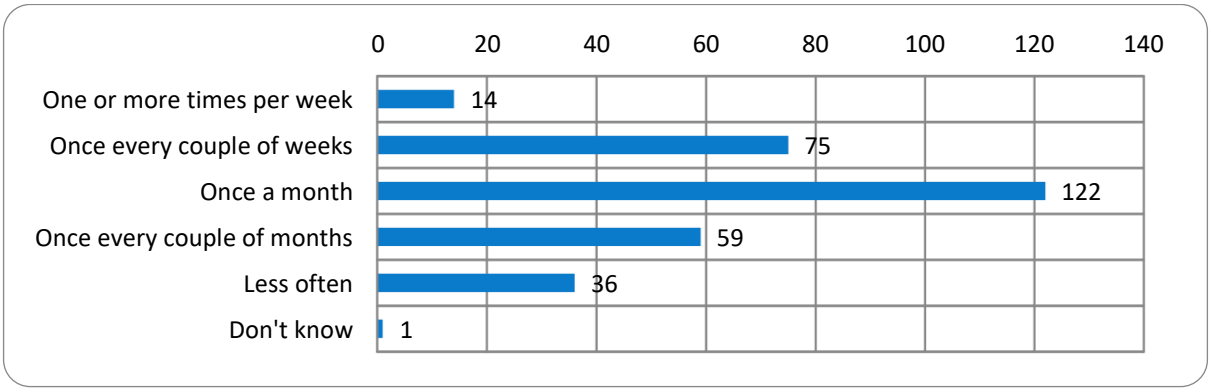
- 304 people – Pharmacy
- 34 people – Dispensing doctors' practice
- 52 people – Distance selling pharmacy

When we asked do you use a pharmacy for the most common responses were as follows:

- To collect a prescription for myself-271 people
- To buy over the counter medicines-175
- To collect a prescription for someone else- 147 people
- Healthcare advice (e.g. medication, your condition/illness, healthy living advice etc.)-91
- Health care services (e.g. stop smoking or emergency contraception, blood pressure checks etc.)-31

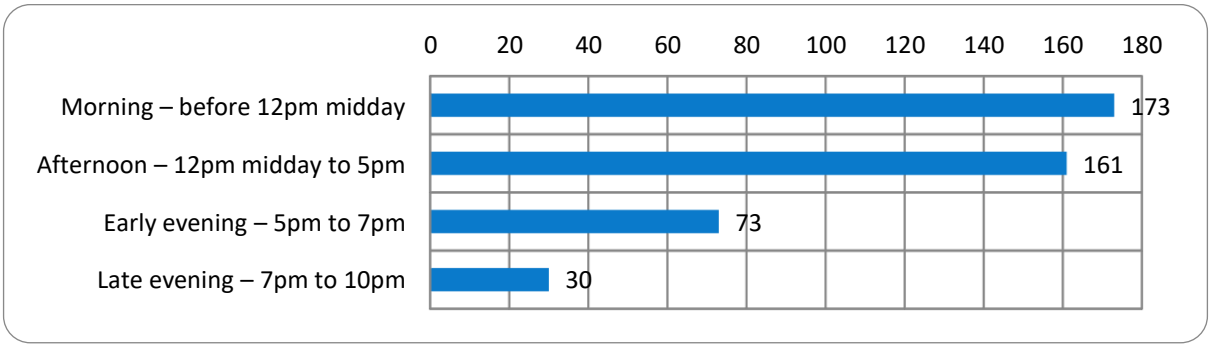
The figure below shows how frequently responders visited a pharmacy. As may be expected most people visited monthly which reflect prescription length.

**Figure 2. How often do you visit a pharmacy?**




The most convenient time for people to visit a pharmacy was reported as being in the morning before 12 noon and the afternoon up to 5pm. Early evening between 5pm and 7pm is also a convenient time to visit a pharmacy.

**Figure 3. What time is the most convenient for you to visit a pharmacy?**




When asked which day of the week was most convenient to visit a pharmacy there was little difference Monday to Friday and only a slight decrease for Saturday.

When asked what they had done if there had been a time recently when they weren't able to use their normal pharmacy, the responses were as follows:

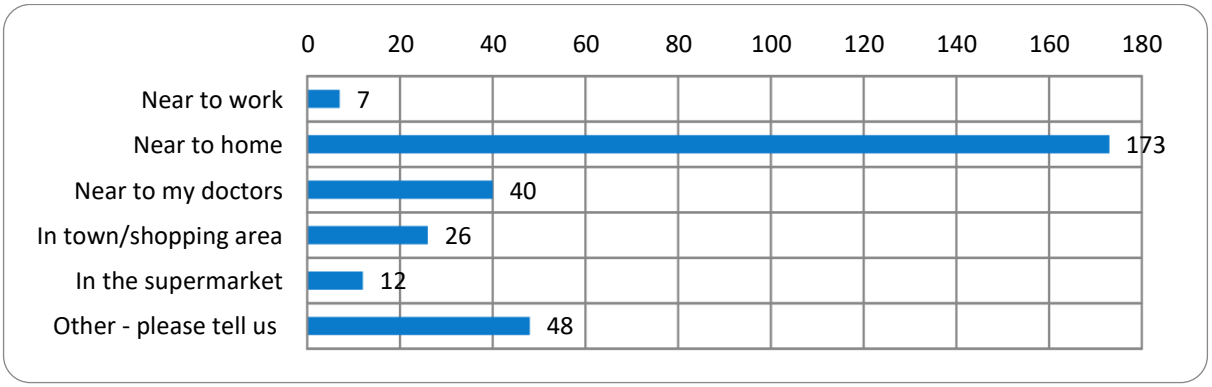
- 164 people waited for it to open
- 114 people went to another pharmacy

When asked what they would do if their regular pharmacy did not have what they require, the responses were as follows:

- 155 people wait for item to be ordered
- 131 people find another pharmacy

50% respondents used always used the same pharmacy and a further 33% used the same pharmacy most of the time.

**Figure 4. What is the most important reason when deciding which pharmacy to visit?**




The questionnaire then asked about travel.

**Figure 5. How do you usually travel to a pharmacy?**

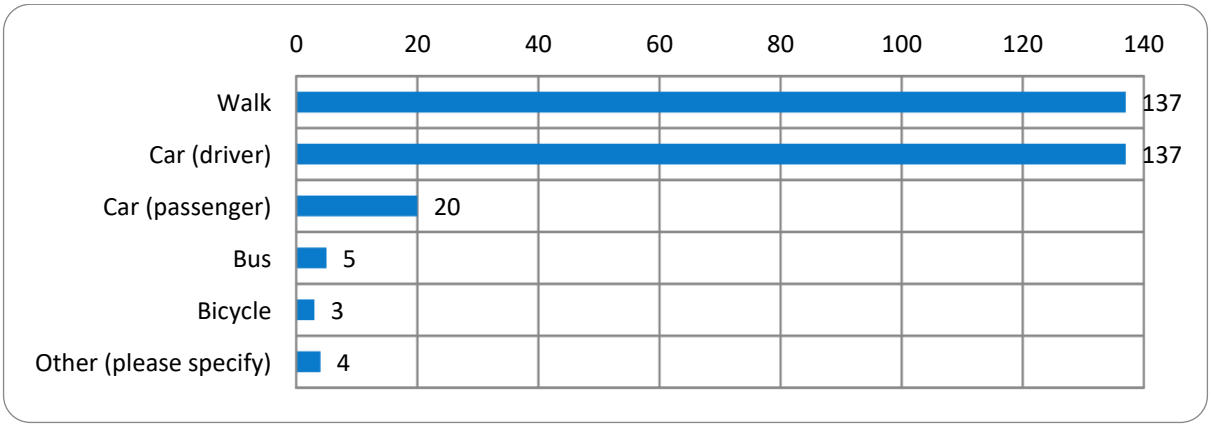
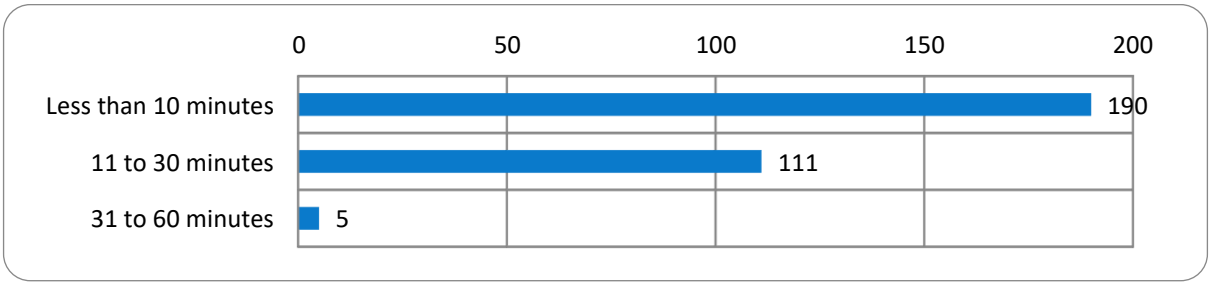



**Figure 6. How long does your journey to a pharmacy usually take?**




An equal number of respondents walked and used a car to visit a pharmacy, very few used a bus or bicycle. The journey times for 54% of respondents was less than 10 minutes and for 32% it was between 11 and 30 minutes.

**Comments Received**

Three comments were received by email. Two related to the design of the questionnaire and a third is shown below.

> *"Your consultation on pharmacies was not sufficient to realise efficiencies and improvements. Just for example in the small village of Lyminge we have at least 3 pharmacists, one commercial pharmacy and 2 attached to Doctors practises. What a huge WASTE OF MY TAXES PAID AND significant NHS WASTAGE.* ***Do something about that and that would be an improvement.***"

Provision for doctors to provide pharmaceutical services in certain circumstances has been made in various NHS Acts and Regulations ever since. These circumstances are in summary:

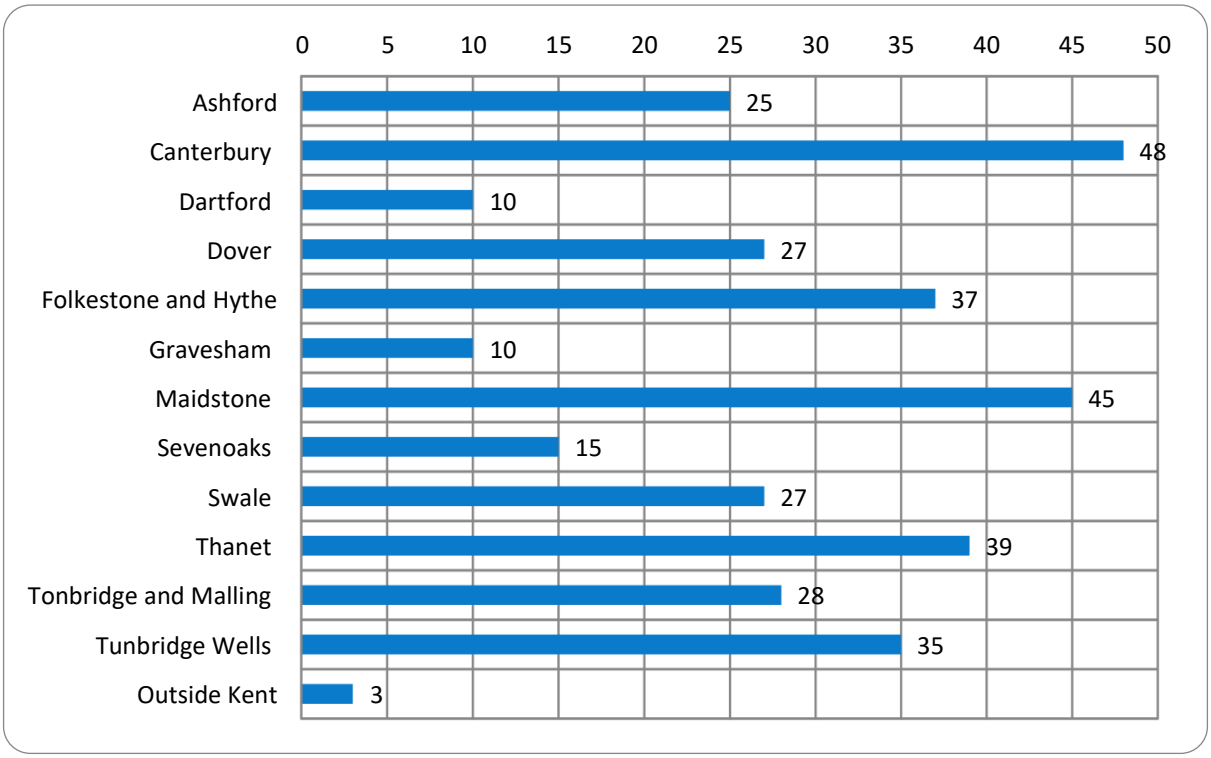
- A patient has serious difficulty in obtaining any necessary drugs or appliances from an NHS pharmacist by reason of distance or inadequacy of means of communication
- A patient is resident in an area which is rural in character, at a distance of more than one mile (1.6 km) from pharmacy premises (excluding any distance selling premises).

The Regulations have been amended and expanded over time with significant amendments being made in 1983, 1992 and 2005. Doctors may therefore have been approved to provide pharmaceutical services under one of several sets of Regulations. Those doctors who were providing services prior to 1 April 1983 have what has become known as "historic rights" to provide drugs or appliances.

The two practices in Lyminge providing dispensing of medicines and appliances will be providing dispensing services to patients living more than one mile (1.6km) from the pharmacy. They do not provide any other pharmaceutical service other than dispensing.

Responses to the questionnaire were received from people living across the county as can be seen in the table, below, with the highest number of responses coming from those living in the Canterbury, and Maidstone locality.

**Figure 7. The number of patient and public respondents in each locality**




### 1.6.4 Contractor engagement

Online questionnaires for pharmacies, dispensing appliance contractors and dispensing general practices were undertaken, and the approach was taken to only ask contractors for information that could not be sourced elsewhere.

A copy of the questionnaires can be found in Appendix I – Contractor and Appendix J – Dispensing general practice practices.

The questionnaire was open for the following dates:

- Community pharmacies 18 October 2021 -31 January 2022
- Appliance contractors 13 December 2021- 27 January 2022
- GP Dispensing Practices 17 December 2021 – 27 January 2022

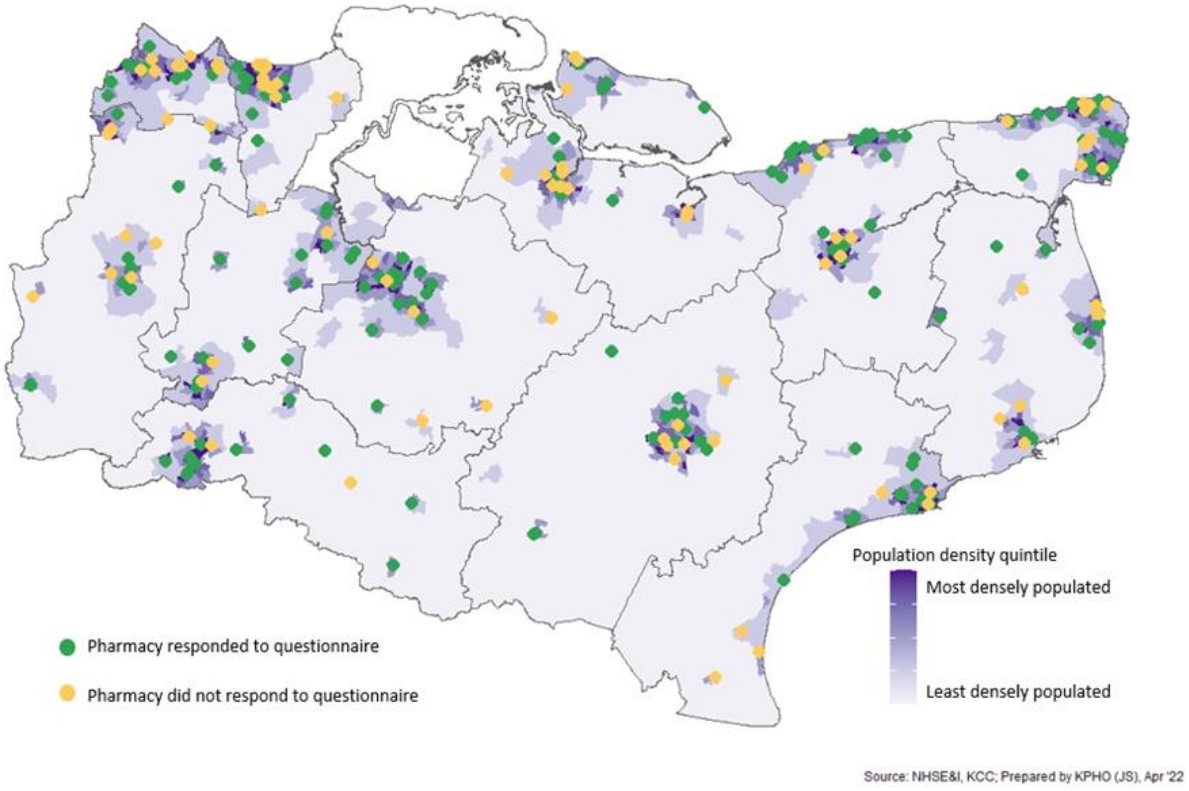
Table 1 shows the number of responders and the percentage response rate.

**Table 1. Summary of survey responses**

| | Number of responses | Total numbers of contractors | Response rate (%) |
|---|---|---|---|
| Pharmacies | 187 | 271 | 69 |
| Appliance contractors | 0 | 2 | 0 |
| Dispensing GP practice | 8 | 48 | 16.7 |

Map 1 shows that pharmacies that responded to the questionnaire are spread across Kent and there is no geographical pattern to questionnaire response. When split by district, Tonbridge and Malling had the best response rate.

**Map 1. Pharmacy locations and response status to contractor survey**




The Health and Wellbeing Board is grateful for the support of the Kent Local Pharmaceutical Committee and Dispensing Doctors Association in encouraging contractors to complete the questionnaire.

For the purposes of this document the pharmacy opening hours relied upon are those provided by NHS England as these are the contractual hours that are included in the pharmaceutical list for the area of the Kent Health and Wellbeing Board.

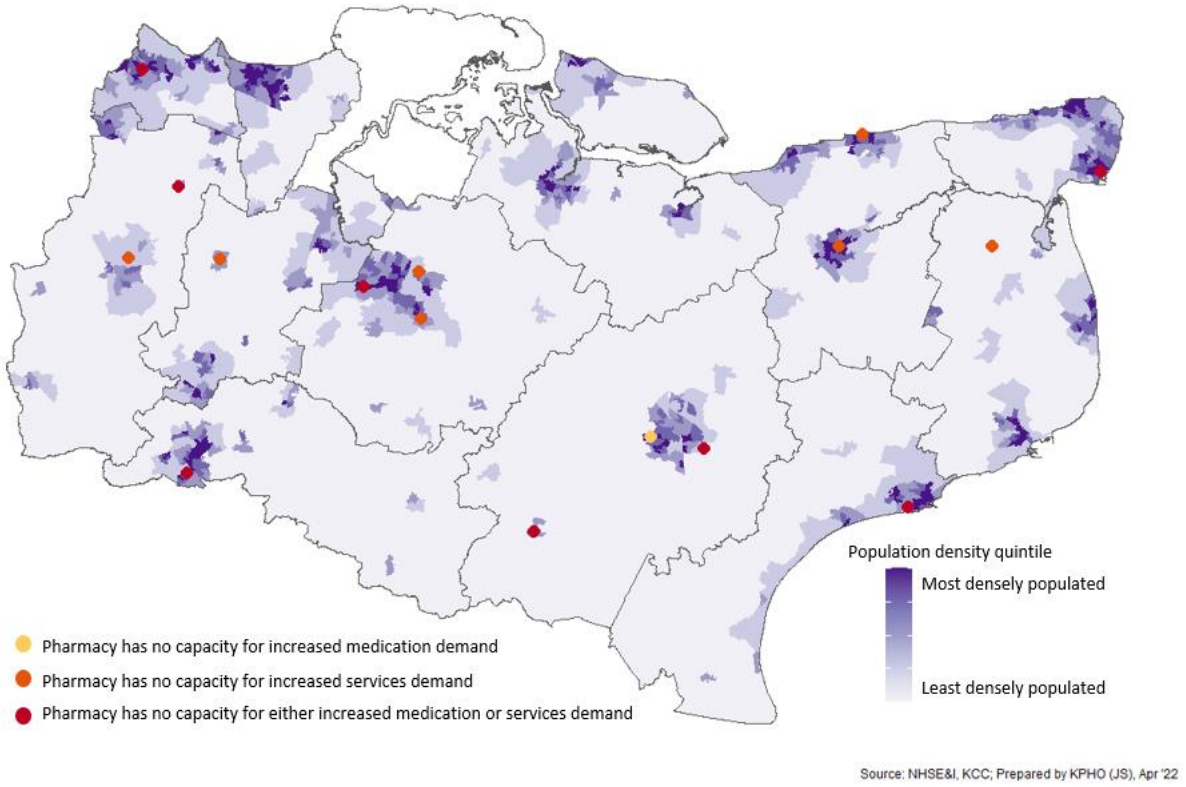
There are currently a number of housing and other developments taking place across Kent with more planned and pharmacies and dispensing appliance contractors were asked about their ability to meet the needs of those moving into the new houses. The responses can be seen in Table 2.

**Table 2. Summary of responses to questions regarding capacity**

| | Yes | No |
|---|---|---|
| **Does your pharmacy have the capacity to meet an increase in demand for dispensing of medication?** | 178 | 9 |
| **Does your pharmacy have the capacity to meet an increase in demand for the services currently provided?** | 172 | 15 |

Map 2 shows that the towns of Maidstone and Ashford have more than one pharmacy indicating no capacity for an increased demand in dispensing of medication and/or services.

**Map 2. Pharmacy locations and responses to questions regarding capacity for increased demand**




Contractors were asked about the provision of 49 different services. The possible responses were willing to provide if commissioned, currently providing privately, currently providing under contract with CCG, currently providing under contract with Local Authority, not able or willing to provide and willing to provide privately. A summary of the number of pharmacies responding in each category for the 49 different services can be seen in Table 3. This suggests that for any one service, most pharmacies would be willing to provide if commissioned if they are not already providing.

**Table 3. Number of pharmacies in each response category for the 49 different services included in the questionnaire**

| Possible response | Average number of pharmacies | Highest number of pharmacies | Lowest number of pharmacies |
|---|---|---|---|
| Willing to provide if commissioned | 88 | 146 | 0 |
| Currently providing privately | 15 | 133 | 0 |
| Currently providing under contract with CCG | 10 | 142 | 0 |
| Currently providing under contract with Local Authority | 12 | 93 | 0 |
| Not able or willing to provide | 32 | 62 | 0 |
| Willing to provide privately | 4 | 11 | 0 |

As can be seen in Table 4, 29 pharmacies answered, 'yes' to the question 'is there a particular need for a locally commissioned service in your area?'. The services suggested by the pharmacies are as follows: mental health, diabetes, ear syringing, emergency hormonal contraception, minor ailment scheme, CPCS GP referral, stop smoking, sexual health, travel vaccinations, covid-19 vaccination, vascular risk assessment, paid for delivery service, home delivery services, atrial fibrillation screening, alcohol recovery, blood pressure screening, cholesterol screening, not dispensed scheme. The Minor ailments scheme was mentioned in eight of the 29 responses, the most frequently mentioned of all services.

**Table 3. Summary of responses regarding need for a locally commissioned service**

| | Yes | No |
|---|---|---|
| **Is there a particular need for a locally commissioned service in your area?** | 29 | 151 |

An online questionnaire for dispensing practices was sent to dispensing practices via the Dispensing Doctors association. It was open between the 17 December 2021 and 27 January 2022. A copy of the questionnaire can be found in Appendix J.

The results are summarised below. Of the 48 dispensing practices Kent 8 responded, a response rate of 16.7%. The Health and Wellbeing Board is grateful for the support of the Dispensing doctor Association in encouraging contractors to complete the questionnaire.

Seven of the eight respondents confirmed that prescriptions for appliances are dispensed by the practice. Six of the practices dispensed all types of appliances and one practice sated that they dispensed all appliances with the exclusion of stoma and incontinence appliances.

One practice offered a delivery service to all patients and four practices offer a delivery service to certain patient groups:

- The vulnerable, who do not have their own transport and no other means of obtaining acute prescriptions
- House bound, extremely vulnerable, elderly, in practice if requested we will deliver.
- Those that have difficulty getting to the surgery

Three practices do not offer a delivery service.

English is the predominant language spoken although Mandarin, Hindi, Croatian, Bulgarian and Urdu is spoken at one practice every day.

The practices were also asked about whether they are able to meet the needs of those moving into the new houses in respect of their dispensing service only.

The responses were as follows:

- Don't have sufficient premises and staffing capacity at present but could make adjustments to manage the increase in demand – three practices
- Don't have sufficient premises and staffing capacity and would have difficulty in managing an increase in demand – five practices

All eight practices altered the way that they delivered their dispensing services during the Covid pandemic. Two practices increased the delivery service to patients and all complied with PPE and screening guidance.

An online questionnaire for appliance contractors was sent to the two Kent based and one Medway based appliance contracts directly. It was open between the 13 December 2021 and 27 January 2022. No responses were received from the appliance contractors. They were each email twice and telephoned three times to ensure the questionnaire had been sent to the correct person and as reminder to complete.

### 1.6.5 Other Sources of Information

Information was gathered from NHS England, Kent and Medway Clinical Commissioning Group, Kent County Council regarding:

- Services provided to residents of the Health and Wellbeing Board's area, whether provided from within or outside of the Health and Wellbeing Board's area
- Changes to current service provision
- Future commissioning intentions

- Known housing developments within the lifetime of the pharmaceutical needs assessment, and
- Any other developments which may affect the need for pharmaceutical services

The JSNA and the 2019 director of public health report for Kent and Kent's Joint Health and Wellbeing Strategy provided background information on the health needs of the population.

#### 1.6.6 Consultation

The responses to the patient and public engagement and contractor questionnaires informed the draft pharmaceutical needs assessment.

The statutory 60-day consultation on the draft pharmaceutical needs assessment commenced on 21st June 2022 and ran until 21st August 2022. The statutory consultees were written to regarding the consultation, provided with a link to the Council's website where the draft pharmaceutical needs assessment was published and invited to respond online.

A report of the consultation including any changes to the pharmaceutical needs assessment can be found at Appendix K.

# 2 Overview of Kent

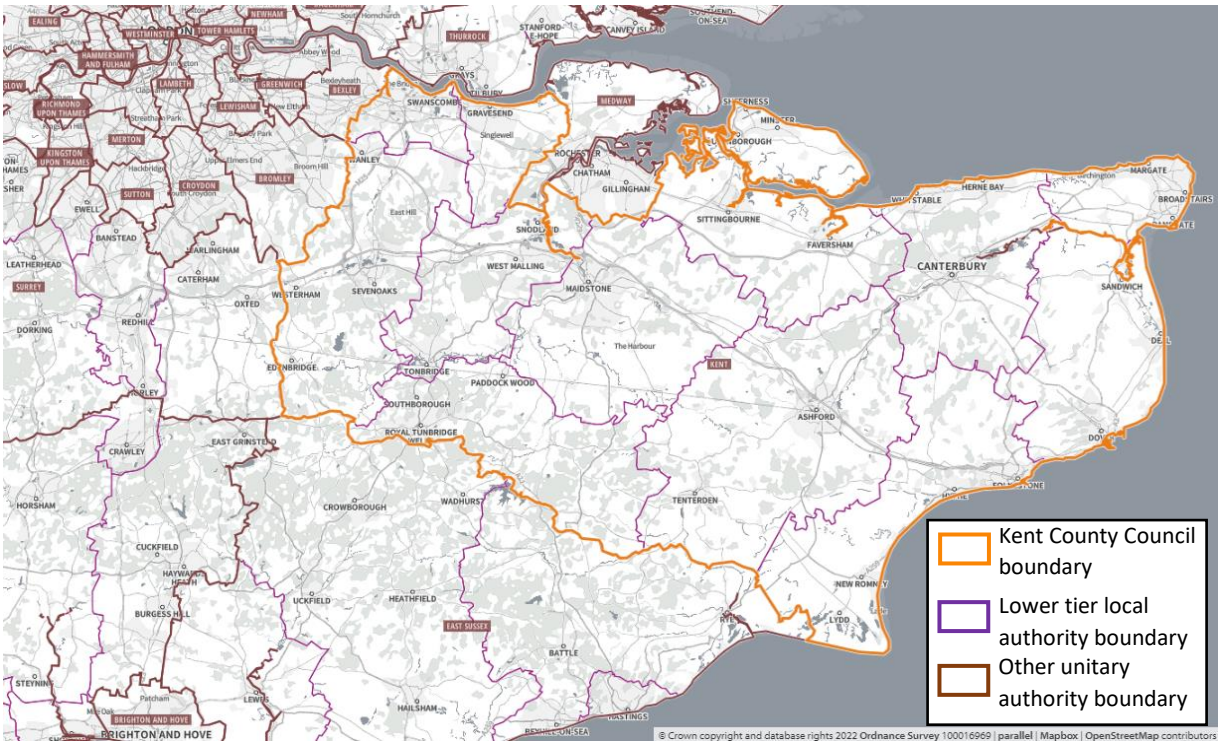
## 2.1 Introduction - Kent Overview

Kent is one of the home counties of England and lies in southeast extremity of England. Kent boarders greater London to the north-west, Thurrock Unitary Authority and Medway Unitary Authority and the Thames Estuary to the north, the North Sea to the northeast and Straits of Dover to the east and the English Channel to the southeast, East Sussex to the southwest, Surrey to the west.

The administrative county of Kent is comprised of 12 areas: the districts of Dover, Sevenoaks. Folkestone and Hythe and Thanet, the boroughs of Ashford, Dartford, Gravesham, Maidstone, Swale, Tonbridge and Malling, and Tunbridge Wells and the city of Canterbury.

Map 3 shows the local government administrative boundaries of Kent and the surrounding area.

**Map 3. Kent County Council area and surrounding authority areas**




Kent is the fifth most populous county in England and the most populous of the home counties.

The north-central town of Maidstone is the county town. The city of Canterbury is dominated by Canterbury Cathedral, which is the head of the Anglican Church of the world.

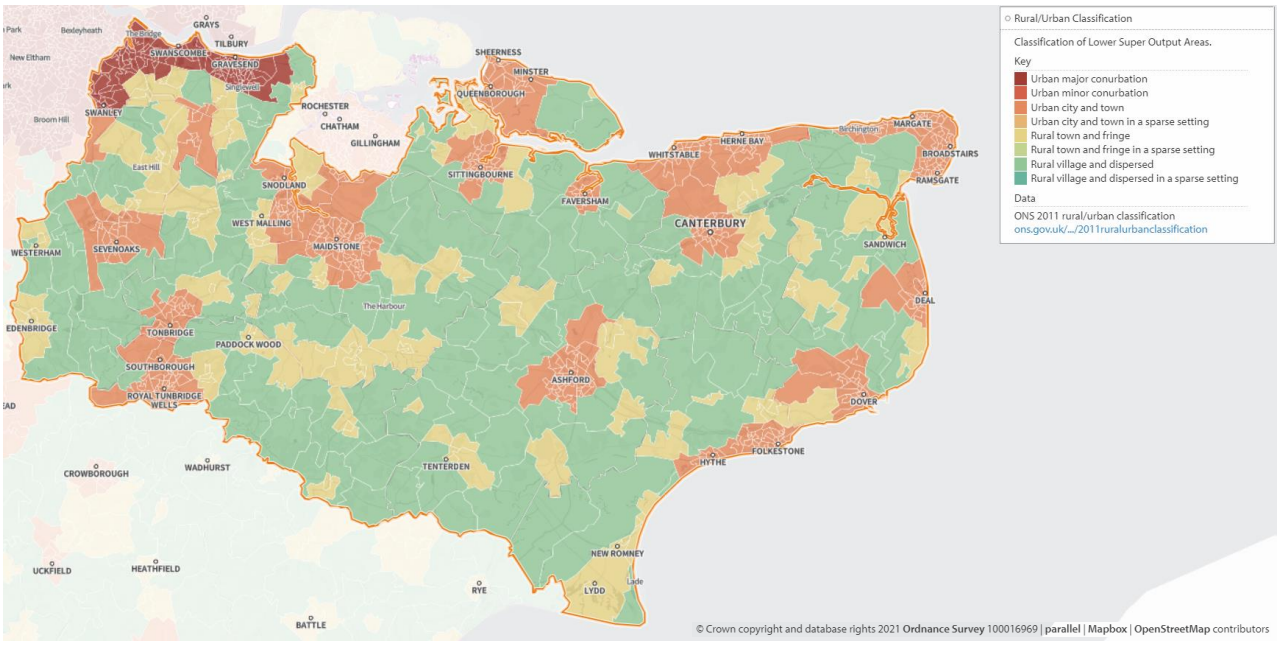
Kents economy has been influenced by its geography. A line of chalk hills (the North Downs) which runs from west to east forms a spine of the county. To the north of The Downs the shores of the Thames Estuary are low lying marshy land and to the south are areas of sand and clay which is a wooded area known as The Weald. To the east are the low-lying areas of the Isle of Sheppey and Thanet. The white cliffs of Dover is famous start rising at the edge of Thanet and then further south there are the extensive Romney Marches. In the southeast of the county is the shingle promontory of Dungeness with its two nuclear power stations (currently being decommissioned).

Kent's infrastructure is well served by road for east to west travel but has a poor infrastructure for north to south travel (A roads and mainly of B roads). The M20 motorway goes from Dover in the east joins the M25 in the west and the M2 conveys traffic from Faversham to Rochester. The county has a good train network and benefits from the high-speed link with London. Both the presence of the Euro star train link and the cross-channel ferries sailing from the port of Dover means that Kent has excellent links with Europe.

Kent has a diverse economy: Agriculture, haulage, logistics and tourism are major industries. Kent is known as the garden of England as it grows fruit and to a much lesser extent now hops. In the

northwest, industries include extraction of aggregates building material, printing, and scientific research. Much of Kent is in the London commuter belt.

**Map 4. Kent lower super output areas by urban/rural classification**




Kent has a land area of 1,368 square miles and approximately just over 350 miles of coastline.

It is known as 'the garden of England' as a minimum of 75% of the land in each of the 12 districts is undeveloped. This can be seen in Map 4 which shows Kent's lower super output areas (LSOAs) classified on a rural-urban scale.

According to the 2011 Census, Kent has 605,638 households. The majority (64.7%) of these are one family households. The average household size in Kent is 2.37 people which is comparable to that of the South East (2.38 people) and the national figure of 2.36 people [(2)].

Since the Census, approximately 39,400 new dwellings have been built in Kent. This is an average number of 5,544 each year up to 2018/19. As a result, we estimate that Kent is now home to approximately 676,900 dwellings in 2019.

Data from the Land Registry states that the average house price in Kent during 2020 was £365,689. This is higher than the national average of £323,868 but lower than the average for the South East which is £411,466.

Kent has remained within the same national decile for 2019 Index of Multiple Deprivation (IMD2019) as for IMD2015 for 4 of the 5 summary measures. Kent is ranked within the least deprived 50% of upper-tier local authorities in England for 4 out of 5 summary measures of the IMD2019. There are some areas within Kent that do fall within the 20% most deprived in England.

## 2.2 Population [3]

Office for National Statistics (ONS) mid-2020 population estimates put Kent's population at 1,589,100 people (all ages), up from 1,581,600 in mid-2019 (an increase of 0.47%) and 1,568,700 in mid-2018 (an increase of 1.3%).

It is estimated that the county has had above national average population growth in recent decades, though this varies across the county. Table 5 below shows that in the last 10 years (2010 to 2020), the population of Kent has grown by an estimated 9.4% versus a 7.4% England average. In the last 20 years (2000-2020), the population of Kent has increased by 20% compared to a 14.9% England average.

**Table 5. Estimated population growth within the last 20 years** [3]

| | Previous Year Change | | 5 Year Change | | 10 Year Change | | 20 Year Change | |
|---|---|---|---|---|---|---|---|---|
| | (2019-2020) | | (2015-2020) | | (2010-2020) | | (2000-2020) | |
| | Number | % | Number | % | Number | % | Number | % |
| **Kent** | **7,500** | **0.5** | **66,000** | **4.3** | **137,200** | **9.4** | **264,400** | **20.0** |
| Ashford | 1,000 | 0.8 | 7,000 | 5.6 | 14,000 | 12.0 | 29,600 | 29.2 |
| Canterbury | 1,400 | 0.8 | 7,100 | 4.4 | 18,100 | 12.2 | 31,900 | 23.6 |
| Dartford | 1,400 | 1.3 | 10,500 | 10.2 | 17,700 | 18.4 | 28,500 | 33.4 |
| Dover | 400 | 0.3 | 5,100 | 4.5 | 7,400 | 6.7 | 14,000 | 13.4 |
| Folkestone & Hythe | 300 | 0.3 | 3,500 | 3.2 | 6,400 | 5.9 | 16,900 | 17.5 |
| Gravesham | 0 | 0.0 | 1,200 | 1.1 | 5,800 | 5.8 | 11,700 | 12.3 |
| Maidstone | 1,300 | 0.8 | 9,100 | 5.6 | 19,400 | 12.6 | 34,500 | 24.9 |
| Sevenoaks | 600 | 0.5 | 3,200 | 2.7 | 6,900 | 6.0 | 11,800 | 10.8 |
| Swale | 900 | 0.6 | 8,600 | 6.0 | 16,000 | 11.9 | 29,400 | 24.2 |
| Thanet | -500 | -0.3 | 1,600 | 1.2 | 8,000 | 6.0 | 15,000 | 11.9 |
| Tonbridge & Malling | 400 | 0.3 | 6,800 | 5.4 | 12,500 | 10.4 | 25,700 | 24.0 |
| Tunbridge Wells | 200 | 0.2 | 2,300 | 2.0 | 4,900 | 4.3 | 15,300 | 14.7 |
| **South East region** | **37,100** | **0.4** | **267,900** | **3.0** | **639,500** | **7.5** | **1,226,700** | **15.4** |
| **England** | **263,200** | **0.5** | **1,763,800** | **3.2** | **3,907,700** | **7.4** | **7,316,800** | **14.9** |

There are 4.5 people per hectare in Kent, making Kent less densely populated than the South-East regional average (4.8) but slightly higher than the national average (4.3). Dartford is Kent's most densely populated local authority district with 15.7 people per hectare and Ashford is the least densely populated district (2.3 persons per hectare).

Of the 12 local authority districts within the Kent County Council area, Maidstone Borough is the most populated with 173,100 people. Gravesham Borough is the least populated with 106,900 people.

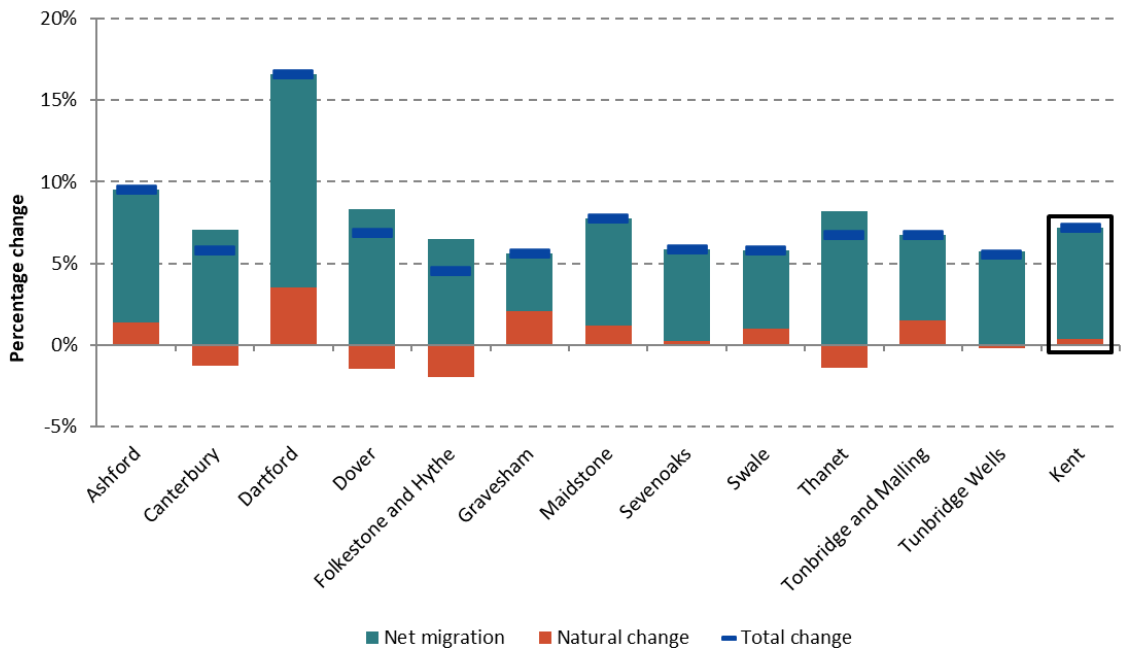
Most recently, the highest rates of population growth in the county have been in Dartford (also high for the country) and, as such, the borough is projected to experience the greatest percentage increase

in the county over the next 10 years. KCC's housing-led population forecast projects that the population of Dartford will increase by 23.4% to 138,900 by 2029.

By 2029, KCC's housing-led population forecast projects that the population of Kent will have grown by approximately 11.5% to 1,762,900 people; faster than the projected 5% increase for England as a whole.

Figure 8 shows the projected percentage change in population between 2019 and 2025. Net migration accounts for 96% of the population increase in Kent over the next 10 years. 5 districts are projected to have a negative natural change in the population by 2029 but an overall population increase due to net migration. Of all Kent districts, Dartford is projected to see the highest percentage increase in net migration and natural change. Folkestone and Hythe is projected to have the smallest increase in population over the next 10 years due to a projected negative 3.6% natural change.

**Figure 8. Projected percentage change in population between 2019 and 2025 by district and Kent as a whole**

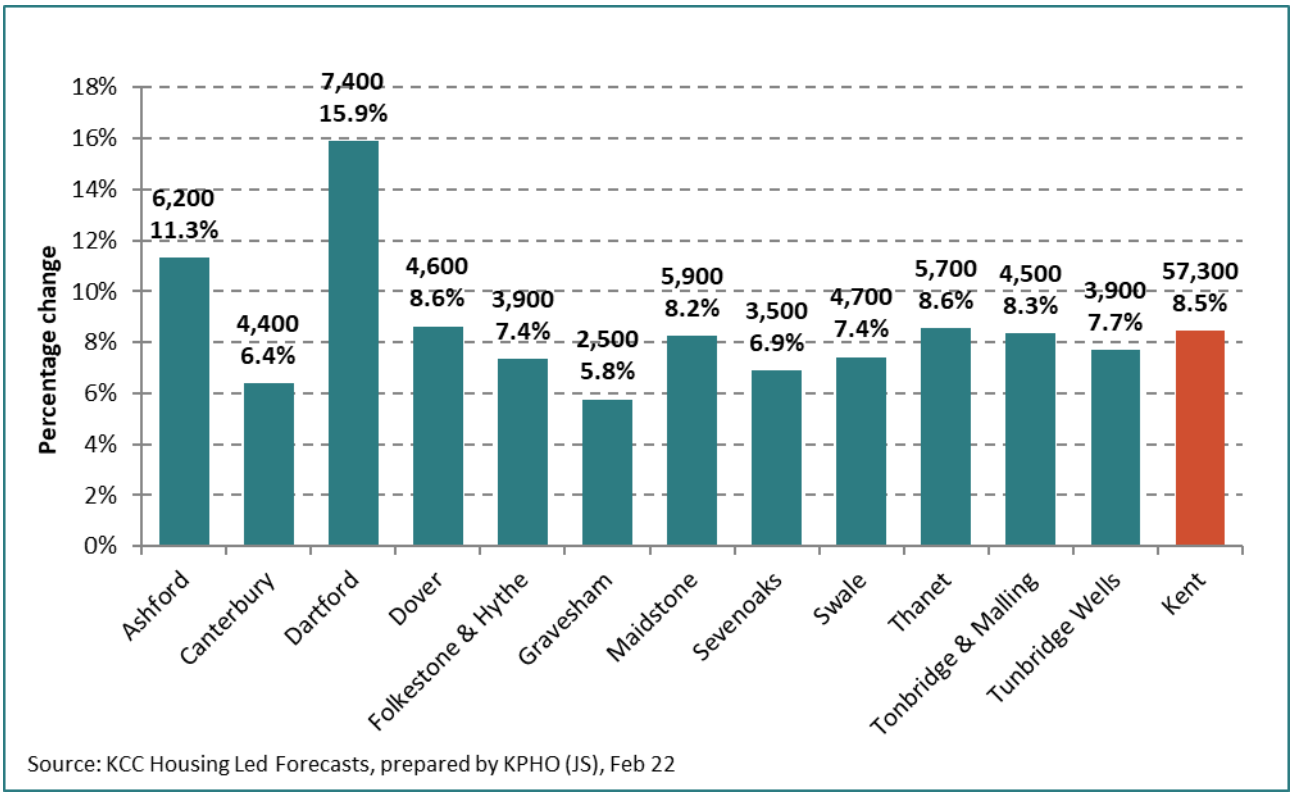



Source: KCC Housing Led Forecasts, prepared by KPHO (JS), Feb 22

It is important to note that the population forecasts for Kent presented here are based on KCC's Housing Led Forecasts. These forecasts differ from ONS projections for England which do not take future house building programs into account. KCC's Housing Led Forecasts are driven by proposed housing developments but also consider mortality and fertility rates, and internal and international migration. Figure 9 shows the forecast change in the number of dwellings for each district and Kent as a whole between 2019 and 2025. This shows that Dartford is projected to have the biggest

percentage increase in the number of dwellings (15.9%) and the neighbouring borough of Gravesham the smallest increase (5.8%).

**Figure 9. Projected change in number of dwellings between 2019 and 2025 (percentage and total number) by district.**




Source: KCC Housing Led Forecasts, prepared by KPHO (JS), Feb 22

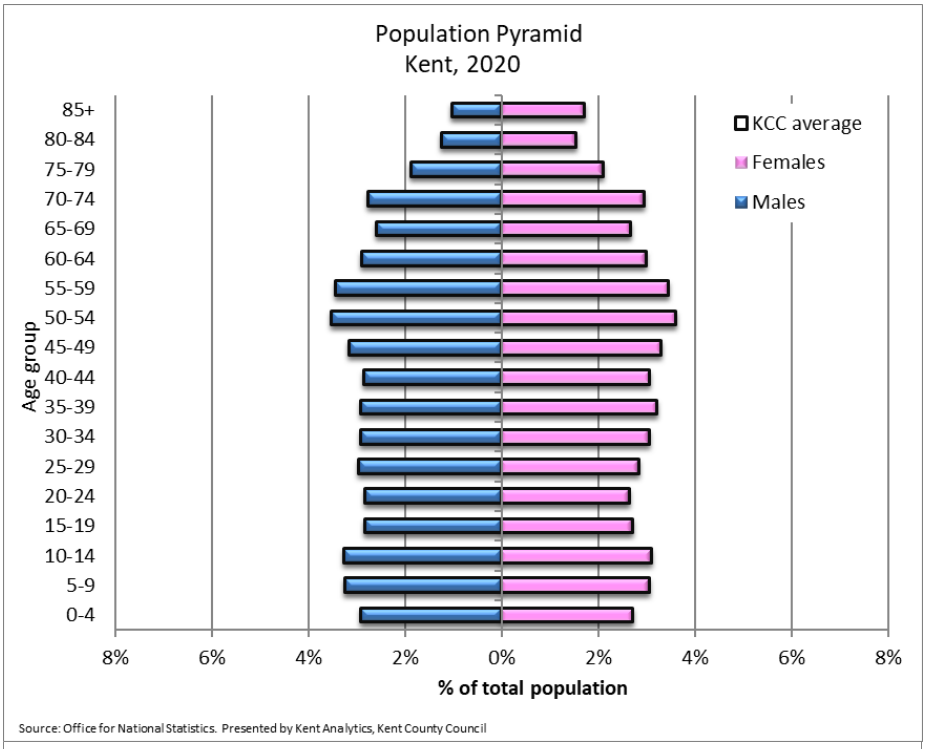
There are slightly more female residents than male residents in Kent. 50.9% (809,300 people) of residents are female and 49.1% (779,800) male. This pattern is seen in all of Kent's local authority districts. However, the male to female ratio changes with age. Overall, there tends to be more males than there are females up to the age of 29 years. Beyond this age, there are more females than males, although the exact age at which there become more females than males does vary between each local authority district.

The mean age of the population in Kent is 41.4 years. This is a year older than the national mean age which is 40.3 years. The mean age of a Kent female is 42.3 and a Kent male is 40.4. Kent has a slightly smaller proportion of 0–4-year-olds than the national average, but on the whole Kent has a younger age profile than the national average, with a greater proportion of young people aged 5-19 years than England. Kent has a smaller proportion of younger people of working age compared to England, particularly in the age group 20-44 years. Kent has an older age profile than the national average with greater proportions of people aged 45+ years than England.

Mean age is higher in the East Kent coastal area with the mean age of residents in Dover, Folkestone & Hythe and Thanet all at or above 43 years. Sevenoaks and Tunbridge Wells also have a higher mean

age than the Kent average. Mean age is youngest in Dartford (North Kent) at 37.4 years. Folkestone & Hythe has the oldest mean age for females at 45.6 years and the oldest mean age for males at 43.6 years. Dartford has the youngest mean age for both females at 38.1 years and males at 36.8 years.

**Figure 10. Kent population pyramids 2020 and forecast 2025** [4] [5]



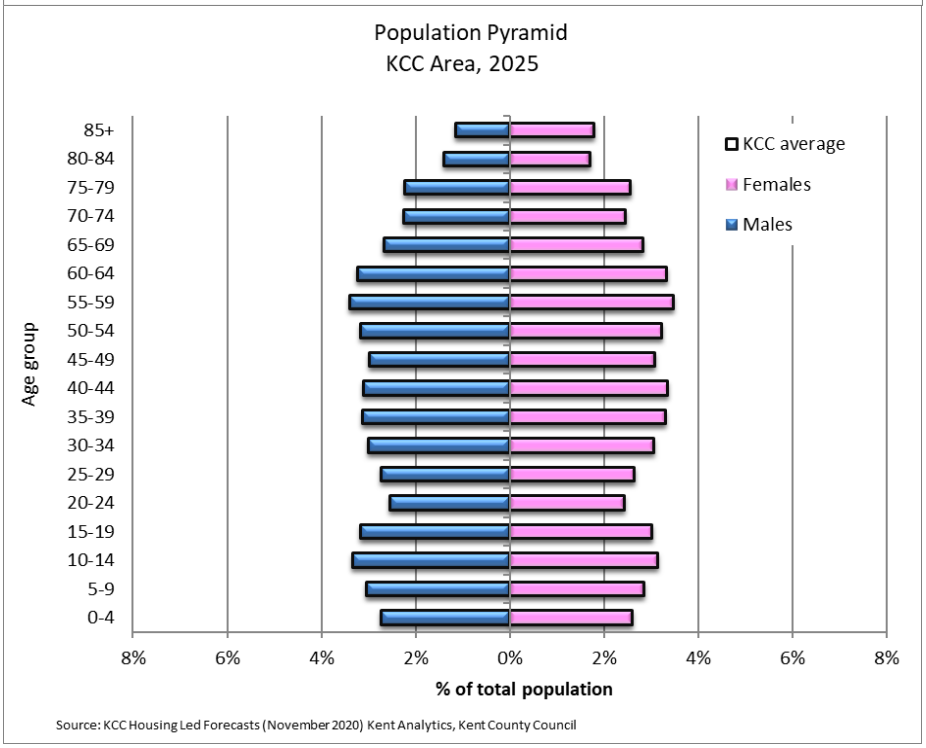



Figure 10 shows that by 10-year age group, the largest increases in population between 2020 and 2025 are in the 10-19 (15% increase), 35-44 (16.8% increase) and 60-69 (17.1%) age groups. The largest decreases are in the 0-9 (0.7% decrease), 20-29 (2.6% decrease) and 45-54 (4,7% decrease) age groups.

**2.3 Ethnicity** [6]

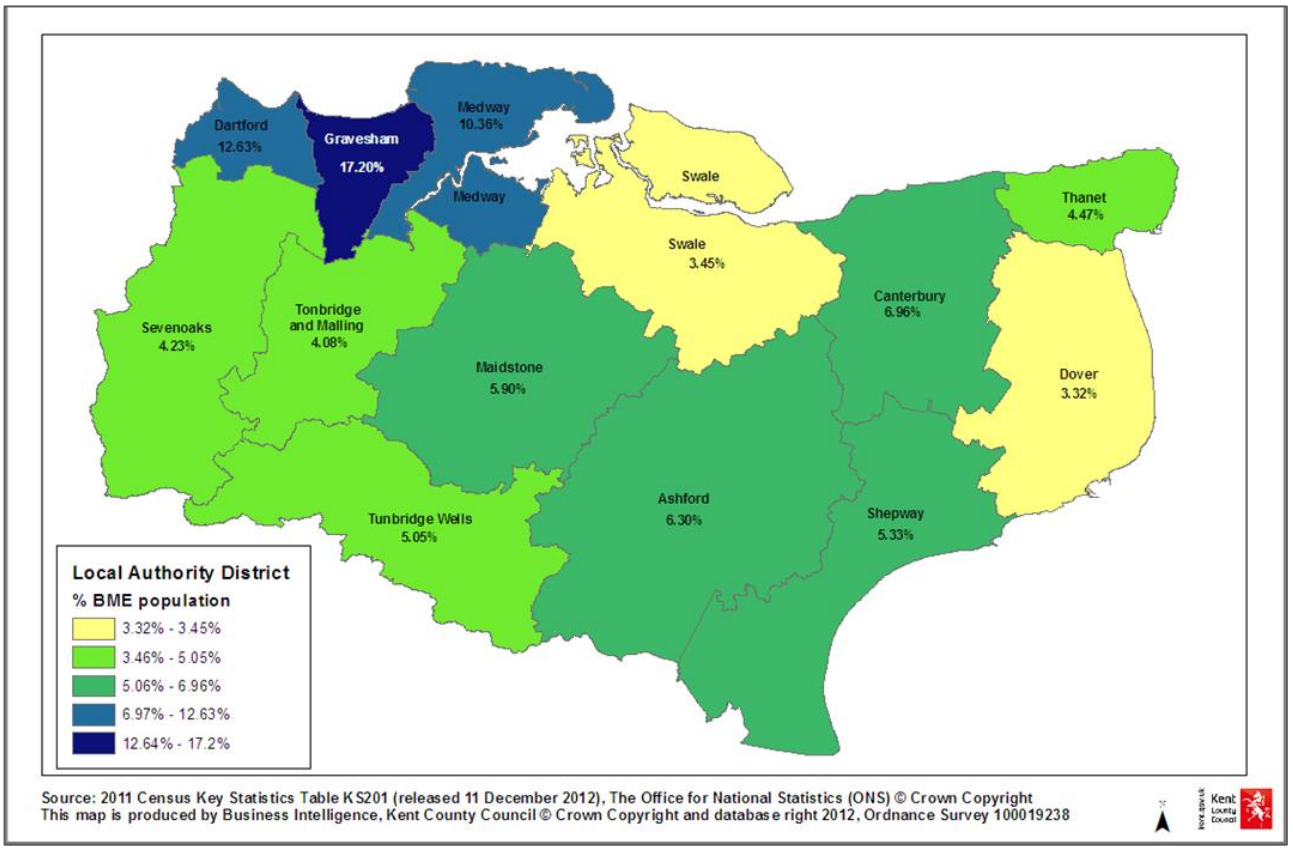
The 2011 Census shows that the White ethnic group is the largest group both within Kent and nationally. 93.7% of the total population of Kent are from the White ethnic group. This is a higher proportion than the national figure of 85.4% and the South-East figure of 90.7%. The remaining Kent residents belong to four other broad ethnic groups which are grouped together as the Black Minority Ethnic (BME) group. This equates to 6.3% of the total population. This is a lower proportion than the national figure of 14.6% and the South-East regional figure of 9.3%. Map 5 shows the percentage of the population in each district classified as BME; Gravesham has the highest BME population with 17.2%, Dover has the lowest with 3.32%.

The Asian/Asian British group is the 2nd largest ethnic group after the White ethnic group in Kent. 3.3% of Kent residents are from this ethnic group. The 3rd largest ethnic group is the mixed/multiple ethnic group, which accounts for 1.5% of Kent's total population. The Black/African/Caribbean/Black British group accounts for 1.1% of the total Kent population.

Out of the 12 local authority districts within Kent, Canterbury has the lowest number of residents from the mixed/multiple ethnic group equating to 1.7% of the total population of Canterbury. Dartford has the highest proportion of residents from the Mixed/Multiple ethnic group with 2.2%. Dartford also has the highest proportion of residents from the Black/African/Caribbean/Black British ethnic group with 3.7% of the total population of Dartford.

Gravesham has the highest proportion of residents from both the Asian/Asian British ethnic group (10.4%) and the Other ethnic group (1.9%).

**Map 5. Black Minority Ethnic (BME) population as a % of the total resident population: Kent local authority districts and Medway Unitary Authority** [6]




Kent's White population increased by 10.2% between 1991 and 2011. This is lower than the South-East regional rate of 11.2% and considerably higher than the national rate of 2.6%. Gravesham is the only area to see a fall in White population between 2001 and 2011. Figure 11 shows that proportion of resident white population in Kent has decreased each census year from 98.1% in 1991 to 93.7% in 2011. This is a smaller decrease than that seen in the south-east region where proportion of resident white population decreased from 97% in 1991 to 90.7% in 2011.

Kent's BME population has increased by 275.4% between 1991 and 2011. This is equal to an extra 67,959 people and is higher than regional figure of 268.9% and the national rate of 165.6%. The percentage increases are large because the BME population was very small in 1991. Gravesham is the only local authority district to see a lower rate of growth in BME population than for Kent as a whole. This is due to Gravesham having a higher than average BME population in 1991. Figure 12 shows that proportion of resident BME population more than doubled in Kent between 2001 and 2011 from 3.1% to 6.3%. This is a slightly bigger increase than that seen in the south-east region where the proportion of resident BME population increased from 4.9% in 2001 to 9.3% in 2011.

**Figure 11. 1991-2001-2011 Census change in proportion of resident white population** [6]

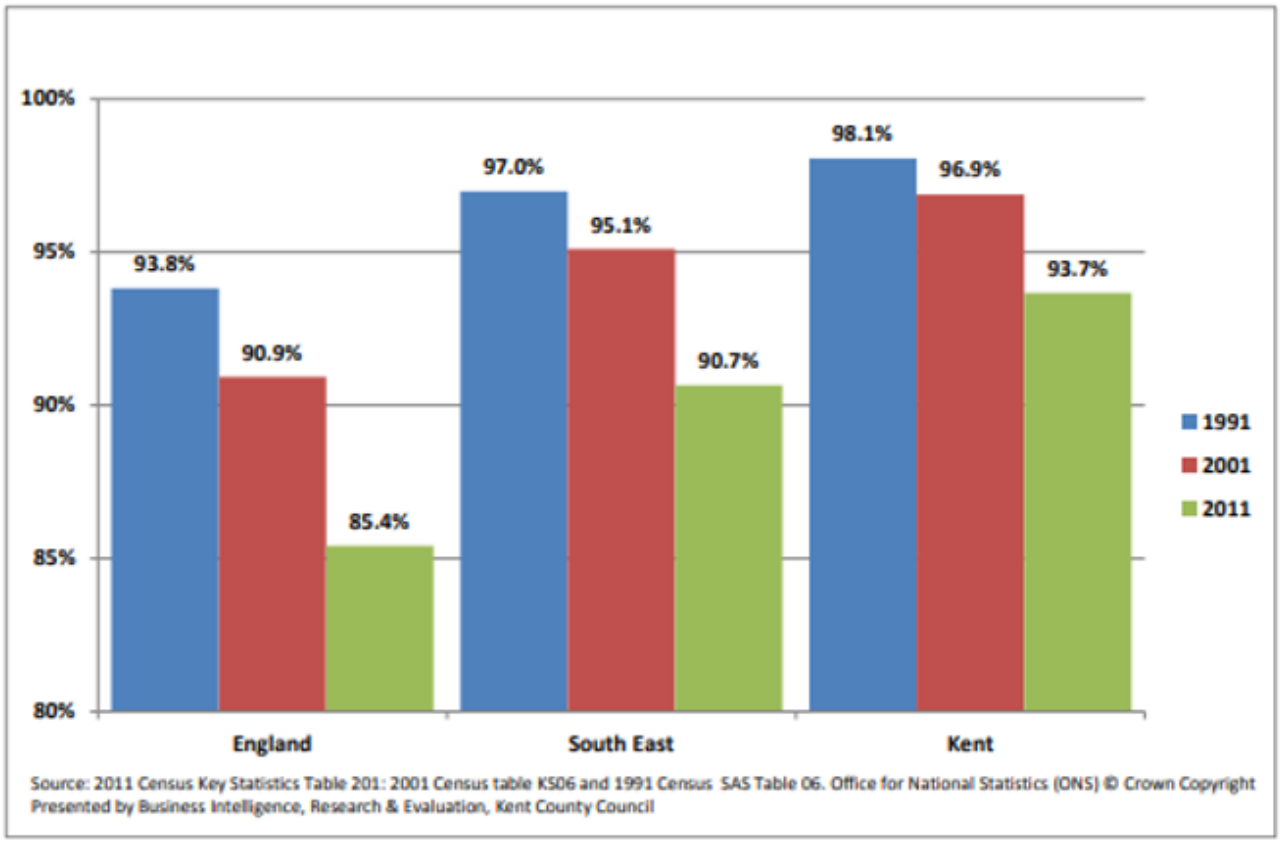
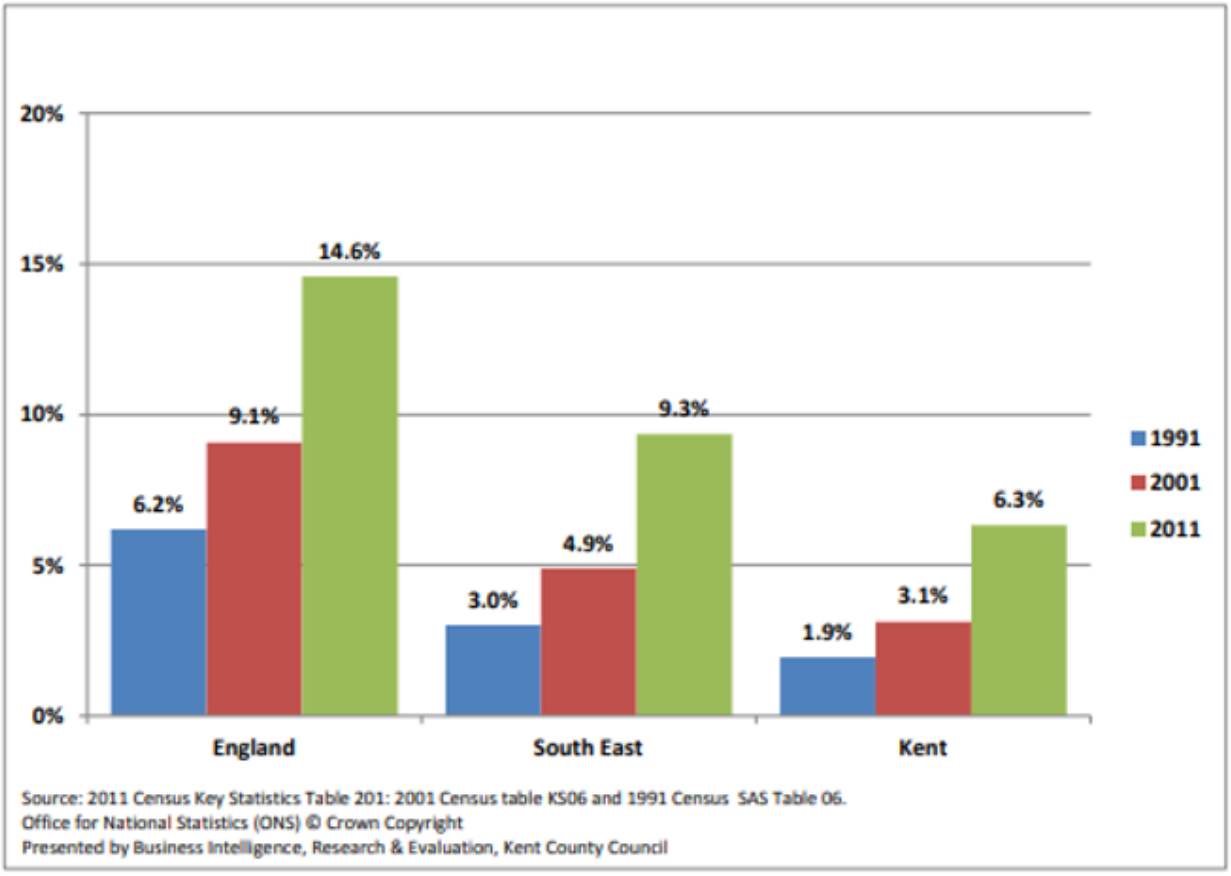


**Figure 12. 1991-2001-2011 Census change in proportion of resident Black and Minority Ethnic (BME) population** [6]




## 2.4 Household language [6]

At the time of the 2011 Census, in 94.8% of all households in Kent, all people aged 16 had English as their main language. This proportion is higher than the national figure of 90.9% and the South-East regional figure of 93.2%. Of the 5.1% of Kent households in which not all occupants had English as their main language, 2.5% of households had no residents whose main language was English.

Within the 12 Kent local authorities, Swale had the highest proportion of households (97%) where all occupants had English as their main language. Gravesham had the highest proportion of households (5%) where no occupants who had English as their main language.

English was the main language of 95.5% of Kent residents (aged three years and older). The next most commonly spoken languages, accounting for 2.7% of residents, were:

- Polish - 0.69%
- Nepalese - 0.46%
- Panjabi - 0.27%
- Slovak - 0.22%

- French - 0.22%
- Lithuanian - 0.15%
- All other Chinese - 0.14%
- Russian - 0.12%
- German - 0.12%
- Bengali (with Sylheti and Chatgaya) - 0.12%
- Turkish - 0.12%
- Spanish - 0.10%

Gravesham had the highest proportion of residents with a main language other than English. 3.1% of Gravesham residents had Panjabi as their first language. Gravesham accounted for 81% of all Kent residents with Panjabi as their main language.

Maidstone, Ashford and Shepway accounted for 77% of all Kent residents with Nepalese as their first language.

### 2.5 Religion [6]

In 2011 Christianity was the largest religion in Kent. A total of 915,200 Kent residents said that they were Christians. This was equivalent to 62.5% of the total population which is a higher proportion than the national figure (59.4%) and the regional figure (59.7%). Table 6 shows the proportion of residents in religious groups. The 2nd most popular religion in Kent was Muslim with 13,932 people which equated to 1% of the total population. However, the 2nd highest proportion of the population claimed to have no religion. This was equal to 26.8% or 391,591 Kent residents.

**Table 6. 2011 Census proportion of residents in religious groups** [6]

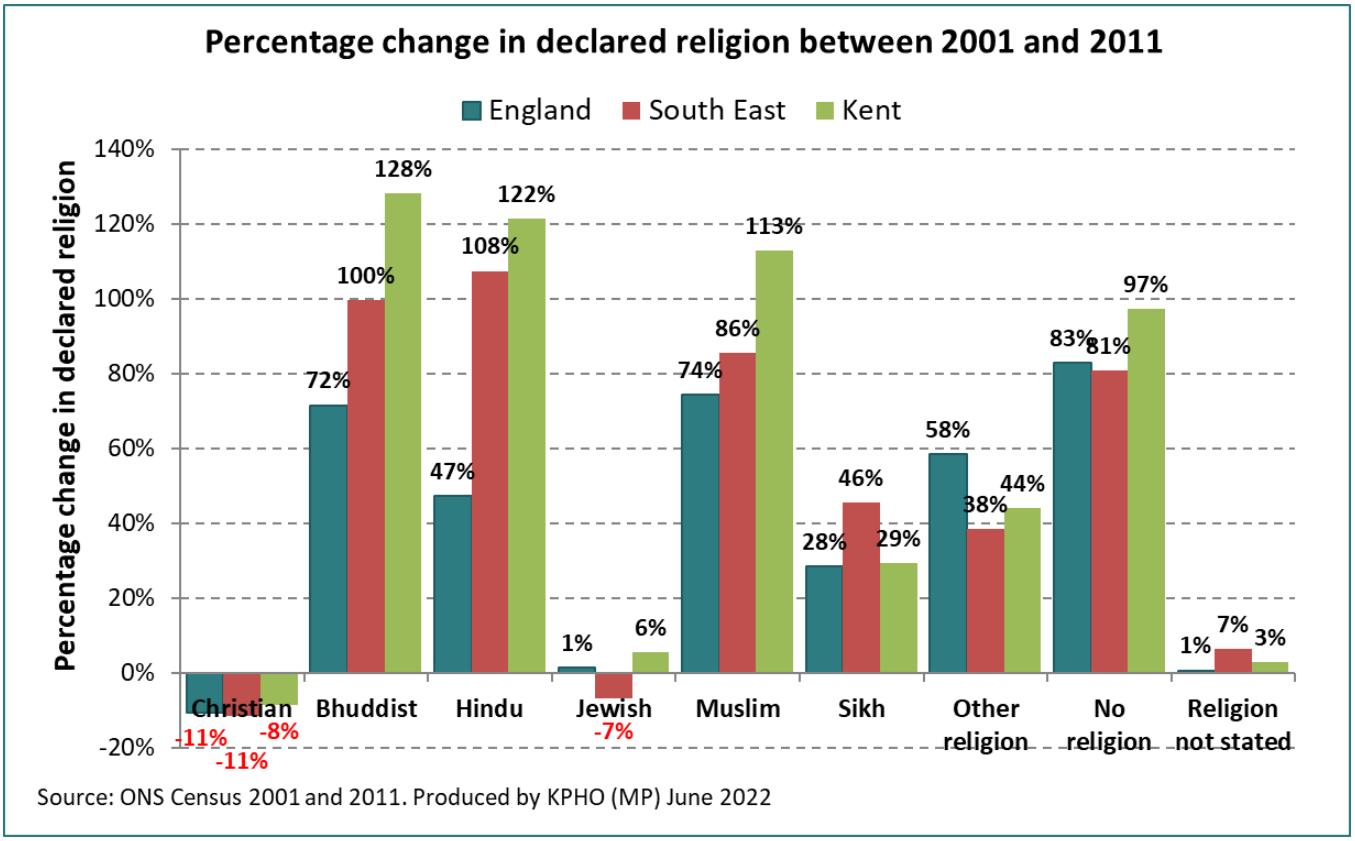
| Religion | Kent | England |
|---|---|---|
| Christian | 62.5% | 59.4% |
| Buddhist | 0.5% | 0.5% |
| Hindu | 0.7% | 1.5% |
| Jewish | 0.1% | 0.5% |
| Muslim | 1.0% | 5.0% |
| Sikh | 0.7% | 0.8% |
| All other religions | 0.4% | 0.4% |
| No religion | 26.8% | 24.7% |
| Religion not stated | 7.3% | 7.2% |

Within the local authority districts in Kent, Sevenoaks had the highest proportion of Christian residents. 65.4% of people stated that their religion was Christianity.

Gravesham had the highest proportion of Muslims with 1.9% of the population. However, the Sikh religion accounted for the 2nd largest proportion of Gravesham residents with 7.6%.

Figure 13 shows the changes in declared religion between 2001 and 2011. There was a decline in the number of people who identify themselves as being Christian, the 2001 Census shows that 75.1% of Kent residents said that they were Christians. This is a fall of 8.4% in the Christian population between 2001 and 2011. In Kent the Buddhist, Hindu and Muslim religions have seen the greatest increases in real and percentage terms. These have all seen an increase of more than 100%. The reason for such a large percentage increase is that the initial numbers in Kent were very low in 2001.

**Figure 13. Change in religion between 2001 and 2011** [6]




Source: ONS Census 2001 and 2011. Produced by KPHO (MP) June 2022

Within the local authority districts in Kent, Ashford had the smallest decrease of Christian residents between the censuses whilst Thanet had the largest decrease.

Maidstone had the highest increase in population who say that they have no religion. This group saw a 108.3% increase compared to 2001.

### 2.6 Index of Multiple Deprivation [7]

The Indices of Deprivation 2019 (IoD2019) is produced by the Ministry of Housing, Communities and Local Government (MHCLG) and provides a set of relative measures of deprivation for neighbourhoods or small areas called Lower-layer Super Output Areas (LSOAs) across England.

The IoD2019 is based on 39 separate indicators, organised across seven distinct domains and 4 sub-domains of deprivation. These are combined and weighted to calculate the overall Index of Multiple Deprivation 2019 (IMD2019). The IMD2019 is the most widely used of these indices.

The IoD2019 provides a measure of deprivation experienced by people living in each neighbourhood or LSOA. There are 32,844 LSOAs in England with an average of 1,500 residents in each. LSOAs are a standard way of dividing up the country. All LSOAs in England are ranked according to their level of deprivation relative to that of other areas. A rank of 1 being the most deprived and a rank of 32,844 being the least deprived.

It is common to describe how relatively deprived a small area is by saying whether it falls among the most deprived 10 per cent, 20 per cent or 30 per cent of small areas in England (although there is no definitive cut-off at which an area is described as 'deprived').

The pattern of deprivation across large areas can be complex. In some areas, deprivation is concentrated in pockets of LSOAs, rather than evenly spread throughout. In some other areas the opposite picture is seen, with deprivation spread relatively evenly throughout the area, and with no highly deprived areas. Table 7 shows Kent local authorities ranked by population weighted average of the combined ranks for the LSOAs in a local authority. Thanet continues to rank as the most deprived local authority in Kent. Tunbridge Wells continues to rank as the least deprived local authority in Kent. Kent as a whole is ranked 95 out of 151 English upper tier local authorities, 1 being the most deprived.

**Table 7. Kent local authorities by national rank of IMD2019 and IMD2015** [7]

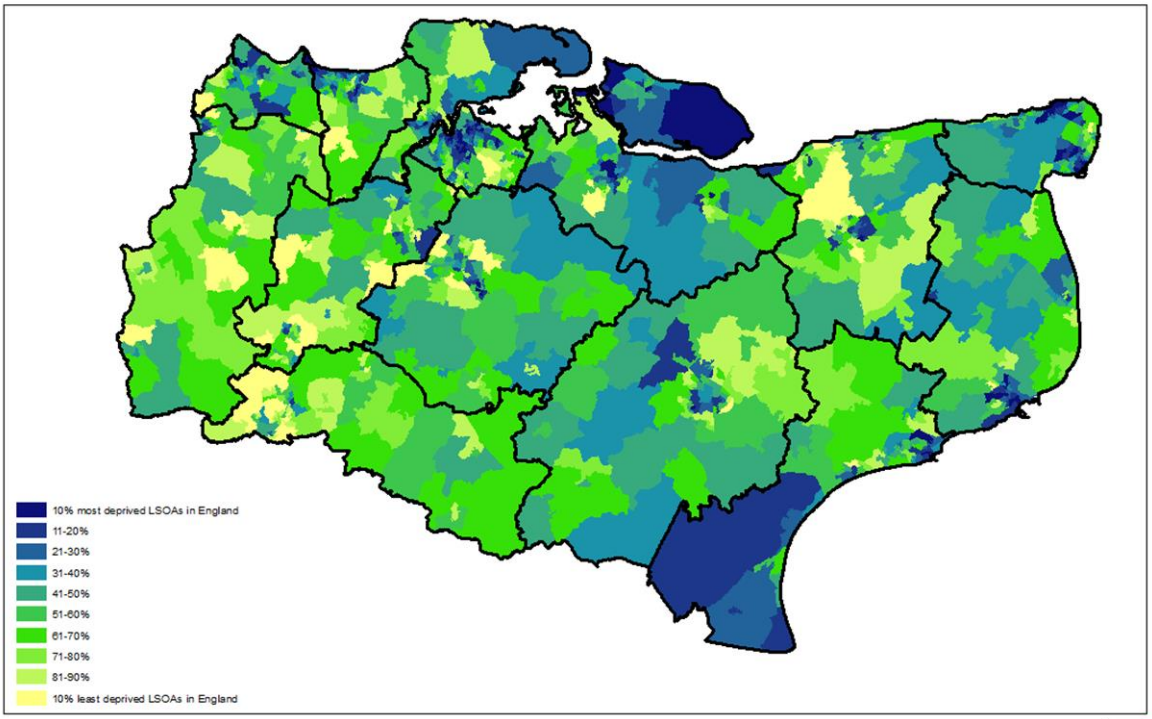
| | IMD – Rank of average rank (National) | | |
|---|---|---|---|
| | **2019** | **2015** | **Change** |
| Thanet | 34 | 35 | -1 |
| Swale | 69 | 87 | -18 |
| Folkestone & Hythe | 84 | 101 | -17 |
| Dover | 107 | 113 | -6 |
| Gravesham | 119 | 120 | -1 |
| Dartford | 145 | 167 | -22 |
| Ashford | 152 | 171 | -19 |
| Canterbury | 185 | 182 | 3 |
| Maidstone | 188 | 203 | -15 |
| Tonbridge & Malling | 236 | 269 | -33 |
| Sevenoaks | 253 | 264 | -11 |
| Tunbridge Wells | 273 | 271 | 2 |

Source: English Indices of Deprivationn2019, MHCLG, Table presented by Strategic Commissioning – Analytics, Kent County Council. A rank of 1 is the most deprived. National rank is out of 317 local authorities

A negative change between 2015 and 2019 shows a rise in the rank therefore an increase in level of deprivation in relation to all other local authorities

Map 6 illustrates the pattern of deprivation across Kent and Medway at LSOA level. The darker areas are the most deprived areas and lighter ones are the least deprived areas. The map shows there is an east west divide with the east of the county having higher levels of deprivation than the west. The highest levels of deprivation can be seen in both coastal regions and urban areas.

**Map 6. Indices of Deprivation 2019 (IoD2019): Overall IMD2019 National rank of Lower Super Output Areas in Kent and Medway** (7)




Source: The English Indices of Deprivation 2019 (IoD2019): The Ministry of Housing, Communities & Local Government (MHCLG)
Map produced by Strategic Commissioning - Analytics, Kent County Council © Crown Copyright and database right 2019, Ordnance Survey 100019238

Table 8 shows that 51 of the 902 LSOAs in Kent are within the top 10% most deprived areas in England, according to IMD2019. Of the 41 Kent LSOAs that remained in the 10% most deprived LSOAs for the IMD2015 and the IMD2019 the majority are in Thanet and Swale.

Thanet has the highest number of LSOAs to remain within the 10% most deprived decile in the IMD2015 and the IMD2019 with 16. This accounts for 19% of all LSOAs in Thanet. Swale has the second highest number of LSOAs to remain within the 10% most deprived LSOAs for the IMD2015 and the IMD2019 with 14. This accounts for 16% of all LSOAs in Swale.

Ashford and Canterbury are the only local authorities to have LSOAs within the 10% most deprived decile of the IMD2019 when they had none in the IMD2015. Sevenoaks, Tonbridge & Malling and Tunbridge Wells have no LSOAs within the 10% most deprived deciles of either the IMD2015 or the IMD2019.

**Table 8. LSOAs within the top 10% most deprived areas in England for IMD2015 and IMD2019** [7]

| Authority | Total LSOAs in each Local Authority | LSOAs within 10% most deprived decile: IMD2015 | | LSOAs within 10% most deprived decile: IMD2019 | | LSOAs within 10% most deprived decile for both 2015 and 2019 | |
|---|---|---|---|---|---|---|---|
| | | Number | % | Number | % | Number | % |
| **Kent** | **902** | **51** | **6** | **51** | **6** | **41** | **5** |
| Thanet | 84 | 18 | 21 | 18 | 21 | 16 | 19 |
| Swale | 85 | 14 | 16 | 16 | 19 | 14 | 16 |
| Dover | 67 | 4 | 6 | 5 | 7 | 4 | 6 |
| Folkestone & Hythe | 67 | 4 | 6 | 4 | 6 | 3 | 4 |
| Canterbury | 90 | 0 | 0 | 2 | 2 | 0 | 0 |
| Gravesham | 64 | 6 | 9 | 2 | 3 | 2 | 3 |
| Maidstone | 95 | 2 | 2 | 2 | 2 | 1 | 1 |
| Ashford | 78 | 0 | 0 | 1 | 1 | 0 | 0 |
| Dartford | 58 | 3 | 5 | 1 | 2 | 1 | 2 |
| Sevenoaks | 74 | 0 | 0 | 0 | 0 | 0 | 0 |
| Tonbridge & Malling | 72 | 0 | 0 | 0 | 0 | 0 | 0 |
| Tunbridge Wells | 68 | 0 | 0 | 0 | 0 | 0 | 0 |

Source: IMD2015 and IMD2019, MHCLG

Table presented by Strategic Commissioning – Analytics, Kent County Council

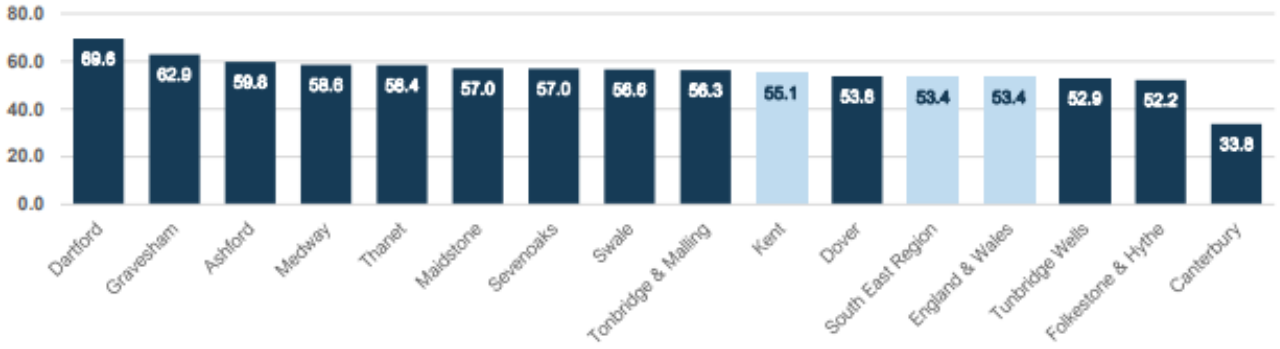
### 2.7 Births and Deaths [8]

During the year 2020 there were 15,940 births and 17,233 deaths in Kent. This resulted in a net loss of 1,293 people due to natural change.

Maidstone saw the largest number of live births in 2020 with a total of 1,815. However, Dartford had the highest general fertility rate (GFR) for women aged 15-44 years with 69.6 per 1,000. The GFR was higher in Kent than in England & Wales as a whole. Canterbury had the lowest GFR, where there were 33.8 births per 1,000 women aged 15 to 44 years. See Figure 14 for details.

Canterbury has a very large student population that contributes largely to the population aged 15 to 44. These students are not likely to be having children and therefore the population is artificially high compared to the number of live births.

**Figure 14. 2020 GFR: Live births per 1,000 women aged 15-44** [8]

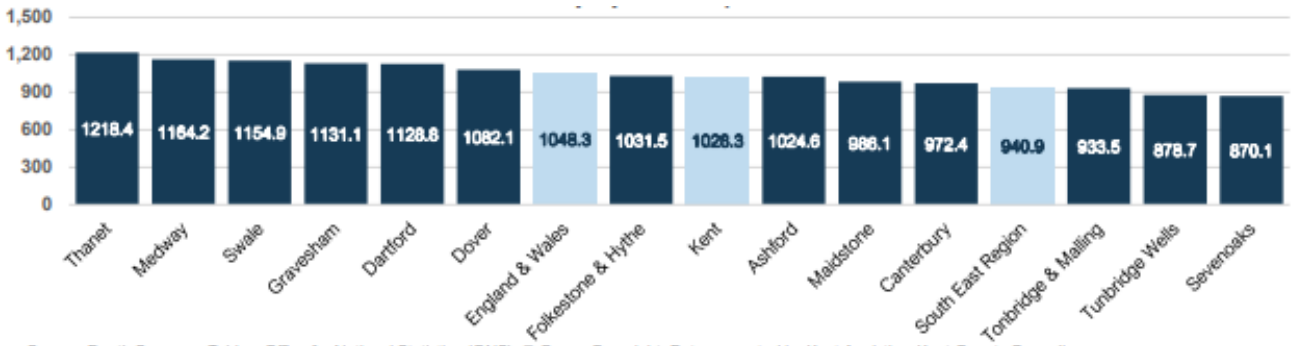



Source: Birth Summary Tables :Office for National Statistics (ONS), © Crown Copyright: Data presented by Kent Analytics, Kent County Council

Thanet had the greatest number of deaths with a total of 2,044, and the highest number of deaths per 1,000 population (crude death rate) at 14.4.

Kent had a lower age-standardised mortality rate (ASMR) than England and Wales. However, four of the local authority districts in Kent had a higher ASMR than that seen nationally. See Figure 15 for details.

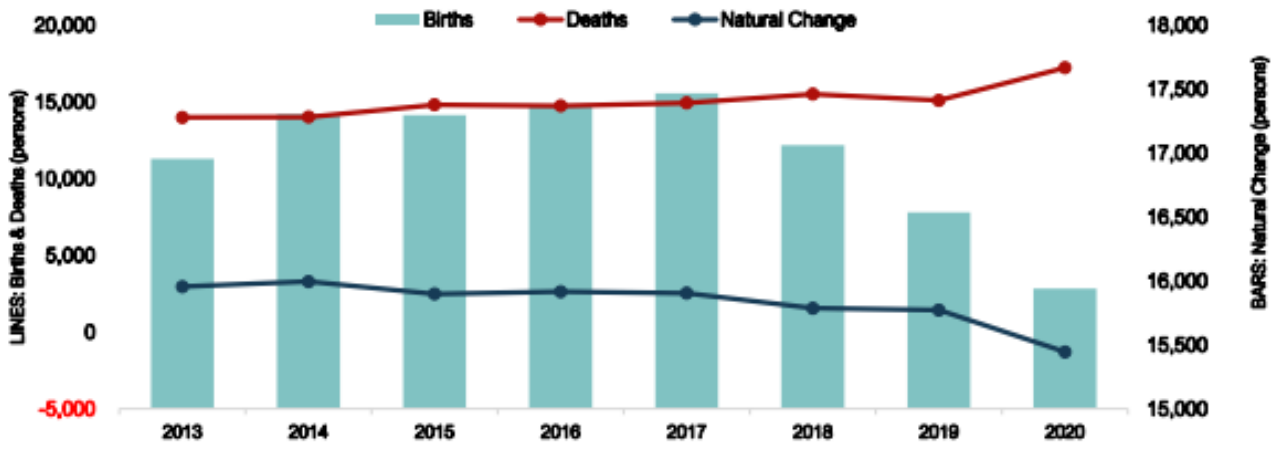
**Figure 15. 2020 age-standardised mortality rate (Persons per 100,000 population)** [8]




Source: Death Summary Tables :Office for National Statistics (ONS), © Crown Copyright: Data presented by Kent Analytics, Kent County Council

In 2013 there were 16,955 live births in Kent. Between 2014 and 2017 the number of live births had begun to rise but had fallen each year since. The number of births during 2020 was the lowest since 2006. In contrast, the number of deaths in Kent between 2013 and 2020 began to rise. 2020 saw the highest number of deaths for seven years with 17,233. As a result, the population growth due to natural change fell to its lowest in seven years, see Figure 16.

**Figure 16. Births, deaths and natural change: 2001 to 2020** [8]




Source Office for National Statistics (ONS) © Crown Copyright. Chart presented by Kent Analytics , Kent County Council

Dartford experienced the greatest positive natural change in population (meaning there were more births than deaths) with a net gain of 696 people. Canterbury, Dover, Folkestone & Hythe, Sevenoaks, Swale, Thanet, and Tunbridge Wells had a negative natural change in 2020 (meaning there were more deaths than births.

### 2.8 Life Expectancy [9]

Males born in Kent between 2018/20 have a life expectancy of 79.6 years, whilst for females it is 83.3 years. The England average is 79.4 years for males and 83.1 years for females. Life expectancy at birth for both males and females in Kent has increased by +0.6 years over the past ten years. Despite the increase in male life expectancy being greater than or equal to the increase in female life expectancy over the past ten years, females can still expect to live longer than males.

Table 9 shows life expectancy at birth for Kent's local authority districts. Maidstone has the highest male life expectancy at birth at 82.1 years. Tunbridge Wells has the highest female life expectancy at birth at 84.5 years. Both figures are higher than the national, regional, and county figures. Thanet has the lowest life expectancy at birth for both males and females. Life expectancy for males at birth here is 77.6 years and for females at birth is 82.1 years.

Dartford, Folkestone & Hythe, Sevenoaks, Swale and Thanet all have a lower male life expectancy at birth than England as a whole. Dartford, Sevenoaks, Swale and Thanet all have a lower female life expectancy at birth than England as a whole. Swale and Thanet are the lowest ranked for life expectancy and for deprivation, highlighting the link between health and deprivation.

The highest difference between male and female life expectancy is in Thanet where females born between 2018/20 can expect to live +4.6 years longer than males born at the same time. Maidstone has the lowest difference between the sexes with females born between 2018/20 having a life expectancy that is +2.1 years longer than males born at the same time.

**Table 9. Life expectancy at birth (years): Kent local authority districts** [9]

| Authority | 2018-2020 | | | | |
|---|---|---|---|---|---|
| | Males | | Females | | |
| | Life expectancy (years) | Rank | Life expectancy (years) | Rank | Difference between male and female life expectancy (years) |
| Maidstone | 82.1 | 19 | 84.2 | 94 | 2.1 |
| Tunbridge Wells | 81.3 | 51 | 84.5 | 73 | 3.2 |
| Tonbridge & Malling | 80.4 | 103 | 84.4 | 78 | 4.0 |
| Gravesham | 80.2 | 120 | 83.3 | 165 | 3.1 |
| Ashford | 79.6 | 166 | 83.7 | 140 | 4.1 |
| Dover | 79.5 | 173 | 82.8 | 196 | 3.3 |
| Canterbury | 79.4 | 177 | 83.4 | 161 | 4.0 |
| Folkestone & Hythe | 79.2 | 191 | 83.2 | 173 | 4.0 |
| Dartford | 79.0 | 196 | 82.4 | 227 | 3.4 |
| Sevenoaks | 78.8 | 208 | 82.9 | 190 | 4.0 |
| Swale | 78.6 | 219 | 82.4 | 224 | 3.8 |
| Thanet | 77.6 | 267 | 82.1 | 245 | 4.6 |

Source: Office for National Statistics (ONS), presented by Kent Analytics, Kent County Council
Table ranked on male life expectancy out of 307 English local authorities

### 2.9 People with Disabilities [10] [11]

There is no single measure of disability. The 2011 Census shows that 257,038 residents in Kent (17.6%) have a health problem or disability which limits their day-to-day activities.

Kent's JSNA states that the prevalence of physical disability was higher in Kent at 4.3 per 1000, than in England at 3.2 per 1000. The prevalence of severe learning difficulty in children in Kent at 1.2 per 1000, and of profound and multiple learning difficulties in Kent at 0.5 per 1000 was similar to levels seen nationally.

As of 2014-15, Kent has 6,405 persons identified with learning disabilities in the Quality and Outcomes Framework (QOF). This is equal to a prevalence of 0.42%, slightly below that of England's average of 0.44%. Within Kent, the highest prevalence of learning disabilities can be identified within the former South Kent Coast CCG area at 0.66%.

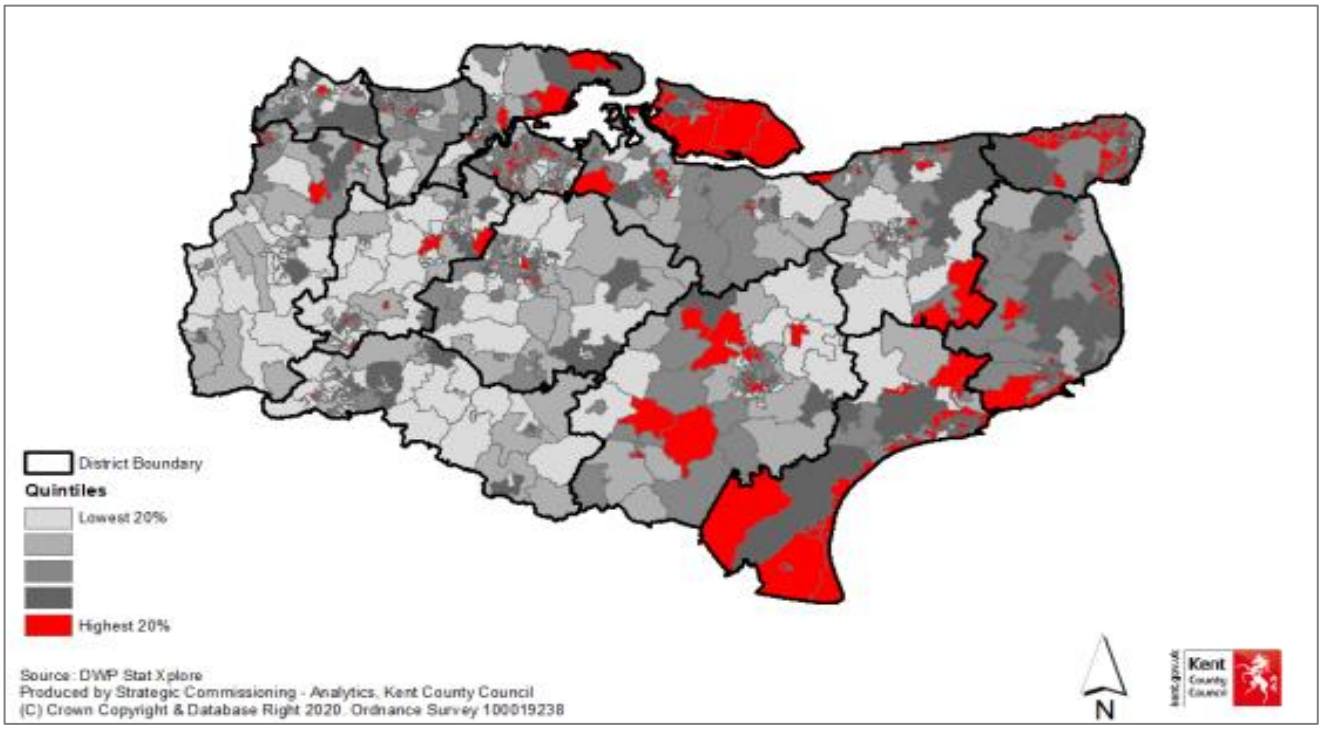
There is expected to be a steady but consistent increase in the number of people with a learning disability across all districts between 2014 and 2030, with approximately 5,216 persons with moderate or severe learning disability within the districts of Kent in 2030. It is predicted that the number of people aged 18–64 years to have a learning disability will rise from 21,522 in 2015 to 22,722 in 2030.

8.1% of people in Kent were claiming a disability benefit at February 2020, this equates to 128,186 claimants. Kent's disability benefit claimant rate is just below the national average (8.2%) and is above

the regional average of 6.8%. The number of claimants in Kent has increased by 2.1% since the previous year.

The geographical distribution of disability benefits claimants can be seen in Map 7. Thanet district has the highest number of disability benefits claimants with 16,222 people claiming either Disability Living Allowance (DLA), Personal Independence Payment (PIP) or Attendance Allowance (AA), equivalent to 11.4% of the population of the district. Tunbridge Wells has the lowest number of claimants in the county with 6,887 claimants (5.8% of its resident population). This is the lowest proportion of disability benefit claimants in the county. Thanet was the only local authority to see claimants fall since the previous year (21 fewer claimants, a reduction of 0.1%).

**Map 7. Proportion of people in Kent & Medway LSOAs claiming disability benefits (AA, DLA or PIP) February 2020** (10)




Females are more likely to be claiming a disability benefit than males. A higher proportion of females claim a disability benefit in all of the Kent local authority district areas. This pattern is also reflected regionally and nationally.

By far, those aged 65 and above are more likely to claim a disability benefit than those aged under 65. This may be due in part not only to the increase of disability due to health conditions related to aging but also to lower levels of income once people are no longer working and finding themselves unable to meet the additional cost relating to a disability. In Kent 17.5% of people aged 65 and over claim a disability benefit, 5.4% of those aged 16 to 64 and 5.3% of those aged under 16. Kent has a higher proportion of people aged under 16 claiming a disability benefit than is seen nationally but a lower proportion aged 16 and above.

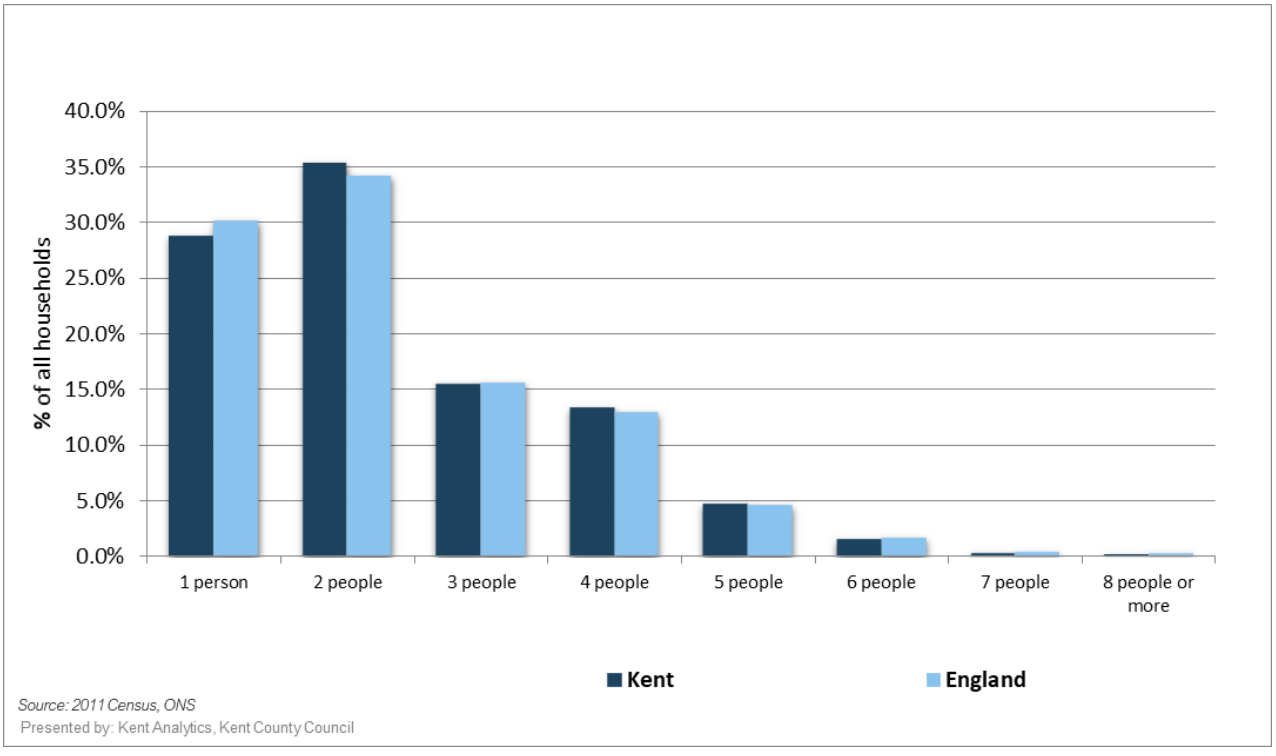
## 2.10 Households [12]

MHCLG present estimates of the number of dwellings in England and in each local authority district. The estimates are as of 31 March each year. The statistics use the Census 2011 as a baseline and apply annual net changes to stock as measured by the related housing supply, net additional dwellings statistics. These data give an estimate of total stock of dwellings and dwelling tenure. The estimates show that as of the 31st of March 2020 there were a total 685,640 dwellings in Kent. This is a rise of 1.0% on the previous year when there were 678,858 dwellings. Results also show that in the five years since 2015 the dwelling stock in Kent has risen 5.5%. Nationally, the increase was 4.7% over the same period.

At 31st of March 2020 it is estimated that in Kent there were 594,927 private sector dwellings (accounting for 86.8% Kent's total dwelling stock) and 90,113 social housing dwellings (13.1% of total stock). Gravesham has the highest proportion of social dwelling stock in Kent with 17.2% of the stock within the district being owned by the local authority or Private Registered Providers. Maidstone district has the highest number of social dwelling stock (9,584 dwellings) the majority of which is Private Registered Provider stock.

Figure 17 shows the proportions of various household sizes in Kent at the time of the 2011 Census. Approximately 63% of all households in Kent are 1 or 2 person households. Tonbridge and Malling had the lowest percentage of 1 person households with 24%, Thanet had the highest with 35%. Dover had the lowest percentage of 5 person households with 3.8%, Gravesham had the highest with 5.8%.

**Figure 17. Percentage of households in each category of household size, 2011: Kent and England** [12]



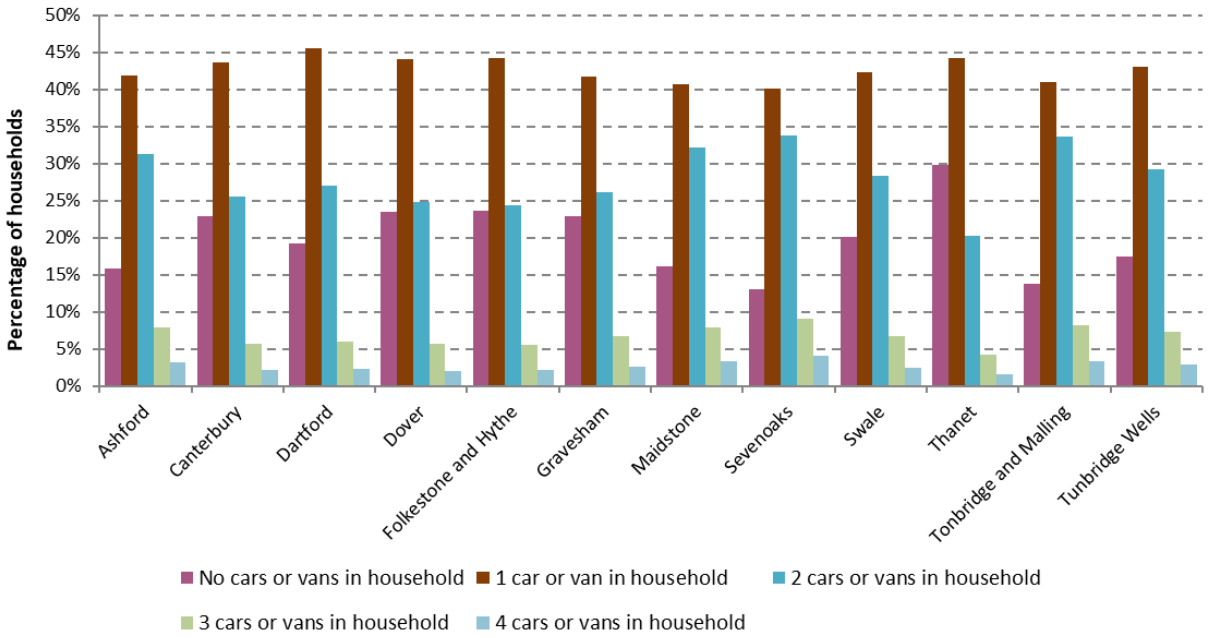
## 2.11 Car Ownership [13]

According to the 2011 Census data:

- 20% of the households in Kent did not have a car or van
- 43% have one car or van
- 28% have two cars or vans
- 7% have three cars or vans and
- 3% have four or more cars or vans

The pattern of car or van ownership across Kent's 12 districts can be seen in Figure 18. 30% of households in Thanet have no cars or vans, this is at least 5% more than all other districts. With 13%, Sevenoaks has the lowest percentage of households with no cars or vans.

**Figure 18. Percentage of households in each category of car or van ownership, 2011: by district**




Source: 2011 Census, prepared by KPHO (JS), Feb 2022

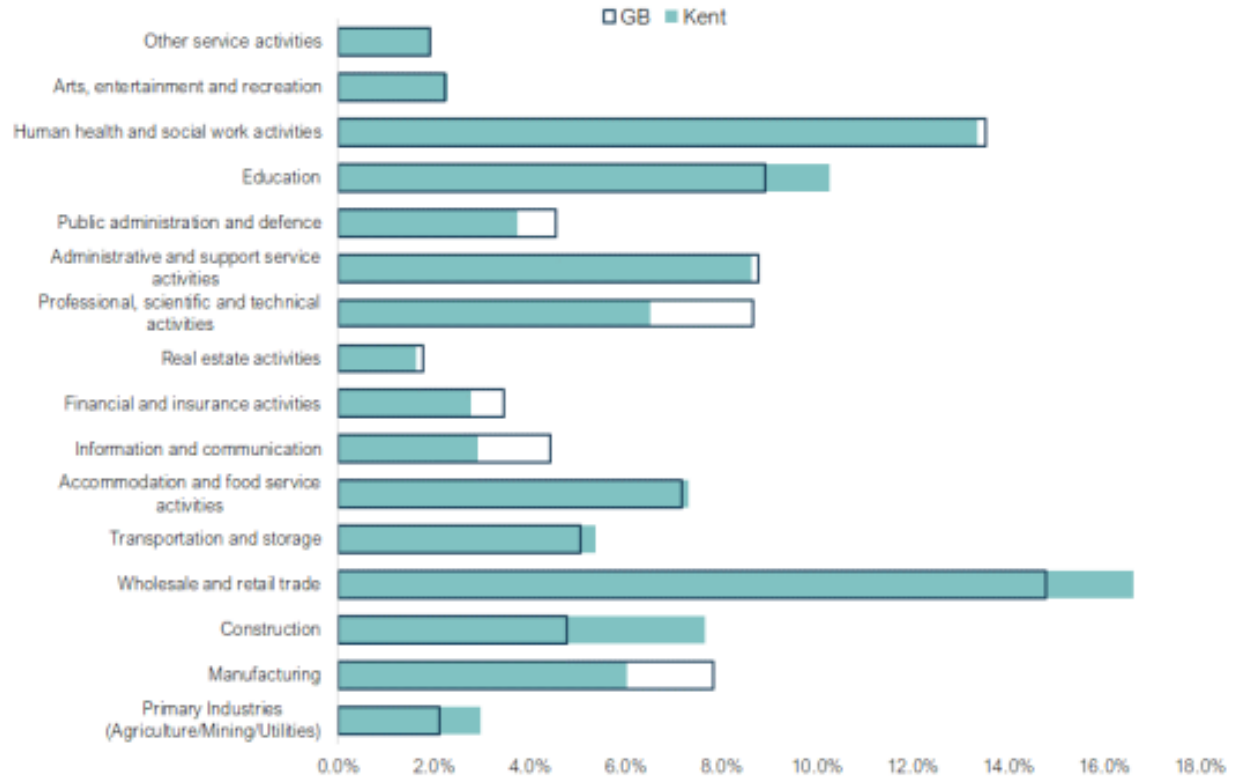
## 2.12 Economic Activity [14] [15]

In 2020/21, the Annual Population Survey estimates 77.9% of Kent's 16-64 year olds to be in employment. There is some variation across the districts, but Thanet is the only district where unemployment is significantly below the Kent average. 65.3% of Thanet's 16-64 year olds are estimated to be in employment.

Coronavirus has had an effect on the production of jobs estimates resulting in lower levels of precision in 2020 figures than in previous years. Employee jobs in Kent have fallen by 2.2% (-14,000 jobs) over the last year. This is lower than the South-East regional (-2.5%) but above the national average (- 1.9%). The biggest number and percentage increase in jobs was in construction (+5,000 jobs, +11.9%). There were fewer jobs in eight industrial sectors in Kent. The biggest reduction was in the wholesale and retail trade sector (-9,000 jobs, -8.1%).

Figure 19 shows that Kent has a larger proportion of jobs in eight sectors than seen nationally. The biggest differences are in construction (Kent 7.7%, Great Britain 4.8%) and wholesale and retail trade (Kent 16.6%, Great Britain 14.8%).

**Figure 19. Industrial structure: percentage of employees by industrial sector 2020, Kent and Great Britain** [15]




Source: BRES
Prepared by: Kent Analytics, Kent County Council

While claimant count unemployment rates remain higher than pre-pandemic levels, they have fallen consistently since March 2021. The claimant rate in Kent is currently 4.0%, below the Great Britain average rate of 4.4%.

Table 10 shows the number unemployed and the percentage rate by local authority. Thanet has the highest unemployment rate at 7.3%. Sevenoaks has the lowest unemployment rate at 2.5%.

**Table 10. Unemployment by local authorities** [14]

| | Number | % | Number change since December 2021 | % change since December 2021 | Number change since January 2021 | % change since January 2021 |
|---|---|---|---|---|---|---|
| Ashford | 3,035 | 3.9 | -25 | -0.8 | -1,480 | -32.8 |
| Canterbury | 3,550 | 3.4 | +55 | +1.6 | -1,495 | -29.6 |
| Dartford | 2,460 | 3.4 | -20 | -0.8 | -1,380 | -35.9 |
| Dover | 3,120 | 4.5 | +20 | +0.6 | -1,340 | -30.0 |
| Folkestone & Hythe | 3,360 | 5.1 | +25 | +0.7 | -1,375 | -29.0 |
| Gravesham | 3,190 | 4.9 | -55 | -1.7 | -1,515 | -32.2 |
| Maidstone | 3,790 | 3.6 | +5 | +0.1 | -1,350 | -26.3 |
| Sevenoaks | 1,745 | 2.5 | -20 | -1.1 | -1,040 | -37.3 |
| Swale | 4,200 | 4.6 | -35 | -0.8 | -1,595 | -27.5 |
| Thanet | 5,915 | 7.3 | +55 | +0.9 | -2,005 | -25.3 |
| Tonbridge & Malling | 1,980 | 2.5 | -35 | -1.7 | -1,195 | -37.6 |
| Tunbridge Wells | 1,950 | 2.7 | -40 | -2.0 | -1,115 | -36.4 |
| **Kent** | **38,300** | **4.0** | **-65** | **-0.2** | **-16,885** | **-30.6** |

Source: Office for National Statistics (ONS), presented by Kent Analytics, Kent County Council
Table ranked on male life expectancy out of 307 English local authorities

### 2.13 Sexual Orientation [16]

Currently there is no single source of data that provides a measure of sexual orientation for the whole population for all levels of geography. The 2011 Census included a 'civil partnership' category within the marital status question for the first time. However, this does not count all people who identify themselves as lesbian, gay or bisexual (LBG). Only those who have entered into a same-sex civil partnership are counted so these figures are likely to under-represent the LGB community.

The 2011 Census tells us that there were 2,388 Kent residents in a registered same-sex civil partnership. This figure accounts for 0.2% of the total population aged 16 and over. This proportion is equal to that seen both regionally and nationally.

There were 343 civil partnerships formed in Kent in 2006. Of these, 207 (60.3%) were male partnerships and 136 (39.7%) were female. There were 22 civil partnerships formed in Kent in 2015. Of these, 17 (77.3%) were male partnerships and 5 (22.7%) were female. From 29 March 2014 same sex marriage became legal so it is likely that couples who would have formed a same sex civil partnership may have opted to get married instead.

Tentative estimates from the Annual Population Surveys of 2013 to 2015, suggest that 1.9% of Kent's population are LGB. This is slightly higher than the South East (1.6%) and England (1.7%).

## 2.14 Carers [17]

A person is a provider of unpaid care if they look after or give help or support to family members, friends, neighbours, or others because of long-term physical or mental ill health or disability, or problems related to old age. This does not include any activities as part of paid employment. No distinction is made about whether any care that a person provides is within their own household or outside the household.

Table 11 shows that in 2011, 151,777 people in Kent (10.4% of Kent's population), provided unpaid care. This proportion is higher than the South-East regional average of 8.9% and the national average of 10.2%. Out of the Kent local authority districts, Thanet has the highest proportion of unpaid carers with 11.6% (15,502 people). Tunbridge Wells has the smallest proportion of unpaid carers with 9.2% (10,539 people).

The majority of unpaid carers in Kent provide care for less than 20 hours a week. A total of 97,464 people provide care for this amount of time which is 64.2% of all carers in Kent. This proportion is lower than the South-East regional average of 68.1% but slightly higher than the national average of 63.6%. Within the Kent local authority districts Thanet has the highest proportion of carers who are providing care for 50 or more hours per week. 4,387 unpaid carers in Thanet provide care for this amount of time. This is equal to 28.3% of all unpaid carers in Thanet.

**Table 11. Provision of unpaid care in Kent districts, the South East and England in 2011** [17]

| | All People | People who provide no unpaid care | | All people who provide unpaid care | |
|---|---|---|---|---|---|
| | | Number | % | Number | % |
| Ashford | 117,956 | 106,137 | 90.0 | 11,819 | 10.0 |
| Canterbury | 151,145 | 135,562 | 89.7 | 15,583 | 10.3 |
| Dartford | 97,365 | 88,146 | 90.5 | 9,219 | 9.5 |
| Dover | 111,674 | 99,020 | 88.7 | 12,654 | 11.3 |
| Folkestone & Hythe | 107,969 | 95,663 | 88.6 | 12,306 | 11.4 |
| Gravesham | 101,720 | 91,410 | 89.9 | 10,310 | 10.1 |
| Maidstone | 155,143 | 139,582 | 90.0 | 15,561 | 10.0 |
| Sevenoaks | 114,893 | 102,948 | 89.6 | 11,945 | 10.4 |
| Swale | 135,835 | 121,577 | 89.5 | 14,258 | 10.5 |
| Thanet | 134,186 | 118,684 | 88.4 | 15,502 | 11.6 |
| Tonbridge & Malling | 120,805 | 108,724 | 90.0 | 12,081 | 10.0 |
| Tunbridge Wells | 115,049 | 104,510 | 90.8 | 10,539 | 9.2 |
| **Kent** | **1,463,740** | **1,311,963** | **89.6** | **151,777** | **10.4** |
| **South East** | **8,634,750** | **7,787,397** | **90.2** | **847,353** | **9.8** |
| **England** | 53,012,456 | **47,582,440** | **89.8** | **5,430,016** | **10.2** |

Source: 2011 Census: Key Statistics Table 301, Office for National Statistics (ONS)
Presented by Business Intelligence, Research & Evaluation, Kent County Council

## 2.15 Traveller and Gypsy Communities [18]

The 2011 Census recorded data on those who identified themselves as Gypsies and Travellers for the first time. However, it is recognised that Gypsies and Travellers are often reluctant to disclose their ethnicity for fear of discrimination. This will result in an under-reporting in the total number of the population. The total number estimates that there are 57,680 Gypsies and Travellers in England and Wales (this does not include Roma), although other studies and reports estimate the number to be between 200,000 and 300,000 (Commission for racial equality 2006, Clark and Greenfields 2006). Around half of the population are estimated to live in housed accommodation (Clark and Greenfields 2006). The data on these communities, particularly Roma, is still a problem. In 2010 the Department of Health, through their Pacesetters Programme, estimated that there were about 300,000 Gypsies, Roma and Travellers living in the UK.

The 2011 census data show that Maidstone and Swale are the two local authorities in England ranked with the highest proportion of the Gypsy and Traveller population, with Ashford having the fifth highest. Although the proportion is relatively low at around 0.5%, the reality is that there is a higher proportion than this in the overall population.

Table 12 shows a very different age profile for the White: Gypsy or Irish Traveller ethnic group compared to other white ethnic groups.

**Table 12. Percentage population by age category for white ethnic groups** [19]

| | 0-15 | 16-64 | 65+ |
|---|---|---|---|
| | % | % | % |
| White: English / Welsh / Scottish / Northern Irish / British | 18.8% | 61.9% | 19.3% |
| White: Irish | 5.9% | 63.0% | 31.1% |
| White: Gypsy or Irish Traveller | 36.5% | 58.5% | 5.0% |
| Other White | 16.8% | 76.3% | 6.9% |

## 2.16 Prisoners and Offenders [20]

It is important to acknowledge that the terms ‘prisoner’ and ‘offender’ cannot be interchanged. The term ‘offender’ refers to an individual who is convicted in a court of law as having committed a crime, violated a law or transgressed a code of conduct.

The Kent ‘Offenders’ JSNA Chapter Summary Update ‘2014/15’ reports that Kent has six prisons and one Immigration Removal Centre, and the combined population is over 3,600 prisoners and detainees (see Table 13 and Table 14 below).

The Sheppey Cluster of three prisons contains HMP Elmley which is a busy local prison with a high turnover, and it is estimated that around 5,000 prisoners access healthcare services at HMP Elmley each year.

**Table 13. Number offenders within Kent prisons by age band** [20]

| Age range | Elmley | Standford Hill | Swaleside |
|---|---|---|---|
| Under 20 | 51 | 0 | 0 |
| 20-25 | 286 | 64 | 184 |
| 26-29 | 217 | 85 | 25 |
| 30-34 | 184 | 78 | 160 |
| 35-39 | 125 | 66 | 145 |
| 40-44 | 133 | 57 | 123 |
| 45-49 | 87 | 38 | 104 |
| 50-54 | 48 | 29 | 67 |
| 55-59 | 32 | 14 | 32 |
| 60-64 | 18 | 6 | 22 |
| 65-69 | 10 | 6 | 13 |
| 70-79 | 5 | 0 | 1 |
| 80+ | 1 | 0 | 0 |
| **Total** | **1,197** | **443** | **1,103** |

**Table 14. Number offenders within Kent prisons by age band** [20]

| Age range | Blantyre House | Age range | East Sutton Park | Age range | Maidstone |
|---|---|---|---|---|---|
| 21-29 | 25 | 18-25 | 20 | Under 25 | 90 |
| 30-39 | 40 | 26-29 | 8 | 26-29 | 103 |
| 40-49 | 39 | 30-39 | 21 | 30-39 | 180 |
| 50-59 | 15 | 40-49 | 33 | 40-49 | 112 |
| 60+ | 3 | 50-59 | 11 | 50-59 | 61 |
| **Total** | **122** | 60+ | 4 | 60-69 | 34 |
| | | **Total** | **97** | 70-79 | 3 |
| | | | | **Total** | **583** |

Table 15, Table 16 and Table 17 below from the Kent JSNA 2014/15 show the number of offenders in Kent.

**Table 15. Number of Community Offenders by Locality Office and management status** [20]

| Office | Community Order | Suspended Sentence | Post Release Licence | Grand Total |
|---|---|---|---|---|
| Medway | 376 | 235 | 246 | 857 |
| Dartford & Gravesham | 218 | 119 | 149 | 486 |
| Maidstone | 236 | 97 | 135 | 468 |
| West Kent | 238 | 106 | 127 | 471 |
| Swale | 154 | 130 | 122 | 406 |
| Canterbury | 189 | 97 | 57 | 343 |
| South East Kent | 352 | 233 | 206 | 791 |
| Thanet | 240 | 117 | 125 | 482 |
| **Grand Total** | **2,003** | **1,134** | **1,167** | **4,304** |
| ***Percentages*** | ***46.5*** | ***26.4*** | ***27.1*** | ***100*** |

**Table 16. Kent Probation Supervised Offender Gender Status** [20]

| Gender | Numbers | Percentage |
|---|---|---|
| Male | 3,755 | 87.2 |
| Female | 549 | 12.8 |
| **Total** | **4,304** | **100** |

**Table 17. Kent Probation All Community Offenders Age Ranges** [20]

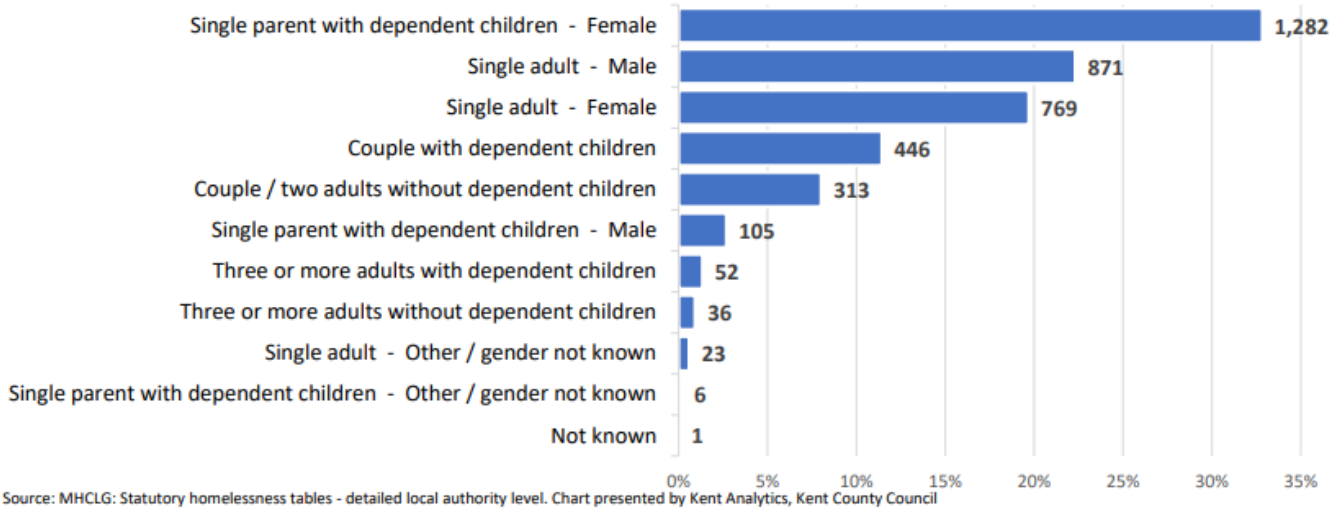
| Age group | Numbers | Percentage |
|---|---|---|
| 18-20 | 258 | 6.0 |
| 21-24 | 747 | 17.4 |
| 25-29 | 832 | 19.3 |
| 30-39 | 1,119 | 26.0 |
| 40-49 | 801 | 18.6 |
| 50-59 | 387 | 9.0 |
| 60+ | 160 | 3.7 |
| **Total** | **4,304** | **100** |

### 2.17 Homeless and Rough Sleepers [21]

During the financial year 2019/20, local authorities in Kent assessed a total of 8,093 households under the statutory homelessness duty. Of this total 3,904 (48.2%) were found to be threatened with homelessness within 56 days, and therefore owed a prevention duty, 47.3% (3,830) were assessed as being owed a relief duty. 2,015 households secured accommodation for 6 months or more during their prevention duty, and therefore had their homelessness prevented. 1,066 households were assessed as being unintentionally homeless and in priority need.

The average number of households living in temporary accommodation in Kent at the end of each quarter between April-June 2018 to January-March 2020 is 1,245.
Within Kent the highest number of initial assessments during 2019/20 was in Thanet with 1,355 which accounts for 16.7% of the total for Kent. Of these assessments, 52.3.% were owed a prevention duty, 47.0% were owed a relief duty and 0.7% was found to be not homeless. The lowest number of initial assessments was in Tonbridge & Malling with 301 which accounts for 3.7% of the Kent total. Of these assessments 43.9% were owed a prevention duty, 54.5% were owed a relief duty and 1.7% was found to be not homeless. A breakdown by household composition of the households owed a prevention duty can be seen in Figure 20. Female single parent households with dependent children are the largest group with 1,282 being owed a prevention duty. The next two biggest groups are single adult males and single adult females with 871 and 769 respectively owed a prevention duty.

**Figure 20. Households owed a prevention duty by household composition: Kent 2019-2020** (21)




Source: MHCLG: Statutory homelessness tables - detailed local authority level. Chart presented by Kent Analytics, Kent County Council

The autumn 2020 total number of rough sleepers counted and estimated in England is 2,688. This is down by 1,578 or 37% from the autumn 2019 total of 4,266. In Kent, the 2020 estimated total of rough sleepers is 101. This is down by 68 or 39.5% from the autumn 2019 total of 172. Figures across the county range from 24 in Canterbury to 2 in Maidstone. The rate of rough sleeping per 10,000 households at 1.5 for Kent is higher than the England rate of 1.1 per 10,000 households.

In Kent it is estimated that of those sleeping rough, 88% are males, 81% are UK nationals and 83% are over the age of 25. The autumn 2020 figures show that the proportion of male rough sleepers varies across the local authorities from 100% in Gravesham, Maidstone, Sevenoaks, and Swale to 66.7% in Tonbridge & Malling. Gravesham is the only area where most rough sleepers are EU, non-UK nationals (45.5%). The proportion of rough sleepers over the age of 25 varies across the local authorities from 100% in Dover, Folkestone & Hythe, Gravesham, and Maidstone to 50% in Tonbridge & Malling. Tonbridge & Malling has the highest proportion of rough sleepers who are aged 18 to 25.

# 3 General health needs of Kent

## 3.1 Kent Joint Strategic Needs Assessment

Kents Joint Strategic Needs Assessment (JSNA) is a process that looks at the current and future health, care and wellbeing needs of Kent residents to inform and guide the planning and commissioning of health, wellbeing and social care services. The JSNA in Kent brings together information from many different sources and partners relating to the population of
Kent.

The JSNA is intended to do the following:

- Investigate wider social factors that have an impact on health and wellbeing factors such as poverty, housing, and employment
- Look at the health of the population and what behaviours affect health and wellbeing such as smoking, diet and exercise
- Provide a common overview of health and care needs for the local community
- Identify health inequalities
- Provide evidence of effectiveness of health and care interventions
- Document current service provision
- Identify gaps in health and social services and unmet needs.

The JSNA takes information and data relating to the population, for example, population numbers, levels of smoking, life expectancy and causes of mortality, and captures, collates, analyses, and interprets this population-level data. The process can be driven by looking at data; stakeholder, key informant, patient and service user views; and
comparisons between and within different areas.

Whilst health and social care commissioners are the main audience for the JSNA, it is intended to be used by a wide variety of people and groups to prepare bids and business cases, to ensure voluntary and community groups can meet their community's needs and represent their views, to assist in the future development of services and to access local health and wellbeing information, plans and commissioning recommendations.

The JSNA is a continuous process and is updated as additional information becomes available. This pharmaceutical needs assessment reflects the JSNA as published in August 2016 with additional information from a range of KCC Public Health reports.

### 3.1.1 Cancer [22] [23]

Projection models estimate that between 60,000 and 80,000 people in Kent will be living with and beyond cancer by 2030.

Breast, lung, colorectal and prostate cancer together remain the four most common cancers in Kent and Medway and account for about 50% of all cancer diagnosed and deaths from cancer. Lung cancer remains the main cause of death from cancer.

There is evidence to suggest that incidence, mortality and years of life lost are all slightly lower in Kent than is the case for England as a whole. However, it is also the case that survival rates are slightly lower, and prevalence rates slightly higher.

The level of variation across the Kent districts is not particularly pronounced, though incidence rates for Dover and Thanet are significantly higher than several other districts.

Whilst both incidence and mortality rates are higher in the most deprived areas, the extent of the inequality is rather different. Inequalities in incidence are modest in comparison with inequalities in mortality, suggesting that survival prospects for those diagnosed with cancer are better in the least deprived areas.

Early diagnosis is key to good survival rates, with treatments both simpler and more effective when cancers are detected at an early stage. Around two-thirds of patients in Kent diagnosed with cancer survive for at least one-year. However, around 1 in 5 presents as an emergency, and it is estimated that only around half of cases across the County are detected at an early stage. There are differences evident across the County. The data extracted from the Cancer Commissioning Toolkit suggests that for Dartford & Gravesham NHS Trust, the emergency presentation rate is higher than elsewhere and that fewer patients are diagnosed while their cancer is still at an early stage.

### 3.1.2 Cardiovascular Disease [11]

Cardiovascular disease (CVD) is the main cause of death and premature death (under 75 years) and is more common in deprived communities. It is the most important contributor to the inequality gap in life expectancy in Kent and England.

Kent has a lower Quality and Outcomes framework (QOF) recorded prevalence for cardiovascular disease in comparison to England.

Stroke incidence escalates with increasing age, and Kent is facing an ageing population with a growing proportion of the population over 65 years of age. Recent 10-year stroke incidence modelling and forecasting, however, (using hospital episode data) found that the number of first strokes occurring in Kent is expected to remain at roughly current levels, despite the aging population. This is thought to be due to better risk management and primary care prevention. Stroke mortality rates have in general been decreasing in Kent. As more people are surviving stroke, the prevalence of stroke in Kent is increasing. Between 2006-07 and 2013-14, the prevalence of stroke increased by 1.34% across Kent and Medway compared to 0.94% for England.

Overall coronary heart disease (CHD) prevalence in Kent still appears to be increasing in line with national trends, largely due to higher reporting and case finding rates. In contrast to CHD prevalence, CHD mortality rates are reducing across Kent (as per the national trend), largely due to greater use of revascularisation therapy.

Deprivation is strongly linked to CHD. Districts with higher rates of deprivation, such as Thanet, have a higher CHD mortality rate, than more affluent areas of Kent, such as Tonbridge and Malling.

### 3.1.3 Diabetes [11] [24]

Diabetes reduces the life expectancy of people with type 1 by about 15 years and type 2 by about 10 years. In 2020/21 there were just over 90,000 people aged 17 years and over who had been diagnosed with diabetes in Kent. This represents 6.9% of the registered population in this age group [25]. It is estimated that an additional 20% have diabetes and are not diagnosed.

It is estimated that 10% of all adults with diabetes in the UK have Type 1 diabetes which generally appears before 40 years of age. The estimated rate of diabetes in children under the age of 15 is 187.7 per 100,000. The estimated number of children with diabetes in the UK is 31,500, of which 95.1% are Type 1. Boys are more likely to have Type 1 diabetes than girls. There is a genetic link with Type 1 diabetes.

Social deprivation and ethnicity is very strongly linked to both the risk of diabetes and the complexity of the outcomes of having diabetes, the management of co-morbidities is challenging, particularly for those with fewer resources. Type 2 diabetes is strongly associated with ethnicity, social deprivation and age. Prevalence increases with age with the highest rates in people over 70 years.

There is considerable variation in recorded diabetes prevalence across Kent. Latest QOF data shows that The Marsh PCN in Folkestone and Hythe district has the highest diabetes prevalence at 10.3% and Canterbury South PCN in Canterbury district has the lowest at 3.9% [26].

### 3.1.4 Mental Health [27]

Many factors affect a person's mental health, from biological to social factors. Some factors are fixed (age) and some factors can be influenced such as:

- family and socio-economic characteristics (marital status, number of children, employment)
- individual circumstances (life events, social supports, immigrant status, debt), household characteristics (accommodation type, housing tenure)
- geography (urban/rural, region)
- societal factors (crime, deprivation)

Groups with higher-than-expected common mental illness rates are:

- Prisoners
- Dual diagnosis (drug and alcohol)
- People with a learning disability
- Travellers
- Offenders and ex-offenders in the community
- Students
- Economic migrants
- People who experience domestic violence
- People with a disability
- Lesbian, gay, bisexual and transgender people

Applying national survey data, 12.5% of the total registered population of Kent (aged 18-64) will have a neurotic disorder. According to QOF data, Ashford district has the highest prevalence of depression

in Kent at 16.1%. Gravesham has the lowest prevalence at 11.1%. All districts apart from Gravesham have a higher recorded prevalence of depression than the England recorded prevalence of 12.3% [28].

Thanet has the highest estimated prevalence of common mental disorders at 18.2% and Sevenoaks has the lowest at 13.2% These are both significantly different to the England estimated prevalence of 16.9% [29].

Rates of suicide and emergency hospital admissions for self-harm in Kent are higher than the England average. There is variation across the districts with Thanet highest for suicides and emergency admissions for self-harm. Swale has the lowest suicide rate in Kent, Gravesham has the lowest emergency admissions for self-harm rate in Kent [30].

Data from the Kent Audit of Self-Harm reports that 37% of attendances at A&E were for people aged 16-25 and of these 72% were female.

### 3.1.5 Respiratory Disease [31]

Respiratory diseases range from acute infections, such as pneumonia and bronchitis, to chronic conditions such as asthma and chronic obstructive pulmonary disease. Asthma may also be included within the term chronic obstructive pulmonary disease (COPD) if there is some degree of chronic airway obstruction. COPD not only affects the lungs but has extra pulmonary effects such as muscle wasting and weight loss, pulmonary hypertension, or pulmonale (enlargement of the right side of the heart), anxiety, and depression.

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 are clear social class gradients in respiratory disease mortality, social class gradients are steeper for respiratory disease.

The Kent JSNA 2016 presented COPD prevalence rates for the since dissolved 7 Kent clinical commissioning groups (CCGs). Although these CCGs no longer exist, the rates do show the geographical variation in Kent. The CCGs that had the worst COPD rates in Kent are Thanet, South Kent Coast and Swale. Thanet had the worst rate in the South of England, with a rising trend in all these areas. All other CCGs in Kent had rates that were better than the South of England average. However, when the expected prevalence is modelled, Thanet CCG rates best represent what is thought to be the actual prevalence, whilst Dartford, Gravesham and Swanley CCG appeared to have a large number of patients who are undiagnosed.

Between 2011 and 2013 mortality rates for COPD were highest in Swale and Thanet CCGs and lowest in Ashford. In 2013 alone the picture is slightly different, rates are increasing except in Dartford Gravesham and Swanley and South Coast Kent. Overall Swale still had the highest rates, which seemed to be increasing but there was more variation between other CCGs. Ashford rates also rose.

### 3.1.6 Sexual Health [32] [33]

Poor sexual health creates a significant burden of disease through sexually transmitted infections, particularly repeat, diagnosed late or undiagnosed infections. Good access to emergency contraception and termination of pregnancy services can support women, but planned contraception makes for better sexual health.

Sexual health and wellbeing is affected by sexually transmitted infections (STIs). Everyone who is sexually active risks exposure to sexually transmitted infections. Some groups are at greater risk from exposure to infection, who may already have undetected viruses such as Hepatitis C, Hepatitis B or HIV.

The burden of STIs is unevenly distributed across the county, geographically and amongst populations and is constantly changing. The greatest burden of infection is seen amongst men who have sex with men (MSM) and amongst 20-24 year olds. The latter may be explained by the earlier introduction and acceptance of screening and testing for infections.

Acute STI rates are collated from data collected from 12 STI groups including HIV, chlamydia, warts, herpes, gonorrhoea and syphilis. In 2015, the rate of acute STI infections in Kent indicated that some districts bear a higher burden of acute infections compared to others, namely Thanet, Dartford, Maidstone and Canterbury. The districts with the highest rate of detected new sexually transmitted infections in 2017 were Canterbury and Thanet.

Chlamydia is the most common bacterial sexually transmitted infection, with sexually active young people at highest risk. As chlamydia often has no symptoms and can have serious and costly health consequences (eg pelvic inflammatory disease, ectopic pregnancy and tubal factor infertility) it is vital that it is picked up early and treated.

There is a wide variation in HIV prevalence rate across Kent districts. Dartford and Gravesham districts which have the highest rates. However, when looking at the rate of change in the prevalence of diagnosed HIV per 1,000 population aged 15-59 years this is found to be highest in the districts of Maidstone, Gravesham and Thanet. The increased use of protection against infection will help reduce transmission of HIV and effective partner notification will help reduce reinfection.

### 3.1.7 Alcohol [34]

It is estimated that a quarter of people drink at levels above those recommended. 70,000 adults in Kent are drinking at higher risk levels (double the recommended safe levels or above) and an estimated 15% of residents are binge drinkers.

There are an estimated 1% dependent drinkers in Kent. A further 1.6% (circa 20,000 in Kent) of the population is estimated to have mild dependency or are drinking at harmful levels and may also benefit from treatment or extended brief intervention from a professional or lifestyle services.

Self-reported weekly consumption has declined significantly in the younger age groups since 2011, however has slightly increased for those aged 45 or older and is highest amongst 45- to 65-year-olds.

There are 14,000 people (11.5 per 1,000, slightly lower than England at 13.5 per 1,000) estimated to need alcohol or alcohol and non-opiate treatment services in Kent. Around 2,300 people are in recovery services in Kent which meets only 15% of the estimated need. A co-occurring condition between alcohol and mental health is a barrier to care even though almost 50% of those seeking alcohol treatment have a mental health problem.
There were 564 deaths attributed to alcohol in Kent in 2019 and the areas of greatest deprivation in Kent are worse impacted. The average age of death of a person with alcohol related conditions is 54.3 years, in comparison with death from all causes of 77.6 years. Approximately 3% of all deaths are alcohol related; alcohol-specific deaths e.g., alcohol poisoning, alcoholic liver disease or acute pancreatitis account for about one third of these.

Tunbridge Wells has the highest level of alcohol sales from off licences in Kent and scores high (9th out of 12) for benefits claims for alcohol and yet has relatively low rates for alcohol related hospital admissions. However, Tunbridge Wells scores average (5th out of 12) in its rate per population in treatment services.

Dover has a similar modelled estimate of dependent drinkers to Tunbridge Wells and far lower rate of volume of alcohol sold in off licence and also fairly low rate of benefits claimed due to alcoholism. Yet it has the second highest rate of people in treatment in Kent. This might indicate that the relative affluence of Tunbridge Wells and the access to treatment services may be a protective factor for dependent drinkers.

Thanet has high estimated rates of alcohol dependency and the highest rate of benefits claimants for alcoholism in Kent, the highest proportion of people in treatment services, the highest hospital admission rates due to alcohol and similar levels of alcohol sales in off licence as Tunbridge Wells.

### 3.1.8 Obesity [35]

Across Kent it is estimated that 64.5% of those aged 18 and over were overweight or obese in 2019/20. Overweight & obesity is high across the majority of Kent districts; however, prevalence was higher than the Kent average in Dover and Thanet [36].

Across Kent it is estimated that 23.5% of those aged 18 and over were obese in 2017/18. Prevalence was higher than the Kent average in Ashford and Dartford.

In Year R pupils across Kent in 2019/20, 14.8% and 10.4% were overweight and obese respectively. This was higher in comparison to England (13.1% and 9.9% respectively). Both obesity and severe obesity in Kent are on an increasing trend. In Year R, Folkestone and Hythe and Thanet both have the highest number of weight categories that demonstrate an increasing trend, in excess weight, obesity and severe obesity.

In Year 6 in Kent both obesity and severe obesity are lower than England. However, they are still at high levels. 20%, which equals 3,275 children are obese (compared to 21% in England). 4.2% (695) of Year 6 children in Kent are severely obese; this compares to England where the level is 4.6%. In Year 6, the only category increasing at a Kent level is severe obesity.

In Year 6, Gravesham is an area of concern, with all four weight categories being above Kent in 2019/20.

For obesity, the gap between the most and least deprived deciles is greater in Year 6 (6.1%) than in Year R (1.7%). For severe obesity, in Year R in 2019/20 there is a 1.7% inequality prevalence gap and in Year 6 in 2019/20 it is 5.1%. This means that the deprivation inequality of severe obesity worsens during primary school years.

### 3.1.9 Smoking [37]

Despite a steady decline in Kent smoking prevalence over the past decade, smoking remains the single most modifiable risk factor for cancer and the leading cause of preventable illness and premature death. In Kent, there were an estimated 7,381 deaths attributable to smoking in the period of 2014-16 and an estimated 12,444 smoking attributable hospital admissions in 2016/17.

Tobacco is a significant driver of health inequalities. Smoking accounts for approximately half of the difference in life expectancy seen between the richest and poorest groups in society. Lower socioeconomic groups are typically more dependent, smoke more each day and find it harder to successfully quit. Smoking in pregnancy further entrenches inequalities, with greater likelihood of complications in pregnancy and children of smokers exposed to greater levels of harmful second-hand smoke.

Despite an estimated reduction in smoking prevalence of 4.4% in Kent over the past five years, 16.3% of Kent residents continue to smoke and the gap in smoking behaviour between the richest and poorest appears to be widening. Those in routine and manual occupations are nearly 3.5 times more likely to smoke than their counterparts in other occupations, and smoking prevalence in this group now stands at 32.4% (the highest in the South-East).

Significant variation in prevalence exists between Kent's districts, with estimated prevalence in Thanet (23.7%) significantly greater than national estimated prevalence of 14.9%. Smoking at time of delivery rates in mothers also vary across Kent – combining CCG level data suggests rates are significantly higher in East Kent (17.9%) in comparison to West Kent (11.9%).

## 3.2 Kent and Medway's Sustainability and Transformation Plan

In 2019 the NHS published the Five Year Forward Plan which identified three clear challenges that the NHS needs to address:

- The health and wellbeing gap
- The care and quality gap, and
- The funding and efficiency gap

The Integrated Care Board, Clinical Commissioning Group (legacy), NHS Trusts, GP practices, local government and the voluntary sector across the health and care system across Kent and Medway are committed to deliver reduced health inequalities and improve the health and wellbeing of the population in the county of Kent and its neighbouring unitary authority of Medway. The local

Sustainability and Transformation Plan (STP) Our Case for Change and the Kent and Medway Integrated Care System Development Plan 30 June 2021 reaffirms a commitment amongst all partners to provide an integrated service.

The key priorities that have been identified for Kent and Medway are:

- Preventing ill health
    - treat both physical and mental health issues at the same time and effectively
    - concentrate prevention activities on key areas – obesity and physical activity, reducing alcohol-related harm, preventing, and stopping smoking
    - deliver workplace health initiatives, aimed at improving the health of staff delivering services
- Local care better access to care and support in people's own community
- Hospital care. To optimise hospital care for specialist and emergency care when it is needed by individuals
- Mental Health care. To provide timely, effective, and local mental health care that is provided with physical care.

Historic decisions and developments have led to a system which is very reliant on patients being cared for in a hospital setting, fails to provide the appropriate type of care for a number of patients, is expensive and is becoming increasingly unsustainable.

The aim of the Sustainability and Transformation Plan and Integrated Care Development Plan is to provide a more person-centred model of care which focuses on individuals' health and wellbeing first and then supports their needs when required with fast access and appropriate intervention. People can expect to receive timely, appropriate, holistic care with physical and mental health needs assessed and addressed in a consistent and co-produced manner.

This will be delivered through a health and wellbeing programme to support people to maintain their health and social independence as long as is appropriate supported by an integrated prevention programme developed in conjunction with Public Health. Where, required the health and social care system will look to engage with the community, and the third and voluntary sector, in a way that simplifies access into services. It will provide a more holistic out of hospital support, deliver a high quality acute service when required supported by a system whereby people are able to move back to home care as soon as possible.

The Sustainability and Transformation Plan and Integrated Care Development Plan will address the challenges articulated in the GP Five Year Forward View and will invest in the suggested solutions and integrated new care models to enable local general practice and the wider primary care systems to be sustainable and able to take on the wider workload implications of the transformation model.

The Long-Term Plan therefore funds specific new evidence-based NHS prevention programmes, including to cut smoking; to reduce obesity, partly by doubling enrolment in the successful Type 2

NHS Diabetes Prevention Programme; to limit alcohol-related A&E admissions; and to lower air pollution.

The Plan goes further on the NHS Five Year Forward View's focus on cancer, mental health, diabetes, multimorbidity and healthy ageing including dementia. But it also extends its focus to children's health, cardiovascular and respiratory conditions, and learning disability and autism, amongst others

Kent and Medway publication 'ICS Our Vision' states:

- We will work together to make health and wellbeing better than any partner can do alone. By doing this, we will:
- Give children the best start in life and work to make sure they are not disadvantaged by where they live or their background and are free from fear or discrimination.
- Help the most vulnerable and disadvantaged in society to improve their physical and mental health; with a focus on the social determinants of health and preventing people becoming ill in the first place.
- Help people to manage their own health and wellbeing and be proactive partners in their care so they can live happy, independent and fulfilling lives; adding years to life and life to years.
- Support people with multiple health conditions to be part of a team with health and care professionals working compassionately to improve their health and wellbeing.
- Ensure that when people need hospital services, most are available from people's nearest hospital; whilst providing centres of excellence for specialist care where that improves quality, safety and sustainability.

Community Pharmacists have an opportunity to take an active part in achieving this vision for future health and social care in Kent.

## 4 Identified patient groups – particular health issues

The following patient groups have been identified as living within, or visiting, Kent:

- Those sharing one of more of the following Equality Act 2010 protected characteristics:
    - Age
    - Disability which is defined as a physical or mental impairment, that has a
    - substantial and long-term adverse effect on the person's ability to carry out
    - normal day-to-day activities
    - Pregnancy and maternity
    - Race which includes colour, nationality, ethnic or national origins
    - Religion (including a lack of religion) or belief (any religious or philosophical
    - belief)
    - Sex
    - Sexual orientation
    - Gender re-assignment
    - Marriage and civil partnership

- University students
- Offenders
- Homeless and rough sleepers
- Traveller and gypsy communities
- Refugees and asylum seekers
- Military veterans
- Visitors to sporting and leisure facilities in the county e.g. Golf Open Sandwich
- Construction workers for major developments e.g. London Resort

Whilst some of these groups are referred to in other parts of the pharmaceutical needs assessment, this section focusses on their particular health issues.

### 4.1 Age

Health issues tend to be greater amongst the very young and the very old. Children and young people are particularly vulnerable to poor health as a result of inequality.

The excess winter death index shows trends in rates to be highest in older people, particularly those over the age of 85. Kent's 2017 Excess Winter Death report shows that Canterbury continues to have the highest excess winter death ratio, followed by Thanet and Tonbridge currently has the lowest ratio for the rolling period 2006-07 to 2013-16 [38].

Kent's 2018 report on social isolation and loneliness [39] identifies around 29,500 Kent residents aged 65+ who live alone and are more likely than average to exhibit characteristics that might suggest social isolation; 9.6% of the 65+ population of Kent. Older people in Kent identified as being at risk of social isolation and loneliness are:

- Older than the overall 65+ population of Kent,
- More likely to be female,
- And much more likely to be living in a deprived neighbourhood.

Multimorbidity increases markedly with age, but it is also found in younger people, especially in socially deprived areas where the co-existence of physical and mental health problems is particularly common. Multimorbidity is associated with poor quality of life, disability, psychological problems and increased mortality. Multimorbidity is also associated with increased frequency of health service use including emergency hospital admission, adverse drug events, polypharmacy, duplicate testing and poor care co-ordination [40].

In Kent, in 2018, 28,787 children and young people have special educational needs, 12.4% of children and young people. This is a significant reduction since 2014 and is now below that of the England and South-East benchmark [41].

Despite the limitations of estimates for mental health disorders in children and young people, the prevalence and incidence is increasing in Kent. This is driven by population increases in Kent and by increasing need which varies by mental health disorders [42].

### 4.2 Disability [11] [43]

26,329 social care clients in Kent have a physical disability, 4,550 have a learning disability. Of the 12,522 adults aged between 18 and 65 years, 99.6% have a learning disability, a mental health issue or a physical disability.

Children living with disability, and their families, are a heterogeneous group of people with individual needs which may vary in complexity and may change over time. The prevalence of specific and moderate learning difficulty in children was lower in Kent than in England, while the prevalence of behavioural, emotional and social difficulty, and speech, language and communication difficulty was higher.

There are a range of difficulties which may be experienced by a child living with disability including issues with:

- Mobility
- Manual dexterity
- Physical co-ordination
- Communication
- Sensory impairment (e.g. hearing or visual impairment)
- Memory, concentration and learning
- Recognising physical danger
- Continence

### 4.3 Pregnancy and maternity [44]

Across Kent, the number of females aged between 15 and 44 in 2013 was 276,540 and is expected to be 285,419 by 2033, an increase of 3.2%. This increase varies across districts, with the biggest percentage increase expected in Dover and Dartford, at 13.6% and 28.6% between 2013 and 2033 respectively. This represents an additional 6,008 women of childbearing age in Dartford, and 2,533 in Dover. The number of women aged 15 to 44 is expected to decrease in Shepway, Swale, Sevenoaks and Tunbridge Wells between 2013 and 2033.

In 2015/16 Kent had a significantly higher percentage of mothers smoking at time of delivery (12.98%) than England (10.65%). This was particularly high in South Kent Coast (16.81%), Swale (20.52%) and Thanet (18.97%).

Data from Kent maternity services shows that between 48% and 55% of women are either overweight or obese at booking.

In addition, perinatal women are an at-risk group for mental illness.

### 4.4 Race

There are specific groups who have more of a predisposition to specific long-term conditions with a lower BMI than the general population [11]. These include:

- South Asian people are immigrants and descendants from Bangladesh, Bhutan, India, Indian Caribbean (immigrants of South Asian family origin), Maldives, Nepal, Pakistan and Sri Lanka.
- African Caribbean/black Caribbean people are immigrants and descendants from the Caribbean islands (people of black Caribbean family origin may also be described as African American).
- Black African people are immigrants and descendants from African nations. In some cases, they may also be described as sub–Saharan African or African American.
- "Other minority ethnic groups" includes people of Chinese, Middle Eastern and mixed family origin.

There is a higher prevalence of diagnosed non-insulin dependent diabetes among Asians and a raised rate among Black Caribbean's. In addition, several studies report inadequate quality of health care for Asian, Black African and Black Caribbean diabetics and poor treatment compliance, which may therefore result in a higher than average number of hospital admissions [24].

KCC's analysis of the drivers of excess weight found that there were higher odds of excess weight in Black reception and year six pupils [45].

### 4.5 Gender

Men tend to exhibit more health harming behaviours and experience higher rates of disease, contributing to a higher life expectancy for women. In 2020, the life expectancy at birth was 79 for men and 82.8 for women. The gender gap in life expectancy varies across the county. In Tunbridge Wells there is a gap of 2.6 years whereas in Thanet the gap is 5 years [46].

Men are more likely to have cancer and die from it than women, although the gender gap in cancer incidence is reducing. Lung cancer remains the most common cause of death from cancer in Kent, with this being true for both men and women. However, both incidence and mortality for lung cancer are significantly higher for men than women [22].

Women who are obese are estimated to be around 13 times more likely to develop type 2 diabetes and four times more likely to develop hypertension than women who are not obese. Men who are obese are estimated to be around five times more likely to develop type 2 diabetes and 2.5 times more likely to develop hypertension than men who are not obese [47].

Unhealthy behaviours are more prevalent in men. Smoking rates in England remain higher in men (20.7%) than women (15.9%) [48]. Men are the greatest misusers of alcohol although women are rapidly catching up. For women, alcohol misuse unfortunately places greater risks because not only

are their bodies lighter and smaller than men, but they risk harming their unborn child if they drink in pregnancy [11].

Domestic abuse occurs across the whole of society, regardless of sex, race, ethnicity, religion, age, class, income or where they live. There may, however, be some increased risk in vulnerable groups such as women who are transient, those who have low socioeconomic status, and those who have mental health problems. The majority of domestic abuse is committed by men against women [11].

### 4.6 Sexual orientation

Lesbian, gay and bisexual people are at specific risk of self-harm and have higher than expected common mental illness rates [27].

Men who have sex with men and individuals questioning their gender identity are at higher risk poor sexual health [32].

Despite prevalence statistics indicating that substance misuse among the LGB community is nearly four times greater than the that of the overall population; treatment data shows that LGB individuals in Kent were less likely to be in structured treatment in 2012-13 (0.1%) than the Kent population overall (0.3%) based on the estimation that there are between 53,000 and 75,000 lesbian or gay adults in Kent [49].

### 4.7 Gender re-assignment

Transgender people are likely to suffer from mental ill health as a reaction to the discomfort they feel. This is primarily driven by a sense of difference and not being accepted by society. Individuals' coping strategies may include use of drugs, alcohol, or tobacco, or high-risk sexual activity [50]. Many transgender people struggle with body image and as a result can be reluctant to engage in physical activity [51].

Alcohol, drugs and tobacco all carry additional risks for transgender people. Drugs and alcohol are processed by the liver as are cross-sex hormones. Heavy use of alcohol and/or drugs whilst taking hormones may increase the risk of liver toxicity and liver damage. Smoking can affect oestrogen levels, increasing the risk of osteoporosis and reducing the feminising effects of oestrogen medication. Transgender people are twice as likely as adults generally to drink in a way that's harmful, or potentially harmful, to their health [52].

Alcohol, drugs and tobacco and the use of hormone therapy can all increase cardiovascular risk. Taken together, they can also increase the risk already posed by hormone therapy [52].

### 4.8 University Students

Data from the University Medical Centre which provides primary care to students as well as staff and local residents can be used to identify reasons for those aged 18-21 to contact their GP in 2020/21. The most common reasons can be seen in Table 18. Columns 3 and 4 show that the majority of

reasons for contacting the GP are more common in the 18-21 population at University Medical Centre than in the rest of the population.

**Table 18. Number of events at University Medical Centre April 2020-March 2021**

| 1 | 2 | 3 | 4 |
|---|---|---|---|
| | **No. of events** | **% of total events in 18-21s at UMC** | **% of total events outside of 18-21s - all Kent and Medway practices** |
| **Weight monitoring** | **1584** | 1.6% | 0.3% |
| **Depression and Anxiety** | **1349** | | |
| Mixed anxiety and depressive disorder | 731 | 0.7% | 0.1% |
| Depressive disorder | 241 | 0.2% | 0.0% |
| Depression interim review | 198 | 0.2% | 0.1% |
| Anxiety disorder | 179 | 0.2% | 0.0% |
| **Health education - sexual** | **1339** | 1.3% | 0.0% |
| **Alcohol consumption** | **1263** | 1.2% | 0.1% |
| **Oral contraception** | **1023** | | |
| Oral contraceptive repeat | 428 | 0.4% | 0.0% |
| Advice given about missed contraceptive pills | 329 | 0.3% | 0.0% |
| Oral contraceptive advice | 266 | 0.3% | 0.0% |
| Discussion about risks of combined oral contraception | 261 | 0.3% | 0.0% |
| **Advice about long-acting reversible contraception** | **444** | 0.4% | 0.0% |
| **Asthma** | **234** | | |
| Asthma not disturbing sleep | 81 | 0.1% | 0.1% |
| Asthma | 77 | 0.1% | 0.1% |
| Asthma not limiting activities | 76 | 0.1% | 0.0% |
| **Smoking cessation advice** | **195** | 0.2% | 0.1% |
| **Acne vulgaris** | **177** | 0.2% | 0.0% |
| **Sore throat symptom** | **104** | 0.1% | 0.0% |

Source: MedeAnalytics, 2022

### 4.9 Prisoners and Offenders [20]

The prison population has different health needs to the general public. They are likely to have poorer physical, mental and social health than the general public and suffer from conditions associated with offending, such as substance misuse.

Kent has six prisons and one Immigration Removal Centre, and the combined population is over 3,600 prisoners and detainees. The Sheppey Cluster of three prisons contains HMP Elmley which is a busy local prison with a high turnover, and it is estimated that around 5,000 prisoners access healthcare services at HMP Elmley each year.

National figures from the Prison Reform Trust (2009) indicate that:

- Prisoners are 14 to 23 times more likely to suffer from a psychotic disorder than the general population
- Men released from prison are eight times more likely to commit suicide than the general population - About 30% had 'severe alcohol problems'
- Around 80% of prisoners and 63% of offenders are smokers

Offenders self-report health problems more than the general population. Those living in probation approved premises have high levels of psychiatric morbidity, drug misuse and alcohol problems. Community managed offenders are no less likely to be registered with a GP than the general population.

### 4.10 Homeless and rough sleepers [53]

People who experience homelessness for longer periods are more likely to have their health at risk. While poor health can be a contributory factor for homelessness contrastingly, fear of becoming homeless can result in poor health or exacerbate existing health conditions.

Homeless people have a much higher risk of death from a range of causes than the general population. Those experiencing the worst health out of the homeless population are those who are (and have recently been) rough sleepers. A greater proportion of people sleeping rough suffer from chronic physical illness, and mental illnesses compared to the general population. Many of them have co-occurring physical and mental health conditions, and drug and alcohol dependence.

The vast majority of rough sleepers in the services of local authorities in Kent reported to have substance misuse. Six local authorities reported that, more than 40% of rough sleepers have substance misuse. Five local authorities reported that, 20% of rough sleepers had alcohol misuse, while 30% were found to be drug users. Some of rough sleepers had a dual diagnosis (co-occurring conditions) of alcohol misuse and drug misuse.

### 4.11 Traveller and gypsy communities [18]

The Joint Parliamentary Human Rights Committee has described the Gypsy, Roma and Traveller community as the hardest to reach. The 2005 report states, 'evidence attests to the multiple discrimination faced by Gypsies and Travellers and their exceptional level of social exclusion. Poor levels of health even compared with other marginalised groups; high rates of infant mortality, and difficulties in accessing healthcare were cited in the evidence. Poor school attendance, low educational attainment and high levels of illiteracy were also particularly acute problems for Gypsy and Traveller children'.

Gypsies and Travellers are the most disadvantaged ethnic group in the UK experiencing significant inequalities in their health outcomes, particularly around life expectancy, infant mortality and maternal mortality.

### 4.12 Refugees and asylum seekers [54]

Refugees and asylum seekers can have complex health needs. These may be influenced by experiences prior to leaving their home country, during transit or after arrival in the UK.

The most common physical health problems affecting asylum seekers include:

- Communicable diseases
- Sexual health needs
- Chronic diseases such as diabetes or hypertension, which may not have been
- diagnosed in the country of origin
- Dental disorders
- Consequences of injury and torture

The number of asylum and resettlement applications in the UK has increased from 26,547 in 2017 to 48,540 in 2021 [55].

The number of asylum seekers in receipt of support by Kent's lower tier local authorities has increased year on year from 71 in 2017 to 315 in 2021. Gravesham has the highest with 101 and Folkestone and Hythe is next with 87 [56].

989 unaccompanied young people entered Kent from January 2015 – February 2016. The majority of this group are from Eritrea and Afghanistan and aged 16 and 17 years old. The physical and mental health needs of this group are likely to be complex given the experiences they may have had in their home countries and on their journey to the UK.

An analysis of a sample of Initial Health Assessments (IHA) revealed that the most common physical symptoms in unaccompanied young people were dermatology, including rashes, scars and fungal infection, anaemia and musculoskeletal complaints. It is important to emphasise that while physical complaints were common, the majority of these related to non-acute, readily treatable conditions. Additionally, a small but significant number of young people had symptoms of acute illness, such as respiratory infection.

In addition to the findings above there was an almost universal need for catch-up immunisation. The need to screen for latent tuberculosis was identified in approximately 70% of individuals, based on country of origin.

Psychological symptoms were reported in 41% of children. The most common psychological symptoms noted were of Post-Traumatic Stress Disorder (PTSD), anxiety, and depression.

### 4.13 Military veterans [57]

There are approximately four million veterans in England. No reliable evidence as to the long-term physical effect of military service exists.

Recent Ministry of Defence (MOD) reviews of ex-service personnel suggest the majority of personnel do make a successful transition to civilian life, although a small percentage struggle:

- A small minority of veterans do experience difficulties post-Service, these tend to manifest themselves on average 10 years after discharge.
- The adverse outcomes (common mental health problems, unemployment, social isolation, encounters with the criminal justice system) present at a rate less than that in the general population.

For the large cohort of elderly veterans, their significant physical health problems are likely to be age-related rather than due to their previous service. The usual cross-section of the chronic diseases of old age will be represented in this veteran population.

The proportion of veterans in the Kent population is in line with the national average. The county-wide estimate that 9.5% of the 16 and over population are veterans lies between the national averages of 9.1% and 10% estimated by the RBL and Woodhead et al studies respectively. The local authorities with the highest estimated veteran populations are Thanet, Dover, Folkestone and Hythe, Swale and Medway; these are all areas with strong serving military connections.

There is a smaller percentage of BME population in the armed forces than in the UK as a whole. However, Kent is home to the 1st Battalion Royal Gurkha Rifles, based at Shorncliffe, Folkestone, and nearly half of the soldiers from the Maidstone based 36 Engineers Regiment are Queen's Gurkha Engineers. Families can join serving Gurkhas in Kent and these communities are likely to make the area more attractive to Gurkha veterans choosing to make the UK their home following discharge.

The majority of individuals leave the armed forces in good health, and the challenge for them is to ensure that they link into the NHS system through a GP so that any future needs are met. There are a number of reported problems inherent in this system:

- Few veterans register with a GP until they are ill or need a prescription.
- When they do register, many do not see the relevance of or choose not to disclose, their veteran status.
- If veteran status is disclosed GPs do not always have a system for recording it on the veteran's NHS record.
- The lag between leaving service and registering means few veterans give GPs their FMed 133 which records their military medical history.
- GPs are not always aware that they can call down the veteran's medical record from DMS or how to do so.

**4.14 Visitors to Sporting and Leisure Facilities in the County**

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 dentist

### 4.15 Construction workers

The construction of the London Resort will require a large workforce; up to 5,000 construction workers are expected on-site in the peak year of Gate One construction (2023). Of these, however, up to half are expected to live too far from the site to commute daily and will seek temporary accommodation close to the site. There are three preliminary options for the London Resort strategy: rely on existing accommodation options; purchase or rent a decommissioned cruise ship (likely with 1,000 to 2,000 room capacity); and/or locate mobile homes (500 – 700 rooms) on-site. There is estimated to be up to 3,100 construction workers seeking temporary accommodation in the area in 2023 [58].

The Health and Safety Executive reports that certain occupations within construction have shown an elevated rate of contact dermatitis. In 2018-2020, plasterers had a rate of 10.2 per 100,000 compared to an all-occupation rate of 2.14 per 100,000 workers [59].

Compared with other workers in the same major Standard Occupational Classification, i.e. workers with similar levels of qualifications, training, skills and experience, construction workers have been found to be at increased risk of [60]:

- Skin neoplasia in roofers, painters and decorators and labourers in building and woodworking trades
- Contact dermatitis in metal workers and labourers
- Asthma in welders
- Musculoskeletal disorders in welders, road construction operatives and labourers

## 5 Provision of pharmaceutical services

### 5.1 Necessary services: Current provision within the Health and Wellbeing Board's Area

Necessary services are defined within the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended as those services that are provided:

- Within the Health and Wellbeing Board's area and which are necessary to meet the need for pharmaceutical services in its area; and
- Outside the Health and Wellbeing Board's area but which nevertheless contribute towards meeting the need for pharmaceutical services within its area.
- For the purposes of this pharmaceutical needs assessment, the Health and Wellbeing Board has agreed that necessary services are:
- Essential services provided at all premises included in the pharmaceutical lists
- The advanced services of Community Pharmacy Consultation Service, New Medicine Service, and flu vaccination, and

- The dispensing service provided by some GP practices

There are 271 community pharmacies included in the pharmaceutical list for the area of the Health and Wellbeing Board as of 26th August 2021, operated by 90 different contractors. Of these 271 pharmacies, 31 provide services for 100 hours per week.

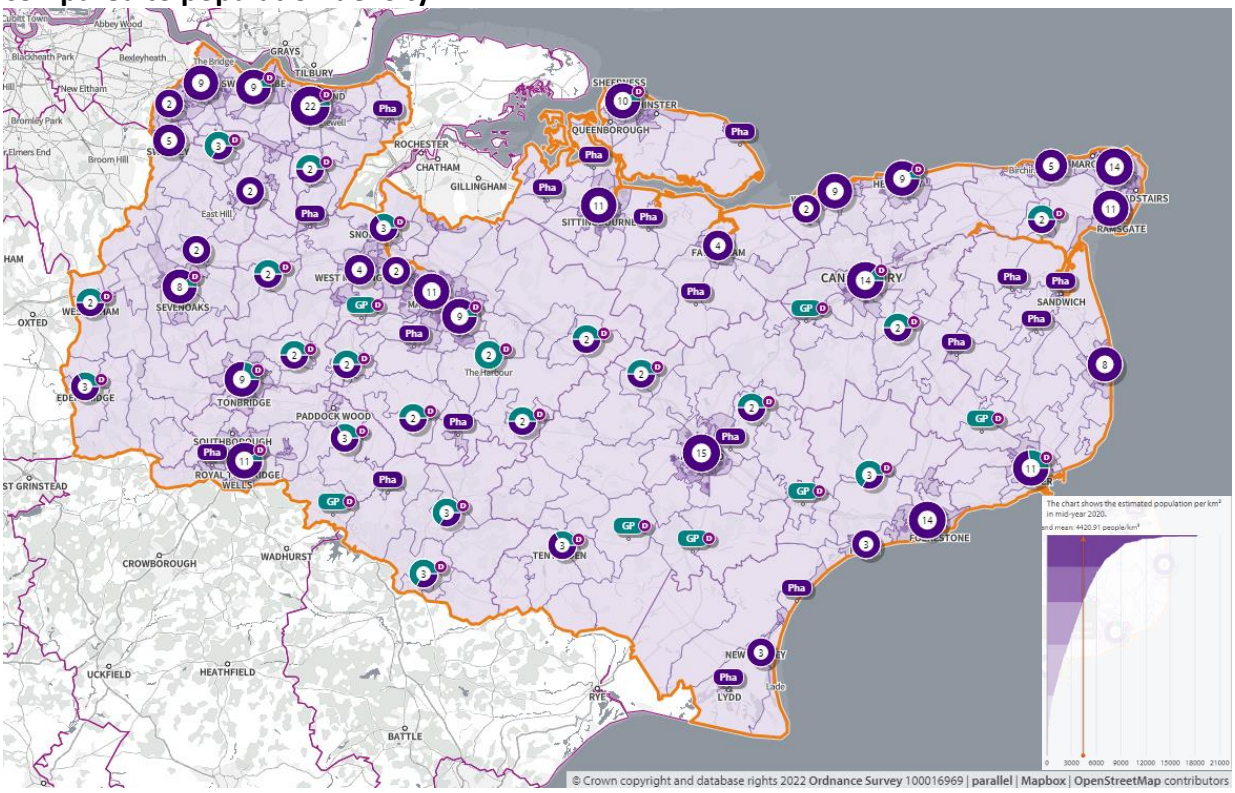
In addition to the 271 community pharmacies, there are three are distance selling premises and two dispensing appliance contractors providing services within the Health and Wellbeing Board's area, all operated by different contractors.

Of the 223 GP practices in the Health and Wellbeing Board area, 48 dispense to eligible patients.

As of January 2022, the Kent GP practices dispensed to 136,448 of their registered patients (8% of the total list size for all 48 practices). The percentage of dispensing patients at practice level varied between 2 to 20% of registered patients [(1)].

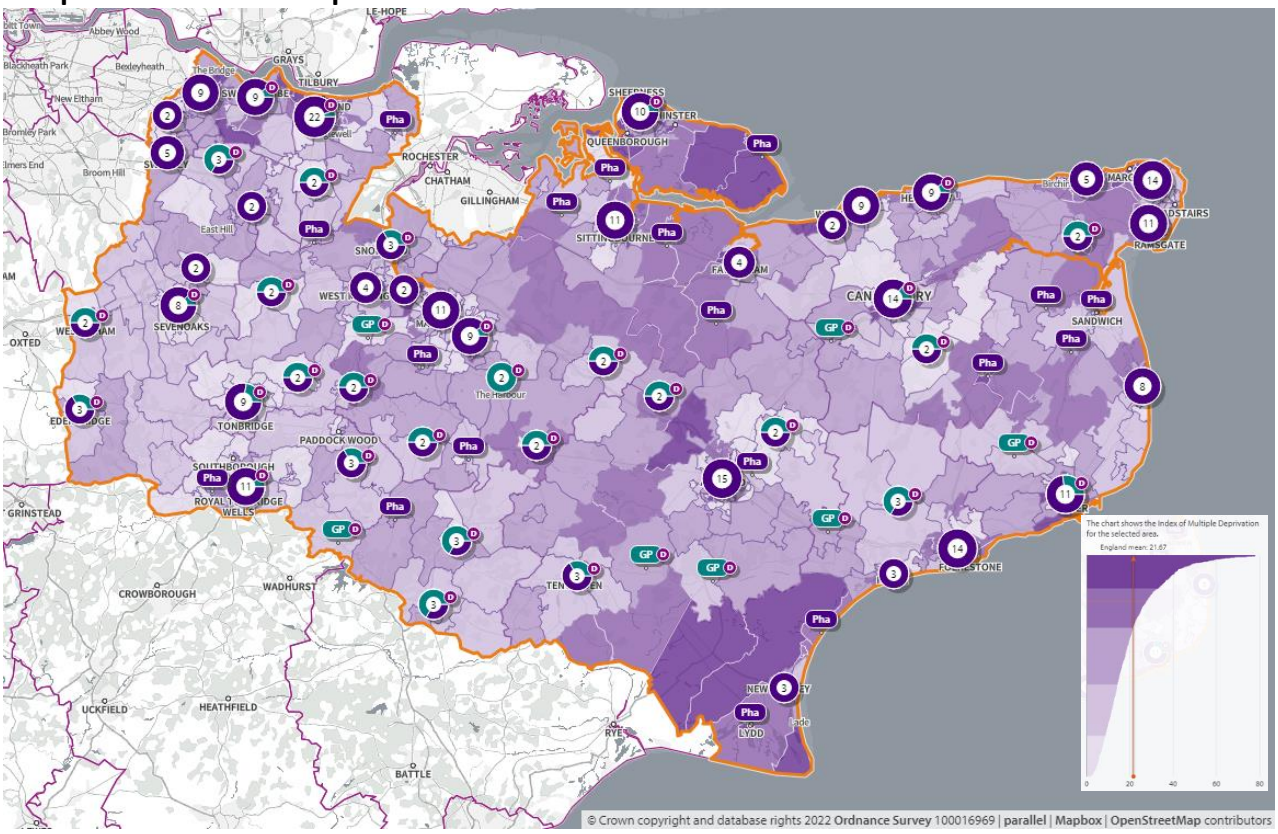
Map 8 shows the location of the pharmacy, dispensing appliance contractor and dispensing practice premises within the Health and Wellbeing Board's area. Due to the size of the county many of the premises are not shown individually, however more detailed maps can be found in the locality chapters. As can be seen, premises are generally located in areas of higher population density (those areas shaded in a darker colour).

**Map 8. Location of pharmacies, dispensing appliance contractors and dispensing practice premises compared to population density**



There is less correlation when looking at the location of pharmacies, dispensing appliance contractors and dispensing practice premises compared to levels of deprivation as can be seen in Map 9. In this map the darker the shading the greater the level of deprivation.

**Map 9. Location of pharmacies, dispensing appliance contractors and dispensing practice premises compared to levels of deprivation**




In 2020/21 84% of items prescribed by GP practices in Kent were dispensed by pharmacies and dispensing appliance contractors within the county and 10.7% were dispensed or personally administered by the GP practices [(1)].

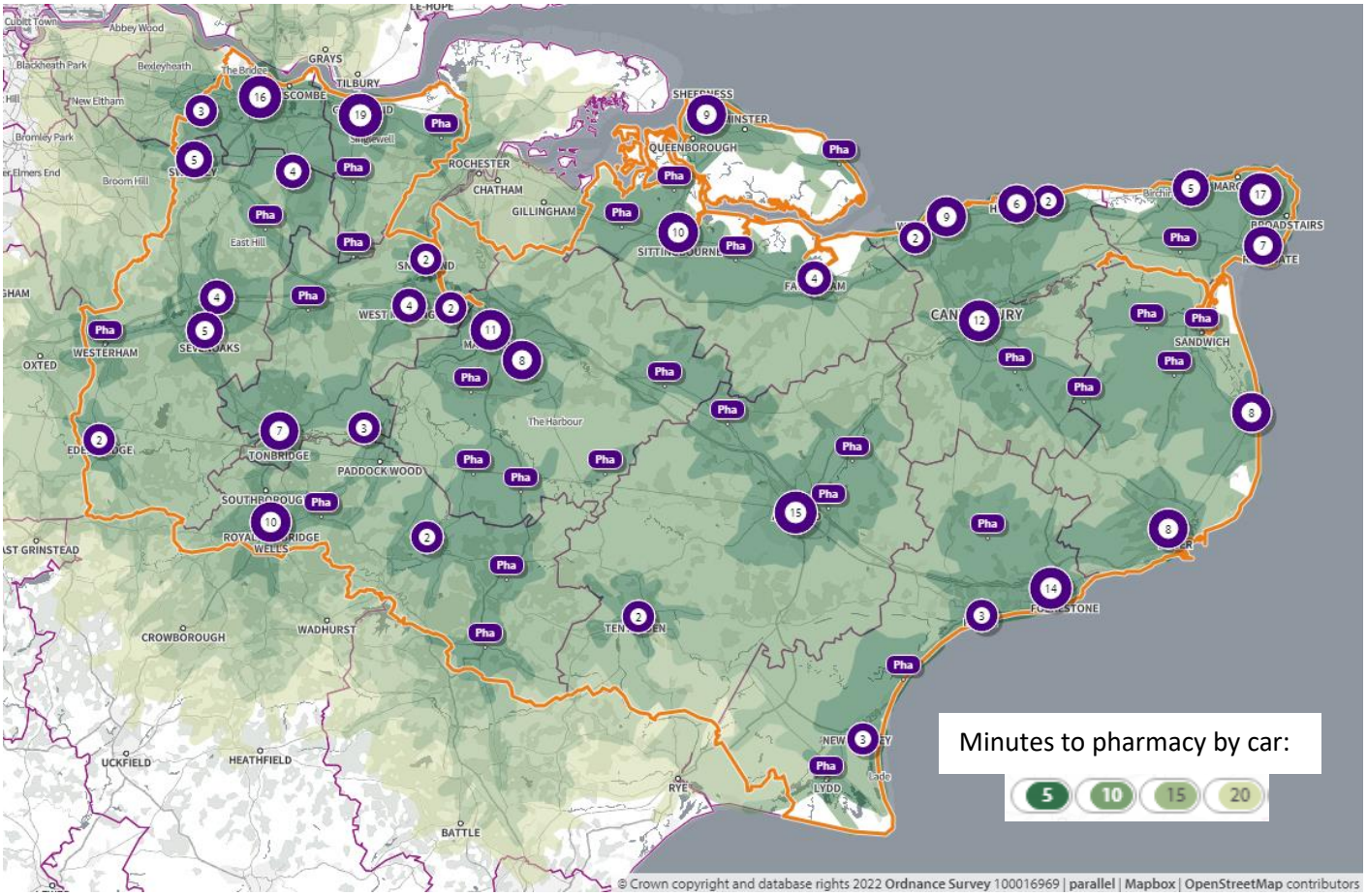
### 5.1.1 Access to Premises

Nationally, standards for access to a pharmacy are quoted as 99% of the population, even those living in the most deprived areas, can get to a pharmacy within 20 minutes by car and 96% by walking or using public transport. Although these figures are as of 31 March 2007 when there were 10,133 pharmacies in England they are still widely quoted and are unlikely to have worsened as the number of pharmacies had remained stable between 2015/16 and 2019/20 80. In line with the national access standards and taking into account the urban/rural split of the county, the Health and Wellbeing Board has chosen 20 minutes by car as a reasonable time for residents to take to access a pharmacy.

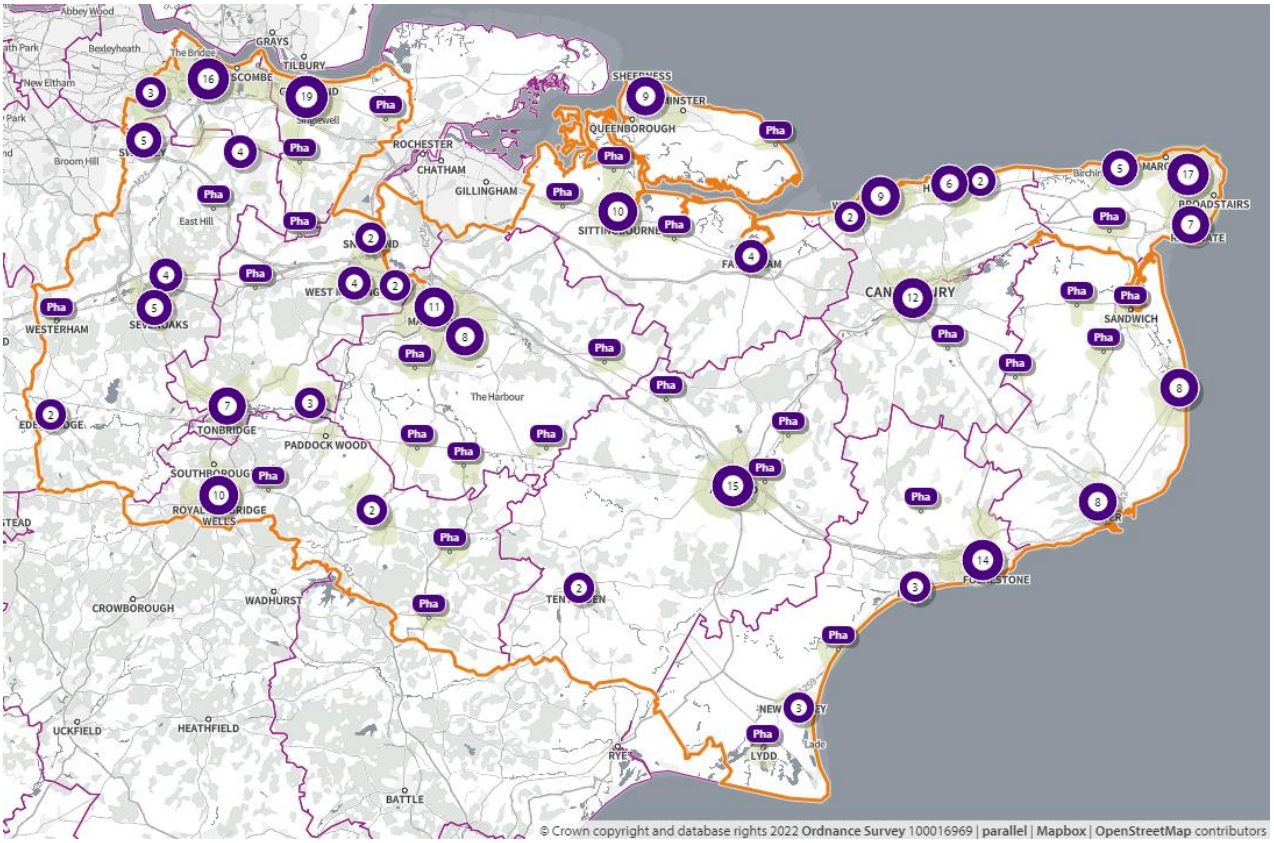
In order to assess whether residents are able to access a pharmacy in line with this travel standard, travel times were analysed using the Strategic Health Asset Planning and Evaluation (SHAPE) web

application. Maps 10, 11 and 12 show that the vast majority of residents are able to access a pharmacy within the county within a 20-minute drive, walk or public transport.

**Map 10. Time taken to access a pharmacy by car**

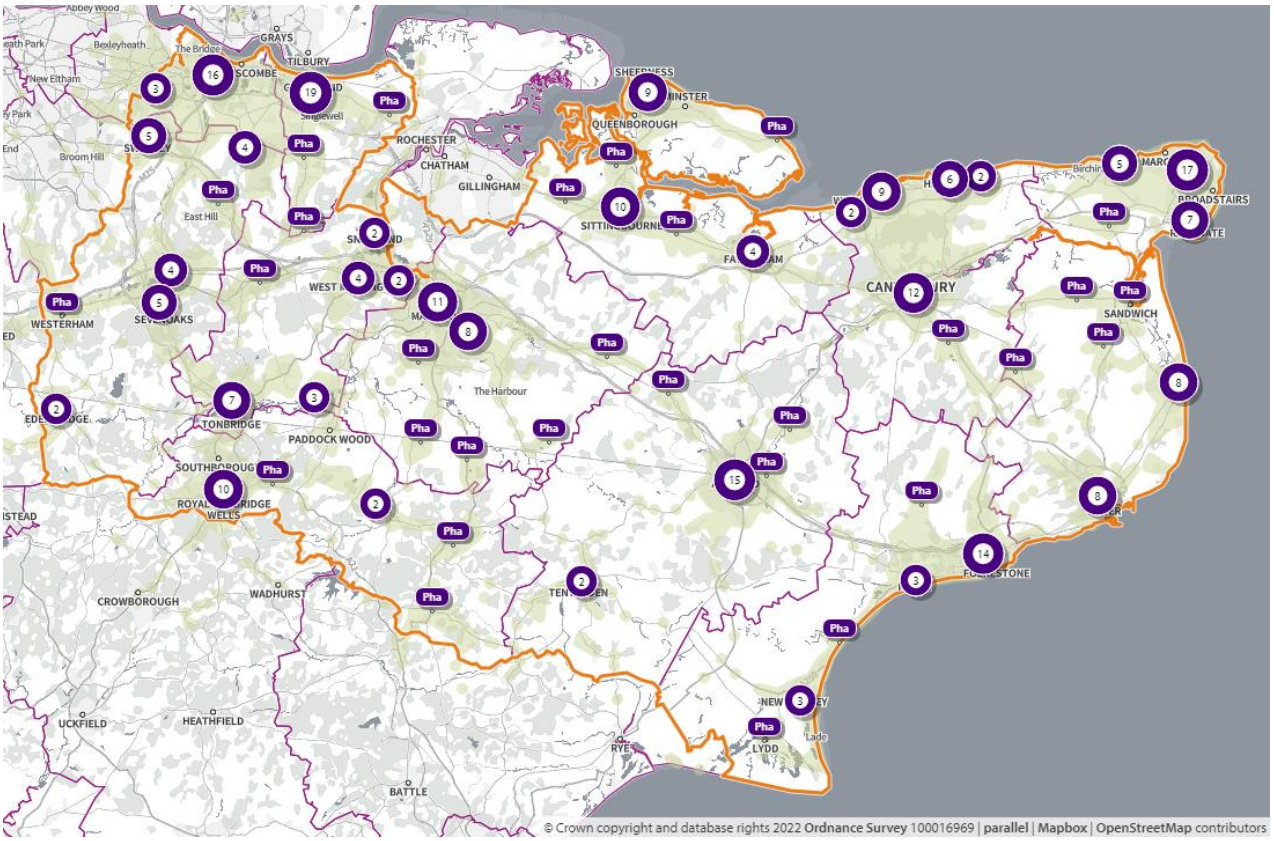


**Map 11. Areas within a 20-minute walk of a community pharmacy**




The green shaded areas in Map 11 show that 81% of the Kent population is within a 20-minute walk of a community pharmacy.

**Map 12. Areas within 20-minutes by public transport of a community pharmacy**




The green shade areas in Map 12 show that 94% of the Kent population is within 20 minutes by public transport of a community pharmacy

Responses to the public and patient questionnaire provide the following insights into accessing pharmacies:

- 50% respondents always used the same pharmacy and a further 33% used the same pharmacy most of the time
- The top three reasons for using a particular pharmacy are because it is close to home, close to the GP practice, the location is near to shops
- 45% of people drive to a pharmacy and 45% walk
- Access takes less than 10 minutes (62%) or 11 to 30 minutes (36%)
- The most convenient times to visit a pharmacy are 9.00am to 12.00pm (37%), then 12.00 to 3.00pm (34%) and 5.00 to 7.00pm (15%)

### 5.1.2 Access to Essential Services and Dispensing Appliance Contractor Equivalent Services

Whilst the majority of people will visit a pharmacy during the 9.00am to 5.00pm period, Monday to Friday, following a visit to their GP or another healthcare professional, there will be times when people will need or choose to access a pharmacy outside of those times. This may be to have a prescription dispensed after being seen by the out of hours GP service, or to collect dispensed items on their way to or from work or it may be to access one of the other services provided by a pharmacy

outside of a person's normal working day. The patient and public engagement survey for Kent showed that the period 9.00am to 7.00pm is the most convenient time for respondents to visit a pharmacy.

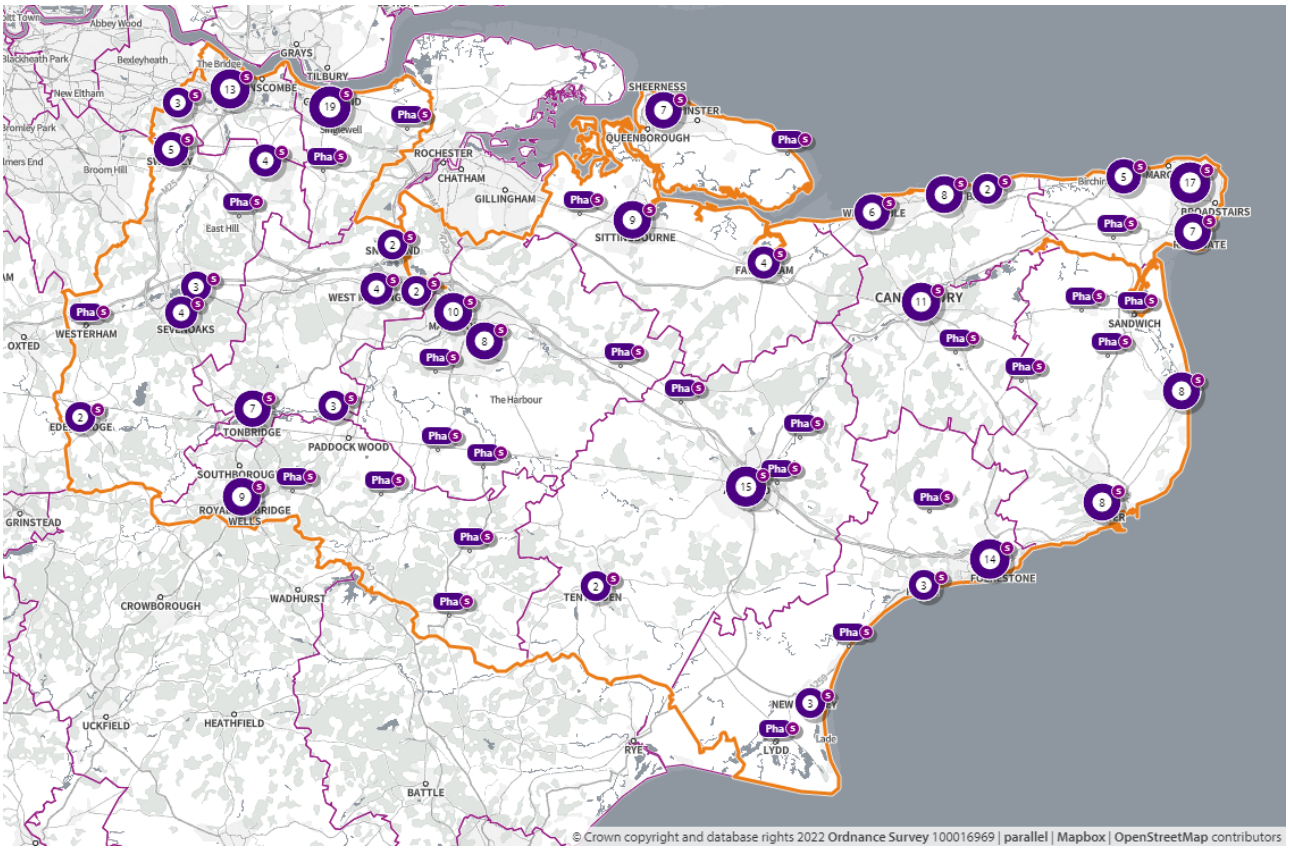
According to the SHAPE web application, 89 practices in Kent open outside of the core hours of 8.30am-6pm. 17 practices open on Saturdays and 2 on Sundays. Practices may choose whether or not to provide extended opening hours over and above their core opening hours which are 8.00am to 6.30pm Monday to Friday, excluding public and bank holidays.

As the extended hours access scheme is subject to national negotiations it is not yet known how these hours will change during the lifetime of the pharmaceutical needs assessment or whether it will continue to be commissioned by NHS England or the Clinical Commissioning Groups or Kent and Medway Integrated care System (ICS). If GP practice opening hours change then NHS England has the ability to direct existing pharmacies to open for longer hours where necessary.

### 5.1.3 Access to Community Pharmacy Consultation Service

In 2020/21 239 pharmacies provided this service, and a total of 5,633 full-service interventions were claimed over the year [(1)]. 4 of these pharmacies closed during 2020/21. Map 13 shows the location of the 254 of pharmacies that provide the service as of November 2021.

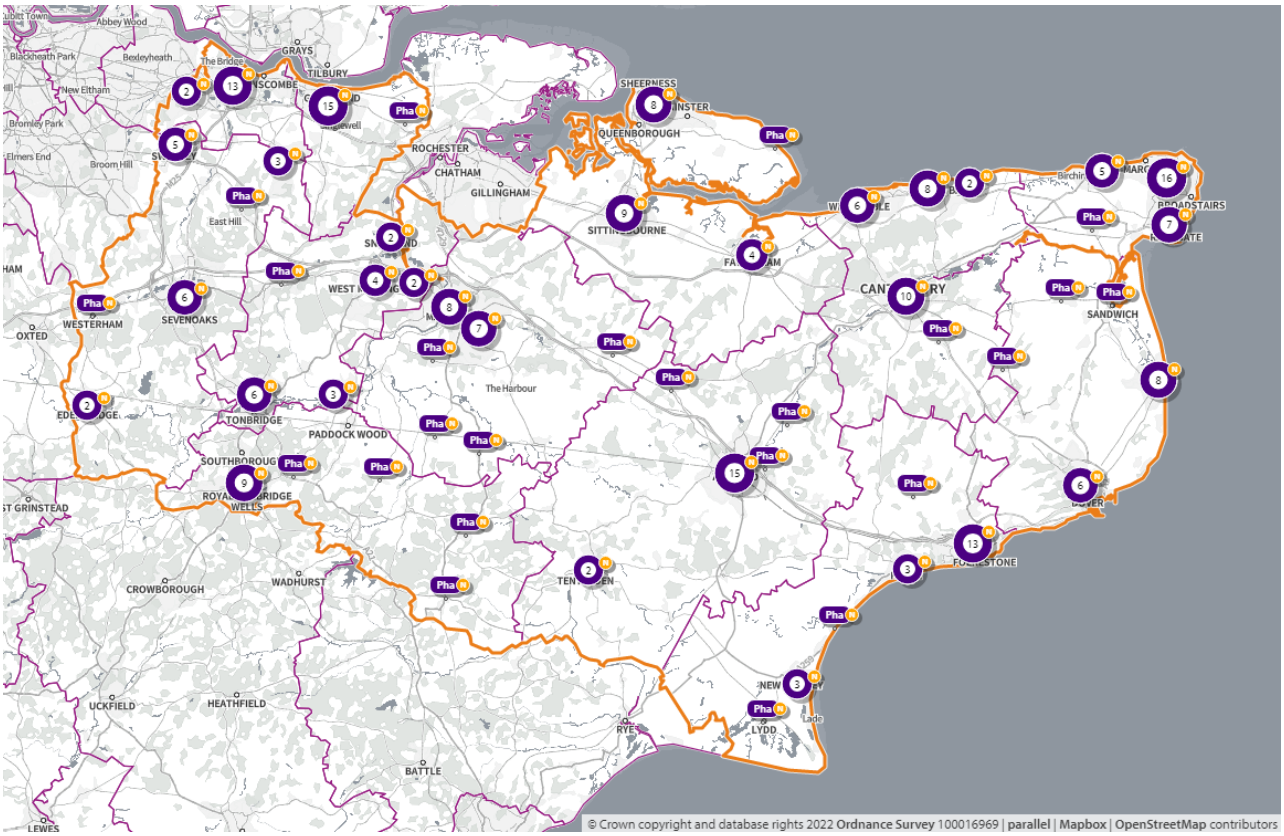
**Map 13. Location of pharmacies that provided CPCS 2020/2021**



### 5.1.4 Access to the New Medicine Service

In 2020/21 242 pharmacies provided this service, and a total of 21,610 full-service interventions were claimed over the year [1]. 5 of these pharmacies closed during 2020/21 and one no longer provides the service. Map 14 shows the location of the 236 pharmacies that provide the service as of November 2021. It should be noted that those pharmacies in the more rural parts of the county do not provide the service. This will partly be due to the fact that dispensing patients are not eligible to receive this service as their GP practice dispenses their prescriptions.

**Map 14. Location of pharmacies that provided NMS 2020/2021**




### 5.1.5 Access to the National Influenza Adult Vaccination Service

256 of the pharmacies provided a total of 81,027 flu vaccinations in September 2020-March 2021, the first year of the service [1]. There was a considerable range in the number of vaccinations given at pharmacy level from one pharmacy which gave one vaccination to another that gave 1,791 vaccines. Map 15 shows the location of the 255 pharmacies that provide the service as of November 2021.

**Map 15. Location of pharmacies that provided the flu vaccine September 2020-March 2021**

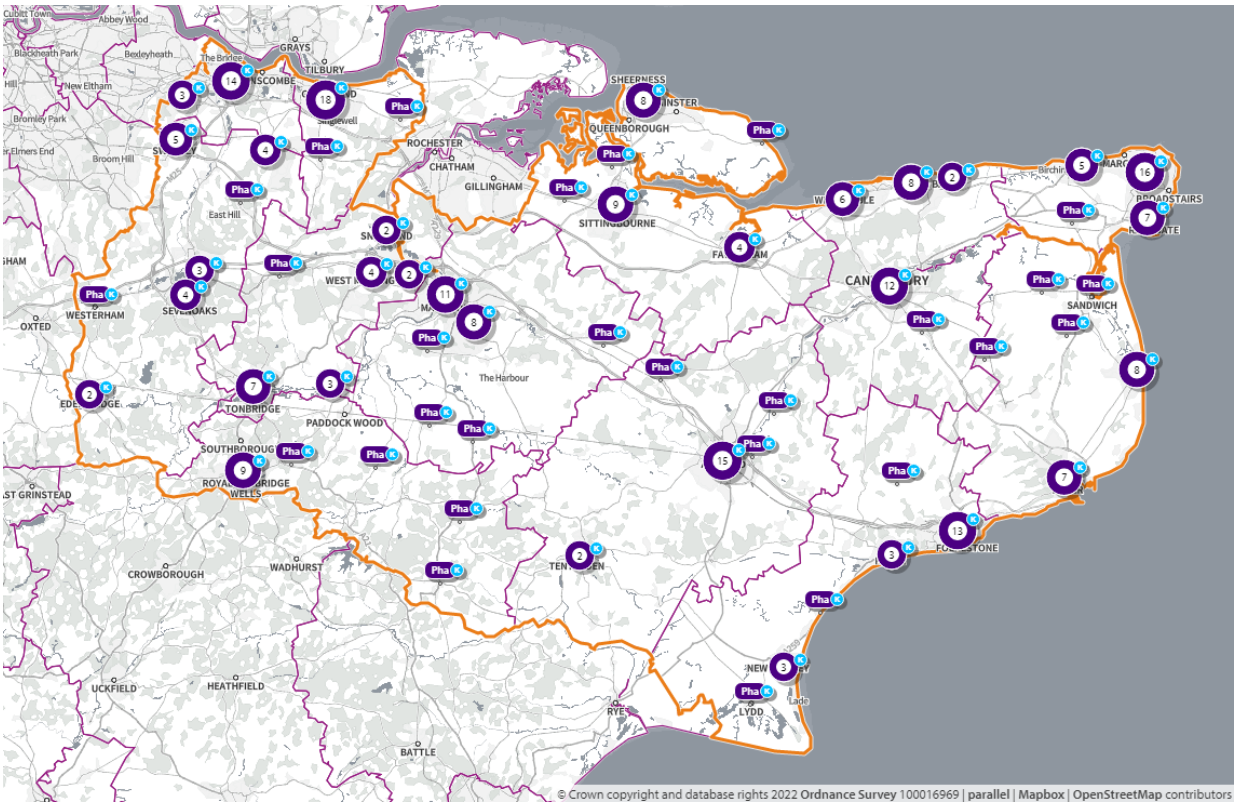
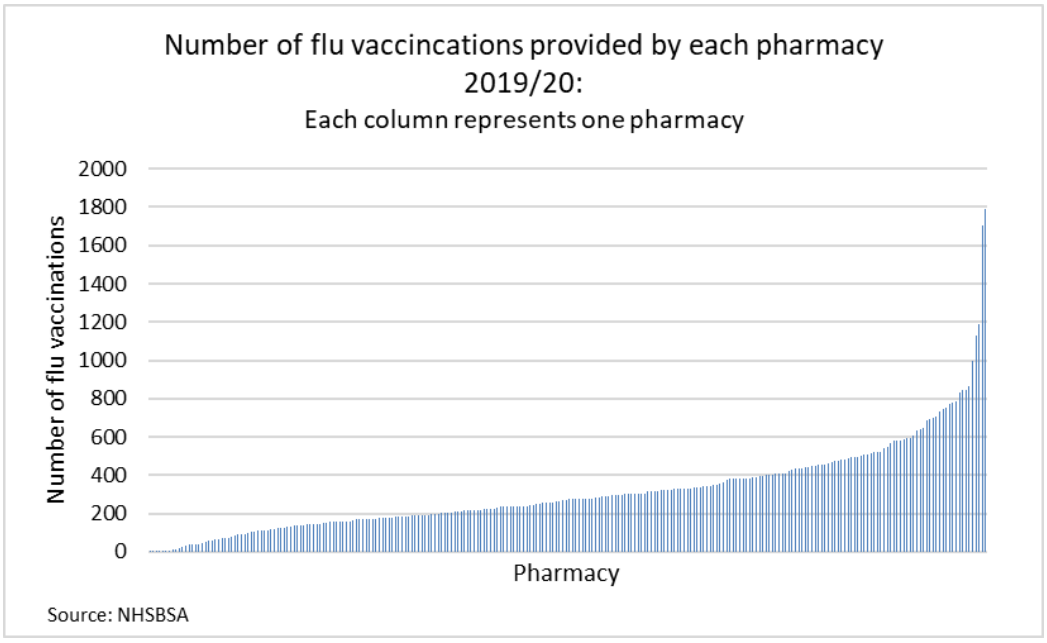



Figure 21 shows that the number of flu vaccinations delivered by each pharmacy in 2019/20 ranged from 1 to 1,791, the average was 317.

**Figure 21. Number of flu vaccinations claimed in Kent in 2019/20 by pharmacy** (1)



### 5.1.6 Dispensing Service Provided by Some GP Practices

Dispensing GP practices will provide the dispensing service during their core hours which are 8.00am to 6.30pm from Monday to Friday excluding public and bank holidays. The service may also be provided during any extended opening hours provided by the practices. As of January 2022, 136,448 people were registered as a dispensing patient with their practice [(1)].

### 5.1.7 Access to Pharmaceutical Services on Public and Bank Holidays

NHS England has a duty to ensure that residents of the Health and Wellbeing Board's area are able to access pharmaceutical services every day. Pharmacies and dispensing appliance contractors are not required to open on public and bank holidays, or Easter Sunday, although some choose to do so. NHS England asks each contractor to confirm their intentions regarding these days and where necessary will direct a contractor or contractors to open all or part of these days to ensure adequate access.

## 5.2 Necessary Services: Current Provision Outside the Health and Wellbeing Board's Area

### 5.2.1 Access to Essential Services and Dispensing Appliance Contractor Equivalent Services

Patients have a choice of where they access pharmaceutical services; this may be close to their GP practice, their home, their place of work or where they go for shopping, recreational or other reasons. Consequently, not all the prescriptions written for residents of Kent are dispensed within the county although as noted in the previous section, the vast majority of items are. In 2020/21, 5.3% of items were dispensed outside of the Health and Wellbeing Board's area by a total of 6,086 different contractors [(1)]. The number of items dispensed by each contractor outside of the Health and Wellbeing Board's area varied from a low of 1 to a high of 509,621.

An analysis of these contractors shows that there were four main reasons for a prescription to be dispensed outside of the county:

- To dispensed by a dispensing appliance contractor (one dispensing appliance contractor dispensed 3.4% of all the items that were dispensed out of the Health and Wellbeing Board's area)
- Use of distance selling premises (one such pharmacy dispensed 33% of all the items that were dispensed out of the Health and Wellbeing Board's area)
- Use of a pharmacy that is just over the border of Kent for example
- Prescriptions dispensed whilst on holiday, at work or shopping

### 5.2.2 Access to Community Pharmacy Consultation Service, New Medicine Service, and flu vaccination

Information on the type of advanced services provided by pharmacies outside the Health and Wellbeing Board's area to residents of Kent is not available. When claiming for advanced services contractors merely claim for the total number provided for each service. The exception to this is the stoma appliance customisation service where payment is made based on the information contained on the prescription. However even with this service just the total number of relevant appliance items is noted for payment purposes. It can be assumed however that residents of the Health and Wellbeing Board's area will access these services from contractors outside of Kent.

### 5.2.3 Dispensing Service Provided by Some GP Practices

Some residents of the Health and Wellbeing Board's area will choose to register with a GP practice outside of the county and will access the dispensing service offered by their practice.

## 5.3 Other Relevant Services

'Other relevant services' are defined within the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended as services that are provided in and/or outside the Health and Wellbeing Board's area which are not necessary to meet the need for pharmaceutical services but have secured improvements or better access to pharmaceutical services in its area.

For the purposes of this pharmaceutical needs assessment, the Health and Wellbeing Board has agreed that other relevant services are Appliance Use Reviews, stoma appliance customisation and enhanced services.

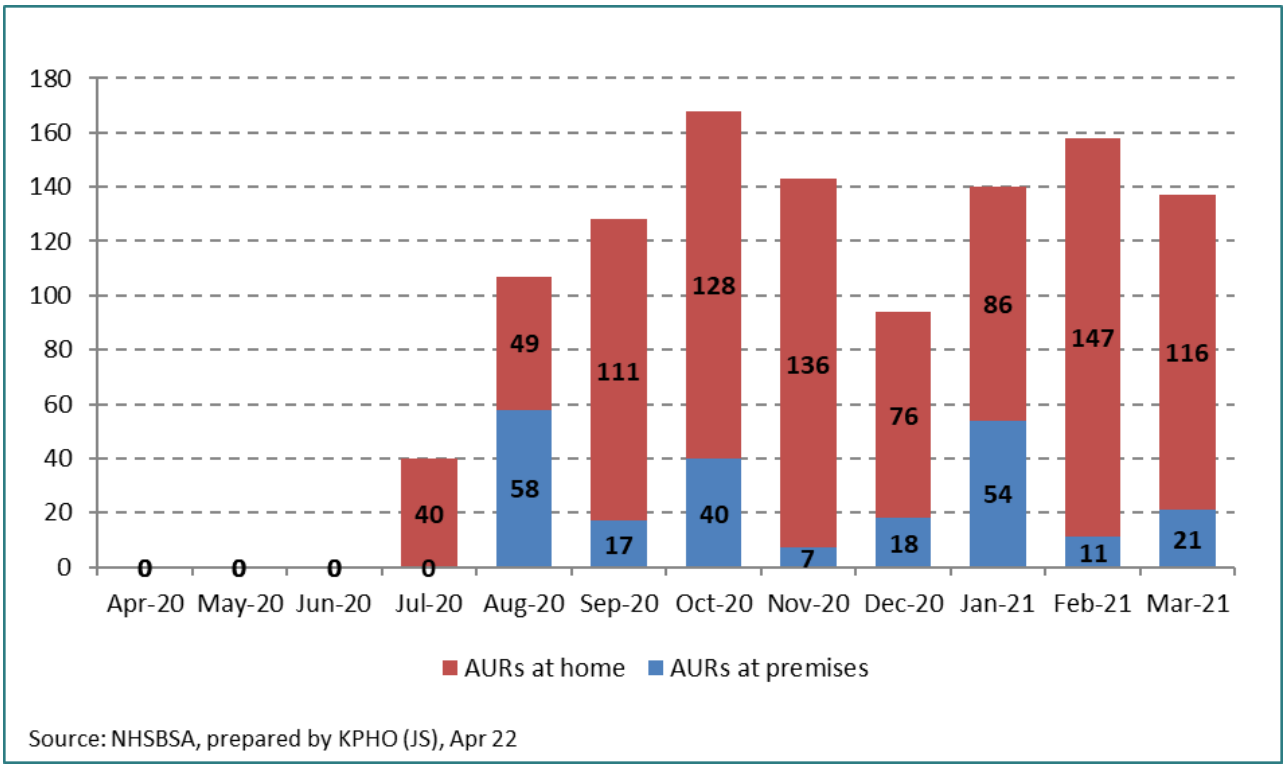
### 5.3.1 Other relevant services within the Health and Wellbeing Board's Area

#### 5.3.1.1 Access to Appliance Use Reviews

One pharmacy and one dispensing appliance contractor provided a total of 1,115 Appliance Use Reviews (AURs) in 2020/21, of which 80% were provided at the home of the patient [(1)]. Figure 22 shows the number of AURs carried out across all pharmacies each month of 2020/21. There were no AURs carried out in April 2020 to June 2020, 40 carried out in July and then at least 94 carried out each month until the end of the financial year.

98% of AURs were carried out by the dispensing appliance contractor. However, due to the fact that dispensing appliance contractors provide services across England not all of these will have been provided for Kent residents. Due to the way the data is collated and published it is not known how many of these were provided for Kent residents.

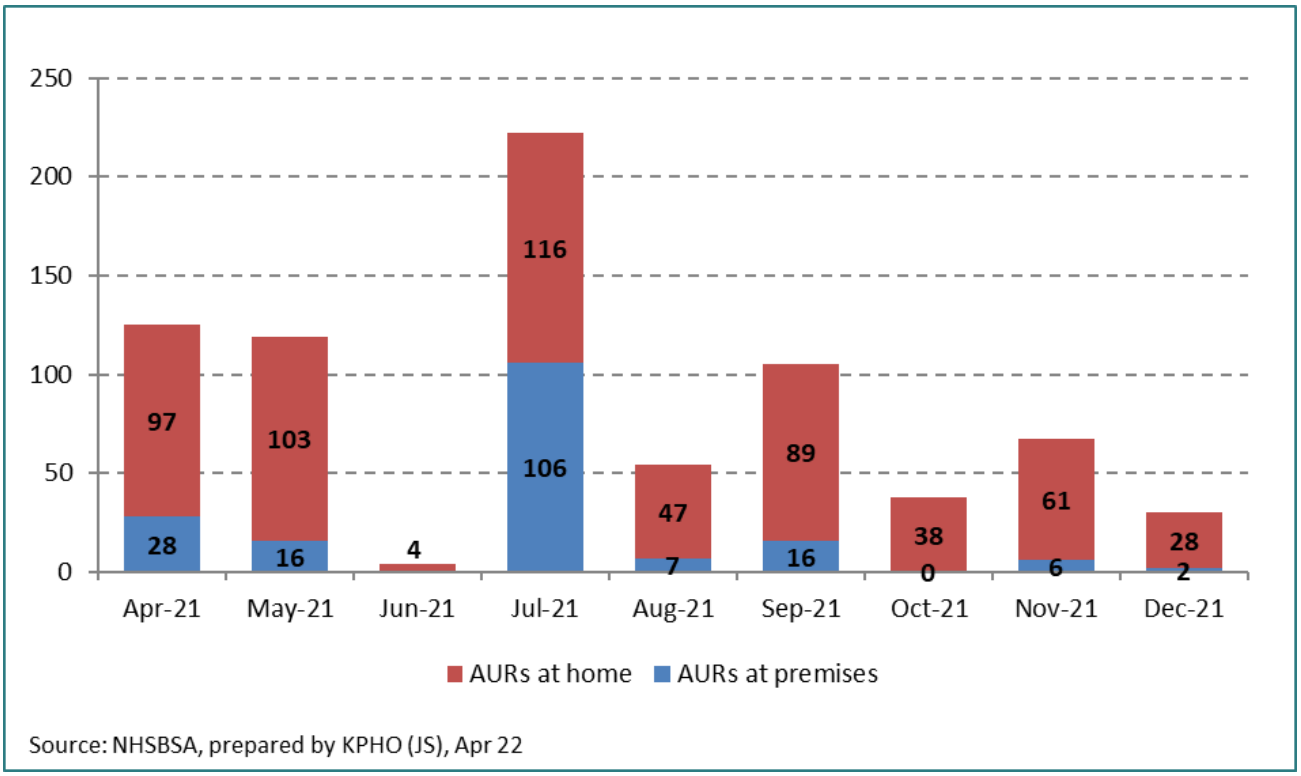
**Figure 22. Number of Appliance Use Reviews claimed by dispensing appliance contractors and pharmacies Kent 2020/21**




Source: NHSBSA, prepared by KPHO (JS), Apr 22

At the time of drafting this pharmaceutical needs assessment data for 9 months of 2021/22 was available. It shows that 2 dispensing appliance contractors provided a total of 764 Appliance Use Reviews between April and December 2021 of which 76% were provided at the home of the patient. 95% of appliance use reviews were carried out by one of the dispensing appliance contractors [(1)]. Figure 23 shows that the monthly pattern of claiming for these two contractors varies considerably from a low of 4 in June to a high of 222 in July.

**Figure 23. Number of Appliance Use Reviews claimed by dispensing appliance contractors and pharmacies Kent in 2021/22**



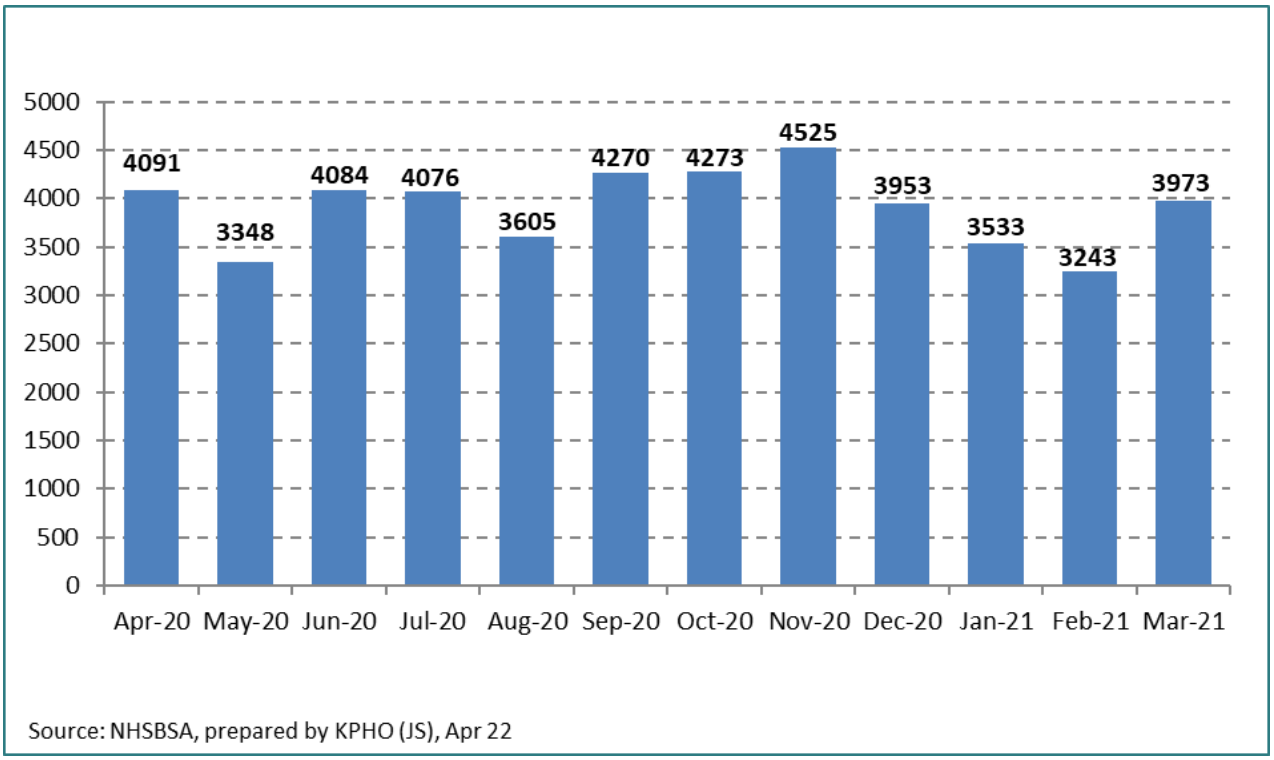

Source: NHSBSA, prepared by KPHO (JS), Apr 22

Based upon a comparison of the level of provision in 2020/21 with that so far in 2021/22 the Health and Wellbeing Board is satisfied that at county level there is sufficient capacity within existing contractors in relation to this service. However, this may not be the case at locality level and further analysis is undertaken within the locality chapters.

#### 5.3.1.2 Access to Stoma Appliance Customisations

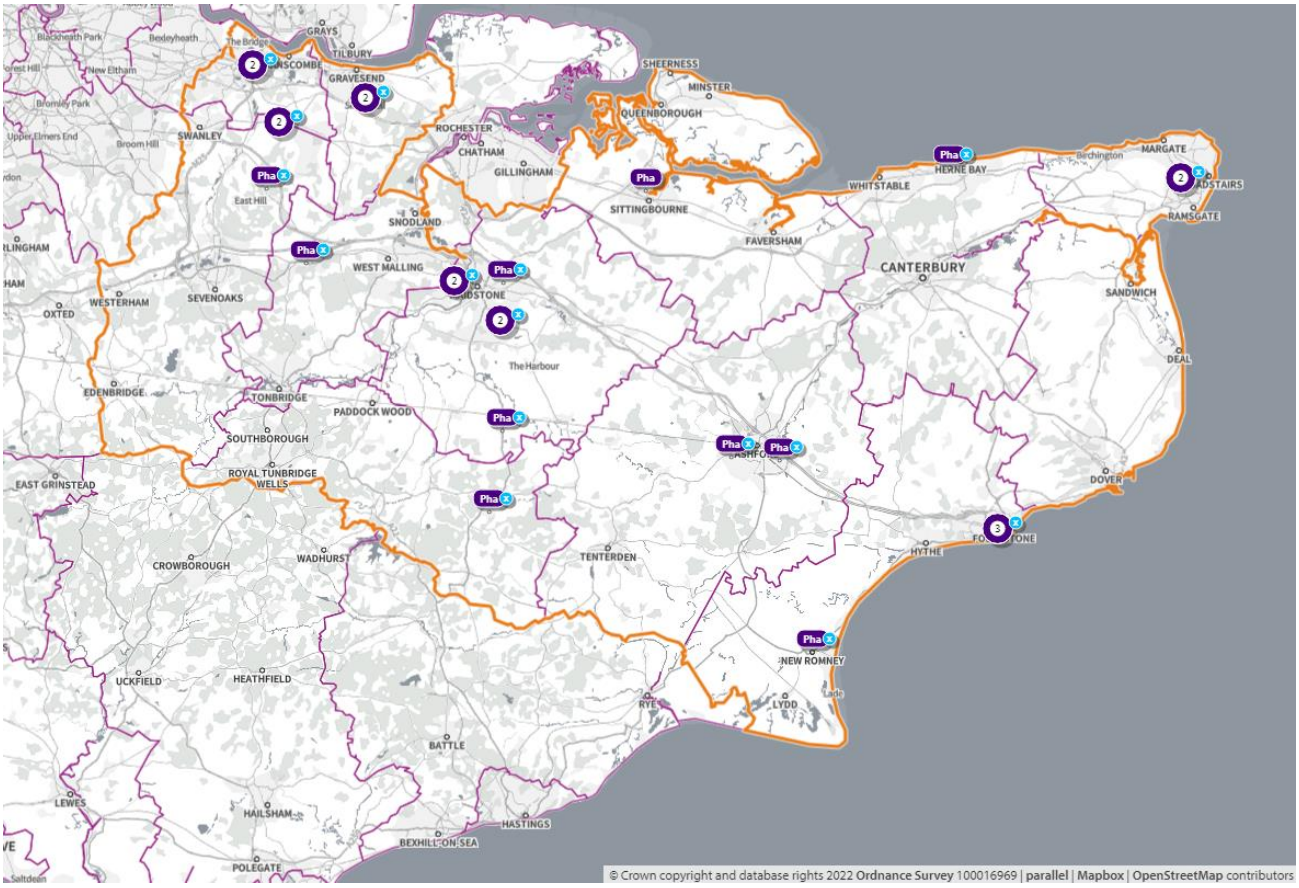
21 pharmacies and two of the dispensing appliance contractors customised 46,974 stoma appliances in 2020/21. One dispensing appliance contractor carried out 81.6% of all stoma appliances customisations in the Health and Wellbeing Board's area [(1)]. Figure 24 shows that the monthly pattern of claiming for stoma appliance customisations is relatively stable, ranging from 3,243 in February 2021 to 4,525 in November 2020. Map 16 shows the locations of these pharmacies.

**Figure 24. Number of stoma appliance customisations claimed by pharmacies and dispensing appliance contractors in Kent 2020/21**




Source: NHSBSA, prepared by KPHO (JS), Apr 22

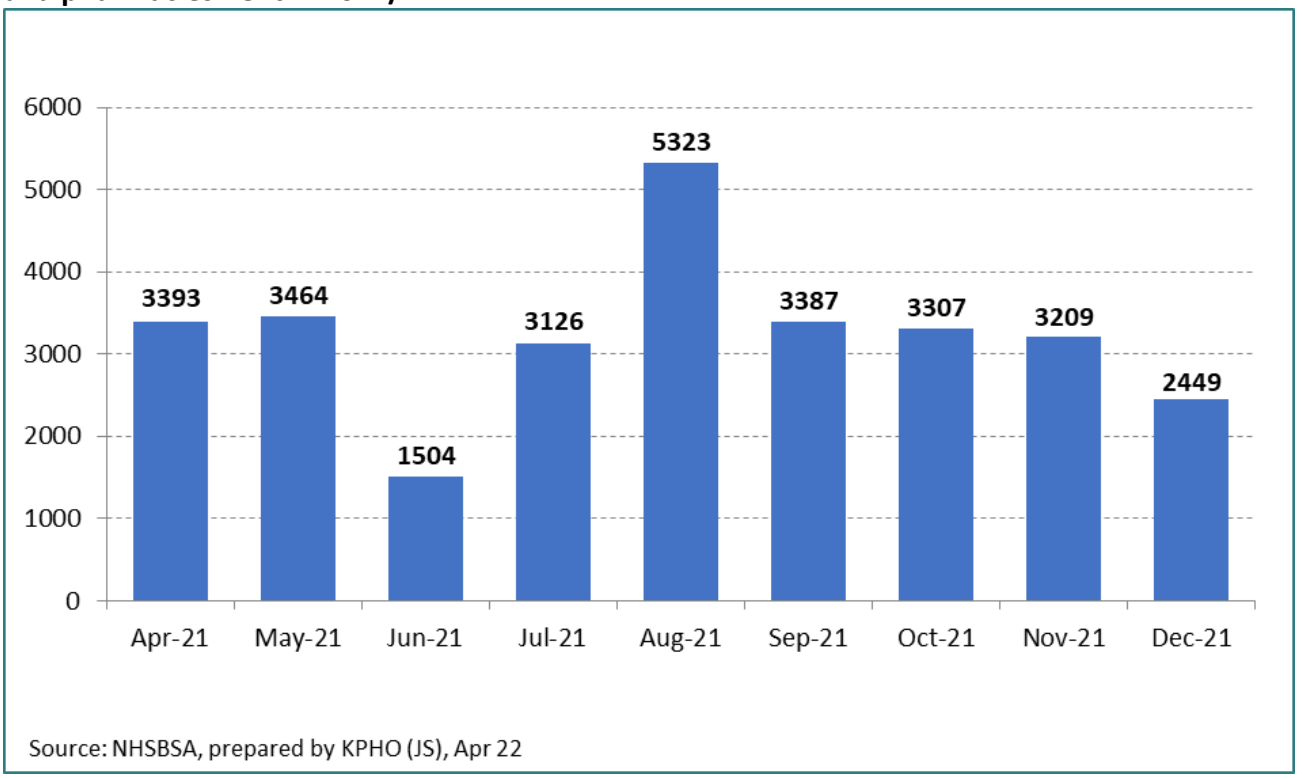
**Map 16. Location of pharmacies and dispensing appliance contractors providing the stoma appliance customisation service in Kent 2020/21**




However due to the fact that dispensing appliance contractors provide services across England not all of these will have been provided for Kent residents. Due to the way the data is collated and published it is not known how many of these customisations were provided for Kent residents.

At the time of drafting this pharmaceutical needs assessment data for 2021/22 was available. It shows that two dispensing appliance contractors and 23 pharmacies customised 29,162 stoma appliances between April and December 2021 [(1)]. Figure 25 shows the pattern of claiming so far in 2021/22 for these contractors.

**Figure 25. Number of stoma appliance customisations claimed by dispensing appliance contractors and pharmacies Kent in 2021/22**




Based upon a comparison of the level of provision in 2020/21 with that so far in 2021/22 the Health and Wellbeing Board is satisfied that at county level there is sufficient capacity within existing contractors in relation to this service. However, this may not be the case at locality level and further analysis is undertaken within the locality chapters.

#### 5.3.1.3 Access to Enhanced Services

There are no enhanced services commissioned in Kent and no plans to do so in the coming years.

### 5.3.2 Other Relevant Services Provided Outside the Health and Wellbeing Board's Area

Information on the Appliance Use Review and stoma appliance customisation services provided by pharmacies and dispensing appliance contractors outside the Health and Wellbeing Board's area to residents of Kent is not available due to the way contractors claim. It can be assumed however that residents of the Health and Wellbeing Board's area will access these two services from pharmacies and dispensing appliance contractors outside of Kent. It is also possible that residents will have accessed enhanced services from pharmacies outside of the Health and Wellbeing Board's area, but again this information is available.

## 5.4 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 5.1 and 5.2, the residents of the Health and Wellbeing Board's area currently exercise their choice of where to access pharmaceutical services to a considerable degree.

Within the Health and Wellbeing Board's area they have a choice of 271 pharmacies, operated by 90 different contractors, and two dispensing appliance contractors operated by different contractors. Outside of the Health and Wellbeing Board's area residents chose to access a further 6,086 contractors, although many are not used on a regular basis.

When asked what influences their choice of pharmacy the most common responses in the patient and public questionnaire were 'close to my home' and 'close to my doctor'. Please note that more than one option could be ticked.

## 6 Other NHS services

The following NHS services are deemed, by the Health and Wellbeing Board, to affect the need for pharmaceutical services within its area:

- Hospital pharmacies – reduce the demand for the dispensing essential service as prescriptions written in hospitals are dispensed by the hospital pharmacy service
- Personal administration of items by GPs – similar to hospital pharmacies this also reduces the demand for the dispensing essential service. Items are sourced and personally administered by GPs and other clinicians at the practice thus saving patients having to take a prescription to a pharmacy, for example for a vaccination, in order to then return with the vaccine to the practice so that it may be administered
- GP out of hours service – whether a patient is given a full or part course of treatment after being seen by the out of hours service will depend on the nature of their condition. This service will therefore affect the need for pharmaceutical services, in particular the essential service of dispensing
- Public health services commissioned by Kent County Council (drugs and alcohol services, needle exchange smoking cessation and sexual health) - all of these services remove the need for them to be commissioned as enhanced services by NHS England from pharmacies
- Walk-in centre and minor injury services of Kent service will generate prescriptions to be dispensed by pharmacies and potentially dispensing appliance contractors
- Prison pharmacies - reduce the demand for the dispensing essential service as prescriptions written in the Kent prisons are not dispensed by pharmacies or dispensing appliance contractors
- Substance misuse service – generates prescriptions which affect the need for the dispensing essential service
- End of life service - generates prescriptions which affect the need for the dispensing essential service
- Community nurses - generate prescriptions which affect the need for the dispensing essential service.

### 6.1 Hospital pharmacies

There are Four NHS Trust that provide service to the people of Kent, and each has inpatient hospitals, outpatient and community services:

- East Kent Hospital NHS Foundation Trust (Three large general hospital and two satellite hospital)
- Kent Community NHS Foundation Trust (12 Community Hospitals and Minor Injury units)
- Maidstone and Tunbridge Wells NHS Foundation (Three Hospitals)
- NHS Kent and Medway Partnership Trust

The inpatient hospitals pharmaceutical services are provided for by the trust's own pharmacies or specifically contracted pharmacies

Should services be moved out of the hospitals and into the primary care setting then it is likely that this would lead to more prescriptions needing to be dispensed by pharmacies in primary care. However, at the time of drafting there are no plans to do this.

Increasingly GPs are being asked to take on the prescribing of hospital-initiated medication. At this point in time, it is not possible to quantify the level of demand for pharmaceutical services that this may create.

### 6.2 Personal administration of items by GPs

Under their primary medical services contract with NHS England/the clinical commissioning group there will be occasion where a GP or other healthcare profession at the practice personally administers an item to a patient.

Generally, when a patient requires a medicine or appliance their GP will give them a prescription which is dispensed by their preferred pharmacy or dispensing appliance contractor. In some instances, however the GP or practice nurse will supply the item against a prescription and this is referred to as personal administration as the item that is supplied will then be administered to the patient by the GP or the nurse. This is different to the dispensing of prescriptions and only applies to certain specified items for example vaccines, anaesthetics, injections, intra-uterine contraceptive devices and sutures.

For these items the practice will produce a prescription however the patient is not required to take it to a pharmacy, have it dispensed and then return to the practice for it to be administered. Instead, the practice will retain the prescription and submit it for reimbursement to the NHS Business Services Authority at the end of the month.

It is not possible to quantify the number of items that were personally administered by GP practices in England as the published figures include items which have been personally administered or dispensed by dispensing practices.

### 6.3 GP out of hours service

The GP out of hours service for the county is based at two locations in the Health and Wellbeing Board area; however, only one location appears in the NHSBSA prescribing and dispensing data. There are six prescription services operating from this one location. The number of items prescribed by the out of hours service can be seen in Table 19.

**Table 19. Number of items prescribed by GP out of hours service 2020/21** (1)

| Practice Name | Location | District | No. of items prescribed |
|---|---|---|---|
| Integrated Care 24 Limited | Kingston House | Ashford | 14,202 |
| West Kent CCG | Tonbridge Cottage Hospital | Tonbridge & Malling | - |
| Ic24-DGS CCG | Kingston House | Ashford | 11,329 |
| Ic24-Canterbury CCG | Kingston House | Ashford | 6,154 |
| Ic24-Thanet CCG | Kingston House | Ashford | 5,804 |
| Ic24-Ashford CCG | Kingston House | Ashford | 10,626 |
| Ic24-Skg CCG | Kingston House | Ashford | 7,566 |

The service is available Mondays to Fridays between 6.30pm and 8.00am, and 24 hours a day on weekends and public and bank holidays.

People contacting the out of hours service will initially be triaged by the national NHS 111 call line. They will ask a set of questions to decide if:

- The problem can wait until their surgery next opens
- The problem can be dealt with over the phone by a nurse or doctor
- The patient needs to attend one of the clinical bases, or
- The patient needs an emergency ambulance

If the patient's condition is not urgent, they may be referred to another service or asked to contact their surgery during normal opening hours. They may also be advised to visit a pharmacy.

The new Community Pharmacist Consultation Service (CPCS), that was launched on the 29 October 2019 as an Advanced service, plays a vital role in the provision of out of hours services.

CPCS takes referrals to community pharmacy from NHS 111 (and NHS 111 online for requests for urgent supply), Integrated Urgent Care Clinical Assessment Services and in some cases, patients referred via the 999 service.

Table 20 shows how many pharmacies were used for dispensing items prescribed by the out of hours service and the proportion that were dispensed within the HWB area. Table 21 shows the number of items prescribed by each out of hour's service in each district.

**Table 20. Dispensing from out of hours prescription service** (1)

| Practice Name | Number of pharmacies used for dispense | Percentage of items dispensed in HWB area |
|---|---|---|
| Integrated Care 24 Limited | 335 | 96% |
| West Kent CCG | - | - |
| Ic24-DGS CCG | 250 | 88% |
| Ic24-Canterbury CCG | 168 | 99% |
| Ic24-Thanet CCG | 138 | 99% |
| Ic24-Ashford CCG | 743 | 82% |
| Ic24-Skg CCG | 152 | 99% |

**Table 21. Number of items prescribed by each out of hours service in each district** (1)

| District | Integrated Care 24 Limited | Ic24-DGS CCG | Ic24-Canterbury CCG | Ic24-Thanet CCG | Ic24-Ashford CCG | Ic24-SKC CCG | Grand Total |
|---|---|---|---|---|---|---|---|
| Ashford | 154 | 9 | 47 | 13 | 4430 | 275 | 4928 |
| Canterbury | 58 | 28 | 4758 | 81 | 176 | 288 | 5389 |
| Dartford | 46 | 3976 | 9 | 6 | 72 | 4 | 4113 |
| Dover | 14 | 0 | 390 | 80 | 82 | 3114 | 3680 |
| Folkestone and Hythe | 35 | 19 | 145 | 49 | 377 | 3703 | 4328 |
| Gravesham | 48 | 4574 | 16 | 8 | 140 | 5 | 4791 |
| Maidstone | 5131 | 47 | 15 | 8 | 163 | 12 | 5376 |
| Medway | 316 | 152 | 18 | 9 | 2221 | 12 | 2728 |
| Sevenoaks | 1347 | 1092 | 2 | 6 | 57 | 2 | 2506 |
| Swale | 18 | 15 | 558 | 6 | 650 | 13 | 1260 |
| Thanet | 46 | 9 | 127 | 5470 | 171 | 57 | 5880 |
| Tonbridge and Malling | 4025 | 50 | 3 | 3 | 79 | 5 | 4165 |
| Tunbridge Wells | 2456 | 8 | 5 | 0 | 44 | 2 | 2515 |
| Out of area | 508 | 1350 | 61 | 65 | 1964 | 74 | 4022 |

### 6.4 Locally commissioned services – Kent County Council

Since 1 April 2013 Kent County Council has been responsible for the commissioning of public health services and this has impacted on the need for pharmaceutical services. Kent Count Council commissions the following public health services from pharmacies:

- Smoking Free Advisor provider
- Smoking Cessation referral Service

- Supply of Varenicline (Champix)
- Supply of Nicotine Replacement Therapy
- Weight Loss Advisor
- One You Kent Pharmacy
- Health living Pharmacy
- What the Bump
- Sexual and Health Improvement Service
- Chlamydia Screening and treatment
- Emergency hormonal contraception
- Condom Distribution (LC)
- Needle Exchange
- Supervised Consumption of buprenorphine and methadone
- Naloxone distribution (pilot)

### 6.5 Urgent care centres

**Table 22. Urgent care centres in Kent County Council area** [61]

| Minor Injury Units and Urgent Treatment Centres | Opening times |
|---|---|
| Buckland Hospital, Dover | 8am - 8pm |
| Estuary View Medical Centre, Whitstable | 8am - 8pm |
| Faversham Medical Practice, Faversham | 8am - 8pm |
| Gravesham Community Hospital | 8am to 8pm |
| Kent and Canterbury Hospital | 24 hours |
| Maidstone Hospital | 8am - 8pm |
| QEQM Hospital, Margate | 24 hours |
| Queen Victoria Memorial Hospital, Herne Bay | 8am - 8pm |
| Royal Victoria Hospital, Folkestone | 8am-8pm |
| Sevenoaks Hospital | 8am - 8pm |
| Tunbridge Wells Hospital at Pembury | 8am - 8pm |
| Victoria Memorial Hospital, Deal | 8am - 8pm |
| William Harvey Hospital, Ashford | 24 hours |

The centres assess and treat conditions for patients who cannot wait for an appointment at their GP practice, and which require urgent and necessary attention, such as:

- Children with high temperatures
- Children and adults with breathing problems
- Bladder and other painful infections
- Abdominal pain
- Severe headaches

- Dizzy turns
- Mild and moderate injuries and burns
- Worrying rashes
- New unexplained symptom
- Worrying worsening of a long-term condition.
- Strains
- Sprains
- Wounds
- Minor burns
- Fractures (because of the X-ray facilities).

No appointment is needed but patients are seen in order of clinical priority, so may have to wait if their condition is not as serious as others.

All Kent's minor injury units (MIUs) and urgent treatment centres (UTCs) provide prepacks of medicines under patient group directions. However, there are situations when items are prescribed using FP10Hp prescription forms.

Available data from minor injury units and urgent care centres in Table 23 shows that 25,822 items were prescribed in 2020/21 of which 96% were dispensed by the community pharmacies in Kent and the remainder dispensed at 118 pharmacies outside Kent [(1)].

**Table 23. Number of items prescribed by MIUs and UTCs** [(1)]

| Urgent treatment centres | Number of Items |
|---|---|
| Folkestone and Deal<br>Royal Victoria Hospital<br>Victoria Memorial Hospital | 304 |
| East Kent<br>Buckland Hospital<br>Kent and Canterbury Hospital<br>QEQM Hospital<br>William Harvey Hospital | 11,161 |
| Estuary View Medical Centre, Whitstable | 1,510 |
| Faversham Medical Practice, Faversham | 94 |
| Gravesham Community Hospital | 5,627 |
| Queen Victoria Memorial Hospital, Herne Bay | 2 |
| Sheppey Community Hospital | 7,124 |
| **Total** | 25,822 |

### 6.6 Prisons and Secure Training Centre

There are six prisons in the Kent Health and Wellbeing area. The physical and mental health services are provided by Oxleas NHS Foundation Trust. The trust has its own inhouse pharmaceutical services.

### 6.7 Palliative Care Service

Palliative care services are provided in Kent by:

- Kent Community Health NHS Foundation Trust
- McMillian Palliative Care Teams (based in East Kent Hospital and Maidstone Hospital)
- Marie Curie Teams
- Pilgrims Hospices [3]
- Ellenor Lions Hospice
- Heart of Kent Hospice
- Hospice in the Weald

The Pilgrims Hospices, Ellenor Lions Hospice, Heart of Kent Hospice, Hospice in the Weald prescribe 2,886 items in 2020/21 that were dispensed by community pharmacies [1]. GPs and other health care professional from the organisations listed above also prescribed palliative care items that were dispensed by community pharmacies.

Kent and Medway CCG commission a local service from 34 pharmacies across Kent. These pharmacies are funded to stock an agreed amount of specified palliative care drugs. These medicines are dispensed against prescriptions written by community nurses, GPs and specialist palliative care services. Dispensing data obtained by Kent and Medway CCG shows that 1,801 items were dispensed in 2020/21. However, this is likely to be an underestimate as data was not available for all pharmacies.

### 6.8 Substance Misuse Service

Substance misuse services are commissioned from Forward Trust in the east of the county and from Care, Grow, Live (CGL) in the west. Dedicated staff are available for anyone requiring support around their recovery. The service offers support to the individual in sustaining recovery. Working with the individual, the recovery worker will offer information, advice and guidance, with links to the local community. Groups and activities are also available from the commissioned drug and alcohol services to assist service users in their recovery journey as well as links to mutual aid groups and longer-term recovery support options.

In 2020/21, 45,112 items were prescribed by the service and dispensed in the primary care setting by 307 contractors in and outside of Kent although 98% of items were dispensed by 201 contractors all based in Kent [1].

## 7 Health Needs that can be Met by Pharmaceutical Services

In England there are an estimated 1.2 million health related issues visits to a pharmacy every day [62] and these provide a valuable opportunity to support behaviour change through making every one of these contact's count. Making healthy choices such as stopping smoking, improving diet and nutrition, increasing physical activity, losing weight and reducing alcohol consumption could make a significant contribution to reducing the risk of disease, improving health outcomes for those with long-term conditions, reducing premature death and improving mental wellbeing. Pharmacies are ideally placed to encourage and support people to make these healthy choices as part of the provision of pharmaceutical services and services commissioned by the County Council and the Clinical Commissioning Group. As can be seen from this section, it is important that NHS England, the Clinical Commissioning Groups (and ICS in the future) and the Public Health Team at Kent County Council work together to maximise the local impact of public health communications, messages and opportunities.

### 7.1 Need for drugs and appliances

Everyone will at some stage require prescriptions to be dispensed irrespective of whether or not they are in one of the groups identified in section four. This may be for a one-off course of antibiotics or for medication that they will need to take, or an appliance that they will need to use, for the rest of their life in order to manage a long-term condition. This health need can only be met within primary care by the provision of pharmaceutical services be that by pharmacies, dispensing appliance contractors or dispensing doctors.

Coupled with this is the safe collection and disposal of unwanted or out of date dispensed drugs. Both NHS England and pharmacies have a duty to ensure that people living at home, in a children's home or in a residential care home can return unwanted or out of date dispensed drugs for their safe disposal.

Distance selling premises will receive prescriptions remotely (either via the Electronic Prescription Service, post or fax) and are required to deliver all dispensed items and this will clearly be of benefit to people who are unable to access a pharmacy and dispensing appliance contractors delivery the majority, if not all, of the items they dispense.

Many pharmacies collect prescriptions from GP practices, and all are able to access prescriptions via the Electronic Prescription Service. 133 of these pharmacies offer a free delivery service on a private basis (either to all or specified patient groups) and five of the dispensing practices, that responded to the survey, offer a free delivery service on a private basis to certain patient groups.

### 7.2 Alcohol and Drug Use

As needle exchange and the supervised consumption of substance misuse medicines are commissioned by the Council, it is not envisaged that within the lifetime of this pharmaceutical needs

assessment there is or will be a need for either service to be commissioned as part of pharmaceutical services.

However, there are elements of essential service provision which will help address this health need:

- Pharmacies are required to participate in up to six public health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by NHS England and could include drug and alcohol abuse. Public health campaigns could include raising awareness about the risks of alcohol consumption through discussing the risks of alcohol consumption over the recommended amounts, displaying posters, and distributing leaflets, scratch cards
  and other relevant materials
- Where the pharmacy does not provide the locally commissioned services of needle exchange and the supervised consumption of substance misuse medicines, signposting people using the pharmacy to other providers of the services.
- Signposting people who are potentially dependent on alcohol to local specialist alcohol treatment providers
- Providing healthy living advice opportunistically.

**7.3 Cancer**

In addition to dispensing prescriptions, pharmacies can contribute to many of the public health issues relating to cancer care as part of the essential services they provide:

- Disposal of unwanted drugs, including controlled drugs
- Pharmacies are required to participate in up to six public health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by NHS England and could include cancer awareness and/or screening
- Signposting people using the pharmacy to other providers of services or support.

**7.4 Long-term conditions**

In addition to dispensing prescriptions, pharmacies can contribute to many of the public health issues relating to long-term conditions as part of the essential services they provide:

- Where a person presents a prescription, and they appear to have diabetes, be at risk of coronary heart disease (especially those with high blood pressure), smoke or are overweight, the pharmacy is required to give appropriate advice with the aim of increasing that person's knowledge and understanding of the health issues which are relevant to their circumstances
- Pharmacies are required to participate in up to six public health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by NHS England and could include long-term conditions.
- Signposting people using the pharmacy to other providers of services or support.
- Providing healthy living and selfcare advice

- Provision of the Appliance Use Review, stoma appliance customisation, Discharge Medicines Service and flu vaccination advanced services will also assist people to manage their long-term conditions in order to maximise their quality of life.

### 7.5 Obesity

Three elements of the essential services will address this health need:

- Where a person presents a prescription, and they are overweight, the pharmacy is required to give appropriate advice with the aim of increasing the person's knowledge and understanding of the health issues which are relevant to their circumstances
- Pharmacies are required to participate in up to six public health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by NHS England and could include obesity
- Signposting people using the pharmacy to other providers of services or support
- Providing healthy living advice during consultations

### 7.6 Sexual health

As chlamydia screening is commissioned by the County Council, it is not envisaged that within the lifetime of this pharmaceutical needs assessment there is or will be a need for it to be commissioned as part of pharmaceutical services.

However, there are elements of essential service provision which will help address this health need:

- Pharmacies are required to participate in up to six public health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by NHS England and could include STIs and Human Immunodeficiency Virus
- Where the pharmacy does not provide the locally commissioned service for chlamydia screening, signposting people using the pharmacy to other providers of this service
- Providing healthy living advice during consultations.

### 7.7 Teenage pregnancy

As emergency hormonal contraception provision is commissioned by the County Council, it is not envisaged that within the lifetime of this pharmaceutical needs assessment there is or will be a need for it to be commissioned as part of pharmaceutical services.

However, there are elements of essential service provision which will help address this health need:

- Pharmacies are required to participate in up to six public health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by NHS England and could include teenage pregnancy

- Where the pharmacy does not provide the locally commissioned service of EHC provision, signposting people using the pharmacy to other providers of the service.

### 7.8 Smoking

Smoking cessation is commissioned as a locally commissioned service and pharmacies are just one of several providers of this service. As smoking cessation is commissioned by the County Council, it is not envisaged that within the lifetime of this pharmaceutical needs assessment there is or will be a need for it to be commissioned as part of pharmaceutical services.

However, there are elements of essential service provision which will help address this health need:

- Where a person presents a prescription, and they appear to have diabetes, be at risk of coronary heart disease (especially those with high blood pressure), smoke or are overweight, the pharmacy is required to give appropriate advice with the aim of increasing that person's knowledge and understanding of the health issues which are relevant to their circumstances
- Pharmacies are required to participate in up to six public health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by NHS England and could include smoking
- Where the pharmacy does not provide the locally commissioned service of smoking cessation, signposting people using the pharmacy to other providers of the service
- Routinely discussing stopping smoking when selling relevant over the counter medicines
- Providing healthy living advice during consultations.

### 7.9 Dementia

This Healthy Living Pharmacy (HLP) enabler requires patient facing staff to be trained in communicating with all members of the public including those with dementia. Staff are required to clearly identify themselves and wear name badges.

### 7.10 Healthy living

All pharmacies are required as part of essential services to obtain level 1 status as a healthy living pharmacy. The aim of healthy living pharmacies to maximise the role of the pharmacy in prevention of ill health, reduction of disease burden, reduction of health inequalities and in support of health and wellbeing. The Healthy Living Pharmacy concept is designed to develop (in respect of health and wellbeing services):

- The community pharmacy workforce
- Community pharmacy engagement with the general public (including "Making Every Contact Count")
- Community pharmacy engagement with local stakeholders such as local authorities, voluntary organisations and other health and social care professionals; and
- The environment in which health and wellbeing services are delivered.