

Pharmaceutical Needs Assessment 2025

Kent
Health and Wellbeing Board

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Abbreviations

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

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

Executive summary

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

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

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

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

National Health Service pharmaceutical services in England

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

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

Pharmaceutical service providers in Kent

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

Conclusions

NHS pharmaceutical services are well distributed across Kent, serving all the main population centres. There is adequate access to a range of NHS services commissioned from pharmaceutical service providers. As part of this assessment, no gaps have been identified in provision either now or in the next three years for pharmaceutical services deemed necessary by the Kent HWB.

Section 1: Introduction

1.1 Background and context

The Health Act 2009, implemented in April 2010, mandated Primary Care Trusts (PCTs) in England to undertake and publish Pharmaceutical Needs Assessments (PNAs) within specific timeframes. These PNAs:

- Inform local commissioning decisions regarding pharmaceutical services. They provide evidence of the current and future needs for pharmaceutical services in the area, helping NHSE, local authorities, and Integrated Care Boards (ICBs) make informed decisions about service provision and commissioning.
- Are a key tool in determining market entry for new pharmaceutical services. They identify any gaps in service provision and help decide whether new pharmacies or service providers are needed to meet the pharmaceutical needs of the population.
- Can contribute to public health strategies by assessing how pharmaceutical services can support broader health initiatives, such as reducing hospital admissions, promoting healthy lifestyles, and improving access to services for vulnerable populations.
- Help plan for future pharmaceutical service provision, ensuring the area's needs are met as the population grows or changes by assessing upcoming developments such as housing projects or demographic changes.

The Health and Social Care Act 2012 transferred responsibility for developing and updating PNAs to Health and Wellbeing Boards (HWBs). PNAs are a statutory requirement, and they must be published in accordance with the NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013 (hereafter referred to as the PLPS Regulations 2013).

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

The initial PNAs were published in 2011.

2009	2011	2013	2015	Ongoing
Health Act 2009 introduces statutory framework requiring Primary Care Trusts (PCTs) to prepare and publish PNAs	PNAs to be published by 1 February 2011	The PLPS Regulations 2013 outline PNA requirements for HWB	HWB required to publish own PNAs by 1 April 2015	PNAs reviewed every 3 years* *Publication of PNAs was delayed during COVID-19 pandemic, and PNAs were published by October 2022

¹ The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. July 2017. [Accessed April 2025] www.legislation.gov.uk/ukSI/2013/349/contents/made

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

This PNA for Kent HWB fulfils this regulatory requirement.

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

- There was an **update to the PLPS Regulations 2013 in May 2023**, which, in the main, was in response to the number of requests for temporary closures. Key changes were made for:
 - Notification procedures for changes in core opening hours
 - Notification procedures for 100-hour pharmacies to be able to reduce their hours to no less than 72 hours per week
 - Local arrangements with ICBs for the temporary reduction in hours
 - All pharmacies requiring a business continuity plan that allows them to deal with temporary closures.
- **Clinical Commissioning Groups (CCGs)** are now replaced by **Integrated Care Boards (ICBs)** as part of Integrated Care Systems (ICS). In an ICS, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards and improving the health of the population they serve.
- **Integrated Care Boards** took on the delegated responsibility for the commissioning of pharmacy services from NHS England from 1 April 2023.
- **Independent Prescribing 'Pathfinder' Programme²** – NHS England has funded a national programme of work to test the role that independent prescribing can play in community pharmacy clinical services to feed into the development of a commissioning framework. Within the Kent and Medway ICB area, two pharmacies in Kent are participating with the service launching on 1st May and expected to conclude later in the year, to support national evaluations.
- The Community Pharmacy sector has reported **workforce challenges** and pressures reported by the National Pharmacy Association (NPA)³ and Healthwatch.⁴ Both highlighted that the current rate of **store closures** for 2024 was higher than previous years, mainly due to a combination of funding and workforce challenges. A recent report commissioned by NHSE found that around 47% of pharmacies were not profitable in their last accounting year.⁵

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

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

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

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

- **Pharmacy First Service⁶** – The Pharmacy First service commenced on 31 January 2024 and builds upon the previous Community Pharmacist Consultation Service (CPCS). The service incorporates elements of the previous CPCS (minor illness consultations with a pharmacist and the supply of urgent medicines) and introduces seven clinical pathways for which patients can be assessed and treated with prescription medicines if clinically appropriate. The service can be accessed via referral from general practice, NHS 111, urgent and emergency care centres and walk-ins.
- **Hypertension Case-Finding Service⁷** requirements were updated from 1 December 2023 and means the service can be provided by suitably trained and competent pharmacy staff; previously, only pharmacists and pharmacy technicians could provide the service. This service is now called the NHS community pharmacy blood pressure check service.
- **Hepatitis C testing service** was decommissioned from 1 April 2023.

1.3 Key upcoming changes

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

- **Regulation Change: Ability to change core opening hours:** These amendments to the PLPS Regulations are intended to allow pharmacy owners greater flexibility in adjusting their opening hours to better align with the needs of patients and likely users. While the changes have not yet come into force, they are expected to take effect during the lifespan of this PNA.
- **DSPs will no longer be permitted to provide Advanced and Enhanced services on their premises,** though remote provision will still be allowed where specified.
- **From 23 June 2025, no new applications for DSPs will be accepted,** following amendments to the PLPS Regulations 2013, which close entry to the DSP market.
- **Funding and fees:** Additional funding has been allocated and agreed for the Community Pharmacy Contractual Framework for 2025/2026.

Service developments:

- **From October 2025, the Pharmacy Contraception Service will be expanded to include Emergency Hormonal Contraception.**
- **New Medicine Service will be expanded to include depression from October 2025.**
- **Childhood Flu Vaccination Service, which covers all children aged 2 and 3 years old, will be trialled as an Advanced Service for one season from October 2025.⁸**

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

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

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

- Smoking Cessation Service will have PGDs introduced to enable the provision of Varenicline and Cytisinicline (Cytisine). No dates have been given for this.

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

1.4 Purpose of the PNA

The ICB, through their delegated responsibility from NHSE, is required to publish and maintain pharmaceutical lists for each HWB area. Any person wishing to provide NHS pharmaceutical services is required to be included on the pharmaceutical list. NHSE must consider any applications for entry to the pharmaceutical list. The PLPS Regulations 2013 require the ICB to consider applications to fulfil unmet needs determined within the PNA of that area or applications for benefits unforeseen within the PNA. Such applications could be for the provision of NHS pharmaceutical services from new premises or to extend the range or duration of current NHS pharmaceutical services offered from existing premises.

The PNA is the basis for the ICB to make determinations on such applications, it is therefore prudent that the PNA is compiled in line with the regulations and with due process, and that the PNA is accurately maintained and up to date. Although decisions made by the ICB regarding applications to the pharmaceutical list may be appealed, the final published PNA cannot be appealed. It is likely that the only challenge to a published PNA will be through an application for a judicial review of the process undertaken to conclude the PNA.

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

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

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

1.5 Scope of the PNA

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

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

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

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

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

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

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

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

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

1.5.1 Pharmacy contractors

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

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

1.5.1.1 Community Pharmacies (CPs)

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

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

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

1.5.1.2 Distance-Selling Pharmacies (DSPs)

A DSP is a pharmacy contractor that works exclusively at a distance from patients. This includes mail order and internet pharmacies that remotely manage medicine logistics and distribution. The PLPS Regulations 2013 state that DSPs must not provide Essential Services face to face, but they may provide Advanced and Enhanced Services on the premises, as long as any Essential Service that forms part of the Advanced or Enhanced Service is not provided in person on the premises. This is due to change as mentioned in [Section 1.3](#).

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

Figures for 2023-24 show that in England, there were 409 DSPs,¹¹ accounting for 3.4% of the total number of pharmacies. This has increased slightly from 2020-21, when there were 372 DSPs, accounting for 3.2% of all pharmacy contractors.

1.5.1.3 Pharmacy Access Scheme (PhAS) providers¹²

The PhAS has been designed to capture the pharmacies that are most important for patient access, specifically those pharmacies where patient and public access would be materially affected should they close. The PhAS takes isolation and need levels into account.

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

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

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

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

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

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

1.5.2 Local Pharmaceutical Service (LPS) providers

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

This contract is locally commissioned by the ICB and provision for such contracts is made in the PLPS Regulations 2013 in Part 13 and Schedule 7. Such contracts are agreed outside the national framework, although they may be over and above what is required from a national contract. Payment for service delivery is locally agreed and funded.

1.5.3 Dispensing Appliance Contractors (DACs)

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

DACs must provide a range of Essential Services such as dispensing of appliances, advice on appliances, signposting, clinical governance and home delivery of appliances. In addition, DACs may provide the Advanced Services of Appliance Use Review (AUR) and Stoma Appliance Customisation (SAC). As of December 2024¹³ there were a total of 111 DACs in England.

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

1.5.4 Dispensing GP practices

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

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

GP premises for dispensing must be listed within the pharmaceutical list held by NHSE, and patients retain the right of choice to have their prescription dispensed from a community pharmacy if they wish.

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

1.5.5 Other providers of NHS pharmaceutical services in neighbouring areas

There are six other HWBs that border Kent:

- Thurrock¹⁴
- Medway
- East Sussex
- Surrey
- Bromley
- Bexley

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

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

1.5.6 Pharmaceutical services

The Community Pharmacy Contractual Framework, last agreed in 2019,¹⁵ is made up of three types of services:

- Essential Services
- Advanced Services
- Enhanced Services.

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

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

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

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

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

1.5.6.1 Essential Services (ES)

The Essential Services¹⁶ of the community pharmacy contract **must** be provided by all contractors.

- **ES1: Dispensing medicines** – The supply of medicines and appliances ordered on NHS prescriptions, together with information and advice, to enable safe and effective use by patients and carers, and maintenance of appropriate records.
- **ES2: Repeat dispensing/electronic repeat dispensing (eRD)** – The management and dispensing of repeatable NHS prescriptions for medicines and appliances, in partnership with the patient and the prescriber.
- **ES3: Disposal of unwanted medicines** – Acceptance, by community pharmacies, of unwanted medicines from households and individuals which require safe disposal.
- **ES4: Public health (promotion of healthy lifestyles)** – Each financial year (1 April to 31 March), pharmacies are required to participate in up to six health campaigns at the request of NHS England. This generally involves the display and distribution of leaflets provided by NHSE. In addition, pharmacies are required to undertake prescription-linked interventions on major areas of public health concern, such as encouraging smoking cessation.
- **ES5: Signposting** – The provision of information to people visiting the pharmacy who require further support, advice or treatment that cannot be provided by the pharmacy, on other health and social care providers or support organisations who may be able to assist them. Where appropriate, this may take the form of a referral.
- **ES6: Support for self-care** – The provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families.
- **ES7: Discharge Medicines Service (DMS)** – From 15 February 2021, NHS trusts are able to refer patients who would benefit from extra guidance around new prescribed medicines for provision of the DMS at their community pharmacy. The service has been identified by NHSE's Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital.
- **ES8: Healthy Living Pharmacy (HLP)** – From 1 January 2021, being a HLP is an essential requirement for all community pharmacy contractors in England. The HLP framework is aimed at achieving consistent provision of a broad range of health promotion interventions through community pharmacies to meet local needs, improving the health and wellbeing of the local population and helping to reduce health inequalities.

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

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

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

1.5.6.2 Advanced Services (AS)

Advanced Services¹⁷ are all considered relevant for the purpose of this PNA.

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

- **AS1: Pharmacy First service** – The Pharmacy First service commenced on 31 January 2024 and builds upon the previous Community Pharmacist Consultation Service (CPCS). The service incorporates elements of the previous CPCS (minor illness consultations with a pharmacist and the supply of urgent medicines) and introduces seven clinical pathways for which patients can be assessed and treated with prescription medicines if clinically appropriate. The service can be accessed via referral from general practice, NHS 111, urgent and emergency care centres and walk-ins.
- **AS2: Flu Vaccination service** – A service to sustain and maximise uptake of flu vaccine in at-risk groups by providing more opportunities for access and improving convenience for eligible patients to access flu vaccinations. This service is commissioned nationally.
- **AS3: Pharmacy Contraception Service (PCS)** – The PCS started on 24 April 2023, allowing the on-going supply of oral contraception from community pharmacies. From 1 December 2023, the service includes both initiation and on-going supply of oral contraception. The supplies are authorised via a Patient Group Direction (PGD), with appropriate checks, such as the measurement of the patient’s blood pressure and body mass index, being undertaken, where necessary.

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

- **AS4: Hypertension case-finding service** – This service was introduced in October 2021. The service has two stages – the first is identifying people at risk of hypertension and offering them a blood pressure measurement (a ‘clinic check’). The second stage, where clinically indicated, is offering ambulatory blood pressure monitoring. The blood pressure test results will then be shared with the GP practice where the patient is registered. This service is now called the NHS community pharmacy blood pressure check service
- **AS5: New Medicine Service (NMS)** – The service provides support to people who are prescribed a new medicine to manage a long-term condition, which will generally help them to appropriately improve their medication adherence and enhance self-management of the long-term condition. Specific conditions and medicines are covered by the service.
- **AS6: Smoking Cessation Service (SCS)** – This service is commissioned as an Advanced service from 10 March 2022. It enables NHS trusts to refer patients discharged from hospital to a community pharmacy of their choice to continue their smoking cessation care pathway, including providing medication and behavioural support as required, in line with the NHS Long Term Plan (LTP) care model for tobacco addiction.
- **AS7: Appliance Use Review (AUR)** – To improve the patient’s knowledge and use of any ‘specified appliance’ by:
 - Establishing the way the patient uses the appliance and the patient’s experience of such use
 - Identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient
 - Advising the patient on the safe and appropriate storage of the appliance
 - Advising the patient on the safe and proper disposal of appliances that are used or unwanted.
- **AS8: Stoma Appliance Customisation (SAC)** – This service involves the customisation of a quantity of more than one stoma appliance, based on the patient’s measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste.
- **AS9: Lateral Flow Device (LFD) service** – The lateral flow device tests supply service for patients potentially eligible for COVID-19 treatments (LFD service) is commissioned as an Advanced service from 6 November 2023. The objective of this service is to offer eligible at-risk patients access to LFD tests to enable testing at home for COVID-19, following symptoms of infection. A positive LFD test result will be used to inform a clinical assessment to determine whether the patient is suitable for and will benefit from NICE recommended COVID-19 treatments.

All Advanced Services are all considered other relevant services for the purpose of this PNA.

Both Essential and Advanced Services provide an opportunity to identify issues with side effects or changes in dosage, confirmation that the patient understands the role of the medicine or appliance in their care, and opportunities for medicine optimisation. Appropriate referrals can be made to GPs or other care settings, resulting in patients receiving a better outcome from their medicines and, in some cases, cost-saving for the commissioner.

Advanced services look to reduce the burden on Primary Care by allowing easier access to a healthcare professional in a high street setting.

1.5.6.3 Enhanced Services

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

National Enhanced Services (NES)¹⁸ are those directly commissioned by NHS England (NHSE) as part of a nationally coordinated programme. There are currently two National Enhanced Services commissioned, one is currently being provided, and the other one is undergoing national procurement.

- **NES1: COVID-19 vaccination service:** provided from selected community pharmacies that have undergone an expression of interest process and commissioned by NHSE. Pharmacy owners must also provide the Flu Vaccination service, which is provided for a selected cohort of patients.
- **NES2: Respiratory Syncytial Virus (RSV) vaccination and Pertussis vaccination service:** currently under procurement, is due to go live in autumn 2025.

Local Enhanced Services (LES) are developed and designed locally by NHS England, in consultation with Local Pharmaceutical Committees (LPCs), to meet local health needs. There is one service commissioned regionally by Kent and Medway ICB.

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

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

1.5.7 Other services

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

[Section 4](#) outlines services provided by NHS pharmaceutical providers in Kent, commissioned by organisations other than NHSE or provided privately, and therefore out of scope of the PNA. At the time of writing, the commissioning organisations primarily discussed are the local authority and ICBs.

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

1.6 Process for developing the PNA

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

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

- **Step 1: Project set up** and governance established between KCC Public Health and Soar Beyond Ltd.
- **Step 2: Steering Group** – On 15 October 2024, the Kent PNA Steering Group was established. The terms of reference and membership of the group can be found in Appendix C.
- **Step 3: Project management** – At this first meeting, Soar Beyond Ltd and the local authority presented and agreed on the project plan and ongoing maintenance of the project plan. Appendix B shows an approved timeline for the project.
- **Step 4: Review of existing PNA and JSNA** – Through the project manager, the PNA Steering Group reviewed the existing PNA and JSNA.
- **Step 5a: Public questionnaire on pharmacy provision** – A public questionnaire to establish views about pharmacy services was agreed by the Steering Group and circulated to residents via various channels. A total of 1,009 responses were received. A copy of the public questionnaire can be found in Appendix D with detailed responses. An Equalities Impact Assessment was completed for the PNA process.
- **Step 5b: Pharmacy contractor questionnaire** – The Steering Group agreed on a questionnaire to be distributed to the local community pharmacies to collate information for the PNA. A total of 74 responses were received. A copy of the pharmacy questionnaire can be found in Appendix E with detailed responses.
- **Step 5c: Dispensing practice questionnaire** – A questionnaire was agreed and distributed to all dispensing practices across Kent. There were 31 responses to this questionnaire. A copy of the dispensing practice questionnaire can be found in Appendix F with detailed responses.
- **Step 6: Mapping of services** – Details of services and service providers were collated and triangulated to ensure the information that the assessment was based on was the most robust and accurate. The Pharmacy Contracting function within the ICB, as the commissioner of service providers and services classed as necessary and relevant, was predominantly used as a base for information due to its contractual obligation to hold and maintain pharmaceutical lists on behalf of NHSE. Information was collated, ratified and shared with the Steering Group before the assessment was commenced. The pharmaceutical list dated March 2025 was used for this assessment.

- **Step 7: Preparing the draft PNA for consultation** – The Steering Group reviewed and revised the content and detail of the draft PNA. The process took into account the demography, health needs of residents in the local area, JSNA and other relevant strategies in order to ensure the priorities were identified correctly. As the PNA is an assessment taken at a defined moment in time, the Steering Group agreed to monitor any changes and, if necessary, to update the PNA before finalising or publishing with accompanying supplementary statements as per the regulations, unless the changes had a significant impact on the conclusions. In the case of the latter, the group were fully aware of the need to reassess.
- **Step 8: Consultation** – In line with the Pharmaceutical Regulations 2013, a consultation on the draft PNA was undertaken between 6 June and 4 August 2025. The draft PNA and consultation response form were issued to all identified stakeholders. These are listed in the final PNA as a separate Appendix I document.
- **Step 9: Collation and analysis of consultation responses** – The consultation responses were collated by the council and analysed by the PNA Steering Group. A summary of the responses received is noted in the separate Appendix I, that also includes full comments. The Equalities Impact Assessment was updated following this consultation.
- **Step 10: Production of final PNA – future stage** – The collation and analysis of consultation responses was used by the project manager to revise the draft PNA, and the final PNA was presented to the Steering Group. The final PNA was signed off by the Health and Wellbeing Board and subsequently published on the council's website.

1.7 Localities for the purpose of the PNA

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

The localities used for the PNA for Kent are:

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

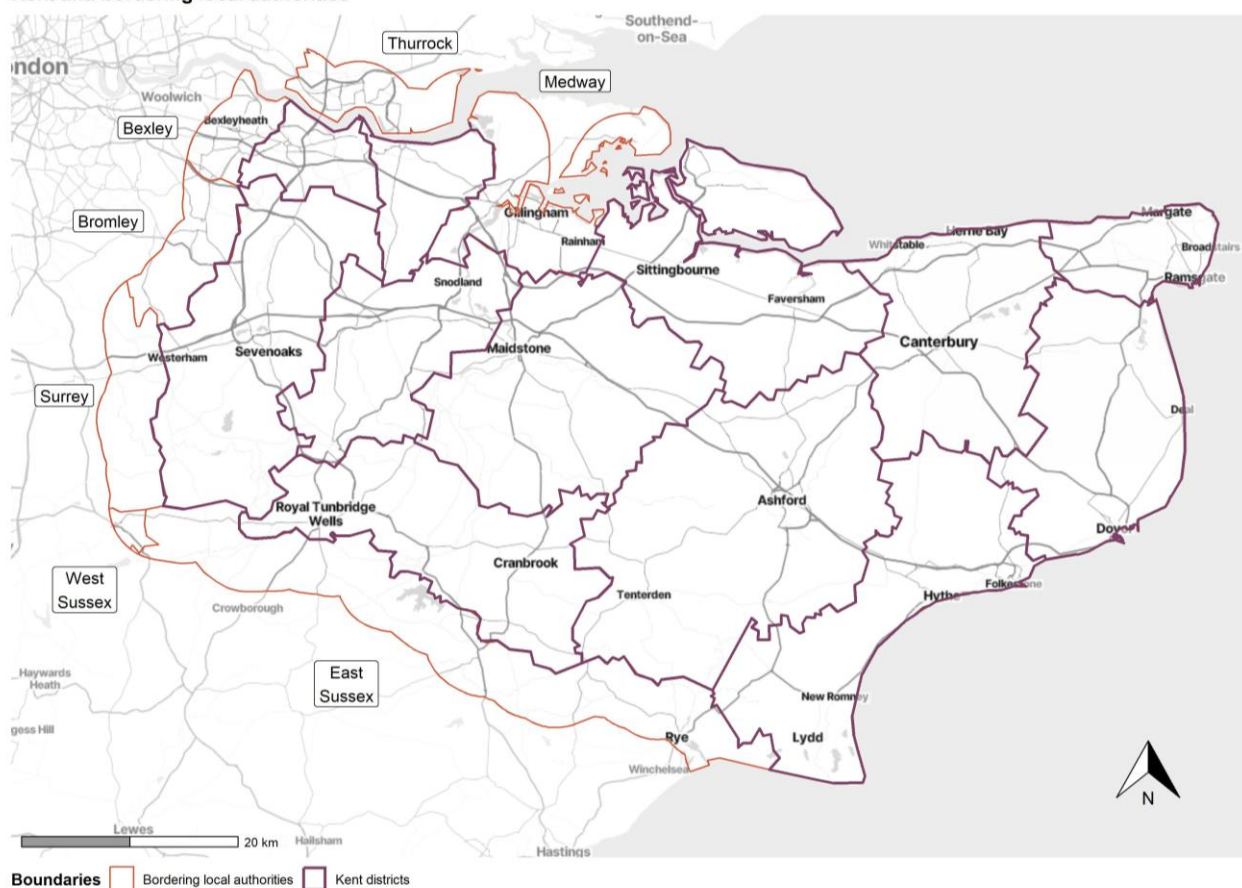
A list of providers of pharmaceutical services within these localities is found in Appendix A.

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

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

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

Kent and bordering local authorities



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

Section 2: Context for the PNA

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

This section aims to present health needs data that might be of relevance to pharmacy services. It is not an interpretation of the pharmaceutical service provision requirements for Kent. This section should be read in conjunction with these detailed documents.

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

2.1 NHS Long Term Plan (LTP)

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

Priority clinical areas in the LTP include:

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

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

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

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

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

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

2.2 Core20PLUS5

'Core20PLUS5²⁰ is a national NHSE approach to support the reduction of health inequalities at both national' and ICS levels. The targeted population approach focuses on the most deprived 20% of the national population (CORE20) as identified by the Index of Multiple Deprivation and those within an ICS who are not identified within the core 20% but who experience lower than average outcomes, experience or access i.e. people with a learning disability and hidden deprivation in coastal communities (PLUS). Additionally, there are five (5) key clinical areas:

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

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

2.3 The 10 Year Health Plan

The NHS's forthcoming 10-Year Health Plan²¹ aims to modernise healthcare in England by focusing on three pivotal shifts:

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

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

2.4 Neighbourhood Health Guidelines

In January 2025, NHS England published the Neighbourhood Health Guidelines 2025/26²² to assist Integrated Care Boards (ICBs), local authorities, and health and care providers in advancing neighbourhood health initiatives ahead of the forthcoming 10-Year Health Plan. There are six core components:

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

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

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

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

2.5 Pioneers of reform – Strategic commissioning

In March 2025, the Secretary of State called for ICBs to become "pioneers of reform"²³ through a strengthened focus on strategic commissioning, in line with the government's three core healthcare shifts:

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

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

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

2.6 Joint Strategic Needs Assessment (JSNA)

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

The Kent JSNA²⁵ is a statutory requirement to regularly assess the health and wellbeing needs of the population. It is a compendium of data resources, tools and reports that give local planners robust information on the local population and evidence to support future planning of services to best fit local needs. The JSNA is the statutory responsibility of the Kent Health and Wellbeing Board, which has membership from local government, health (NHS) and other agencies.

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

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

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

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

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

2.7 Kent and Medway ICS Integrated Care Strategy 2024

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

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

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

Priorities:

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

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

2.8 Kent Joint Local Health and Wellbeing Strategy (JLHWS)

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

2.9 Kent the place

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

2.9.1 Geography

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

2.9.2 Kent residents

2.9.2.1 Population estimates

Kent's total population in 2023²⁷ was 1,610,251, an 8.1% increase since 2013. Maidstone (184,187) had the largest population, while Gravesham (107,737) had the smallest.

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

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

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

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

2.9.2.2 Age profile and trends:

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

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

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

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

2.9.2.3 Fertility

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

District-level trends (2023):

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

This decline aligns with broader national trends and demographic shifts.

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

2.9.2.4 Life expectancy

Life expectancy in Kent²⁹ remains higher than the national average, but the gap has narrowed since 2012.

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

District-level trends:

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

Health inequality³⁰: The life expectancy gap between the most and least deprived areas in Kent (2018-2020):

- Males: 7.8 years
- Females: 5.6 years.

This highlights significant health inequalities across the county.

2.9.3 Population projections and forecasts

By 2028, Kent's population³¹ is projected to reach 1.74 million (+5%), with growth driven by housing developments, natural change, and migration. The forecasts help inform healthcare, housing, and infrastructure planning across the county.

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

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

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

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

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

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

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

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

District-level growth (2024-2028):

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

Key forecasts (2025-2028):

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

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

2.9.4 Housing developments

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

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

These figures include housing units with:

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

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

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

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

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

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

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

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

2.9.5 Identity

2.9.5.1 Ethnicity

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

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

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

Ethnic diversity varies across Kent's districts:

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

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

2.9.5.2 Main language

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

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

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

³² Nomis. 2021 Census Area Profile. Kent Local Authority. [Accessed April 2025]
https://www.nomisweb.co.uk/sources/census_2021/report?compare=E10000016

³³ Nomis. 2021 Census Area Profile. Kent Local Authority. [Accessed April 2025]
https://www.nomisweb.co.uk/sources/census_2021/report?compare=E10000016

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

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

2.9.5.3 Religion

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

2.9.5.4 Sexual orientation and gender identity

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

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

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

2.9.6 Veterans and Armed Forces

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

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

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

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

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

2.9.7 Disability

2.9.7.1 Limited day-to-day activities

The Census 2021³⁵ defines disabled individuals as those whose day-to-day activities are limited by long-term physical or mental health conditions, aligning with the Equality Act (2010).

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

2.9.7.2 Economic inactivity

In Kent, 3.7% are economically inactive due to long-term sickness or disability³⁶ which is lower than the England average 4.1%. It is highest in Thanet (5.4%), Folkestone and Hythe (5%), Dover (4.8%) and Swale (4.5%). Sevenoaks, Tunbridge Wells, Dartford and Tonbridge and Malling are all less than 3%.³⁶

2.9.7.3 Unpaid carers

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

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

2.9.8 Homeless and rough sleeping

2.9.8.1 Rough sleeping

The 2023 rough sleeping snapshot³⁸ estimates 126 people sleeping rough in Kent (7.9 per 100,000 population), higher than the England average of 6.8 per 100,000. Of those identified, 75% are from the United Kingdom (UK), 13% from the European Union (EU), and 7% from outside the EU. 80% are male, and 83% are over 25, with no under-18s recorded.

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

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

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

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

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

2.9.8.2 Homeless

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

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

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

2.9.9 Students

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

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

2.9.10 Deprivation

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

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

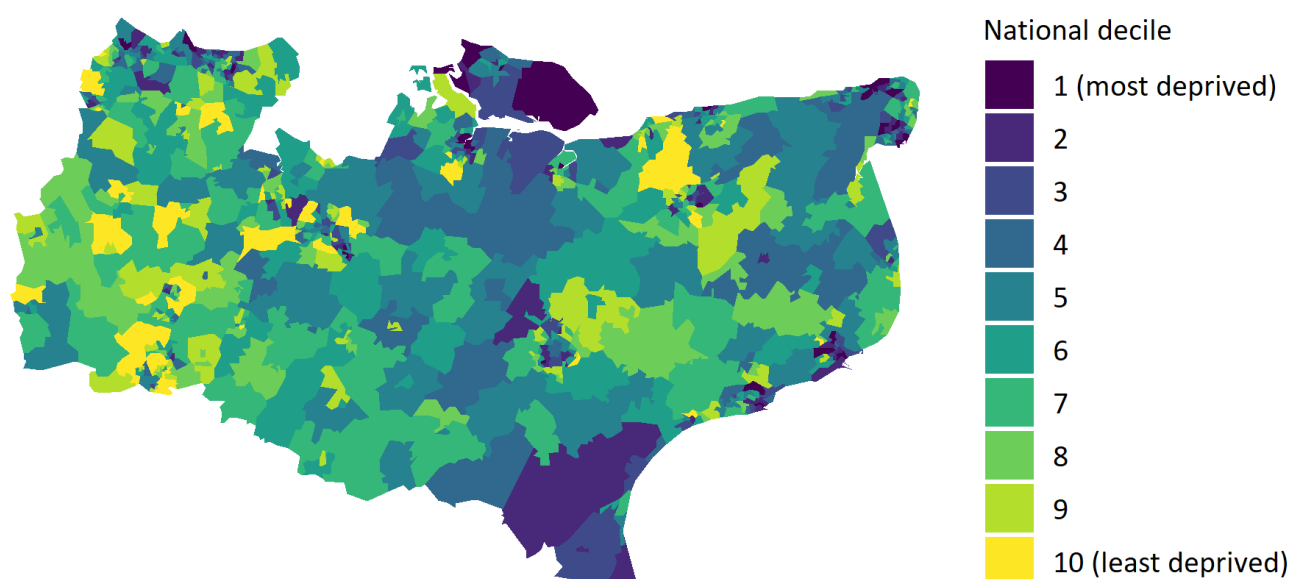
³⁹ Homelessness statistics. GOV.UK. [Accessed April 2025]

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

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

https://assets.publishing.service.gov.uk/media/5d8e26f6ed915d5570c6cc55/IoD2019_Statistical_Release.pdf

Figure 2: Index of Multiple Deprivation, 2019



Digital boundary source:
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Contains OS data © Crown copyright and database right 2025
Data source: Indices of Deprivation 2019, Ministry of Housing, Communities & Local Government

2.10 Burden of disease

2.10.1 Cardiovascular Disease (CVD)⁴¹

Prevalence (November 2024):

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

Inequalities:

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

⁴¹ OHID. Fingertips. Department of Health and Social Care (DHSC). [Accessed April 2025]
<https://fingertips.phe.org.uk/profiles>

Mortality rates (2021-2023):

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

Trends (2001-2023):

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

2.10.2 Diabetes⁴²

Prevalence (November 2024):

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

Inequalities:

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

2.10.3 Respiratory disease⁴³

Prevalence (November 2024):

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

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

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

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

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

Inequalities:

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

2.10.4 Dementia⁴⁴

Prevalence (November 2024):

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

Inequalities:

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

2.10.5 Cancer⁴⁵

Prevalence (November 2024):

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

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

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

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

Inequalities:

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

Mortality (2021-2023):

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

2.10.6 Mental health⁴⁶

Depression (November 2024):

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

Severe mental illness (November 2024):

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

Inequalities:

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

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

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

2.11 Behavioural risk factors

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

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

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

2.11.1 Excess weight and obesity⁴⁷

Overall prevalence

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

Inequalities:

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

Physical inactivity (2022-23):

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

⁴⁷ Kent and Medway Care Record. Kent and Medway ICS. [Accessed April 2025]

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

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

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

2.11.2 Smoking⁴⁸

Prevalence:

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

Impact of smoking:

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

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

2.11.3 Substance misuse⁴⁹

Prevalence (May 2024):

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

National comparison (2019-2020):

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

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

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

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

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

Drug and alcohol treatment (May 2024):

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

Drug misuse deaths (2020-2022):

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

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

2.11.4 Alcohol⁵⁰

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

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

Trend (2016/17–2022/23):

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

2.11.5 Sexual health⁵¹

High-risk population groups:

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

- Young people

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

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

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

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

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

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

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

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

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

Chlamydia detection in young people (2023):

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

Under-18 conception rates (2021):

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

2.11.6 Immunisations and vaccinations⁵²

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

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

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

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

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

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

2.12 Health of specific populations

2.12.1 Coastal communities⁵³

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

Key facts:

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

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

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

Health challenges in coastal areas:

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

2.12.2 Gypsy Roma Traveller communities

Kent has a higher proportion of Gypsy, Traveller, and Roma communities than the England average. A lack of national focus on these groups in Joint Strategic Needs Assessments has led to their health and service needs being overlooked. In response, Kent County Council conducted a Gypsy, Roma, and Traveller Health Needs Assessment⁵⁴ to update the 2015 Health Needs Assessment. Findings reported significantly poorer health outcomes, which included high rates of childhood illness, unhealthy lifestyle behaviours, e.g. high prevalence of smoking and obesity. Additional concerns for older community members included musculoskeletal issues, especially in men, and the care of individuals with dementia. All groups have a strong tradition of elder care, which may deter help seeking for older relatives. Poor mental health was reported across the life course, specifically perinatal mental health for Gypsy and Traveller mothers. Stakeholders highlighted that the concept of mental health is unfamiliar amongst Roma communities, which negatively impacts help seeking and treatment.

The 2021 Census recorded:

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

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

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

2.12.3 Homeless and rough sleepers⁵⁵

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

Key health challenges:

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

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

2.12.4 People in contact with the justice system⁵⁶

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

Prison population and health challenges (September 2023):

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

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

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

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

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

Probation population and health concerns (January 2025):

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

Key health issues:

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

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

2.12.5 Refugees and asylum seekers⁵⁷

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

Asylum seekers in Kent (September 2024):

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

Health challenges and barriers to healthcare:

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

⁵⁷ Immigration system statistics data tables. GOV.UK [Accessed April 2025]

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

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

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

2.12.6 Veterans⁵⁸

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

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

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

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

2.12.7 Visitors⁶⁰

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

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

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

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

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

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

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

2.12.8 People with sensory impairment

People with sensory impairments face significant barriers to safe and effective medicine use, as highlighted in the Safety Gap report (March 2025).⁶¹ Challenges include difficulties accessing information, both written (including digital) and verbal, during consultations and when seeking support. Limited awareness and training among healthcare professionals, including pharmacy staff, further contribute to these issues. As a result, people with sensory impairments tend to have lower medication-related knowledge and face a higher risk of harm. In the UK, over 2 million people have visual impairments⁶² (320,000 registered blind or partially sighted), and around 18 million adults have some form of hearing impairment,⁶³ with 1.2 million experiencing severe hearing loss affecting everyday conversation.

2.13 Impact of the changing climate

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

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

https://www.patientsafetycommissioner.org.uk/wp-content/uploads/2025/03/The-Safety-Gap_Accessible.pdf

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

https://media.rnib.org.uk/documents/Population_and_demographics_-_Insight_snapshot.pdf

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

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

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

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

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

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

Section 3: NHS pharmaceutical services provision, currently commissioned

3.1 Overview

There are a total of 297 contractors in Kent.

Table 6: Contractor type and number in Kent

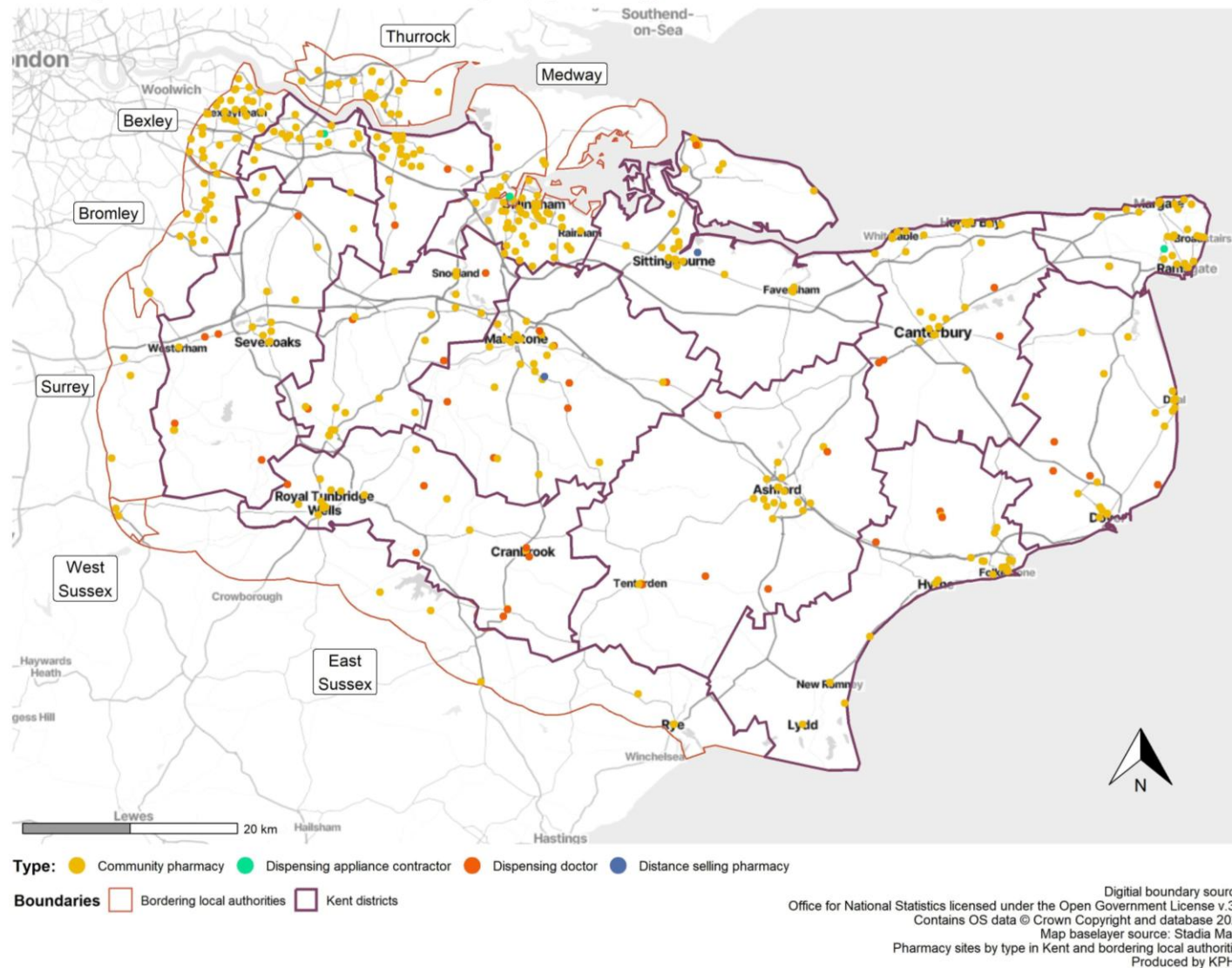
Type of contractor	Number
40-hour community pharmacies (including the 42 PhAS)	229
72-hour plus community pharmacies	20
Distance Selling Pharmacies	2
Local Pharmaceutical Service providers	0
Dispensing Appliance Contractors	2
Dispensing GP Practices	44 (41 plus 3 branch sites)
Total	297 (including all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

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

Figure 3 shows all contractor locations within Kent.

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

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



3.2 Community pharmacies

Table 7: Number of community pharmacies in Kent

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

Correct as of April 2025

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

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

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

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

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

	Kent	England
2023-24	15.6	18.1
2021-22	17.1	20.6

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

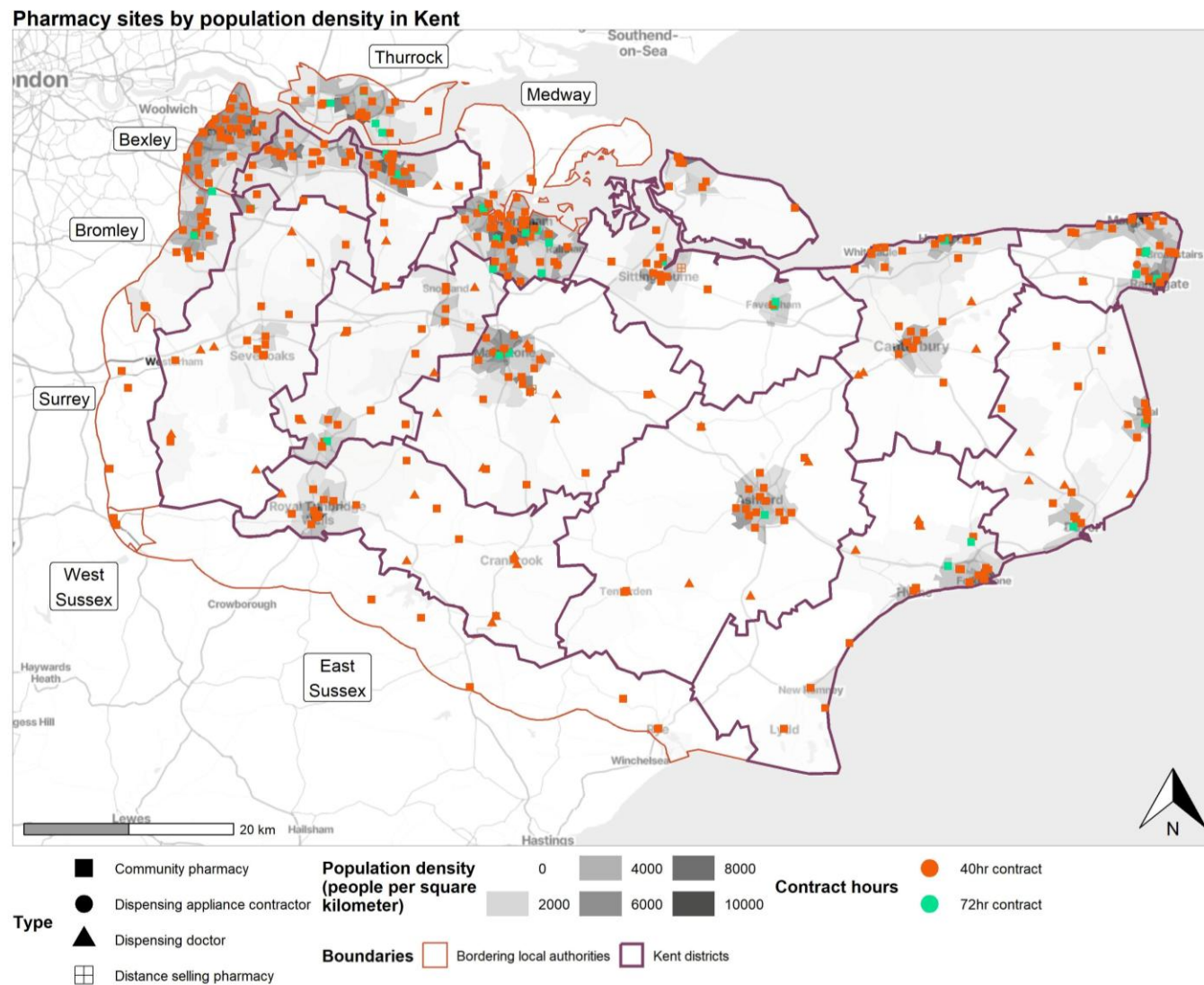
[Section 1.5.6.1](#) lists the Essential Services of the pharmacy contract. It is assumed that provision of all these services is available from all contractors. Further analysis of the pharmaceutical service provision and health needs of each district is explored in [Section 6.2](#).

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

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

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

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



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

3.3 Distance-Selling Pharmacies (DSPs)

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

3.4 Dispensing GP practices

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

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

Table 10: Number of dispensing practices per district

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

3.5 Dispensing Appliance Contractors (DACs)

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

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

As part of the Essential Services of appliance contractors, a free delivery service is available to all patients. It is therefore likely that patients will obtain appliances delivered from DACs outside Kent. There are 111 DACs in England.⁶⁷

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

3.6 Local Pharmaceutical Service (LPS) providers

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

There are no LPS pharmacies in Kent.

3.7 Pharmacy Access Scheme (PhAS) pharmacies

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

3.8 Pharmaceutical service provision provided from outside Kent

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

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

Analysis of dispensing data⁶⁸ between September and December 2024 shows approximately 2,230,254 prescription items were dispensed each month. This equates to an average of 8,815 items dispensed per community pharmacy per month in Kent, slightly below the pharmacy average of 9,184 items per month in England for the same period.

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

3.9 Access to community pharmacies

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

A previously published article⁶⁹ suggests:

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

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

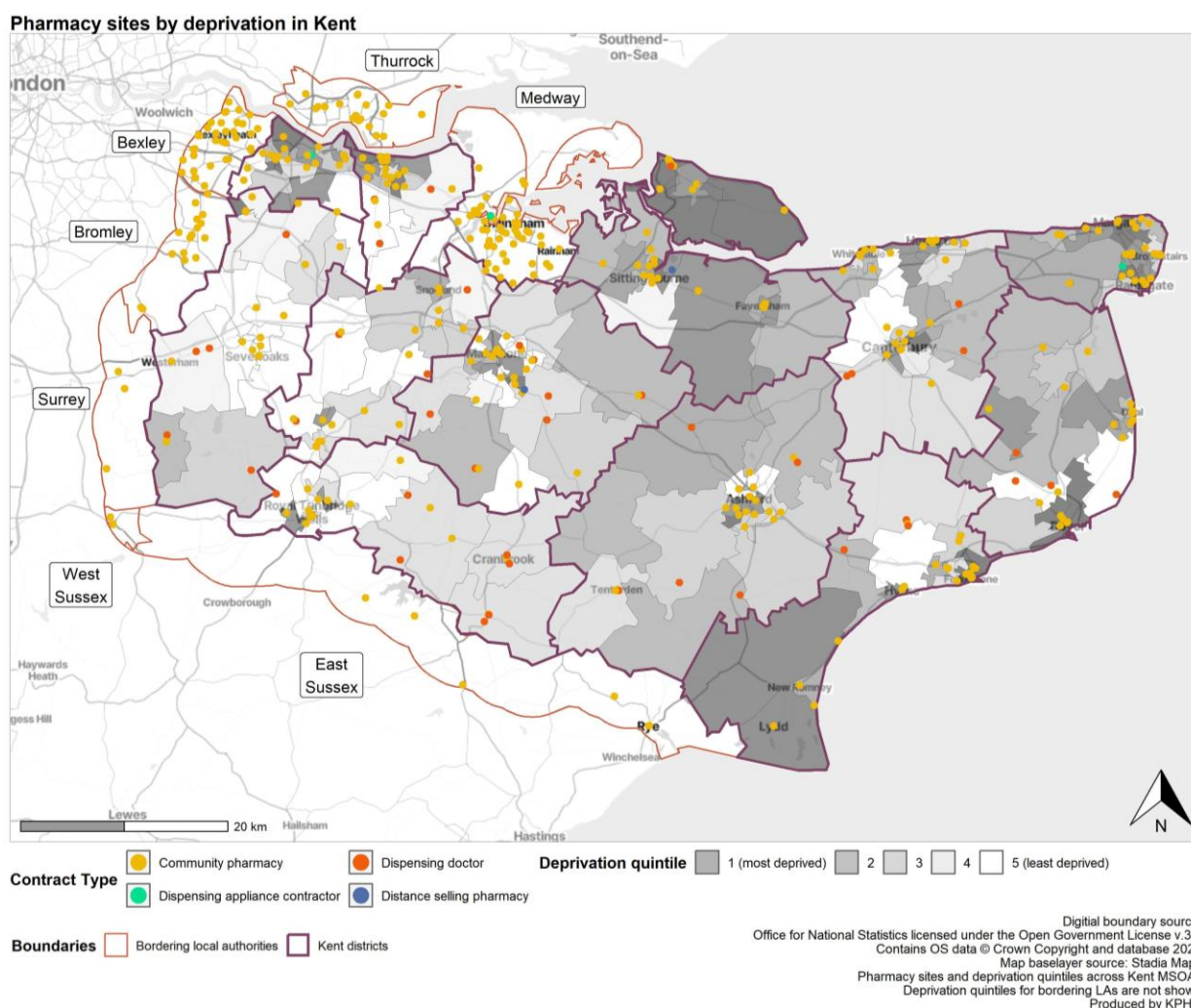
⁶⁹ Todd A, Copeland A, Husband A. The positive pharmacy care law: an area-level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England. BMJ Open 2014, Vol. 4, Issue 8. <http://bmjopen.bmj.com/content/4/8/e005764.full.pdf%20html>

- This figure falls to 14% in rural areas.
- Over 99% of those in areas of highest deprivation are within a 20-minute walk of a community pharmacy.

The same study found that access is greater in areas of high deprivation. Higher levels of deprivation are linked with increased premature mortality rates. See Figure 5 for Kent pharmacies in relation to deprivation levels.

While this is based on a relatively old publication, it still remains a useful reference in the absence of more recent data. A list of community pharmacies in Kent and their opening hours can be found in Appendix A.

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



3.9.1 Travel analysis

3.9.1.1 Car or van availability

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

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

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

3.9.1.2 Travel time to pharmacy

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

In summary, for Kent:

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

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

⁷⁰ ONS. 2021 Census Profile for areas in England and Wales. [Accessed April 2025]
https://www.nomisweb.co.uk/sources/census_2021/report?compare=E92000001#section_6

Public transport access:

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

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

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

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

3.9.2 Weekend and evening provision

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

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

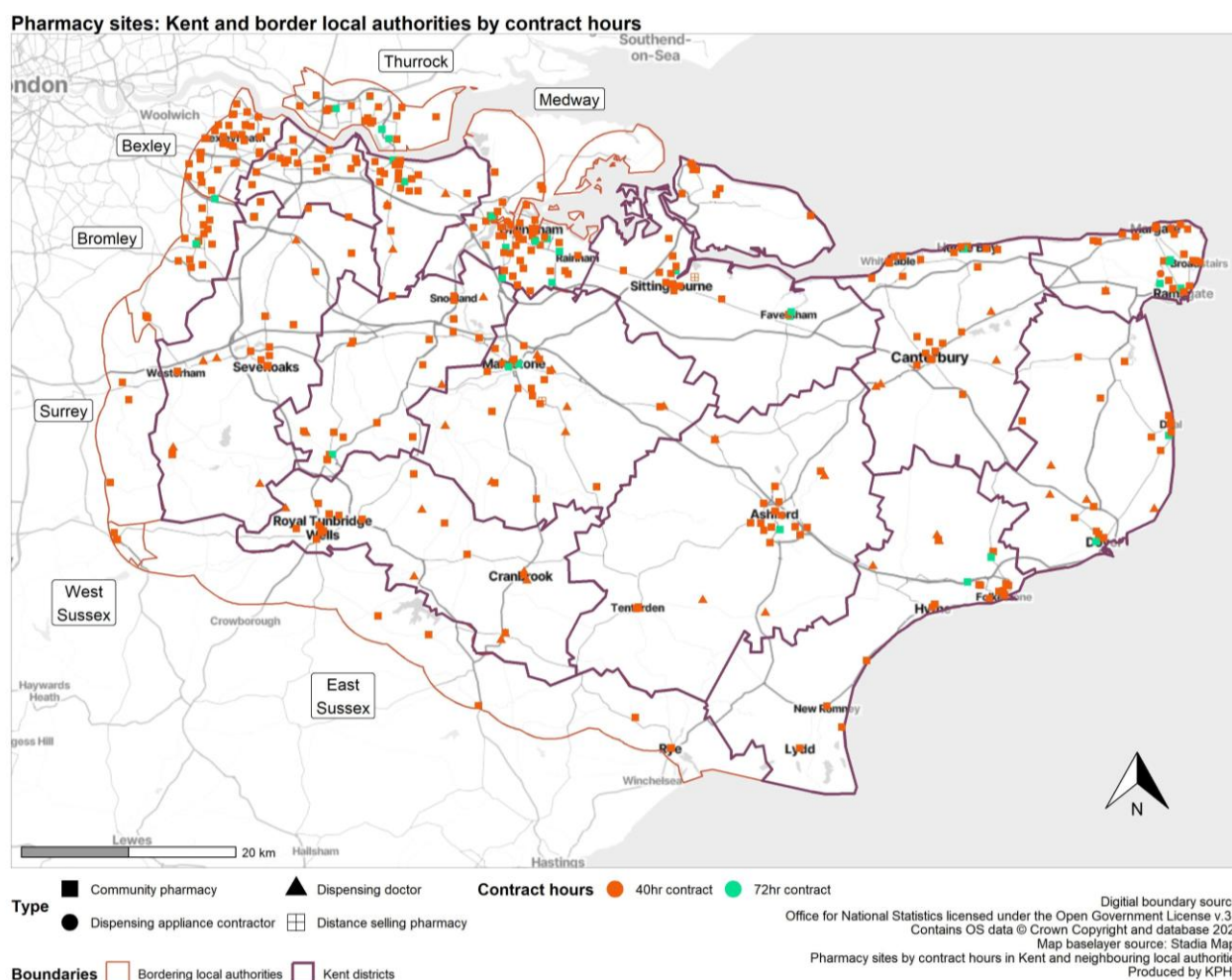
All districts apart from Dartford and Tunbridge Wells have at least one 72-hour pharmacy.

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

Area	Number (%) of 72+ hour pharmacies
Ashford	1 (5%)
Canterbury	2 (8%)
Dartford	0
Dover	2 (10%)
Folkestone and Hythe	2 (10%)
Gravesham	2 (9%)
Maidstone	2 (9%)
Sevenoaks	1 (6%)
Swale	3 (11%)
Thanet	4 (15%)
Tonbridge and Malling	1 (6%)
Tunbridge Wells	0
Kent	20 (8%)
England⁷¹	806 (7.7%)

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

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



3.9.2.1 Routine weekday evening access to community pharmacies

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

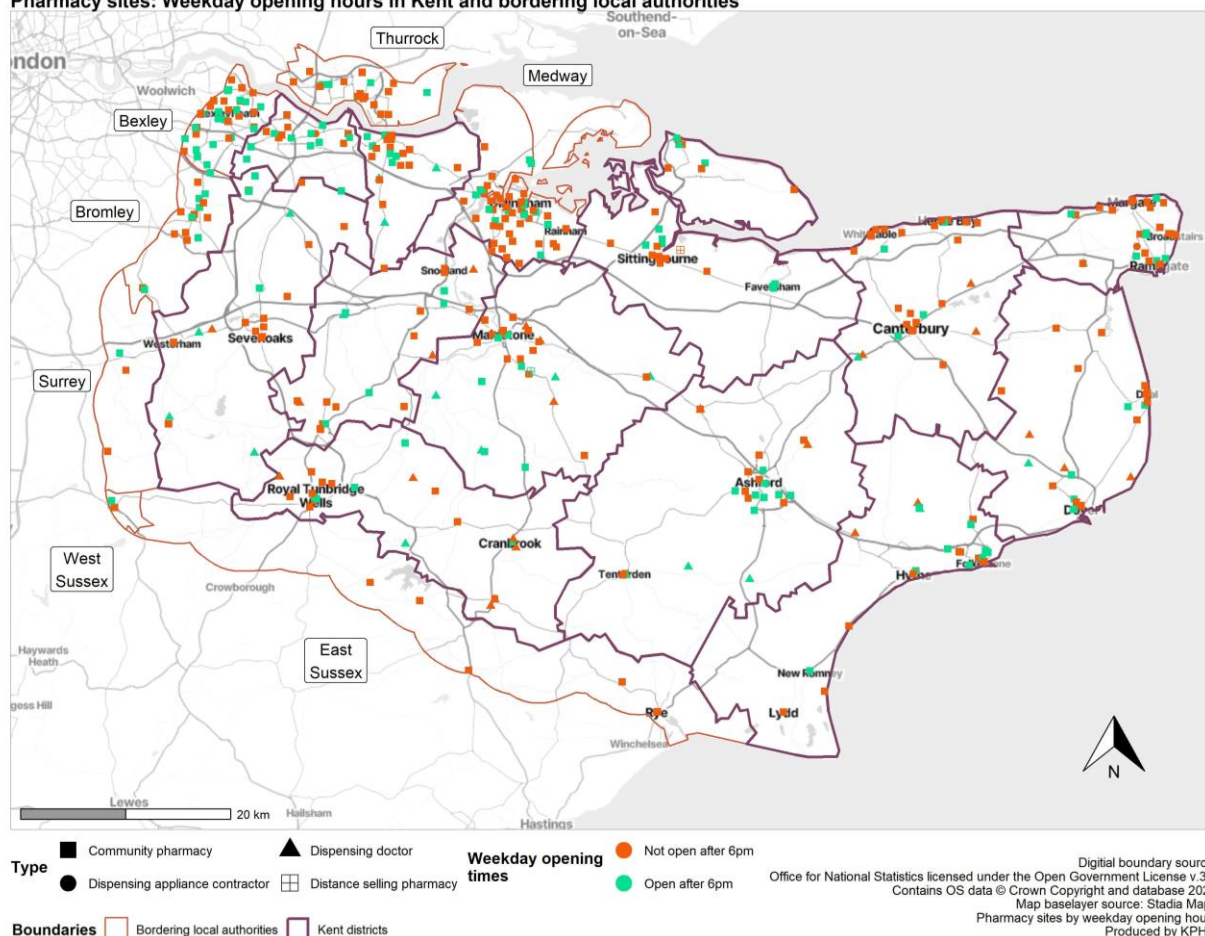
Including the dispensing GP practices that are open beyond 6 pm, the total number for Kent is 104 (35% of all contractors).

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

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

Figure 7: Opening hours weekday evening

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

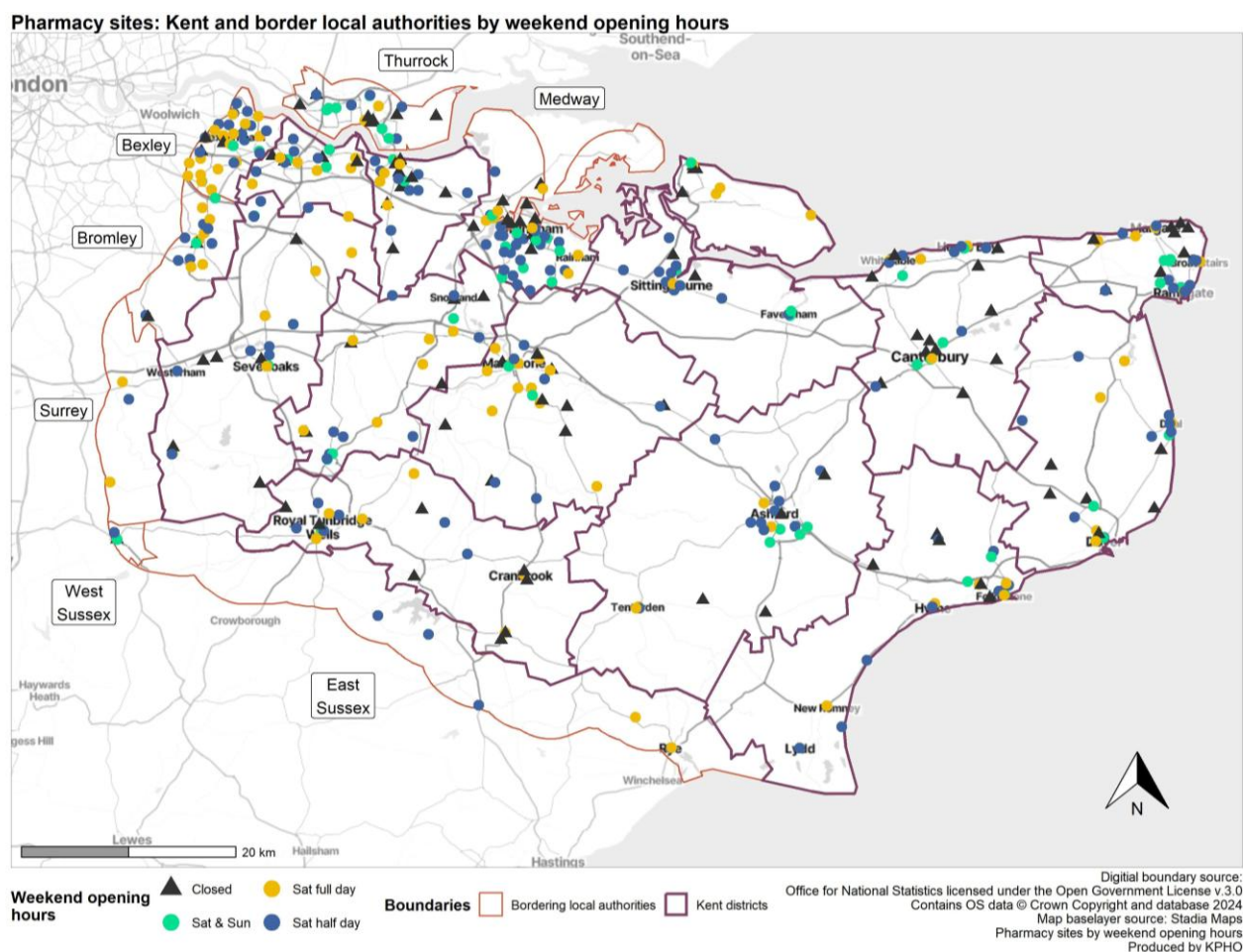


3.9.2.2 Routine Saturday daytime access to community pharmacies

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

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

Figure 8: Opening hours weekends



3.9.2.3 Routine Sunday daytime access to community pharmacies

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

3.9.2.4 Routine bank holiday access to community pharmacies

Community pharmacies are not obliged to open on nominated bank holidays. While many opt to close, a number of pharmacies (often those in regional shopping centres, retail parks, supermarkets and major high streets) opt to open, often for limited hours.

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

Details of pharmacies open during bank holidays are available on the website

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

3.10 Advanced Service provision from community pharmacies

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

[Section 1.5.6.2](#) lists all the Advanced Services that may be provided under the pharmacy contract. As these services are discretionary, not all providers will provide them all of the time. To understand provision across all districts, data has been sourced by various methods to populate Table 14. Details of pharmacy providers can be seen in Appendix A.

Data supplied from the ICB has been used to demonstrate how many community pharmacies per district have signed up to provide the Advanced Services, and data from the NHS Business Services Authority (BSA) demonstrates whether the service has been provided, based on pharmacies claiming payment.

It is important to note a discrepancy in certain districts where the percentage of pharmacies claiming payment exceeds those officially listed as signed up for the service. This may be due to pharmacies not informing the ICB of their enrolment, with the payment claim serving as a clear indication that the service is being delivered.

It should be noted that some services, such as AUR and SAC, have lower dispensing through Community Pharmacies as DACs (a specialised supplier of medical appliances and devices) provide these services. Newer advanced services are increasing in activity based on activity recorded in the 2022 PNA. The Hypertension case finding service previously had low uptake across all districts; however, data suggests very good uptake for the majority of contractors in all districts.

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

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

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

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

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

* This service is typically provided by the DACs.

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

3.11 Enhanced Service provision from community pharmacy

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

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

- COVID-19 vaccination service: Actual provision numbers are not available at the time of writing, as this activity is seasonal, but Table 14 above shows there is a spread across all localities of community pharmacies signed up to provide this service for the last campaign. Details can be found in Appendix A, although service provision can change with each campaign. This service is also accessible to residents from other healthcare providers.

The Local Enhanced Service (LES) is the bank holiday opening.

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

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

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

Community pharmacies and GP practices provide a range of other services. These are not considered 'pharmaceutical services' under the PLPS Regulations 2013 and may be either free of charge, privately funded or commissioned as Locally Commissioned Services (LCSs) by the local authority or ICB.

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

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

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

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

KCC commissions eight services from community pharmacies in Kent.

Currently commissioned services by KCC are:

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

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

These services may also be provided by other providers, for example GP practices and community health services. A full list of community pharmacy providers for each service in Kent can be found in Appendix A.

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

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

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

4.2 ICB-commissioned Services (ICBS)

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

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

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

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

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

4.3 Other services provided from community pharmacies

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

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

4.4 Collection and delivery services

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

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

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

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

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

Free delivery is required to be offered without restriction by all DSPs to patients who request it throughout England. There are two DSPs based in Kent, and there are 409 throughout England as of December 2024. Free delivery of appliances is also offered by DACs, and there are 111 DACs throughout England as of December 2024.⁷²

4.5 Services for less-abled people

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

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

4.6 Other services provided by dispensing GP practices

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

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

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

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

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

⁷³ Legislation. Equality Act 2010. October 2024. [Accessed April 2025] www.legislation.gov.uk/ukpga/2010/15/contents

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

4.7 Other NHS commissioned providers

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

4.7.1 NHS hospitals

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

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

Outside Kent HWB, residents also have access to:

- Medway NHS Foundation Trust.

4.7.2 Personal administration of items by GP practices

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

4.7.3 Prison pharmacies

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

4.7.4 Substance misuse services

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

4.7.5 Flu vaccination service by GP Practices

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

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

4.8.1 Urgent care centres

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

4.8.2 Extended hours provided by Primary Care Networks (PCNs)

PCNs are required to provide enhanced access to appointments outside of the standard opening hours for most GPs to accommodate those who may need appointments outside typical opening working times.

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

4.8.3 Community nursing prescribing

Community nurses work in a variety of settings, providing care to individuals outside of a normal acute or general practice setting. This can range from community-based clinics offering specialist services to directly visiting patients in their homes.

4.8.4 Dental services

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

4.8.5 End of life services

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

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

4.8.6 Walk-in centres

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

4.8.7 Sexual health centres

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

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

4.9 Other services

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

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

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

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

Services will vary between provider and are occasionally provided free of charge, e.g. home delivery. Community Pharmacies are contractually obliged to clarify on their patient leaflet which services are NHSE-funded, local authority-funded and privately funded.

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

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

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

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

Section 5: Findings from the public engagement questionnaire

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

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

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

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

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

There were 1,009 responses (of which 1,008 were to the online questionnaire and one paper copy received through the post) from a population of 1,610,251 (0.06%), so the findings should be interpreted with some care regarding the representation of the community as a whole. It should also be noted that the demographics of respondents do not fully reflect population demographics, with certain groups not adequately represented, limiting how generalisable the findings are.

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

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

Table 17: Breakdown of public questionnaire responses per district

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

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

5.1 Demographic analysis

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

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

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

5.2 Visiting a pharmacy

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

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

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

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

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

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

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

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

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

3% said they only used an online pharmacy.

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

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

5.3 Reason for visiting a pharmacy

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

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

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

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

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

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

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

5.4 Choosing a pharmacy

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

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

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

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

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

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

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

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

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

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

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

5.5 Access to a pharmacy

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

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

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

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

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

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

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

5.6 Summary of public questionnaire findings

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

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

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

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

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

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

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

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

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

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

Section 6: Analysis of health needs and pharmaceutical service provision

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

6.1 Pharmaceutical services and health needs

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

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

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

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

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

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

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

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

- Tonbridge and Malling
- Tunbridge Wells.

The following have been considered as part of the assessment for Kent to understand the needs of the population:

- National priorities as set out by the NHS Long Term Plan and Core20PLUS5
- The local strategies across the area for the health needs of the population of Kent from the JSNA, JLHWS and the ICS
- Population changes and housing developments across the next three years
- IMD and deprivation ranges compared with the relative location of pharmacy premises
- The burden of diseases and the lifestyle choices people make across Kent
- The health profiles based on ONS data.

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

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

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

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

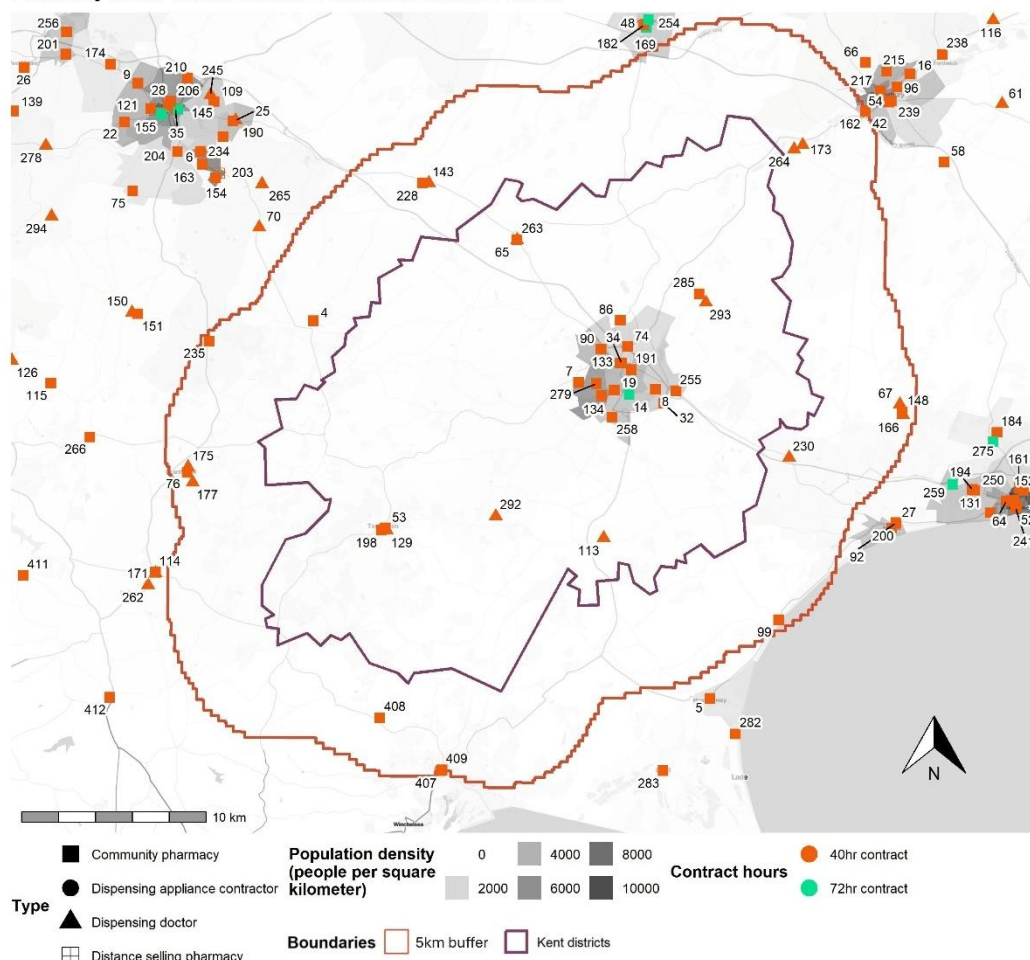
6.2 PNA localities (districts)

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

6.2.1 Ashford

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

Pharmacy sites: Contract hours in Ashford with 5km buffer



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

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

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

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

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

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

6.2.1.1 Necessary Services: essential services current provision

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

Of the 19 community pharmacies:

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

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

Of the 19 community pharmacies:

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

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

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

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

6.2.1.2 Necessary Services: gaps in provision

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

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

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

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

Travel analysis across Ashford showed:

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

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

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

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

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

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

6.2.1.3 Other relevant services: current provision

Table 18 shows the community pharmacies providing Advanced and Enhanced services in Ashford. It is important to note a discrepancy in certain services where the percentage of pharmacies claiming payment exceeds those officially listed as signed up for the service. This may be due to pharmacies not informing the ICB of their enrolment, with the payment claim serving as a clear indication that the service is being provided.

Table 18: Ashford Advanced and Enhanced Services

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

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

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

Advanced Services look to ease the burden on primary care services by providing access to a healthcare professional in a high street setting; however, the absence of a service due to a community pharmacy not signing up does not result in a gap due to the availability of services similar from other healthcare providers. The Smoking Cessation Service provision is currently low; however, this is due to the reliance on secondary care referral. More than half of the pharmacies are signed up to provide the service in Ashford.

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

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

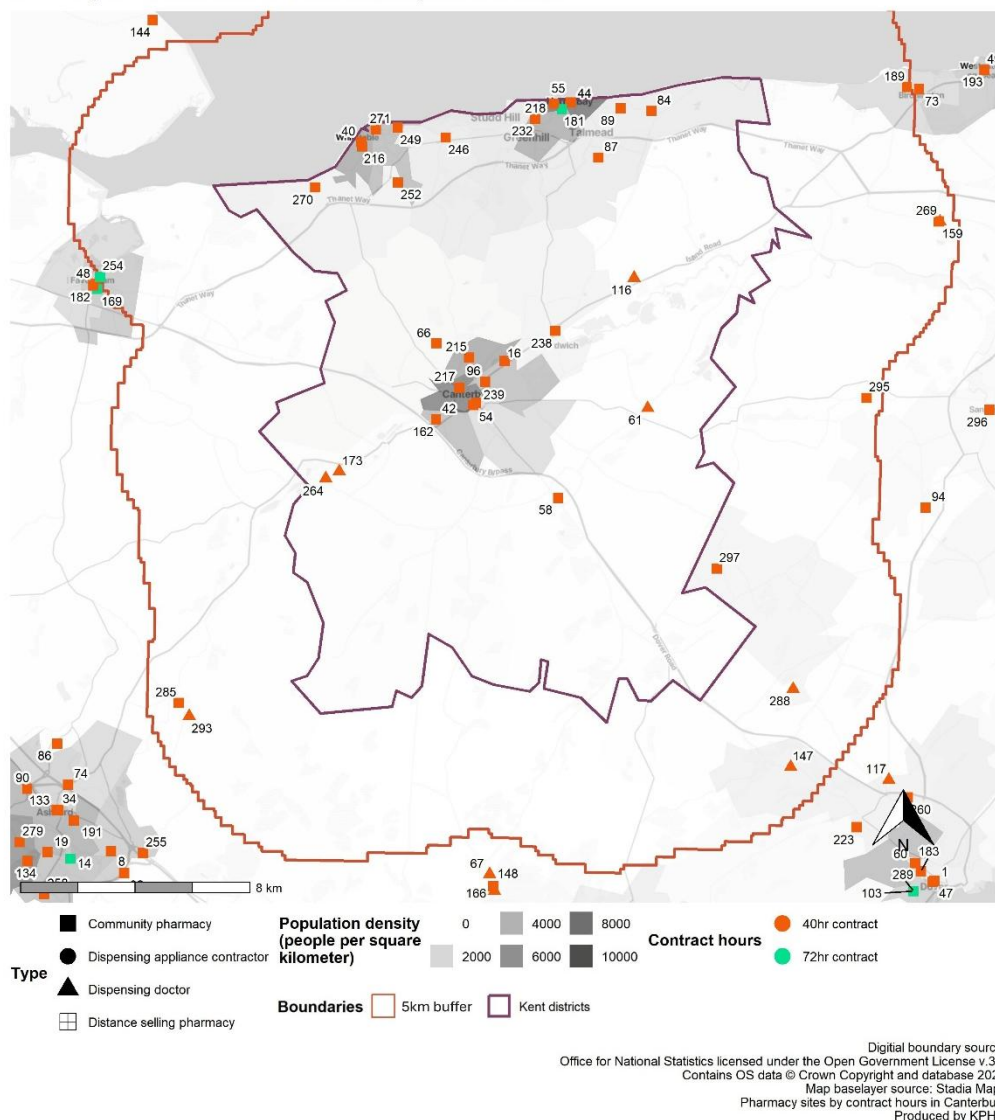
6.2.1.4 Improvements and better access: gaps in provision

No gaps have been identified in either the necessary services or any other relevant services that if provided either now or in the future (next three years) would secure improvements or better access to the essential or specified advanced and enhanced services across Ashford.

6.2.2 Canterbury

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

Pharmacy sites: Contract hours in Canterbury with 5km buffer



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

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

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

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

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

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

6.2.2.1 Necessary Services: essential services current provision

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

Of the 26 community pharmacies:

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

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

Of the 26 community pharmacies:

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

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

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

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

6.2.2.2 Necessary Services: gaps in provision

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

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

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

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

Travel analysis across Canterbury showed:

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

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

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

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

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

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

6.2.2.3 Other relevant services: current provision

Table 19 shows the community pharmacies providing Advanced and Enhanced services in Canterbury. It is important to note a discrepancy in certain services where the percentage of pharmacies claiming payment exceeds those officially listed as signed up for the service. This may be due to pharmacies not informing the ICB of their enrolment, with the payment claim serving as a clear indication that the service is being provided.

Table 19: Canterbury Advanced and Enhanced Services

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

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

Advanced Services look to ease the burden on primary care services by providing access to a healthcare professional in a high street setting; however, the absence of a service due to a community pharmacy not signing up does not result in a gap due to the availability of services similar from other healthcare providers. The Smoking Cessation Service provision is currently low; however, this is due to the reliance on secondary care referral. Approximately half of the pharmacies are signed up to provide this service in the Canterbury district.

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

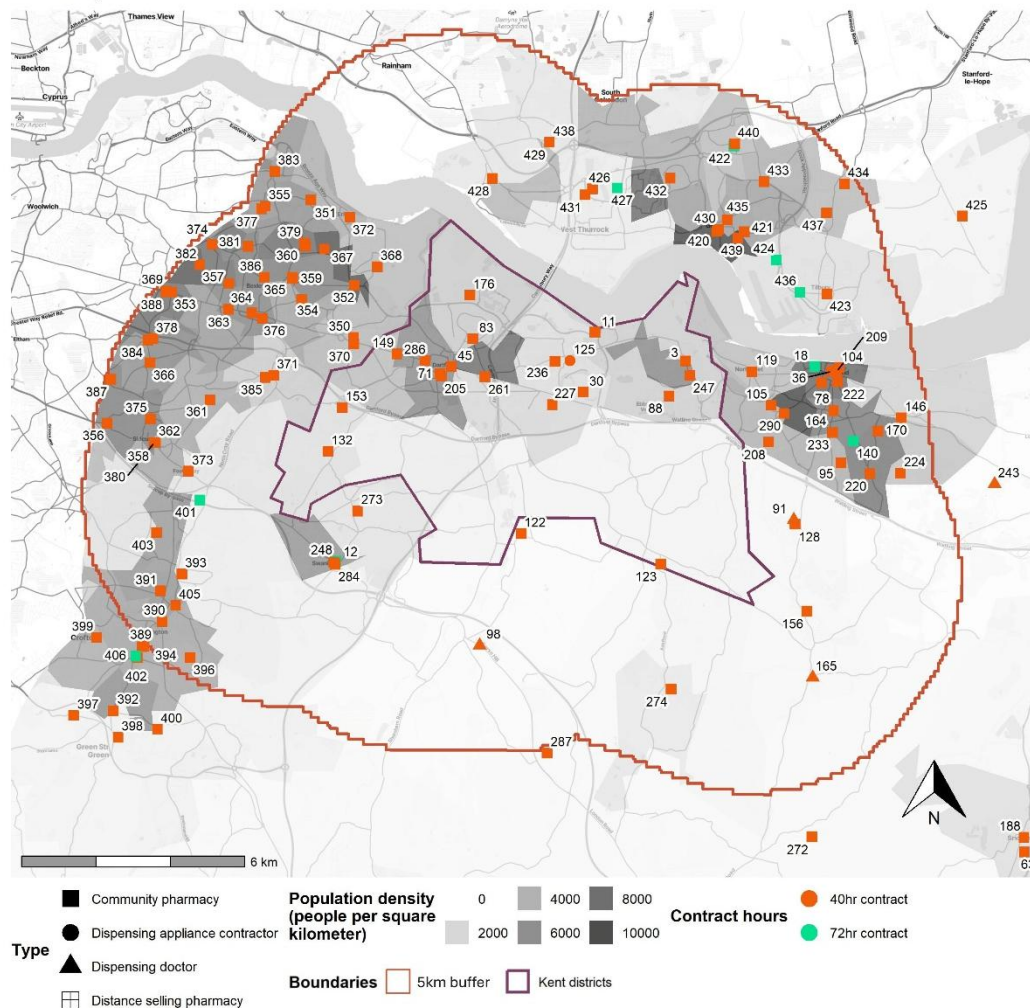
No gaps in the provision of other relevant services have been identified for Canterbury.

6.2.2.4 Improvements and better access: gaps in provision

No gaps have been identified in either the necessary services or any other relevant services that if provided either now or in the future (next three years) would secure improvements or better access to the essential or specified advanced and enhanced services across Canterbury.

6.2.3 Dartford

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



Digital boundary source:
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Contains OS data © Crown Copyright and database 2024
Map baselayer source: Stadia Maps
Pharmacy sites by contract hours in Dartford
Produced by KPHO

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

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

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

The key health challenges for Dartford are listed below:

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

6.2.3.1 Necessary Services: essential services current provision

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

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

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

Of the 18 community pharmacies

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

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

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

6.2.3.2 Necessary Services: gaps in provision

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

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

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

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

Travel analysis across Dartford showed:

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

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

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

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

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

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

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

6.2.3.3 Other relevant services: current provision

Table 20 shows the community pharmacies providing Advanced and Enhanced services in Dartford. It is important to note a discrepancy in certain services where the percentage of pharmacies claiming payment exceeds those officially listed as signed up for the service. This may be due to pharmacies not informing the ICB of their enrolment, with the payment claim serving as a clear indication that the service is being delivered.

Table 20: Dartford Advanced and Enhanced Services

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

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

Advanced Services look to ease the burden on primary care services by providing access to a healthcare professional in a high street setting; however, the absence of a service due to a community pharmacy not signing up does not result in a gap due to the availability of services similar from other healthcare providers. The Smoking Cessation Service provision is currently low; however, this is due to the reliance on secondary care referral. More than half of the pharmacies are signed up to provide the service in Dartford.

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

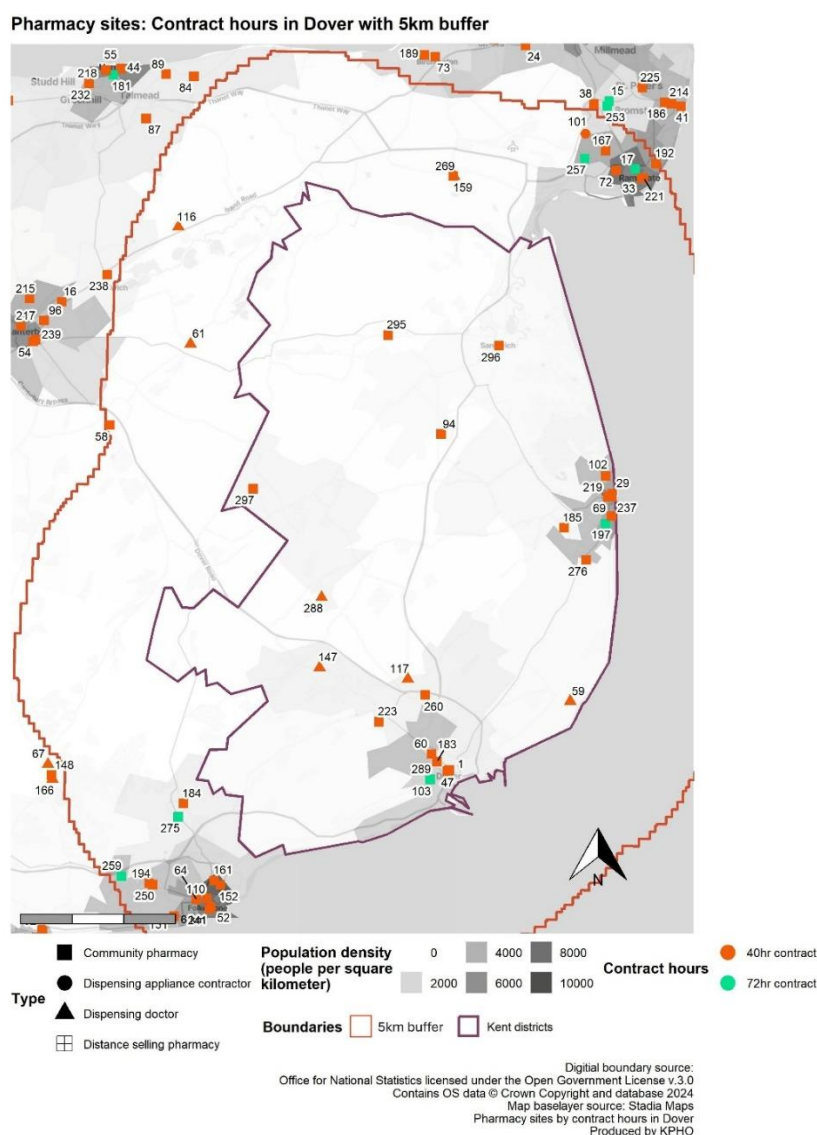
No gaps in the provision of other relevant services have been identified for Dartford district.

6.2.3.4 Improvements and better access: gaps in provision

No gaps have been identified in either the necessary services or any other relevant services that if provided either now or in the future (next three years) would secure improvements or better access to the essential or specified advanced and enhanced services across Dartford.

6.2.4 Dover

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



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

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

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

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

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

6.2.4.1 Necessary Services: essential services current provision

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

Of the 20 community pharmacies,

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

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

Of the 20 community pharmacies:

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

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

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

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

6.2.4.2 Necessary Services: gaps in provision

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

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

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

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

Travel analysis across Dover showed:

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

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

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

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

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

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

6.2.4.3 Other relevant services: current provision

Table 21 shows the community pharmacies providing Advanced and Enhanced services in Dover. It is important to note a discrepancy in certain services where the percentage of pharmacies claiming payment exceeds those officially listed as signed up for the service. This may be due to pharmacies not informing the ICB of their enrolment, with the payment claim serving as a clear indication that the service is being provided.

Table 21: Dover Advanced and Enhanced Services

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

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

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

Advanced Services look to ease the burden on primary care services by providing access to a healthcare professional in a high street setting; however, the absence of a service due to a community pharmacy not signing up does not result in a gap due to the availability of services similar from other healthcare providers. The Smoking Cessation Service provision is currently low; however, this is due to the reliance on secondary care referral. More than half of the pharmacies are signed up to provide the service in Dover.

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

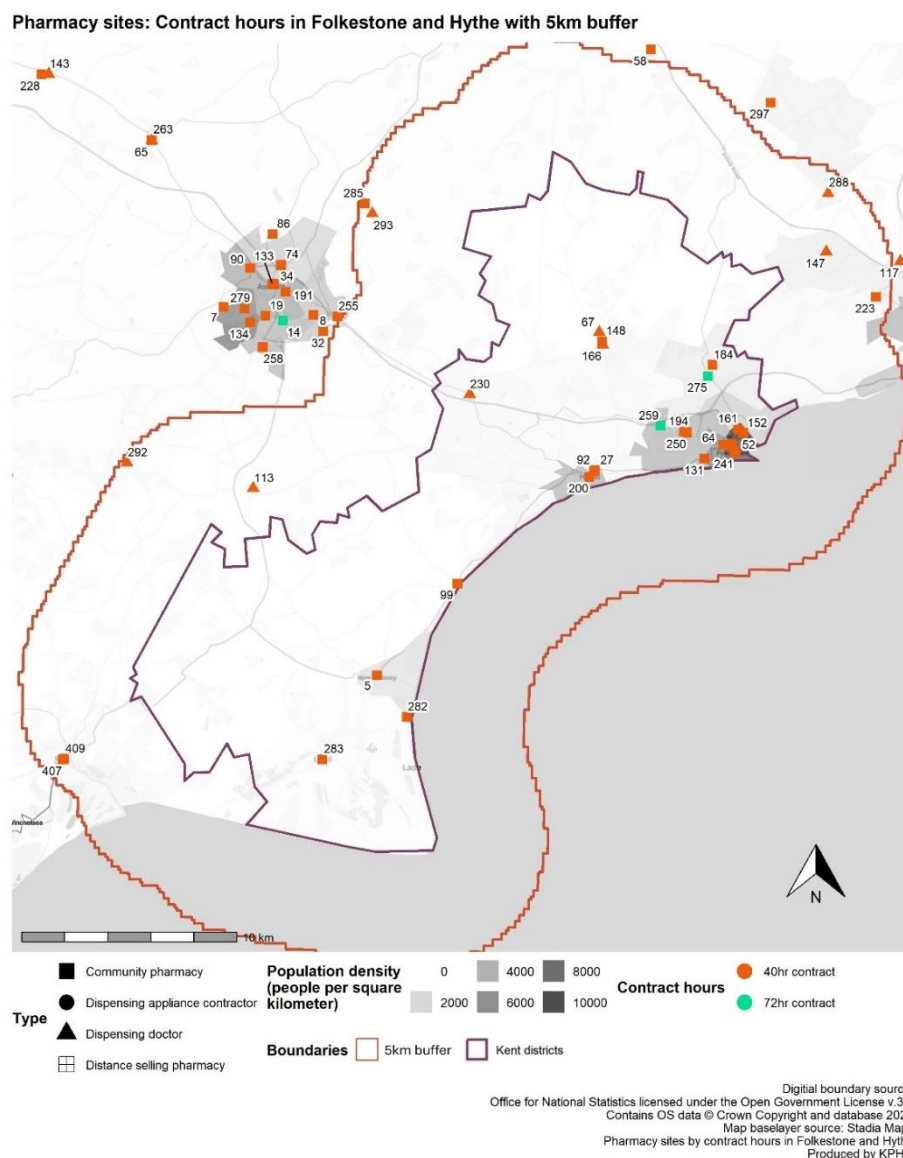
No gaps in the provision of other relevant services have been identified for Dover.

6.2.4.4 Improvements and better access: gaps in provision

No gaps have been identified in either the necessary services or any other relevant services that if provided either now or in the future (next three years) would secure improvements or better access to the essential or specified advanced and enhanced services across Dover.

6.2.5 Folkestone and Hythe

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



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

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

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

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

6.2.5.1 Necessary Services: essential services current provision

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

Of the 20 community pharmacies:

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

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

Of the 20 community pharmacies,

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

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

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

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

6.2.5.2 Necessary Services: gaps in provision

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

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

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

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

Travel analysis across Folkestone and Hythe showed:

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

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

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

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

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

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

6.2.5.3 Other relevant services: current provision

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

Table 22: Folkestone and Hythe Advanced and Enhanced Services

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

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

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

Advanced Services look to ease the burden on primary care services by providing access to a healthcare professional in a high street setting; however, the absence of a service due to a community pharmacy not signing up does not result in a gap due to the availability of services similar from other healthcare providers. The Smoking Cessation Service provision is currently low; however, this is due to the reliance on secondary care referral. More than half of the pharmacies are signed up to provide the service in Folkestone and Hythe.

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

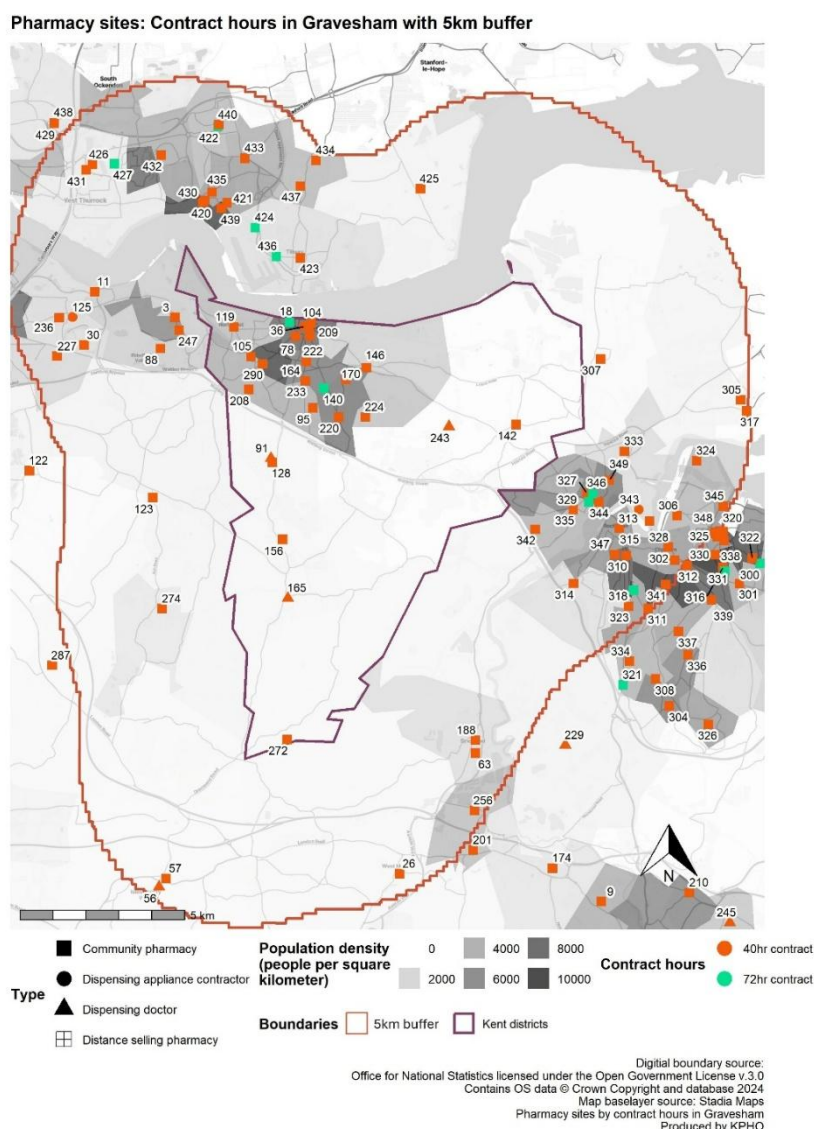
No gaps in the provision of other relevant services have been identified for Folkestone and Hythe district.

6.2.5.4 Improvements and better access: gaps in provision

No gaps have been identified in either the necessary services or any other relevant services that if provided either now or in the future (next three years) would secure improvements or better access to the essential or specified advanced and enhanced services across Folkestone and Hythe district.

6.2.6 Gravesham

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



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

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

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

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

6.2.6.1 Necessary Services: essential services current provision

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

Of the 22 community pharmacies:

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

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

Of the 22 community pharmacies:

- Six (27%) are open beyond 6 pm.
- 16 (73%) are open on Saturdays.
- Two (9%) are open on Sundays.

Access to pharmaceutical service provision is then supplemented in the more rural areas where residents live at least 1.6 kilometres away from a pharmacy with the addition of two dispensing doctor practices and one additional dispensing site across Gravesham.

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

There are also a number of accessible providers open in the neighbouring districts of Dartford, Sevenoaks and Tonbridge and Malling, as well as in Medway and Thurrock.

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

6.2.6.2 Necessary Services: gaps in provision

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

The current community pharmacy network is expected to be able to accommodate the predicted population increase of 5% by 2028 and planned housing over the next three years of 1,427 by 2028.

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

The number of households in Gravesham that own at least one car or van is 80.3% which is below the Kent level (82.5%) but above the England average (76.5%).

Travel analysis across Gravesham showed:

- 95% of the population can reach a community pharmacy in 20 minutes walking.
- 100% of the population who have access to private transport can reach a community pharmacy in 10 minutes in peak and off-peak times.
- 96% of the population can reach a community pharmacy by public transport within 20 minutes, any day and time.

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

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

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

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

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

6.2.6.3 Other relevant services: current provision

Table 23 shows the community pharmacies providing Advanced and Enhanced services in Gravesham. It is important to note a discrepancy in certain services where the percentage of pharmacies claiming payment exceeds those officially listed as signed up for the service. This may be due to pharmacies not informing the ICB of their enrolment, with the payment claim serving as a clear indication that the service is being provided.

Table 23: Gravesham Advanced and Enhanced Services

Service	Pharmacies signed up	Pharmacies providing*
Pharmacy First	21 (95%)	22 (100%)
Seasonal Influenza Vaccination	17 (77%)	21 (95%)
Pharmacy Contraception	8 (36%)	8 (36%)
Hypertension case-finding	18 (82%)	18 (82%)
New Medicine Service	20 (91%)	20 (91%)
Smoking Cessation Service	4 (18%)	0
Lateral Flow Device Tests Supply	9 (41%)	10 (45%)
COVID-19 Vaccination Service	8 (36%)	N/A

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

Advanced Services look to ease the burden on primary care services by providing access to a healthcare professional in a high street setting; however, the absence of a service due to a community pharmacy not signing up does not result in a gap due to the availability of services similar from other healthcare providers. The Smoking Cessation Service provision is currently low. This is due to the reliance on secondary care referral; however, the number of pharmacies signed up to provide the service is low in this district.

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

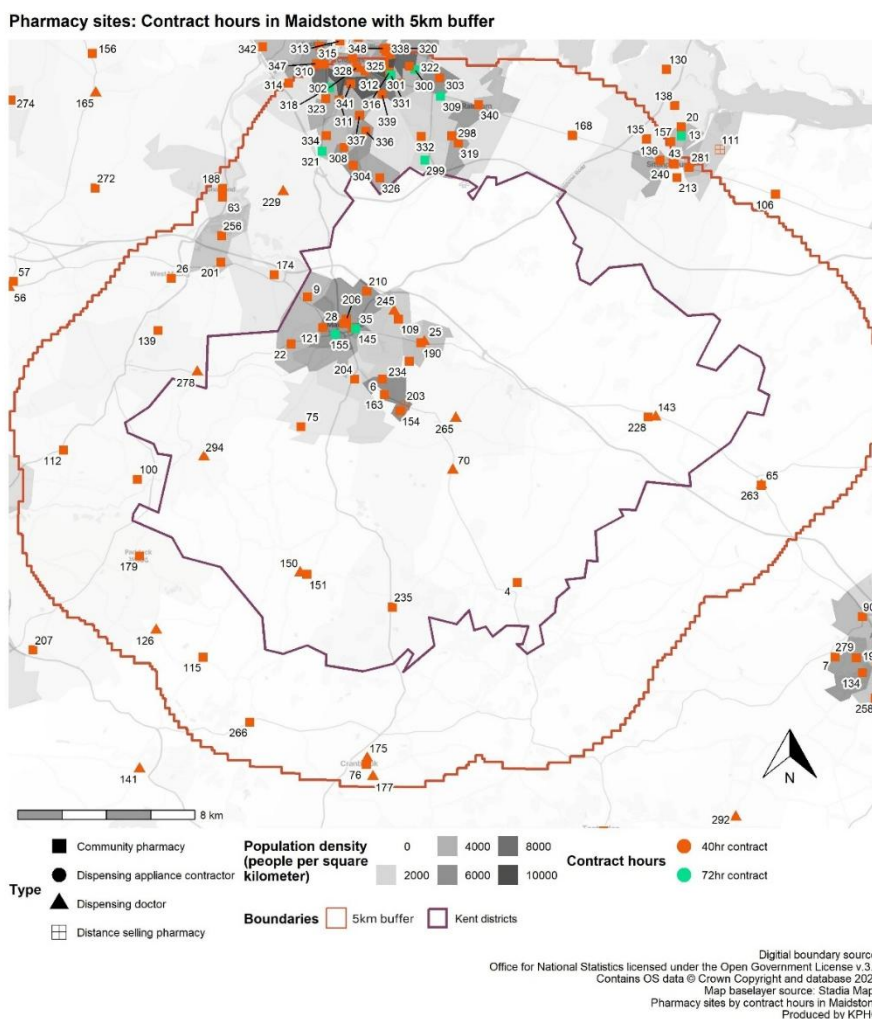
No gaps in the provision of other relevant services have been identified for Gravesham.

6.2.6.4 Improvements and better access: gaps in provision

No gaps have been identified in either the necessary services or any other relevant services that if provided either now or in the future (next three years) would secure improvements or better access to the essential or specified advanced and enhanced services across Gravesham. However, community pharmacies should be encouraged to sign up to Advanced Services to improve access where possible.

6.2.7 Maidstone

Figure 15: Providers in Maidstone and across borders (5 km)



Maidstone has a population of 184,187, of which 89.8% is White, 4.7% is Asian British, 2.1% is Black, 2.3% is mixed/multiple ethnic groups, and 1.2% is from other ethnic groups. The main languages spoken in the district, in addition to English, are Nepalese (1.2%), Polish (1.1%), Romanian (1.0%) and Bulgarian (0.7%).

Most of the population lives in the county town of Maidstone, located in the northwest of the district. Beyond the county town and its urban sprawl, most of the district is rural/semi-rural, dotted with villages, some of which contain significant concentrations of the population. The district has relatively low deprivation as a whole, with a number of areas amongst the least deprived in Kent; however, there are small pockets of high deprivation in suburban and rural areas; 2.1% of the proportion of LSOAs are in the most deprived 10% nationally.

The health of the population of Maidstone is mixed. The key health priorities are:

- The number of patients recorded with diabetes is higher than the Kent level.
- Obesity levels in the district are higher than the Kent value.

- The estimated STI testing rate (excluding chlamydia aged under 25) in Maidstone is significantly worse than the England level.
- Maidstone had the highest number of recorded veterans accessing substance misuse treatment.

6.2.7.1 Necessary Services: essential services current provision

Essential services must be provided by all community pharmacies. There are 22 community pharmacies in Maidstone district. The estimated average number of community pharmacies per 100,000 population is 11.9, which is the lowest in Kent, significantly below the county average of 15.6. There has been a reduction of one community pharmacy since the previous PNA.

Of the 22 community pharmacies:

- 19 (86%) hold a standard 40-core hour contract.
- Two (9%) are 72+hour pharmacies.

Please see Figure 15 for the location of contractors by contract type.

Of the 22 community pharmacies:

- Seven pharmacies (32%) are open after 6 pm on weekdays
- 20 pharmacies (91%) are open on Saturdays
- Three pharmacies (14%) are open on Sundays.

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

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

There are also a number of accessible providers open in the neighbouring districts of Swale, Ashford, Tunbridge Wells and Tonbridge and Malling, as well as in Medway.

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

6.2.7.2 Necessary Services: gaps in provision

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

The current community pharmacy network is expected to be able to accommodate the predicted population increase of 3% by 2028 and planned housing over the next three years of 3,051 by 2028.

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

The number of households in Maidstone that own at least one car or van is 85.4% which is above both the Kent (82.5 %) and England (76.5 %) levels.

Travel analysis across Maidstone showed:

- 85% of the population can reach a community pharmacy in 20 minutes walking.
- 100% of the population who have access to private transport can reach a community pharmacy in 10 minutes in peak and off-peak times.
- Between 84% and 96% of the population can reach a community pharmacy by public transport in 20-30 minutes, depending on the day and time.

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

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

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

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

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

6.2.7.3 Other relevant services: current provision

Table 24 shows the community pharmacies providing Advanced and Enhanced services in Maidstone. It is important to note a discrepancy in certain services where the percentage of pharmacies claiming payment exceeds those officially listed as signed up for the service. This may be due to pharmacies not informing the ICB of their enrolment, with the payment claim serving as a clear indication that the service is being provided.

Table 24: Maidstone Advanced and Enhanced Services

Service	Pharmacies signed up	Pharmacies providing*
Pharmacy First	22 (100%)	22 (100%)
Seasonal Influenza Vaccination	18 (82%)	22 (100%)
Pharmacy Contraception	21 (95%)	14 (64%)

Service	Pharmacies signed up	Pharmacies providing*
Hypertension case-finding	21 (95%)	20 (91%)
New Medicine Service	20 (91%)	22 (100%)
Smoking Cessation Service	13 (59%)	0
Lateral Flow Device Tests Supply	17 (77%)	14 (64%)
COVID-19 Vaccination Service	15 (68%)	N/A

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

Advanced Services look to ease the burden on primary care services by providing access to a healthcare professional in a high street setting; however, the absence of a service due to a community pharmacy not signing up does not result in a gap due to the availability of services similar from other healthcare providers. The Smoking Cessation Service provision is currently low; however, this is due to the reliance on secondary care referral. More than half of the pharmacies are signed up to provide the service in the Maidstone district.

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

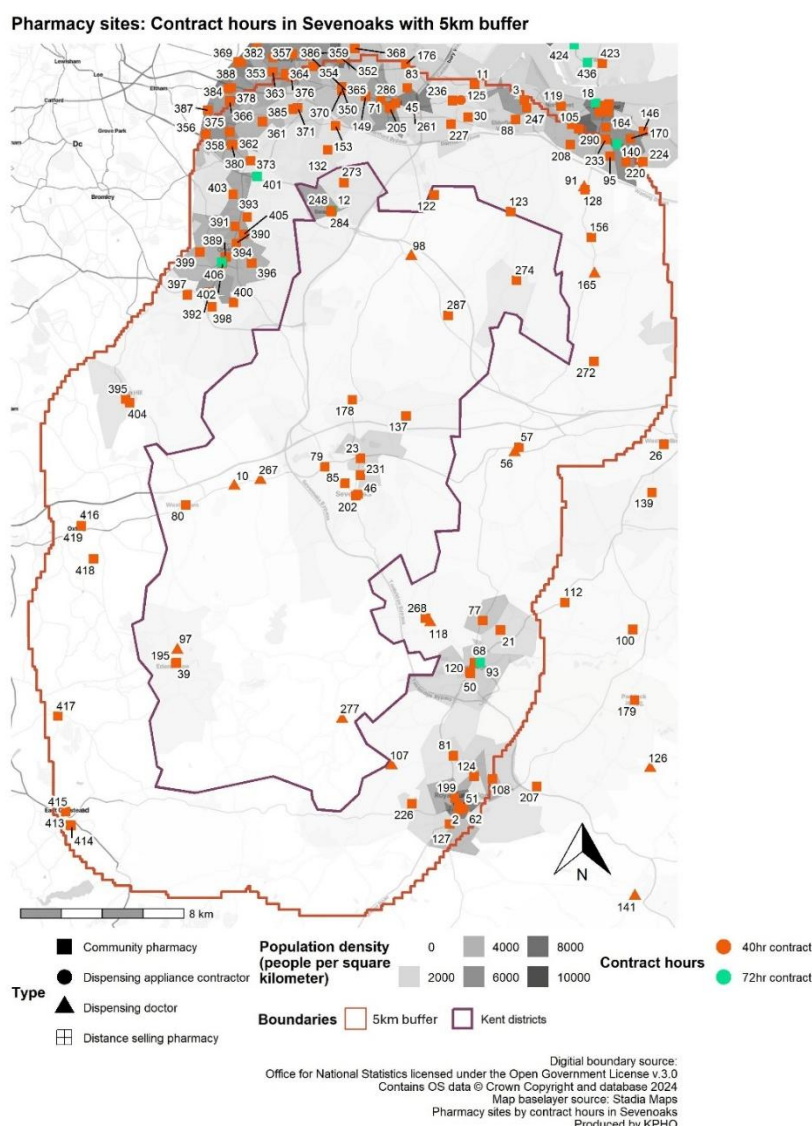
No gaps in the provision of other relevant services have been identified for Maidstone.

6.2.7.4 Improvements and better access: gaps in provision

No gaps have been identified in either the necessary services or any other relevant services that if provided either now or in the future (next three years) would secure improvements or better access to the essential or specified advanced and enhanced services across Maidstone.

6.2.8 Sevenoaks

Figure 16: Providers in Sevenoaks and across borders (5 km)



Sevenoaks has a population of 121,262, of which 92.1% is White, 2.9% % is Asian British, 1.6% is Black, 2.6% is mixed/multiple ethnic groups, and 0.8% is from other ethnic groups. No other language than English is spoken as a first language by more than 0.5% of the residents.

The district is relatively sparsely populated, second only to Ashford. There are two main urban centres, Sevenoaks and Swanley, where population density is relatively higher, the latter being much more densely populated. There are two small towns in the south-west of the district, but much of the south is rural. Average deprivation is very low across the district, and average deprivation is one of the lowest in Kent.

The population of Sevenoaks is generally healthy. Some of the health challenges are:

- People living with cancer in the district is higher than the Kent level.
- The estimated STI testing rate (excluding chlamydia aged under 25) in Sevenoaks is higher than the England level.

6.2.8.1 Necessary Services: essential services current provision

Essential services must be provided by all community pharmacies. There are 18 community pharmacies in Sevenoaks. The estimated average number of community pharmacies per 100,000 population is 14.8, which is lower than the Kent average of 15.6. There has been a reduction of three community pharmacies since the previous PNA.

Of the 18 community pharmacies:

- 17 (94%) hold a standard 40-core hour contract.
- One (6%) is a 72+hour pharmacy.

Please see Figure 16 for the location of contractors by contract type.

Of the 18 community pharmacies:

- 4 (22%) are open beyond 6 pm.
- 17 (94%) are open on Saturdays.
- 2 (11%) are open Sundays.

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

There are also a number of accessible providers open in the neighbouring districts of Dartford to the north, Gravesham to the northeast, Tonbridge and Malling to the east, and Tunbridge Wells to the southeast, as well as Tandridge in Surrey, Mid Sussex in West Sussex and the London boroughs of Bromley and Bexley.

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

6.2.8.2 Necessary Services: gaps in provision

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

The current community pharmacy network is expected to be able to accommodate the predicted population increase of 5% by 2028 and the planned housing over the next three years of 718 by 2028.

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

The number of households in Sevenoaks that own at least one car or van is 88.6% which is higher than both the Kent (82.5 %) and England (76.5%) averages.

Travel analysis across Sevenoaks showed:

- 73% of the population can reach a community pharmacy in 20 minutes walking.

- 100% of the population who have access to private transport can reach a community pharmacy in 10 minutes in peak and off-peak times.
- Between 77 to 96% of the population can reach a community pharmacy in 20-30 minutes via public transport.

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

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

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

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

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

6.2.8.3 Other relevant services: current provision

Table 25 shows the community pharmacies providing Advanced and Enhanced services in Sevenoaks.

Table 25: Sevenoaks Advanced and Enhanced Services

Service	Pharmacies signed up	Pharmacies providing*
Pharmacy First	17 (94%)	17 (94%)
Seasonal Influenza Vaccination	17 (94%)	16 (89%)
Pharmacy Contraception	13 (72%)	11 (61%)
Hypertension case-finding	16 (89%)	14 (78%)
New Medicine Service	16 (89%)	15 (83%)
Smoking Cessation Service	8 (14%)	0
Lateral Flow Device Tests Supply	12 (67%)	10 (56%)
COVID-19 Vaccination Service	8 (44%)	N/A

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

Advanced Services look to ease the burden on primary care services by providing access to a healthcare professional in a high street setting; however, the absence of a service due to a community pharmacy not signing up does not result in a gap due to the availability of services similar from other healthcare providers. The Smoking Cessation Service provision is currently low. This is due to the reliance on secondary care referral; however, the number of pharmacies signed up to provide the service is low in this district.

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

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

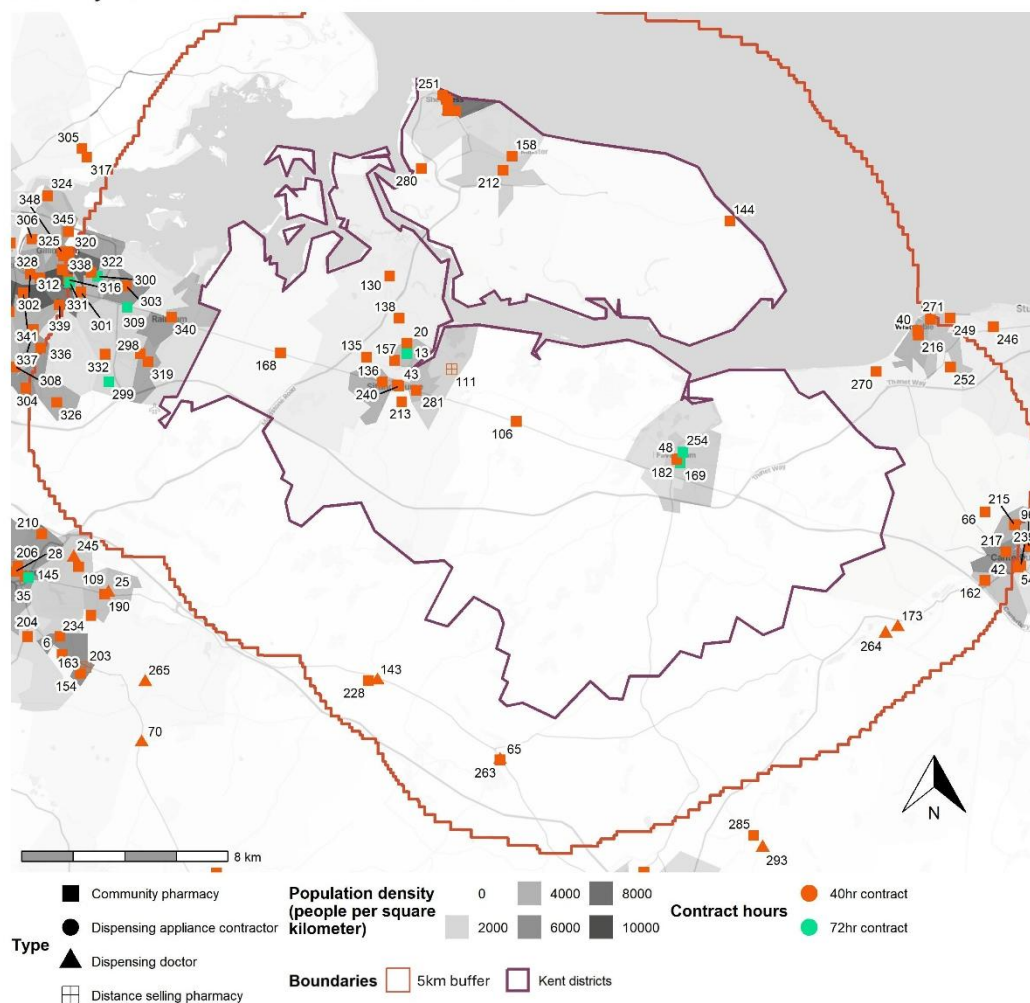
6.2.8.4 Improvements and better access: gaps in provision

No gaps have been identified in either the necessary services or any other relevant services that if provided either now or in the future (next three years) would secure improvements or better access to the essential or specified advanced and enhanced services across Sevenoaks.

6.2.9 Swale

Figure 17: Providers in Swale and across borders (5 km)

Pharmacy sites: Contract hours in Swale with 5km buffer



Digital boundary source:
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Contains OS data © Crown Copyright and database 2024
Map baselayer source: Stadia Maps
Pharmacy sites by contract hours in Swale
Produced by KPHO

Swale has a population of 155,893, of which 93.8% is White, 1.5% is Asian British, 2.3% is Black, 1.8% is mixed/multiple ethnic groups, and 0.5% is from other ethnic groups. The main languages spoken in the district, in addition to English, are Romanian (0.7%) and Polish (0.7%).

The population is concentrated in and around the three main towns of Sittingbourne, Sheerness and Faversham. Beyond these towns, the district is rural and sparsely populated. The district contains the Isle of Sheppey, which is separated from the mainland by The Swale waterway, and a significant prison population at HMPs Elmley, Stanford Hill and Swaleside. Swale is the second most deprived district in Kent; 18.8% of the proportion of LSOAs are in the most deprived 10% nationally.

The population of Swale has some health challenges as listed below:

- The district has a higher proportion of CVD compared to the Kent level.

- The number of people in Swale living with diabetes is higher than the Kent average.
- The number of people registered with respiratory disease is higher than the Kent level.
- Obesity levels are higher in the district than in Kent.
- The under 18 conception rates per 1,000 in Swale are significantly worse than in England.

6.2.9.1 Necessary Services: essential services current provision

Essential services must be provided by all community pharmacies. There are 28 community pharmacies in Swale. The estimated average number of community pharmacies per 100,000 population is 18.0, which is significantly higher than the Kent average of 15.6. There has been a reduction of one pharmacy compared with the last PNA.

Of the 28 community pharmacies:

- 24 (86%) hold a standard 40-core hour contract.
- Three (11%) are 72+hour pharmacies.
- One (3%) is a DSP.

Please see Figure 17 for the location of contractors by contract type.

Of the 28 community pharmacies:

- 11 (39%) are open beyond 6 pm.
- 22 (79%) are open Saturdays.
- Four (14%) are open Sundays.

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

There are also a number of accessible providers open in the neighbouring districts of Maidstone, Ashford and Canterbury, as well as in Medway.

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

6.2.9.2 Necessary Services: gaps in provision

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

The current community pharmacy network is expected to be able to accommodate the predicted population increase of 4% by 2028 and planned housing over the next three years of 3,512 by 2028.

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

The number of households in Swale that own at least one car or van is 83.4% which is above the Kent level (82.5%) and the England average (76.5%).

Travel analysis across Swale showed:

- 79% of the population can reach a community pharmacy in 20 minutes walking; nearly 88% is within a 30 minute walking distance.
- 97% of the population who have access to private transport can reach a community pharmacy in 10 minutes in peak and off-peak times.
- Between 81% to 97% of the population can reach a community pharmacy in 20-30 minutes via public transport, depending on the day and time.

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

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

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

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

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

6.2.9.3 Other relevant services: current provision

Table 26 shows the community pharmacies providing Advanced and Enhanced services in Swale. It is important to note a discrepancy in certain services where the percentage of pharmacies claiming payment exceeds those officially listed as signed up for the service. This may be due to pharmacies not informing the ICB of their enrolment, with the payment claim serving as a clear indication that the service is being provided.

Table 26: Swale Advanced and Enhanced Services

Service	Pharmacies signed up	Pharmacies providing*
Pharmacy First	25 (89%)	27 (96%)
Seasonal Influenza Vaccination	20 (71%)	27 (96%)
Pharmacy Contraception	22 (79%)	14 (50%)
Hypertension case-finding	21 (75%)	23 (82%)
New Medicine Service	26 (93%)	26 (93%)
Smoking Cessation Service	13 (46%)	0
Lateral Flow Device Tests Supply	22 (79%)	15 (54%)
COVID-19 Vaccination Service	9 (32%)	N/A

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

Advanced Services look to ease the burden on primary care services by providing access to a healthcare professional in a high street setting; however, the absence of a service due to a community pharmacy not signing up does not result in a gap due to the availability of services similar from other healthcare providers. The Smoking Cessation Service provision is currently low; however, this is due to the reliance on secondary care referral.

Approximately half of the community pharmacies in Swale are signed up to provide the service.

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

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

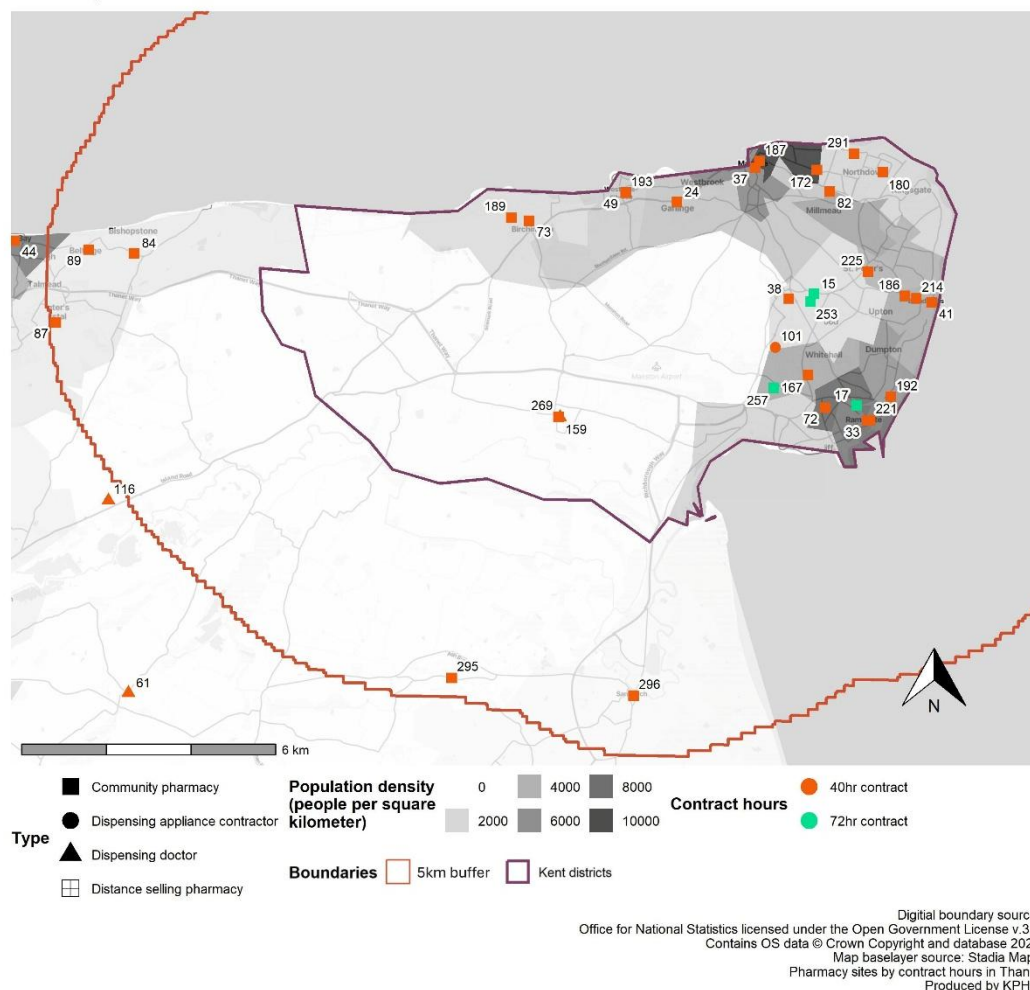
6.2.9.4 Improvements and better access: gaps in provision

No gaps have been identified in either the necessary services or any other relevant services that if provided either now or in the future (next three years) would secure improvements or better access to the essential or specified advanced and enhanced services across Swale.

6.2.10 Thanet

Figure 18: Providers in Thanet and across borders (5 km)

Pharmacy sites: Contract hours in Thanet with 5km buffer



Thanet has a population of 140,439, of which 93% is White, 2.3% is Asian British, 1.1% is Black, 2.4% is mixed/multiple ethnic groups, and 1.2% is from other ethnic groups. The main language spoken in the district, in addition to English, is Polish (0.7%).

The district is situated on the north-eastern tip of Kent, and it is predominantly coastal, with north, east and southeast facing coastlines. Population density is higher around the coastal areas of the main towns are Margate, Ramsgate and Broadstairs. The Southwestern part of the district has lower population density and is more rural. Thanet is the most deprived district in Kent, with relatively high deprivation; 21.4% of the proportion of LSOAs are in the most deprived 10% nationally. This varies across the district: here are a few small pockets of low deprivation, mostly around Broadstairs, but there is also a relatively large cluster of highly deprived areas in and around Margate.

The health of the population of Thanet has some specific challenges:

- The number of people in the district with CVD is higher than the Kent value.
- The under-75 mortality rates from cardiovascular disease are higher than the Kent average and significantly worse than the national figure.

- The number of people living with diabetes is higher than the Kent average.
- The number of people living with respiratory disease is higher than in Kent, and age-standardised under 75 mortality rates from respiratory disease are significantly worse than in England.
- The under 75 mortality rates from cancer are significantly worse than in England.
- Care records for both mental health and depression are higher than the Kent levels.
- Obesity levels in the district are higher than the Kent average.
- The under-18 conception rates per 1,000 in Thanet are significantly worse than in England.

6.2.10.1 Necessary Services: current provision

Essential services must be provided by all community pharmacies. There are 26 community pharmacies in Thanet. The estimated average number of community pharmacies per 100,000 population is 18.5, which is higher than the Kent average of 15.6. There has been a reduction of four community pharmacies since the previous PNA.

Of the 26 community pharmacies:

- 22 (85%) hold a standard 40-core hour contract.
- Four (15%) are 72+hour pharmacies.

Please see Figure 18 for the location of contractors by contract type.

Of the 26 community pharmacies:

- Seven (27%) are open beyond 6 pm.
- 20 (77%) are open Saturdays.
- Five (19%) are open Sundays.

Access to pharmaceutical service provision is then supplemented in the more rural areas where residents live at least 1.6 kilometres away from a pharmacy with the addition of one dispensing doctor site across Thanet. Residents also have access to DSPs in the county and nationwide, and to one DAC in the district, as well as those available throughout England.

There are also a number of accessible providers open in the neighbouring districts of Canterbury and Dover.

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

6.2.10.2 Necessary Services: gaps in provision

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

The current community pharmacy network is expected to be able to accommodate the predicted population increase of 8% by 2028 and planned housing over the next three years of 4,152 by 2028.

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

The number of households in Thanet that own at least one car or van is 73.9% which is the lowest district in Kent, significantly below the county average (82.5%) and also lower than the England average (76.5%).

Travel analysis across Thanet showed:

- 93% of the population can reach a community pharmacy in 20 minutes walking.
- 100% of the population who have access to private transport can reach a community pharmacy in 10 minutes in peak and off-peak times.
- Between 96% to 100% of the population can reach a community pharmacy in 20-30 minutes via public transport, depending on the day and time.

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

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

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

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

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

6.2.10.3 Other relevant services: current provision

Table 27 shows the community pharmacies providing Advanced and Enhanced services in Thanet. It is important to note a discrepancy in certain services where the percentage of pharmacies claiming payment exceeds those officially listed as signed up for the service. This may be due to pharmacies not informing the ICB of their enrolment, with the payment claim serving as a clear indication that the service is being provided.

Table 27: Thanet Advanced and Enhanced Services

Service	Pharmacies signed up	Pharmacies providing*
Pharmacy First	26 (100%)	26 (100%)
Seasonal Influenza Vaccination	26 (100%)	26 (100%)
Pharmacy Contraception	25 (96%)	21 (81%)
Hypertension case-finding	26 (100%)	25 (96%)
New Medicine Service	26 (100%)	26 (100%)
Smoking Cessation Service	12 (46%)	0
Lateral Flow Device Tests Supply	25 (96%)	19 (73%)
COVID-19 Vaccination Service	10 (38%)	N/A

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

Advanced Services look to ease the burden on primary care services by providing access to a healthcare professional in a high street setting; however, the absence of a service due to a community pharmacy not signing up does not result in a gap due to the availability of services similar from other healthcare providers. The Smoking Cessation Service provision is currently low; however, this is due to the reliance on secondary care referral.

Approximately half of the pharmacies are signed up to provide the service.

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

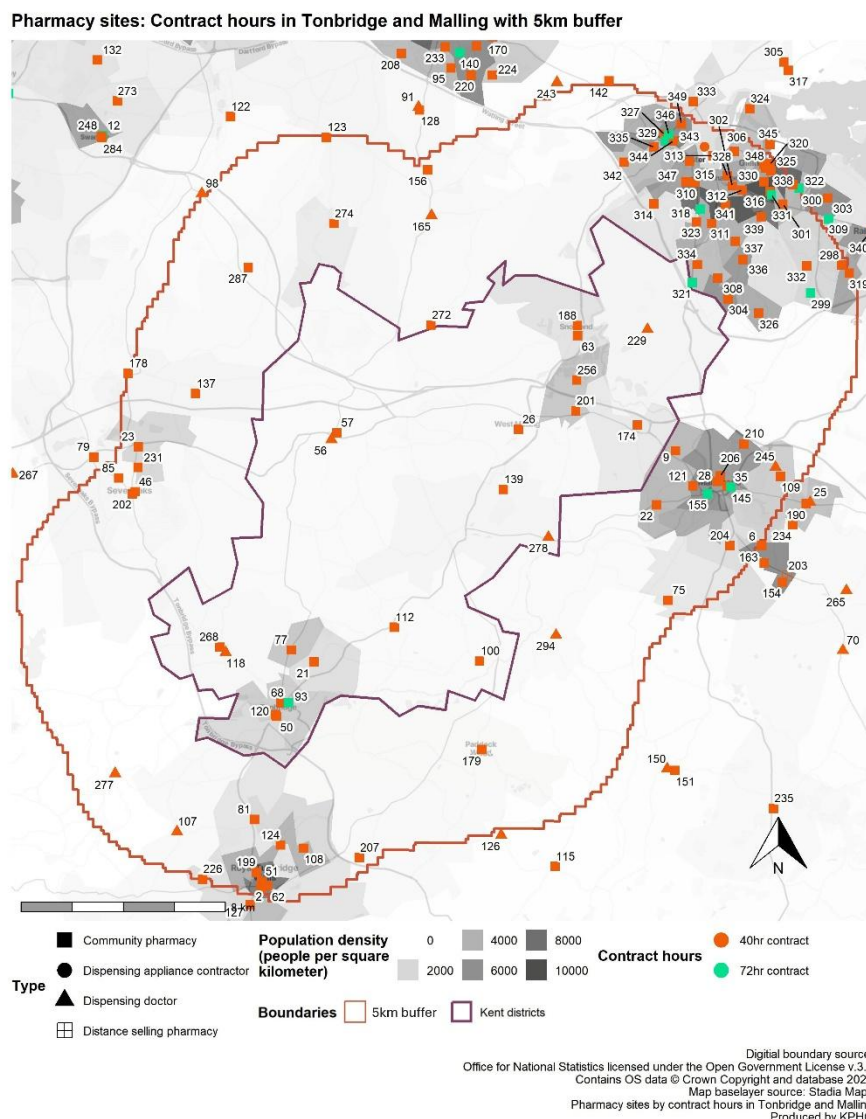
No gaps in the provision of other relevant services have been identified for Thanet.

6.2.10.4 Improvements and better access: gaps in provision

No gaps have been identified in either the necessary services or any other relevant services that if provided either now or in the future (next three years) would secure improvements or better access to the essential or specified advanced and enhanced services across Thanet.

6.2.11 Tonbridge and Malling

Figure 19: Providers in Tonbridge and Malling and across borders (5 km)



Tonbridge and Malling have a population of 135,206, of which 93.3% is White, 2.9% is Asian British, 1% is Black, 2.2% is mixed/multiple ethnic groups, and 0.6% is from other ethnic groups. No other language than English is spoken as a first language by more than 0.5% of the residents.

The population is concentrated in the north and south of the district. The rest of the district is mainly rural, with large villages throughout the district, with significant concentrations of the population. Average deprivation is low across the district, and average deprivation is one of the lowest in Kent.

Tonbridge and Malling is generally a very healthy district, performing better than Kent and England levels for most indicators.

6.2.11.1 Necessary Services: current provision

Essential services must be provided by all community pharmacies. There are 17 community pharmacies. The estimated average number of community pharmacies per 100,000 population is 12.6, which is lower than the Kent average of 15.6. There has been a reduction of one community pharmacy since the previous PNA.

Of the 17 community pharmacies.

- 16 (94%) that hold a standard 40-core hour contract.
- One (6%) is a 72+hour pharmacy.

Please see Figure 19 for the location of contractors by contract type.

Of the 17 community pharmacies.

- Five (29%) are open beyond 6 pm.
- 16 (94%) are open on Saturdays.
- Three (18%) are open Sundays.

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

There are also a number of accessible providers open in the neighbouring districts of Maidstone, Tunbridge Wells, Sevenoaks and Gravesham, as well as in Medway.

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

6.2.11.2 Necessary Services: gaps in provision

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

The current community pharmacy network is expected to be able to accommodate the predicted population increase of 5% by 2028 and planned housing over the next three years of 1,385 by 2028.

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

The number of households in Tonbridge and Malling that own at least one car or van is 87.7% which is above the Kent level (82.5%) and above the England level (76.5%).

Travel analysis across Tonbridge and Malling showed:

- 81% of the population can reach a community pharmacy in 20 minutes walking.
- 100% of the population who have access to private transport can reach a community pharmacy in 10 minutes in peak and off-peak times.

- Between 85% to 97% of the population can reach a community pharmacy in 20-30 minutes via public transport.

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

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

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

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

No gaps in the provision of Necessary Services have been identified for Tonbridge and Malling.

6.2.11.3 Other relevant services: current provision

Table 28 shows the community pharmacies providing Advanced and Enhanced services in Tonbridge and Malling.

Table 28: Tonbridge and Malling Advanced and Enhanced Services

Service	Pharmacies signed up	Pharmacies providing*
Pharmacy First	17 (100%)	17 (100%)
Seasonal Influenza Vaccination	17 (100%)	17 (100%)
Pharmacy Contraception	17 (100%)	13 (76%)
Hypertension case-finding	17 (100%)	17 (100%)
New Medicine Service	17 (100%)	17 (100%)
Smoking Cessation Service	10 (59%)	0
Lateral Flow Device Tests Supply	15 (88%)	13 (76%)
COVID-19 Vaccination Service	10 (59%)	N/A

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

Advanced Services look to ease the burden on primary care services by providing access to a healthcare professional in a high street setting; however, the absence of a service due to a community pharmacy not signing up does not result in a gap due to the availability of services similar from other healthcare providers. The Smoking Cessation Service provision is currently low; however, this is due to the reliance on secondary care referral. Over half of the pharmacies are signed up to provide the service in Tonbridge and Malling.

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

No gaps in the provision of other relevant services have been identified for Tonbridge and Malling.

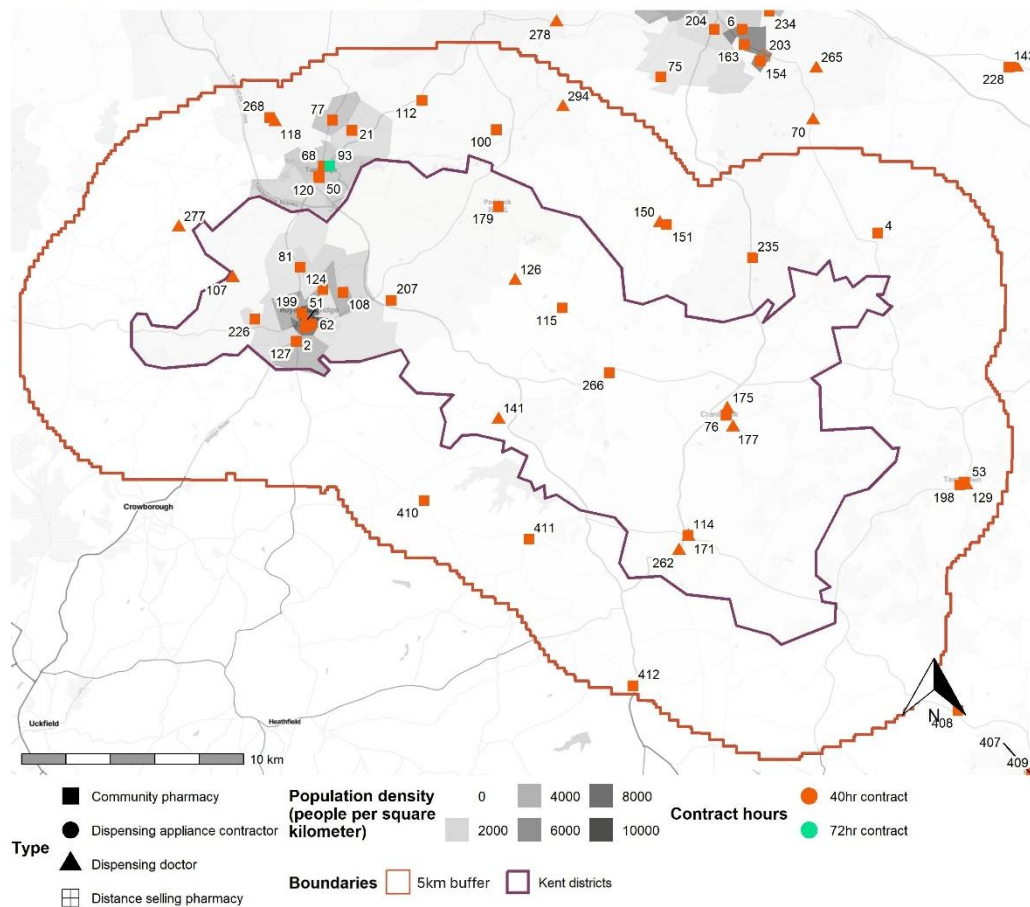
6.2.11.4 Improvements and better access: gaps in provision

No gaps have been identified in either the necessary services or any other relevant services that if provided either now or in the future (next three years) would secure improvements or better access to the essential or specified advanced and enhanced services across Tonbridge and Malling.

6.2.12 Tunbridge Wells

Figure 20: Providers in Tunbridge Wells and across borders (5 km)

Pharmacy sites: Contract hours in Tunbridge Wells with 5km buffer



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

Tunbridge Wells has a population of 117,020, of which 91.5% is White, 4% is Asian British, 1% is Black, 2.6% is mixed/multiple ethnic groups, and 1% is from other ethnic groups. The main languages spoken in the district, in addition to English, are Polish (0.8%) and Romanian (0.5%).

The population density is higher in and around the urban area of Royal Tunbridge Wells in the west of the district. Beyond this, the district is largely rural and sparsely populated, although there are two large villages in the east and a small town in the north. Average deprivation is low across the district, and average deprivation is one of the lowest in Kent.

The number of households in Tunbridge Wells that own at least one car or van is 84.5% which is above the Kent level (82.5%) and the England average (76.5%).

Tunbridge Wells is a very healthy district, with improved outcomes compared to the county average.

6.2.12.1 Necessary Services: current provision

Essential services must be provided by all community pharmacies. There are 15 community pharmacies in Tunbridge Wells. The estimated average number of community pharmacies per 100,000 population is 12.8, which is lower than the Kent average of 15.6. There has been a reduction of one community pharmacy since the previous PNA.

All of the 15 community pharmacies hold a standard 40-core hour contract.

Please see Figure 20 for the location of contractors by contract type.

Of the 15 community pharmacies:

- Five (33%) are open beyond 6 pm.
- 14 (93%) are open Saturdays.
- One (7%) is open on Sundays.

Access to pharmaceutical service provision is then supplemented in the more rural areas where residents live at least 1.6 kilometres away from a pharmacy with the addition of six dispensing doctor practices plus one additional dispensing branch. Residents also have access to DSPs in the county and nationwide.

There are also a number of accessible providers open in the neighbouring districts of Sevenoaks, Tonbridge and Malling, Maidstone and Ashford, as well as in East Sussex and West Sussex.

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

6.2.12.2 Necessary Services: gaps in provision

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

The current community pharmacy network is expected to be able to accommodate the predicted population increase of 3% by 2028 and planned housing over the next three years of 1,569 by 2028.

To secure access at the weekend and evenings, there are 14 pharmacies open on Saturday and one pharmacy is open on Sunday in Tunbridge Wells. Details are found in Appendix A.

Travel analysis across Tunbridge Wells showed:

- 80% of the population can reach a community pharmacy in 20 minutes walking, and 87% within 30 minutes.
- 100% of the population who have access to private transport can reach a community pharmacy in 10 minutes in peak and off-peak times.
- Between 80% to 99% of the population can reach a community pharmacy in 20-30 minutes via public transport, depending on the day and time.

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

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

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

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

No gaps in the provision of Necessary Services have been identified for Tunbridge Wells.

6.2.12.3 Other relevant services: current provision

Table 29 shows the community pharmacies providing Advanced and Enhanced services in Tunbridge Wells. It is important to note a discrepancy in certain services where the percentage of pharmacies claiming payment exceeds those officially listed as signed up for the service. This may be due to pharmacies not informing the ICB of their enrolment, with the payment claim serving as a clear indication that the service is being provided.

Table 29: Tunbridge Wells Advanced and Enhanced Services

Service	Pharmacies signed up	Pharmacies providing*
Pharmacy First	14 (93%)	14 (93%)
Seasonal Influenza Vaccination	13 (87%)	13 (87%)
Pharmacy Contraception	10 (67%)	8 (53%)
Hypertension case-finding	11 (73%)	11 (73%)
New Medicine Service	13 (87%)	14 (93%)
Smoking Cessation Service	9 (60%)	0
Lateral Flow Device Tests Supply	12 (80%)	10 (67%)
COVID-19 Vaccination Service	3 (20%)	N/A

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

Advanced Services look to ease the burden on primary care services by providing access to a healthcare professional in a high street setting; however, the absence of a service due to a community pharmacy not signing up does not result in a gap due to the availability of services similar from other healthcare providers. The Smoking Cessation Service provision is currently low; however, this is due to the reliance on secondary care referral. More than half of the pharmacies are signed up to provide the service in Tunbridge Wells.

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

No gaps in the provision of other relevant services have been identified for Tunbridge Wells.

6.2.12.4 Improvements and better access: gaps in provision

No gaps have been identified in either the necessary services or any other relevant services that if provided either now or in the future (next three years) would secure improvements or better access to the essential or specified advanced and enhanced services across Tunbridge Wells.

6.3 Kent pharmaceutical services and health needs

Kent is the fifth most populous county in England and the most populous of the home counties, with an estimated population of 1,610,251 in 2023, having grown by 8.1% since 2013. The largest districts are Maidstone (184k) and Canterbury (160k). Kent's population has a higher proportion of older adults (65+) than the England average (20.5% vs 18.7%). Life expectancy is slightly higher than England; 79.3 years for males and 83.3 for females, but varies across districts, being lowest in coastal and deprived areas. (See [Section 2.9.1](#))

From the 2021 Census, 89.4% identify as White, 4.4% as Asian British, 2.6% as Black, 2.3% as mixed/multiple ethnic groups and 1.2% as from other ethnic groups. Asian British and Black ethnic groups are the second and third respective ethnic minorities.

Kent has a notable Gypsy, Roma and Traveller population with 0.3% identifying as such. In 2021, 9% of residents provided unpaid care, and 17.9% were disabled (compared to 17.3% in England).

There are 98 distinct languages spoken in Kent, and 37 are spoken by at least 500 people. The top five spoken languages are English (89.8%), Polish (0.7%), Nepalese (0.6%), and Romanian (0.6%). Nepalese 0.5% and Panjabi 0.3%. Most districts have residents with these languages, to which Gravesham adds a high number of Panjabi speakers (3.7% of the district's residents). (See [Section 2.9.5](#)).

Kent ranks 95th out of 154 Upper Tier local authorities in the Index of Multiple Deprivation (2019). Thanet and Swale have the highest levels of deprivation, while Sevenoaks, Tonbridge and Malling, and Tunbridge Wells are the least deprived. Health inequalities are marked by a 7.8-year life expectancy gap for men and 5.6 years for women between the most and least deprived areas.

The highest levels of deprivation can be seen in both coastal regions and urban areas. (See [Section 2.9.10](#))

Kent includes both urban centres and large rural areas, with many people living in small towns, villages, or the countryside. This rural nature brings unique challenges, particularly around access to healthcare, transport, and digital connectivity. Some residents may face longer travel times to reach services like GPs, pharmacies or hospitals, and public transport can be limited, especially in more remote communities.

Kent has a mixture of health needs due to variations in deprivation across the county: (See [Section 2.10](#)).

- Cardiovascular disease: Under-75 mortality rates from cardiovascular disease in the county are lower than the England value. There are an estimated 86,000 people living in Kent with CVD. Higher rates are in Thanet, Swale and Dover.
- Diabetes: There are an estimated 105,000 people living in Kent with diabetes, or a rough estimation of 6.01% of the total population. The highest prevalence is recorded in the Asian population and deprived areas. The districts with the highest prevalence are Gravesham, Dartford, Swale, Thanet and Maidstone.
- Respiratory disease: There are an estimated 121,000 cases in Kent, with an average that matches England. The districts with particularly high prevalence are Thanet and Dover.
- Cancer: For patients living with cancer, the Kent and Medway Care Record estimated 74,000 people, or 4.26% of the total population. Kent nearly matches the England cancer levels. Canterbury has the highest recorded prevalence.
- Dementia: There are an estimated 14,000 people living in Kent with Dementia, or an estimated 0.8% of the total population. Dartford and Canterbury have a significantly higher prevalence than Kent.
- Mental health: There are an estimated 227,000 (13%) people living with depression in Kent, and an estimated 15,000 (0.9%) people living with severe mental illness. 47% of probation service users reported a mental health condition.

Behavioural risk factors: (See [Section 2.11](#))

- Obesity affects 27.8% of adults; excess weight prevalence is 67%. Both indicators are higher in the county than the England average.
- Smoking prevalence is 11.4% (2023), with 6,000 deaths annually attributable to smoking.
- Substance misuse: Approximately 81,000 residents use illegal drugs; treatment access remains limited for opiate/crack users (63% unmet need).

- Alcohol misuse: Hospital admissions are rising, currently at 412 per 100,000; over 2,000 people are in treatment for alcohol dependency.
- Sexual Health: STI testing rates across the county are worse compared to England, except for Dartford, which has similar test rates, and Canterbury, which has better test rates. Thanet and Swale have higher (worse) rates of under 18 conception compared to England and the rest of Kent.
- Immunisations and Vaccinations: In the year 23/24, Kent's population vaccination coverage for MMR and Flu was better compared to England.

In nearly all these clinical conditions, it should be noted that prevalence among certain ethnic groups is disproportionately higher. This has been recorded for Asian British, Black and other ethnic groups.

Vulnerable groups: (See [Section 2.12](#))

- Coastal communities face the highest burden of chronic illness and premature mortality.
- Homeless populations have high rates of mental illness, long-term conditions, and substance misuse.
- Prison and probation populations experience complex health issues, with 47% reporting mental illness and 20% drug misuse.
- Asylum seekers and refugees face barriers to healthcare access, with mental and communicable diseases prevalent.
- Veterans report issues accessing appropriate care; alcohol misuse is more common than drug misuse in this group.
- Gypsy, Roma and Traveller communities in Kent experience poorer health outcomes, including higher childhood illness, long-term conditions, and mental health issues. This is linked to poor living conditions, unhealthy behaviours, and barriers to accessing services.

Visitors to Kent totalled around 66 million in 2023. Visitors typically have similar health needs to the resident population. As most stay for a short time, their needs are likely limited to acute treatment, repeat medication, self-care advice, or signposting to services such as NHS 111.

By 2028, Kent's population is projected to reach 1.74 million, with growth (+5%) driven by housing developments, natural change, and migration, with the biggest increases among people aged 65 and over. This will place more demand on health and care services, especially for long-term conditions, dementia, and end-of-life care.

6.3.1 Necessary Services: essential services current provision across Kent

There are 251 community pharmacies (including two DSPs) in Kent at the time of writing in April 2025, based on the pharmacy list correct as of March 2025. The estimated average number of community pharmacies per 100,000 population is 15.6. There has been a reduction of 23 community pharmacies since the previously published PNA, where no gaps in Necessary Service provision were identified.

Of the 251 community pharmacies (at the time of writing):

- 229 (91%) pharmacies hold a standard 40-core hour contract.
- 20 (8%) hold a 72+hour pharmacy.
- Two (1%) are Distance Selling Pharmacies.

The majority of community pharmacies (210 (84%)) are open on Saturdays, and 83 (33%) open after 6 pm on weekdays. There are also 40 pharmacies (16%) open on Sundays in Kent.

Access to pharmaceutical service provision is then supplemented in the more rural areas where residents live at least 1.6 kilometres away from a pharmacy with the addition of 41 dispensing doctor practices, plus three additional dispensing branches across Kent. Residents also have access to DSPs in the county and nationwide.

There are also two Dispensing Alliance Contractors in Kent (in Dartford and Thanet), in addition to those available throughout England.

There are also a number of accessible providers open in the neighbouring HWBs in Thurrock and Medway to the north, East Sussex to the south-west, Surrey to the west, and the London boroughs of Bromley and Bexley to the north-west.

The number and locations of the community pharmacies across Kent are reflective of the mix of rural and urban make up of Kent.

6.3.2 Necessary Services: essential services gaps in provision across Kent

Based on the spread of community pharmacies across the county, which is supported by the dispensing doctor sites across rural areas, and DSPs within and outside of the county, there is adequate access to the essential services across Kent.

Table 30 below shows the number of community pharmacies (including DSPs) across Kent in 2025 compared with the previous PNA in 2022.

Table 30: Number of community pharmacies across Kent in 2022 and 2025

District	Number of CPs 2022	Number of CPs 2025
Ashford	20	19
Canterbury	30	26
Dartford	20	18
Dover	20	20
Folkestone and Hythe	23	20
Gravesham	22	22
Maidstone	23	22
Sevenoaks	21	18
Swale	29	28
Thanet	30	26

District	Number of CPs 2022	Number of CPs 2025
Tonbridge and Malling	18	17
Tunbridge Wells	16	15
Kent	272	251

There has been a reduction in the number of community pharmacies per district, except for Dover and Gravesham, and an overall reduction of 21 across Kent. Despite the reduction in the number of community pharmacies across Kent, access is still considered reasonable. The independent government economic evaluation of pharmacies⁷⁴ and the rurality of the county and the districts therein have been considered when making this assessment.

To support access at the weekend and evenings, there are 20 72-hour pharmacies in Kent, complemented by other pharmacies with a 40-hour contract that are open in evenings and weekends. Details are found in Appendix A.

The number of households in Kent that own at least one car or van is 82.5%, which is above the England average. All districts within Kent are higher than the England average (76.5.%) apart from Thanet, which is 73.9%. (See [Section 3.9.1.1](#)).

Travel analysis across Kent showed: (See [Section 3.9.1.2](#)).

- 81% of the population can reach a community pharmacy in 20 minutes walking.
- 99% of the population who have access to private transport can reach a community pharmacy in 20 minutes in peak and off-peak times.
- 94% of the population can reach a community pharmacy in 20 minutes by public transport on weekdays, rising to 98% within 30 minutes on a weekday morning. During the weekend, it varies between 84%-93% of the population within 20 minutes and 89%-96% within 30 minutes. The Council is undertaking a strategic transport review of the transport infrastructure.

Individuals are generally able to access a pharmacy within a reasonable travel time during core weekday hours, including those living in more rural areas of Kent. However, during evenings and weekends, there is limited access to pharmacy services across some districts. Details are available in a separate Appendix G. Unlike other healthcare services, pharmacies may not routinely open during these periods. While this does represent a reduction in local access during out-of-hours periods, it is consistent with national patterns of pharmacy availability. Additionally, there is no identified evidence of unmet need or adverse outcomes arising from this. (See [Section 3.9.2](#)).

⁷⁴ Economic Analysis of NHS Pharmaceutical Services in England. March 2025. [Accessed April 2025]
<https://www.frontier-economics.com/media/aazb0awt/frontier-igvia-economic-analysis-pharmacy-final-report-web.pdf>

The county population growth is projected to increase over the next three years to 2028 by 5% and planned housing⁷⁵ over the next three years to 30,582 by 2028 (correct as of 31 March 2023). The current community pharmacy network is expected to be able to accommodate the predicted population and dwelling increase over the next three years. (See [Section 2.9.3](#) and [2.9.4](#)).

With projected increases in population and corresponding demand, pharmacies may experience increased footfall and service pressures. While current access is considered adequate, this assessment assumes that existing pharmacies will adapt to meet rising demand. Pharmacies may wish to consider how they can manage increasing demand at individual premises through optimising skill mix, adopting digital health tools, and exploring innovative approaches such as hub and spoke models, automation, and artificial intelligence to improve efficiency and capacity.

While there is no identified gap in provision, local commissioners should consider and be aware of pharmaceutical service access when commissioning other services, such as extended access or out of hour services across Kent.

For these reasons, it is considered that there is currently no gap in provision across Kent.

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

No gaps in the provision of Necessary Services have been identified for Kent HWB.

6.3.3 Other relevant services: current provision

Table 14 in [Section 3.10](#) shows the pharmacies providing Advanced and Enhanced services in the Kent HWB area. Regarding access to **Advanced** services, it can be seen that there is very good availability of Pharmacy First (99%), flu vaccination (96%), NMS (95%), hypertension case-finding (90%) and pharmacy contraception (82%). There is currently a lower number of providers of the lateral flow test supply (79%) and smoking cessation (51%).

It should be noted the DACs in Kent provide the AUR and SAC services so patients can access these products and devices.

Regarding access to **Enhanced** Services, 115 pharmacies (46%) offer the COVID-19 vaccination service.

⁷⁵ This number refers to planned housing with and without permission at the time of writing.

One of the two DSPs in Kent provides some of the Advanced and Enhanced Services. The DSPs do not provide any Enhanced or Locally Commissioned Services and cannot provide Essential Services face-to-face. With the upcoming changes to the regulations, DSPs in the future will no longer be able to provide advanced services on site.

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

There is generally very good or good access to all other services considered relevant across Kent. Where appropriate, the ICB should continue to support the current community pharmacy estate across Kent to sign up and provide these services, and where relevant, ensure a referral process in place to increase better uptake for services such as the Smoking Cessation Service.

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

6.4 Improvements and better access: gaps in provision across Kent

No gaps have been identified in either the necessary services or any other relevant services that if provided either now or in the future (next three years) would secure improvements or better access to the essential or specified advanced and enhanced services across Kent. However, community pharmacies should be encouraged to sign up to Advanced Services to improve access where possible.

Section 7: Conclusions

The Steering Group provides the following conclusions and recommendations on the basis that funding is at least maintained at current levels and/or reflects future population changes.

There is a wide range of pharmaceutical services provided in Kent to meet the health needs of the population. The provision of current pharmaceutical services and LCS are distributed across districts, providing good access throughout Kent.

As part of this assessment, no gaps have been identified in provision either now or in the future (over the next three years) for pharmaceutical services deemed Necessary. Factors such as population growth and pharmacy closures have resulted, and will result, in a reduction of the number of pharmacies per population in the area. With future housing growth in Kent, it is imperative that accessibility to pharmacy services is monitored, and the recommendations are actioned to ensure that services remain appropriate to the needs. Any required amendments should be made through the three-year life cycle of this PNA.

7.1 Statements of the PNA

The PNA is required to clearly state what is considered to constitute Necessary Services as required by paragraphs 1 and 3 of Schedule 1 to the PLPS Regulations 2013.

For the purposes of this PNA, Essential Services for Kent HWB are to be regarded as Necessary Services.

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

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

7.1.1 Current provision of Necessary Services

Necessary Services – gaps in provision

Essential services are Necessary Services, which are described in [Section 1.5.6.1](#). Access to Necessary Service provision in Kent is provided in [Section 6](#).

In reference to [Section 6](#), and required by paragraph 2 of schedule 1 to the PLPS Regulations 2013:

Necessary Services – essential services normal working hours

There is no gap in the provision of Necessary Services during normal working hours across Kent to meet the needs of the population.

Necessary Services – essential services outside normal working hours

There are no gaps in the provision of Necessary Services outside normal working hours across Kent to meet the needs of the population.

7.1.2 Future provision of Necessary Services

No gaps have been identified in the need for pharmaceutical services in specified future circumstances across Kent.

7.1.3 Other relevant services – gaps in provision

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

7.1.3.1 Current and future access to Advanced Services

Details of the Advanced Services are outlined in [Section 1.5.6.2](#) and the provision in Kent is discussed in [Section 3.10](#) and [Section 6](#).

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

Based on the information available at the time of developing this PNA, no gaps in the current provision of Advanced Services now or in specified future circumstances have been identified in any of the districts across Kent.

[Section 7.2](#) discusses the opportunities that may be available for expansion of existing services or delivery of new services from community pharmacies that may benefit the population of Kent.

There are no gaps in the provision of Advanced Services at present or in the future (next three years) that would secure improvements or better access to services in Kent.

7.1.3.2 Current and future access to Enhanced Services

Details of the Enhanced Services are outlined in [Section 1.5.6.3](#) and the provision in Kent is discussed in [Section 3.11](#) and [Section 6](#).

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

Based on the information available at the time of developing this PNA, no gaps in the current provision of Enhanced Services now or in specified future circumstances have been identified in any of the districts across Kent.

No gaps have been identified that if provided either now or in the future (next three years) would secure improvements or better access to Enhanced Services across Kent.

7.1.4 Improvements and better access – gaps in provision

Based on current information, no gaps have been identified in respect of securing improvements or better access to essential or other relevant services, either now or in specific future circumstances across Kent to meet the needs of the population. However, community pharmacies should be encouraged to sign up to Advanced Services to improve access where possible

7.2 Future opportunities for possible community pharmacy services in Kent

7.2.1 Introduction

Any local commissioning of services for delivery by community pharmacy lies outside the requirements of a PNA; it is considered as being additional to any Necessary Services required under the PLPS Regulations 2013.

In reviewing the provision of Necessary Services and considering Advanced, Enhanced and Locally Commissioned Services for Kent as part of the PNA process, it was possible to identify opportunities for service delivery via the community pharmacy infrastructure that could positively affect the population.

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

National and Kent health needs priorities have been considered when outlining opportunities for further community pharmacy provision below. The highest risk factors for causing death and disease for the Kent population are listed in [Section 2.10](#) and [2.11](#) and are considered when looking at opportunities for further community pharmacy provision.

7.2.2 Opportunities for pharmaceutical service provision

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

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

7.2.3 Existing services

Essential Services

- Signposting for issues such as weight management and health checks
- Promote a self-referral route to the National Diabetes Prevention Programme
- Developing Healthy Living Pharmacies and self-care to support the Kent prevention agenda
- Electronic repeat dispensing can reduce unnecessary patient trips to the GP practice to collect repeat medication and could help reduce medicines waste.

Advanced Services

Some of the existing Advanced Services could be targeted in a way that improves patient access, reduces pressures in general practice, and supports the primary care, urgent care, prevention and medicines safety agendas.

There are several new or recently introduced Advanced Services being implemented that could be beneficial to the population of Kent based on the identified health needs, including:

- Pharmacy First:

Pharmacy First is an NHS advanced service that allows community pharmacists to directly assess and treat patients with certain common minor illnesses, like earache, sore throat or urinary tract infections, without requiring a GP appointment, providing advice and supplying necessary prescription medications when clinically appropriate, easing pressure on GP services; essentially enabling patients to access healthcare directly at their local pharmacy for specific conditions.

Pharmacy First can provide benefits to patients and the ICB, and supports local health needs as follows:

- Convenient access to healthcare where patients can access prescription-only treatment for seven common conditions without needing to see a GP.
- Provides an alternative route to accessing medicine for these conditions.
- The service includes elements from the Community Pharmacist Consultation Service (CPCS), such as minor illness consultations with a pharmacist and the supply of urgent medicines and appliances.

Pharmacy First provides the ICB an opportunity to maximise additional primary care capacity and capability.

- Hypertension case-finding service:

The maximisation of this service would provide additional capacity in primary care to benefit patients. The ethnicity of the Kent population, where Asian British is the biggest minority group, would also benefit from full implementation of the service, as CVD prevalence is higher among Asian ethnic groups. There is variability in the provision of the Hypertension case-finding service levels across Kent. Between 73% and 100% have signed up to the service in each district.

- **Smoking Cessation Advanced Service:**

The LTP states all patients admitted to hospital who smoke are to be offered NHS-funded tobacco treatment services by 2023-24. The Smoking Cessation Service (SCS) is a referral service from the hospital for patients who have been initiated on smoking cessation to continue their journey in a community pharmacy.

Smoking is the highest cause of preventable ill health and premature mortality in the UK. Smoking is a major risk factor for many diseases, such as lung cancer, COPD and heart disease. It is also associated with cancers in other organs, including lip, mouth, throat, bladder, kidney, stomach, liver and cervix. Kent has a slightly lower smoking prevalence rate than England. The SCS is well placed to support Kent smoking cessation priorities as an additional pathway and can complement locally commissioned stop smoking services.

Local Authority Commissioned Services

Considerations:

- **Sexual health services:**

Kent's STI testing rates are lower when compared to England. This provides an opportunity for the local authority to maximise locally commissioned sexual health services with the community pharmacy network.

KCC and the ICB could explore the interdependencies between the LCS sexual health service and the Advanced PCS to provide a more comprehensive service offering.

- **NHS Health Checks:**

This is a national programme for people aged 40-74 that assesses a person's risk of developing diabetes, heart disease, kidney disease and stroke. It then provides the person with tailored support to help prevent the condition, advising on lifestyle changes to reduce their risk. Nationally, there are over 15 million people in this age group who should be offered an NHS Health Check once every five years, and local authorities are responsible for commissioning NHS Health Checks. Health Checks are available from other providers in Kent, e.g. GP practices.

KCC should explore opportunities to increase both uptake and pharmacy-based provision across the county to improve accessibility, particularly in districts with a higher prevalence of CVD and diabetes.

- **Medication Assisted Therapy (MAT- Substance misuse service):**

The rate of unmet need of OCU is 63% in Kent, higher than the national average of 54%. MAT, Naloxone Provision and Needle and Syringe Exchange services are currently commissioned by KCC to meet this health need. However, local gaps in geography are reported by service providers, challenging service users to travel further distances to access the service. Another issue reported by service providers is unavoidable pharmacy closures at short notice, which can prevent service users from accessing their medication.

KCC, LPC, and service providers should explore opportunities to increase service uptake and accessibility. Opportunities to strengthen contingency plans should also be explored to reduce the risk of service interruption for service users and consequential illicit drug use.

- Tier 2 Adult Weight Management Service - Pharmacy provision East Kent & Swale:

The prevalence of obesity and excess weight in Kent is 27.8% and 67%, both significantly higher than the England average and forming a priority area for Kent Public Health.

The One You Tier 2 Adult weight management service is commissioned by KCC, in collaboration with Kent Community Health NHS Foundation Trust (KCHFT) Adult Health Improvement Service, and has been offered in local East Kent and Swale pharmacies. However, due to reduced service activity, discussions between KCC and KCHFT led to the decision to withdraw the service from pharmacies following a whole system review in 2024 (KCHFT will continue to provide a Tier 2 Adult Weight Management Programme in these areas).

KCC, LPC, and service providers should continue to explore opportunities for service provision in pharmacies to improve accessibility of the existing service. Additionally, other healthy weight resources available in the area have been shared with local community pharmacists as part of the engagement with the Whole Systems Approach Team.

7.2.4 Further considerations

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

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

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

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

- Community pharmacies should be fully integrated into preventive healthcare, supporting early detection, health promotion, and self-care initiatives.
- Services such as the Hypertension case-finding service, Smoking cessation Advanced Service, and NHS Health Checks should be prioritised to reduce the incidence of long-term conditions.

- The Healthy Living Pharmacy framework should be expanded. Local authorities and ICBs should work collaboratively to embed community pharmacy into prevention strategies.
- The local authority should explore commissioning a local walk-in smoking cessation service that would complement the national SCS service.

This is a key issue for patients living in coastal communities where health needs are higher than non-coastal communities.

2) Reducing health inequalities through targeted pharmacy services:

- Commissioners should focus on increasing the uptake of Essential, Advanced, and LCS in areas of deprivation, ensuring equitable access to services such as sexual health, smoking cessation, cardiovascular risk screening, and weight management.
- Public awareness campaigns should be enhanced to improve access to pharmacy services, particularly for non-English-speaking communities and those facing healthcare access barriers.
- Incentives should be considered for pharmacies in under-served areas to expand their service offering and address local health disparities, particularly where there is under provision of LCSs.
- As required by the Equality Act 2010, it is essential that pharmaceutical services provided are accessible to all. An increased awareness of the needs of those with sensory impairments, as well as competency training amongst pharmaceutical providers and staff, will benefit service users with sensory impairment greatly. Additionally, the development and utilisation of supportive tools and technologies, as well as supportive funding, will help support providers to remain compliant with legislative responsibilities. All pharmaceutical providers should comply with the Equality Act (2010) in making reasonable adjustments for people with sensory impairment.

- Enhancing workforce preparedness and adapting healthcare infrastructure can support efforts to reduce the health risks from climate change. Pharmaceutical providers have a vital role to play by suitably organising their services to support the workforce, vulnerable individuals and those seeking advice for heat-related illnesses. Maintaining appropriate medicine storage conditions and temperature monitoring during extreme heat will be essential to maintain the integrity of medicines and the provision of an essential service.⁷⁶ Adapting infrastructure to withstand the impact of extreme weather will support business continuity plans and reduce the risk of service disruption.⁷⁷ Further utilisation of sustainability policies and tools can support the reduction of carbon emissions, development of sustainable workplaces and mitigation against the changing climate in Kent and associated health risks to residents.

Several examples for Kent's population are given below.

Gypsy, Roma and Traveller communities:

Pharmaceutical services should be strategically located near Gypsy, Roma and Traveller communities to provide adaptable and inclusive services that cater to their specific requirements. Cultural Competency Training (CCT) is essential for pharmaceutical service staff to improve their understanding of Gypsy, Roma, and Traveller communities. CCT will provide staff members with the necessary knowledge and ability to deliver culturally sensitive, inclusive care, which guarantees equitable access to health services. Services should be conscious of the barriers some Gypsy, Roma and Traveller community members face, such as low/no literacy and digital exclusion, which might present a barrier for form filling and referral to other services.

A case study is presented below:

Central Pharmacy (previously located on Northdown Road; however, at the time of writing is now closed) was an important healthcare service provider for the local Roma community in Cliftonville via the provision of consistent, accessible and non-discriminatory services. This showcased an effective strategy to meet the specific needs of this population. The pharmacy was located near a significant population of Slovak and Bulgarian Roma households, ensuring accessibility.

Central Pharmacy had established trust. This sense of trustworthiness motivated members of the Roma community to pursue healthcare guidance and services. The staff exhibited cultural sensitivity, which was essential for addressing health conditions that are frequently stigmatised or misconstrued, such as mental health and sexual health issues.

⁷⁶ The Pharmaceutical Journal. Heat-related illnesses: preparing for periods of high temperatures. Heat-related illnesses: preparing for periods of high temperatures - The Pharmaceutical Journal. [Accessed July 2025]. <https://pharmaceutical-journal.com/article/id/heat-related-illnesses-preparing-for-high-temperatures#h-pharmacy-preparation>

⁷⁷ UK Health security agency. Adverse weather and Health Plan, Protecting health from weather related harm. Adverse Weather Health Plan. [Accessed July 2025]. https://assets.publishing.service.gov.uk/media/67fe2667694d57c6b1cf8d3c/AWHP_2025_to_2026.pdf

The pharmacy partnered with local services and experts engaged with Roma communities to tailor services to their distinct health and social requirements.

Central Pharmacy's strategy emphasises the significance of cultural competence, community trust, and accessibility in servicing underprivileged populations.

People in the justice system:

People in the justice system struggle to access healthcare, and health issues like mental illness and substance misuse are linked to higher reoffending rates. Pharmacies can support this population through opioid substitution therapy, naloxone distribution, and continuity of care to help reduce drug-related deaths and improve rehabilitation outcomes.

Asylum seekers:

Asylum seekers and refugees have complex health needs, including poorly managed non-communicable diseases, communicable diseases (e.g. measles, tuberculosis), and mental health issues such as post-traumatic stress disorder, depression and anxiety. Barriers to healthcare include language difficulties, a lack of understanding of the UK healthcare system, stigma around health issues, and financial constraints. Pharmacies play a key role in supporting this group by providing accessible healthcare advice, medication support, and referrals. To improve access, culturally sensitive services, translation support and clear health education are essential.

Students:

There are a total of 44,806 full-time students in Kent (Census 2021). Students would benefit from access to Community Pharmacy Contractual Framework services such as electronic repeat dispensing, NMS, PCS and signposting to other health services.

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

- Community pharmacy should be positioned as a core provider within primary care, ensuring seamless referrals and collaboration between ICSs, local authorities and PCNs.
- Medicines optimisation services, including repeat dispensing, the New Medicine Service and the Discharge Medicines Service, should be embedded within primary care pathways to enhance patient safety and medication adherence.
- Interdependencies between ICB and LCS services, such as smoking cessation and sexual health services, should be leveraged to provide more holistic and accessible care. This will require close collaboration between ICB, local authority, and Local Pharmaceutical Committee (LPC).

4) Supporting workforce development and expanding pharmacy services:

- Sustainable funding should be prioritised to ensure the long-term stability and growth of community pharmacy services.

- The ICB should explore commissioning a pharmacy workforce development programme, ensuring pharmacists and their teams are equipped to deliver expanded clinical services under the Community Pharmacy Contractual Framework.
- The introduction of independent prescribing for pharmacists from 2026 presents a significant opportunity for community pharmacies to manage long-term conditions and improve primary care access.
- The pharmacy team's role should be expanded, with pharmacy technicians supporting service delivery under Patient Group Directions (PGDs) and pharmacy staff providing Making Every Contact Count interventions.

5) Enhancing public awareness and digital transformation:

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

6) Monitoring future demand and improving public engagement:

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

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

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

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

Appendix A: List of pharmaceutical services providers in Kent

Key to type of provider:

CP – Community Pharmacy

DSP – Distance Selling Pharmacy

Disp – Dispensing doctor practice

DAC – Dispensing Appliance Contractor

Key to services: Services listed are only those provided through community pharmacies, so they are blacked out for the dispensing doctor practices. Description of these services are available in [Sections 1.5.6.2](#), [1.5.6.3](#), [4.1](#) and [4.2](#). Pharmacies providing the services are from the signed up list unless stated otherwise.

AS1 – Pharmacy First

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

AS3 – Pharmacy Contraception Service

AS4 – Hypertension case-finding service

AS5 – New Medicine Service

AS6 – Smoking Cessation Service

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

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

AS9 – Lateral Flow Device Service

NES1 – COVID-19 Vaccination Service

ICBS1 – Palliative Care - Tier 1

ICBS2 – Palliative Care - Tier 2

ICBS3 – Anticoagulation Service

LAS1 – NHS Health Checks

LAS2 – Medicine Assisted Therapy

LAS3 – Naloxone Provision

LAS4 – Needle Exchange

LAS5 – Chlamydia Treatment

LAS6 – Sexual Health Dispensing

LAS7 – Emergency Oral Contraception

LAS8 – Smokefree Service

Ashford district

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8
Allied Pharmacy Singleton	FGC23	CP	Unit 4A Singleton Centre, Singleton, Ashford	TN23 5GR	09:00-13:00; 14:00-18:30	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-
Allied Pharmacy Willesborough	FJ846	CP	Willesborough Health Centre, Bentley Road, Willesborough, Ashford	TN24 0HZ	08:30-18:30	08:30-12:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	-	-	-	-	Y	-	-	-	-	-	-
Asda Pharmacy	FQ778	CP	Kimberley Way, Ashford	TN24 0SE	09:00-12:30; 13:00-16:30; 17:00-21:00	09:00-12:30; 13:00-16:30; 17:00-21:00	10:00-16:00	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	-	-	-	Y	
Ashworths Dispensing Chemist	FW608	CP	229 Beaver Road, Ashford	TN23 7SJ	09:00-19:00	09:00-18:00	Closed	-	-	-	Y	-	-	-	-	-	Y	-	-	-	-	Y	-	Y	-	-	-	
Boots the Chemists	FFE44	CP	Unit 4, Barrey Road, Ashford Retail Park, Sevington, Ashford	TN24 0SG	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	10:00-16:00	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	Y	-	-	Y	-	Y	-	

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8
Boots the Chemists	FGC22	CP	56 High Street, Ashford	TN24 8TB	09:00-14:00; 15:00-17:30	09:00-14:00; 15:00-17:30	10:00-16:00	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	Y	-	-	Y	-	Y	-	
Boots the Chemists	FX044	CP	1-2 East Well, High Street, Tenterden	TN30 6AH	08:30-14:00; 15:00-17:30 (Fri 08:30-17:30)	08:30-14:00; 15:00-17:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	Y	-	-	-	-	-	-	
Charing Pharmacy	FT747	CP	Charing Medical Centre, 1 The Surgery Close, Ashford	TN27 0AW	08:00-18:00 (Mon 09:00-18:00)	09:00-13:00	Closed	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	Y	
Courts Pharmacy	FYC81	CP	New Hayesbank Surgery, Cemetery Lane, Kennington, Ashford	TN24 9JZ	09:00-18:30	09:00-12:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	Y	Y	Y	Y	
Delmergate Ltd	FLH05	CP	Unit 3 Eureka Place, Trinity Road, Eureka Business Park, Ashford	TN25 4BY	09:00-18:00	09:00-12:00	Closed	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	-	-	Y	
Delmergate Pharmacy	FD619	CP	Unit 1-2 Cedar Parade, Repton Avenue, Ashford	TN23 3TE	09:00-18:00	09:00-17:30	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	Y	
Hamstreet Surgery	G82186	Disp	Ruckinge Road, Hamstreet	TN26 2NJ	08:00-18:30 (Tue 08:00-17:45)	Closed	Closed	-	-																			
Ivy Court Surgery	G82114	Disp	Recreation Ground Road, Tenterden	TN30 6RB	08:00-18:30	08:00-11:30	Closed	-	-																			
Kamsons Pharmacy	FC768	CP	92 High Street, Ashford	TN24 8SE	09:00-17:30	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	Y	Y	Y	Y	
Kamsons Pharmacy	FCP30	CP	St Stephens Health Centre, St Stephens Walk, Stanhope, Ashford	TN23 5AQ	08:45-18:15	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	Y	-	-	Y	

Kent 2025 PNA

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8
Paydens Pharmacy	FJ121	CP	Units 2-3 Mill Court, Mace Lane, Ashford	TN24 8DN	09:00-18:30	Closed	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	Y	-	-	-	-	Y	Y	Y	Y
Paydens Pharmacy	FQ178	CP	60 High Street, Tenterden	TN30 6AU	08:30-18:00	09:00-17:30	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	Y	Y	Y	Y
Tesco Pharmacy	FQQ79	CP	Hythe Road, Willesborough, Ashford	TN24 0YE	08:00-20:00	08:00-20:00	10:00-16:00	-	-	Y	Y	-	Y	Y	-	Y	-	-	-	-	-	-	-	-	-	-	-	-
Tesco Pharmacy	FTJ35	CP	Moatfield Meadow, Park Farm, Kingsnorth, Ashford	TN23 3LU	08:00-20:00	08:00-20:00	12:00-18:00	-	Y	Y	Y	-	Y	Y	-	Y	-	-	-	-	-	Y	-	-	-	-	-	-
The Charing Medical Partnership	G82094	Disp	1 Surgery Close, Charing	TN27 0AW	08:00-18:00 (Mon 09:00-18:00)	09:00-13:00	Closed	-	-																			
Well	FAH18	CP	5 Brookfield Court, Ashford	TN23 5ER	09:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	Y	Y	Y	Y
Well	FTT47	CP	126 Bridge Street, Wye, Ashford	TN25 5EA	09:00-18:00	09:00-13:00	Closed	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	Y	Y	Y	Y
Woodchurch Surgery	G82053	Disp	Front Road, Ashford	TN26 3SF	08:00-18:30	Closed	Closed	-	-																			
Wye Surgery	G82142	Disp	Oxenturn Road, Ashford	TN25 5AY	Mon, Wed 08:30-17:00; Tue, Thu 08:30-19:00; Fri 08:30-18:00	Closed	Closed	-	-																			

Canterbury district

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8
Asda Pharmacy	FWT62	CP	Sturry Road, Canterbury	CT1 1DG	09:00-20:00	09:00-20:00	10:00-13:00; 14:00-16:00	-	-	Y	Y	Y	Y	-	Y	Y	-	-	Y	-	-	Y	-	-	-	-	-	-
Boots the Chemists	FL499	CP	33-35 High Street, Whitstable	CT5 1AP	09:00-13:00; 14:00-17:30	09:00-13:00; 14:00-17:30	Closed	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	Y	-	-	Y	-	Y	-
Boots the Chemists	FMC95	CP	Ten Perch Road, Wincheap, Canterbury	CT1 3TQ	09:00-13:00; 14:00-21:00	09:00-13:00; 14:00-21:00	10:00-16:00	Y	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	Y	-	-	-	-	-	-
Boots the Chemists	FN322	CP	114-116 Mortimer Street, Herne Bay	CT6 5EB	09:00-17:30	09:00-17:30	Closed	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	Y	-	-	-	-	-	-
Boots the Chemists	FY348	CP	12 Gravel Walk, Whitefriars, Canterbury	CT1 2TF	09:30-17:30	09:00-18:00	11:00-17:00	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	Y	-	-	Y	-	Y	-
Borno Chemists	FX681	CP	159 Station Road, Herne Bay	CT6 5NE	09:00-19:00	09:00-13:30	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	-	Y	-	Y	-	-	-	-
Bridge Pharmacy	FNP04	CP	16 High Street, Bridge, Canterbury	CT4 5JY	09:00-18:00	Closed	Closed	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	Y
Canterbury Medical Practice	G82228	Disp	The Corn Stores, Nargate Street, Littlebourne, Canterbury	CT3 1UD	08:00-11:00, 13:00-18.00	Closed	Closed	-	-																			
Chartham Surgery	G82060	Disp	Parish Road, Chartham, Canterbury	CT4 7JU	08:00-18:00	Closed	Closed	-	-																			
Cheadles Chemist	FQH60	CP	Giles Lane, Canterbury	CT2 7PB	09:00-18:00	Closed	Closed	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	
Delmergate Ltd	FFF04	CP	269 Reculver Road, Beltinge & Reculver, Herne Bay	CT6 6SR	09:00-13:00; 14:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	Y	

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8
Delmergate Ltd	FQR52	CP	38 Broomfield Road, Broomfield, Herne Bay	CT6 7LY	08:30-13:00; 14:00-17:30	Closed	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	Y	
Delmergate Ltd	FW510	CP	145 Reculver Road, Beltinge, Herne Bay	CT6 6PD	09:00-13:00; 14:00-17:30	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	Y	-	-	-	-	Y	
Eckersley Pharmacy	FVE32	CP	2 Northgate, Canterbury	CT1 1WJ	08:30-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	-	Y	-	-	Y	Y	Y	Y
Hersden Surgery	G82090	Disp	St Alban's Road, Hersden, Canterbury	CT3 4EX	08:30-13:00 (Wed 14:00-18:00)	Closed	Closed	-	-																			
Morrisons Pharmacy	FKG97	CP	Ten Perch Road, Wincheap, Canterbury	CT1 3TQ	09:00-13:30; 14:30-19:00	09:00-13:30; 14:30-19:00	10:00-16:00	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	-	-	-	-	-	Y	
Park Pharmacy	FGQ86	CP	102 Kings Road, Herne Bay	CT6 5RE	09:00-13:00; 14:00-21:00	09:00-13:00; 14:00-21:00	08:00-18:00	Y	-	Y	Y	Y	Y	Y	Y	Y	-	-	Y	Y	-	Y	-	-	Y	Y	Y	Y
Porter Chemist	FVR90	CP	2B Hales Drive, Canterbury	CT2 7AB	08:30-13:00; 14:00-17:30	Closed	Closed	-	-	Y	Y	Y	-	Y	-	Y	-	-	Y	Y	-	-	-	-	Y	Y	Y	-
PRX Pharmacy	FLV25	CP	115 High Street, Whitstable	CT5 1AY	09:00-17:30	09:00-13:00	Closed	-	-	Y	Y	Y	-	Y	-	-	Y	-	-	-	-	Y	-	Y	-	-	-	-
PRX Pharmacy	FRN90	CP	68 St Dunstans Street, Canterbury	CT2 8BN	09:00-18:00	Closed	Closed	-	-	Y	Y	Y	-	Y	-	-	Y	-	-	-	-	Y	-	Y	-	-	-	-
PRX Pharmacy	FTQ52	CP	161A Station Road, Herne Bay	CT6 5NE	09:00-13:00; 14:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	-	Y	-	Y	-	Y	-	-	-	-	-	Y	
Sianora Pharmacy	FT679	CP	91 Sea Street, Herne Bay	CT6 8QQ	09:00-17:30	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	Y	-	-	-	-	Y	
Sturry Pharmacy	FJE07	CP	8 High Street, Sturry, Canterbury	CT2 0BD	09:00-18:00	09:00-13:00	Closed	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	Y	-	Y	-	-	Y	
Superdrug Pharmacy	FCF82	CP	23 St Georges Street, Canterbury	CT1 2SS	08:30-17:30	09:00-13:30; 14:00-17:30	Closed	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	Y	-	Y	Y	Y	Y	-
Swalecliffe Pharmacy	FD496	CP	5-7 St Johns Road, Swalecliffe, Whitstable	CT5 2QT	09:00-18:00	09:00-17:00	Closed	-	-	Y	Y	-	Y	Y	-	-	-	-	Y	-	-	Y	-	-	-	-	Y	

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8
Tankerton Pharmacy	FC029	CP	99 Tankerton Road, Whitstable	CT5 2AJ	09:00-13:00; 14:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	-	-	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	Y
Tesco Pharmacy	FFR87	CP	Millstrood Road, Whitstable	CT5 3EE	08:00-20:00	08:00-20:00	10:00-16:00	-	Y	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	-	-	-	-	-	-	-
The Old School Surgery	G82790	Disp	Bolts Hill, Chartham, Canterbury	CT4 7JY	08:00-18:30	08:00-11:30	Closed	-	-																			
Tyrrell & Jones Seasalter	FW210	CP	28 Faversham Road, Seasalter, Whitstable	CT5 4AR	09:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-
Tyrrell & Jones Whitstable	FW164	CP	1A Tower Parade, Whitstable	CT5 2BJ	09:00-18:00	Closed	Closed	-	-	Y	Y	-	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-

Dartford district

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8
Ackers Chemists	FH411	CP	94 Church Road, Swanscombe	DA10 0HF	09:00-18:00	09:00-18:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	Y	Y	-	-	-	-	-	Y
Asda Pharmacy	FEL35	CP	Asda Superstore, Station Road, Greenhithe	DA9 9BT	09:00-20:00	09:00-20:00	11:00-17:00	-	Y	Y	Y	Y	Y	Y	-	Y	-	-	Y	-	-	-	-	-	-	-	-	-
Boots the Chemists	FDF72	CP	South Mall, Bluewater Park, Dartford	DA9 9SJ	09:00-21:00	09:00-21:00	11:00-17:00	-	Y	Y	Y	Y	Y	Y	-	Y	Y	-	-	-	-	-	-	-	Y	Y	Y	-
Boots the Chemists	FN522	CP	46-52 High Street, Dartford	DA1 1DE	09:00-18:00	09:00-18:00	10:00-16:00	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	Y	-	-	-	-	-	-	-
Core Pharmacy	FTL60	CP	Horseman's Place Surgery, Instone Road, Dartford	DA1 2JP	08:30-18:15	Closed	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	Y	Y	Y	Y
Daysol Pharmacy	FFV03	CP	25 Temple Hill Square, Dartford	DA1 5HY	09:00-18:00	09:00-14:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	Y	-	Y	Y	Y	Y	-

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8
Delmergate Pharmacy	FV264	CP	Unit 4 Castle Hill Local centre, 69 Cherry Orchard, Ebbsfleet Valley	DA10 1AD	09:00-18:00	09:00-17:30	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	Y	Y	Y	Y
Hodgson Pharmacy	FA519	CP	59 Station Road, Longfield	DA3 7QA	09:00-13:00; 14:00-18:30	09.00-15:00	Closed	-	-	Y	Y	Y	Y	Y	-	-	Y	-	-	-	Y	Y	-	-	-	-	-	Y
Homestyle Positive	FXN29	DAC	The Coach House, 1 Hedge Place Road, Horns Cross, Dartford	DA9 9JZ	08:30-17:00	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Joydens Wood Pharmacy	FPQ66	CP	2 Birchwood Parade, Wilmington	DA2 7NJ	09:00-13:00; 14:00-18:30	09:00-13:00; 14:00-16:00	Closed	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Lowfield Pharmacy	FLW40	CP	63 Lowfield Street, Dartford	DA1 1HP	09:00 - 18:00 (Wed 09:00 - 17:30)	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	Y	Y	Y	Y	Y	Y	Y	
McQueen's Pharmacy	FQ405	CP	Business Unit 3, Maplehurst Close, Dartford	DA2 7WX	09:00-18:30	09:00-13:00	Closed	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y
M D Moore Pharmacy	FNX28	CP	141 Dartford Road, Dartford	DA1 3EN	09:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y
Optiwell Pharmacy	FJ038	CP	1 Homberg House, Telford Square, Dartford	DA1 5FP	08:30-18:00	09:00-13:00	Closed	-	-	Y	-	Y	Y	Y	-	Y	-	-	-	-	-	-	-	-	-	-	-	
S & S Chopra	FV757	CP	Darent Valley Hospital, Darent Wood Road, Darent Dartford	DA2 8DA	08:30-19:00 (Fri 08:30-18:30)	09:00-15:00	Closed	-	-	Y	-	Y	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	
Stone Pharmacy	FY992	CP	229 London Road, Stone, Greenhithe	DA9 9DF	09:00-13:00; 14:00-18:30 (Thurs 09:00-13:00; 14:00-18:00)	09:00-13:00	Closed	-	-	Y	Y	Y	-	Y	Y	Y	-	-	-	-	-	-	-	Y	Y	Y	Y	

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8
Swan Valley Pharmacy	FH692	CP	Swanscombe Health Centre, Southfleet Road, Swanscombe	DA10 0BF	09:00-18:30 (Wed 09:00-19:30)	Closed	Closed	-	-	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-
The Brent Pharmacy	FN266	CP	15 The Brent, Dartford	DA1 1YD	09:00-19:00 (Tues 08:00-20:00)	09:00-17:00	Closed	-	-	Y	Y	Y	Y	Y	Y	-	-	-	-	-	Y	Y	Y	-	-	-	Y	
West Hill Pharmacy	FWL74	CP	68-70 West Hill, Dartford	DA1 2EU	08:30-18:30	09:00-17:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	-	-	-	-	Y	Y	Y	Y	

Dover district

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8
A A Beggs	FQ951	CP	32 Pencester Road, Dover	CT16 1BW	09:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	Y	-	-	-	Y	Y	Y	Y	
Boots the Chemists	FC432	CP	39 High Street, Deal	CT14 6EL	09:00-13:30; 14:30-17:30	09:00-13:30; 14:30-17:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	Y	-	Y	-	-	-	Y
Boots the Chemists	FQD20	CP	19 Biggin Street, Dover	CT16 1BH	09:00 -13:00; 14:00-17:30	09:00 -13:00; 14:00-17:30	10:00-16:00	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	Y	-	Y	Y	-	Y	Y
Buckland Medical Centre	G82700	Disp	The Droveaway, St Margarets Bay, Dover	CT15 6BT	08:30-12:30, 15:30-18:00 (Wed 08:30-12:30)	Closed	Closed	-	-																			
Cairns Chemist	FN394	CP	51 London Road, Dover	CT17 0SP	08:30-18:30	09:00-17:30	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	Y	-	Y	-	-	Y	Y	Y	Y
Clockwork Pharmacy	FQ889	CP	7 High Street, Deal	CT14 7AA	09:00-17:30	09:00-15:00	Closed	-	-	Y	Y	-	Y	Y	Y	Y	Y	-	-	-	-	Y	-	-	-	-	-	-
Eastry Pharmacy	FL902	CP	The Cross, Eastry, Sandwich	CT13 0HG	09:00-18:00	09:00-17:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	Y	-	-	-	-	-	Y
Golf Road Pharmacy	FD647	CP	37B Golf Road, Deal	CT14 6PY	08:30-18:00	09:00-12:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	-	-	Y	-	-	Y	Y	Y	Y

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8
Grace Chemist	FCR51	CP	127 Folkestone Road, Dover	CT17 9SG	08:30-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	Y	Y	Y	Y	
High Street Surgery	G82117	Disp	43 Sandwich Road, Whitfield, Dover	CT16 3LT	08:00-13:00	Closed	Closed	-	-																			
Lydden Surgery	G82227	Disp	114 Canterbury Road, Lydden, Dover	CT15 7ET	08:00-18:30	Closed	Closed	-	-																			
Paydens Pharmacy	FA431	CP	108 High Street, Dover	CT16 1EG	09:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	Y	-	Y	Y	Y	Y	
Paydens Pharmacy	FAJ20	CP	The New Medical Centre, St Richards Road, Deal	CT14 9LF	08:30-18:30	09:00-13:00	Closed	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	Y	-	-	Y	Y	Y	
Paydens Pharmacy	FPP49	CP	Canada Road, Deal	CT14 7EQ	09:00-13:00; 14:00-21:00	09:00-13:00; 14:00-21:00	08:00-18:00	Y	-	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	Y	-	-	-	-	Y	Y	Y	
Queen Street Pharmacy	FG853	CP	17 Queens Street, Deal	CT14 6EY	08:45-13:00; 14:00-17:30	08:45-13:00	Closed	-	-	-	Y	-	Y	Y	Y	Y	Y	-	-	-	-	Y	-	-	Y	Y	Y	
River Pharmacy	FDT19	CP	1 Chilton Way, River, Dover	CT17 0QB	09:00-18:00	09:00-13:00	Closed	-	Y	Y	Y	-	Y	Y	-	Y	Y	-	-	-	-	-	-	-	-	-	-	
Strand Pharmacy	FLM10	CP	51 The Strand, Walmer, Deal	CT14 7DP	09:00-18:00	09:00-12:30	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	-	Y	Y	Y	
Tesco Pharmacy	FY051	CP	White Cliffs Business Park, Honeywood Parkway, Whitfield, Dover	CT16 3PS	08:00-20:00	08:00-20:00	10:00-16:00	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	-	-	-	-	-	-	
Walmer Pharmacy	FH350	CP	315 Dover Road, Walmer, Deal	CT14 7NX	09:00-17:00	Closed	Closed	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	Y	
White Cliffs Medical Centre	G82729	Disp	Mill Lane, Shepherdswell	CT15 7QQ	08:30-18:00 (Tue 08:30-13:00)	Closed	Closed	-	-																			

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8
White Cliffs Pharmacy	FH091	CP	141 Folkestone Road, Dover	CT17 9SG	08:00-21:00	08:00-20:00	Closed	Y	-	Y	Y	Y	Y	Y	-	Y	Y	-	Y	Y	-	-	-	-	-	-	-	-
Your Local Boots Pharmacy	FH171	CP	22 The Street, Ash, Canterbury	CT3 2EW	Mon, Wed 09:00-13:00, 14:00-18:30; Tue, Thu 09:00-13:00, 14:00-18:00; Fri 09:00-13:00, 14:00-18:15	09:00-13:00	Closed	-	Y	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	-	-	-	-	Y	Y	
Your Local Boots Pharmacy	FHJ53	CP	17 Market Street, Sandwich	CT13 9DA	09:00-18:00	09:00-13:00; 13:30-17:00	Closed	-	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	Y	-	-	-	-	-	-	
Your Local Boots Pharmacy	FK566	CP	Aylesham Health Centre, Queens Road, Aylesham Canterbury	CT3 3BB	08:30-13:00; 14:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	Y	-	-	-	-	-	Y	

Folkestone and Hythe district

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8
Allied Pharmacy New Romney	FE443	CP	63 High Street, New Romney	TN28 8AL	09:00-19:00	09:00-17:30	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	Y	-	-	-	-	-	-
Boots the Chemists	FAN67	CP	95-97 High Street, Hythe	CT21 5JH	09:00-13:00; 14:00-17:30	09:00-13:00; 14:00-17:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	Y	-	-	-	-	-	-
Boots the Chemists	FVM32	CP	24-26 Sandgate Road, Folkestone	CT20 1DP	09:00-14:00; 15:00-17:30	09:00-14:00; 15:00-17:30	10:00-16:00	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	Y	-	Y	-	-	Y	-
Central Pharmacy	FJW93	CP	104 Cheriton Road, Folkestone	CT20 2QN	09:00-18:00	09:00-13:00	Closed	-	-	Y	Y	-	Y	Y	-	-	Y	-	-	Y	-	Y	-	Y	-	-	-	-

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8
Church Road Surgery	G82652	Disp	Church Road, Lyminge	CT18 8HY	Mon, Tue 08:00-18.30, Wed 08:00-15:00, Thu 08:00-14:00, Fri 08:00-13:30	Closed	Closed	-	-																			
Eakins Chemist	FYD13	CP	110 High Street, Hythe	CT21 5LE	09:00-18:30	09:00-17:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	-	Y	Y	Y	Y
Ferris Pharmacy	FCA09	CP	41-43 High Street, Dymchurch	TN29 0NH	09:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	Y	Y	Y	Y
Guildhall Pharmacy	FFV40	CP	110 Guildhall Street, Folkestone	CT20 1ES	09:00-13:00; 14:00-18:30	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	Y	Y	Y	-	Y	Y	Y	Y	Y
Jhoots Pharmacy	FW329	CP	180 Sandgate Road, Folkestone	CT20 2HN	09:00-13:00; 14:00-19:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-
Lyminge Pharmacy	FKD29	CP	21 Station Road, Lyminge, Folkestone	CT18 8HQ	09:00-13:00, 14:00-18:30 (Fri 09:00-13:00, 14:00-17:30)	09:00-13:00	Closed	-	-	Y	Y	-	Y	Y	Y	-	Y	-	-	Y	-	-	-	-	-	-	-	-
McArdle Pharmacy	FL417	CP	41 Canterbury Road, Folkestone	CT19 5NJ	09:00-13:00; 14:00-18:30	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	-	Y	Y	-	Y	-	-	Y	Y	Y	Y
Mistvale Chemist	FEC04	CP	127 Canterbury Road, Folkestone	CT19 5NR	09:00-13:00; 14:00-19:00	09:00-15:00	Closed	-	-	Y	Y	Y	Y	-	-	-	Y	-	-	-	-	Y	-	-	Y	Y	Y	-
New Lyminge Surgery	G82684	Disp	Green Banks, Lyminge	CT18 8NS	08:30-18:30 (Fri 08:30-18:00)	Closed	Closed	-	-																			
Paydens Pharmacy	FAH47	CP	97 Canterbury Road, Hawkinge, Folkestone	CT18 7BS	Mon 08:45-18:30; Tue-Thu 08:45-18:00; Fri 08:30 - 18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	Y	-	-	Y	Y	Y	Y
Paydens Pharmacy	FKD01	CP	38 Cheriton High Street, Folkestone	CT19 4ET	09:00-18:00	09:00-17:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	-	Y	Y	Y	Y

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8
Paydens Pharmacy	FR888	CP	Oaklands, Stade Street, Hythe	CT21 6BD	09:00-13:00; 14:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	Y	-	-	Y	Y	Y	Y
Sellindge Surgery	G82658	Disp	Main Road, Sellindge, Ashford	TN25 6JX	09:00-12:30, 14:00-18:00 (Wed 09:00-13:00)	Closed	Closed	-	-																			
Superdrug Pharmacy	FTG23	CP	42-44 Sandgate Road, Folkestone	CT20 1DW	08:30-17:30	09:00-17:30	Closed	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	Y	-	-	-	-	-	-
Taylor's Pharmacy	FLD21	CP	362-364 Cheriton Road, Folkestone	CT19 4DX	09:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	Y	Y	Y	Y
Tesco Pharmacy	FX457	CP	Cheriton High Street, Folkestone	CT19 4QJ	09:00-21:00	09:00-21:00	10:00-16:00	Y	-	Y	-	-	Y	Y	-	Y	-	-	-	-	-	-	-	-	-	-	-	-
Vision Pharmacy	FDW29	CP	3a-3b Defiant Close, Hawkinge, Folkestone	CT18 7SU	08:00-21:00 (Fri 08:00-22:00)	08:00-21:00	13:30-17:30	Y	-	Y	Y	Y	Y	Y	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-
Well	FHY22	CP	13 Dunes Road, Greatstone, New Romney	TN28 8SS	09:00-18:00	09:00-13:00	Closed	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	Y	Y	Y	Y
Well	FJE95	CP	25 High Street, Lydd	TN29 9AH	09:00-18:00	09:00-13:00	Closed	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	Y	

Gravesham district

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8
Asda Pharmacy	FWW55	CP	Thames Way, Gravesend	DA11 0DQ	09:00-12:30; 13:00-16:30; 17:00-21:00	09:00-12:30; 13:00-16:30; 17:00-21:00	10:00-16:00	Y	-	Y	Y	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	-	-	-	-	-
Boots the Chemists	FHY96	CP	9 Kempthorne, St George's Centre, Gravesend	DA11 0TA	09:30-14:00; 15:00-17:30	09:30-14:00; 15:00-15:30	Closed	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	Y	-	-	Y	-	Y	-
Darnley Pharmacy	FHT34	CP	17 Pelham Road, Gravesend	DA11 0HN	08:30-13:00; 13:30-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	Y	Y	-	Y	Y	Y	Y

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8
Downs Way Medical Practice	G82809	Disp	Worcester Close, Istead Rise, Gravesend	DA13 9LB	08:45-12:00, 15:00-18:30	Closed	Closed	-	-																			
Echo Pharmacy	FQ897	CP	Oakfield Health Centre, Off Windsor Road, Gravesend	DA12 5BW	09:00-13:00; 14:00-19:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	Y	-	-	-	Y	Y	Y	Y
Gravesend Medical Centre Pharmacy	FLJ66	CP	Gravesend Medical Centre, 1 New Swan Yard, Gravesend	DA12 2EN	09:00-13:00; 14:00-18:00	Closed	Closed	-	-	Y	Y	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	
Gravesend Pharmacy	FPT72	CP	Vale Road, Northfleet, Gravesend	DA11 8BZ	09:00-18:30	09:00-13:00	Closed	-	-	Y	Y	-	Y	Y	-	-	Y	-	-	-	Y	-	-	-	-	-	Y	
Hill Pharmacy	FHV64	CP	7 The Hill, London Road, Northfleet	DA11 9EU	09:00-18:30	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y
Istead Rise Pharmacy	FEH10	CP	54 Istead Rise, Gravesend	DA13 9JF	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-16:00	Closed	-	Y	Y	Y	-	Y	Y	-	-	-	-	-	Y	-	-	-	-	-	-	-	
Kings Pharmacy	FH758	CP	22a Kitchener Avenue, Gravesend	DA12 5HY	11:00-21:00 (Tue-Wed 10:00-21:00)	11:00-21:00	07:00-17:00	Y	-	Y	Y	Y	Y	Y	-	-	-	Y	-	-	Y	-	-	Y	Y	Y	Y	
Lawsat Pharm Ltd	FW759	CP	4 School Lane, Higham, Rochester	ME3 7AT	08:30-13:00; 14:00-18:00	08:30-13:00	Closed	-	Y	Y	Y	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	
Lion Pharmacy	FHA64	CP	202 Rochester Road, Chalk, Gravesend	DA12 4TY	09:00-18:00	09:00-13:00	Closed	-	-	Y	Y	-	Y	Y	-	Y	-	-	-	-	Y	-	-	-	-	-	-	
Meopham Pharmacy	FW564	CP	Wrotham Road, Meopham, Gravesend	DA13 0HP	09:00-13:00; 14:00-17:30	09:00-13:00	Closed	-	Y	Y	Y	-	Y	Y	-	-	-	-	-	Y	Y	-	-	-	-	-	-	
Meopham Medical Centre	G82073	Disp	Wrotham Road, Meopham	DA13 0AH	08:00-18:30	Closed	Closed	-	-																			
NB Pharmacy Ltd	FDT87	CP	44 Old Road West, Gravesend	DA11 0LJ	09:00-13:00; 14:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	-	-	-	-	-	-	-	-	-	Y	

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8
Nicholson & Keep	FRY03	CP	1 The Parade, Valley Drive, Gravesend	DA12 5RT	09:00-13:00; 14:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	Y	-	Y	-	-	-	-	
Pender Chemist	FPC66	CP	29 Dene Holm Road, Painters Ash Estate, Northfleet	DA11 8LG	09:00-13:00; 14:00-17:30	09:00-13:00; 14:00-16:00	Closed	-	-	Y	Y	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	
Pender Pharmacy	FN439	CP	49 High Street, Gravesend	DA11 0AY	09:00-18:00	Closed	Closed	-	-	Y	Y	-	-	-	-	Y	-	-	-	-	Y	-	-	-	-	-	Y	
R S Bains	FY771	CP	2 Livingstone Road, Gravesend	DA12 5DZ	09:00-13:00; 14:15-18:00	09:00-13:00	Closed	-	-	Y	Y	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	Y	
Regent Pharmacy	FRK37	CP	19-20 Windmill Street, Gravesend	DA12 1AS	09:00-18:00	09:00-17:30	Closed	-	-	-	Y	-	-	-	-	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y	
Riverview Pharmacy	FXG77	CP	10 The Alma, Leander Drive, Gravesend	DA12 4NG	09:00-18:00	09:00-13:00	Closed	-	-	Y	Y	-	Y	Y	-	Y	Y	-	-	-	-	-	-	-	-	-	-	
Singlewell Pharmacy	FA066	CP	133 Singlewell Road, Gravesend	DA11 7QA	09:00-13:00; 14:00-19:00 (Wed- Thurs 09:00-13:00; 14:00-18:00)	09:00-14:00	Closed	-	-	Y	Y	-	Y	Y	-	-	Y	-	-	-	-	-	-	-	-	-	-	
Shorne Village Surgery	G82809 001	Disp	Crown Lane,Shorne, Gravesend	DA12 3DY	Mon, Tue, Thu 08:45-12:00, 15:00-18:30; Wed, Fri 08:45-12:00	Closed	Closed	-	-																			
Vigo Pharmacy	FPW21	CP	7 The Bay, Vigo Village, Meopham	DA13 0TD	08:45-13:00; 14:00-17:30	09:00-13:00	Closed	-	Y	Y	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	
Williams Chemists	FC312	CP	120 Vale Road, Northfleet	DA11 8BS	09:00-13:00; 14:15-18:15	09:00-13:00; 14:15-16:00	Closed	-	-	Y	Y	-	Y	Y	-	-	Y	-	-	-	-	-	-	-	-	-	-	

Maidstone district

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8
Allcures Plc	FA015	CP	Headcorn Surgery, Grigg Lane, Headcorn, Ashford	TN27 9AA	09:00-18:00	09:00-17:30	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	-	-	-	-	-	-	-	Y	-	Y	-
Allied Pharmacy Shepway	FR050	CP	12 Northumberland Court, Shepway, Maidstone	ME15 7LW	09:00-18:00 (Wed 09:00 - 17:30)	09:00-16:45	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	-	-	-	-	Y	-	-	-	-	-	-
Allington Pharmacy	FG217	CP	12-13 Mid Kent Shopping Centre, Castle Road, Allington ,Maidstone	ME16 0PU	09:00-17:30	09:00-17:00	Closed	-	-	Y	Y	-	Y	Y	-	-	Y	-	-	-	-	-	-	-	-	-	-	
Barming Pharmacy	FW833	CP	449 Tonbridge Road, Barming, Maidstone	ME16 9LH	09:00-17:30	09:00-17:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	Y	
Bearsted Medical Practice	G82074	Disp	Yeoman Lane, Bearsted, Maidstone	ME14 4DS	08:30-17:30	Closed	Closed	-	-																			
Boots the Chemists	FAR64	CP	18 Fremlin Walk, Maidstone	ME14 1QP	08:30-14:00; 15:00-17:15	08:30-14:00; 15:00-17:15	Closed	-	-	Y	Y	Y	Y	Y	Y	-	-	-	-	-	Y	-	-	Y	-	Y	-	
Boots the Chemists	FH330	CP	56-62 King Street, Maidstone	ME14 1BW	09:00-18:00	09:00-17:30	10:30-16:00	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	Y	-	-	Y	-	Y	-	
Cobtree Medical Practice	G82229001	Disp	6 Southways, Sutton Valence, Maidstone	ME17 3HT	Mon - Fri 8:00 - 13:00, 14:00 - 18:00	Closed	Closed	-	-																			
Coxheath Pharmacy	FML35	CP	97 Heath Road, Coxheath, Maidstone	ME17 4EH	09:00-18:30	09:00-16:30	Closed	-	-	Y	Y	Y	Y	Y	-	-	Y	-	-	-	Y	-	-	-	-	-	-	
Grove Green Pharmacy	FED41	CP	3-4 Minor Centre, Grove Green, Maidstone	ME14 5TQ	09:00-18:00 (Thurs / Fri 09:00-18:30)	09:00-17:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	Y	

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8
Hobbs Pharmacy	FM749	CP	1 Bower Mount Road, Maidstone	ME16 8AX	09:00-13:00; 14:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	Y	-	Y	-	-	-	-	Y	-	-	-	-	-	Y
Len Valley Practice	G82093	Disp	Groom Way, Lenham	ME17 2QF	08:30-12:30, 14:00-18:30	Closed	Closed	-	-																			
Link Pharmacy	FMW71	CP	88a Kings Street, Maidstone	ME14 1BH	08:00 - 21:00 (Wed / Fri 09:00 - 21:00)	09:00-18:00	Closed	Y	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	-	Y	Y	Y	Y	Y	-	Y	Y
Marden Medical Centre	G82215	Disp	Church Green, Marden, Tonbridge	TN12 9HP	09:00-13:00, 14:00-18:30	Closed	Closed	-	-																			
Marden Pharmacy	FNH47	CP	2 High Street, Marden, Tonbridge	TN12 9DP	09:00-13:00, 14:00-18:00	09:00-13:00	Closed	-	Y	Y	Y	Y	Y	Y	-	Y	-	Y	-	-	-	Y	-	-	Y	-	Y	Y
Mediclinic Pharmacy	FGJ62	CP	2-4 Longshaw Road, Maidstone	ME15 9JD	09:00-17:30	09:00-16:45	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	Y	-	Y	-	-	-	
Medipharma	FW377	CP	13A Tonbridge Road, Maidstone	ME16 8RL	07:00-14:00; 15:00-21:00	15:00-21:00	10:00-17:00	Y	-	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	-	-	Y	-	-	-	-	-	
Morrisons Pharmacy	FN614	CP	Sutton Road, Maidstone	ME15 9NN	09:00-19:00	09:00-19:00	10:00-16:00	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	Y	-	-	-	-	-	
Paydens Pharmacy	FHF29	CP	126-128 Ashford Road, Bearsted, Maidstone	ME14 4LX	09:00-18:00	09:00-17:30	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	Y	-	Y	Y
Paydens Pharmacy	FTN04	DSP	Gate House, Wallis Avenue, Maidstone	ME15 9NE	08:30-18:30	Closed	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	
Paydens Pharmacy	FV068	CP	7 Boughton Parade, Loose Road, Maidstone	ME15 9QD	09:00-17:30	09:00-17:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	Y	-	Y	Y
Paydens Pharmacy	FYX54	CP	100 Week Street, Maidstone	ME14 1RH	09:00-17:30	09:00-11:30	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	Y	Y	Y	-	Y	Y	Y	Y
Penenden Heath Pharmacy	FRW04	CP	321 Boxley Road, Penenden Heath, Maidstone	ME14 2HN	09:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	-	-	Y	Y	Y	-	Y	-	-	-	-	-	-	-	-	Y

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8
Saxon Warrior Pharmacy	FKH43	CP	The Square, Lenham	ME17 2PG	09:00-17:30	09:00-13:00	Closed	-	Y	Y	Y	Y	Y	Y	-	Y	Y	-	Y	-	-	Y	-	-	-	-	-	-
Spires Pharmacy	FHH49	CP	4 The Spires Centre, Deringwood Drive, Maidstone	ME15 8XW	09:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	Y	-	Y	Y
Staplehurst Pharmacy	FHJ08	CP	The Parade, High Street, Staplehurst	TN12 0AA	09:00-19:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	-	-	-	Y	-	-	-	Y	-	-	-	-	-	-	-
Sutton Valence Surgery	G82229	Disp	South Lane, Sutton Valence, Maidstone	ME14 5UY	08:00-13:00, 14:00-18:00	Closed	Closed	-	-																			
The Orchard Surgery	G82691	Disp	Horseshoes Lane, Langley, Maidstone	ME17 3JY	08:30-18:30	Closed	Closed	-	-																			
Yalding Surgery	G82141	Disp	Burgess Bank, Benover Road, Maidstone	ME18 6ES	09:00-13:00, 14:00-18:30	Closed	Closed	-	-																			

Sevenoaks district

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8
Amherst Medical Practice	G82013	Disp	High Street, Brasted	TN16 1HU	08:30-12:30; 14:00-18:30	Closed	Closed	-	-																			
Asda Pharmacy	FM106	CP	1 Alexander Grove, London Road, Swanley	BR8 7UN	09:00-12:30; 13:00-16:30; 17:00-21:00	09:00-12:30; 13:00-16:30; 17:00-21:00	10:00-16:00	Y	-	Y	Y	Y	Y	Y	-	Y	-	Y	-	-	-	-	-	-	-	-	-	-
Bat & Ball Pharmacy	FJK28	CP	133 St Johns Hill, Sevenoaks	TN13 3PE	09:00-13:00; 14:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	-	Y	-	Y	Y	-	-	-	-	Y	-	-	-	-	-	Y
Boots the Chemists	FL061	CP	27 High Street, Edenbridge	TN8 5AD	09:00-12:30; 13:30-17:30	09:00-12:30; 13:30-17:30	Closed	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	Y	-	-	-	-	-	-
Boots the Chemists	FPX45	CP	120 High Street, Sevenoaks	TN13 1XA	09:00-18:00	09:00-18:00	10:00-16:00	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	Y	-	-	Y	-	Y	-

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8
Day Lewis Chemist	FJ098	CP	2 The Square, Riverhead, Sevenoaks	TN13 2AA	09:00-13:00; 14:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	Y	-	-	Y	-	Y	Y	
Day Lewis Pharmacy	FCP91	CP	7 Market Square, Westerham	TN16 1AN	09:00-18:00	09:00-13:00	Closed	-	Y	Y	Y	Y	Y	Y	-	Y	-	-	-	-	Y	-	-	Y	-	Y	Y	
Delmergate Ltd	FFW86	CP	10 Tubs Hill Parade, London Road, Sevenoaks	TN13 1DH	09:00-13:00; 14:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	Y	-	Y	Y	
Edenbridge Medical	G82019	Disp	Four Elms Road, Edenbridge	TN8 6FY	08:30-18:30	Closed	Closed	-	-																			
Farningham Surgery/Braeside	G82218	Disp	Gorse Hill, Farningham, Dartford	DA4 0JU	Mon, Wed 08:30-13:00, 15:30-19:20; Tue, Thu, Fri 08:30-13:00, 15:30-18:30	Closed	Closed	-	-																			
Hobbs Pharmacy	FWR04	CP	Holmesdale Road, South Darenth, Dartford	DA4 9AF	09:00-17:30	09:00-12:30	Closed	-	Y	Y	Y	Y	Y	Y	Y	-	Y	-	-	-	Y	-	-	-	-	-	-	
Kemsing Pharmacy	FAX59	CP	21A West End, Kemsing	TN15 6PX	09:00-18:00	09:00-13:00	Closed	-	Y	Y	Y	-	Y	Y	-	-	Y	-	-	-	Y	-	-	-	-	-	-	
Otford Pharmacy	FTL24	CP	4 High Street, Otford, Sevenoaks	TN14 5PQ	08:35-18:30	09:00-13:00; 14:15-17:00	Closed	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Paydens Pharmacy	FMG20	CP	36 High Street, Edenbridge	TN8 5AJ	09:00-17:30	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	Y	-	Y	Y	
Paydens Pharmacy	FRQ32	CP	21-23 London Road, Sevenoaks	TN13 1AR	09:00-18:00	09:00-17:30	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	Y	Y	-	Y	-	Y	Y
SevenoaksPharmacy	FW580	CP	42 Dartford Road, Sevenoaks	TN13 3TQ	09:00-13:00; 14:00-17:30	09:00-13:00	Closed	-	-	Y	Y	-	Y	-	-	-	Y	-	-	-	Y	-	Y	-	-	-	-	
Swanley Pharmacy	FND39	CP	47 Swanley Centre, Swanley	BR8 7TQ	09:00-18:00	09:00-14:00	Closed	-	-	Y	-	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	
The Westerham Practice	G82092	Disp	173 Main Road, Sundridge	TN14 6EH	08:00-12:30, 13:30-18:00	Closed	Closed	-	-																			

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8
Village Pharmacy	FWT48	CP	15 Main Road, Hextable, Swanley	BR8 7RB	09:00-13:00, 13:30-18:30 (Wed 09:00-13:00, 13:30-18:00)	09:00-13:00	Closed	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	-	Y	-	Y	Y
Village Pharmacy	FX677	CP	2 The Row, New Ash Green, Dartford	DA3 8JB	09:00-18:00	09:00-17:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	Y	-	Y	-	-	-	Y	Y	Y	Y
Warders (administrative)	G82059	Disp	The Village Hall, Penshurst	TN11 8BP	08:00-12:30, 16:00-18:30 (Thu 08:00-12:30)	Closed	Closed	-	-																			
Well	FL923	CP	25 Swanley Centre, Swanley	BR8 7TG	08:30-18:30	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	Y	-	-	-	-	-	Y	
West Kingsdown Pharmacy	FPK79	CP	36 Hever Road, West Kingsdown, Sevenoaks	TN15 6HD	09:00-18:00	09:00-17:30	Closed	-	-	Y	Y	-	Y	Y	-	-	Y	-	-	-	-	-	-	-	-	-	-	

Swale district

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	AS8
Asda Pharmacy	FQ129	CP	Trinity Trading Estate, Mill Way, Sittingbourne	ME10 2PD	09:00-12:30; 13:00-16:30; 17:00-21:00	09:00-12:30; 13:00-16:30; 17:00-21:00	10:00-16:00	Y	-	Y	Y	Y	Y	Y	-	Y	-	Y	-	-	-	-	-	-	-	-	-	-
Austinoma Chemist	FJP35	CP	Green Porch House, Green Porch Close, Sittingbourne	ME10 2HA	09:00-19:00 (Wed 09:00-13:00)	09:00-12:00	Closed	-	-	Y	Y	-	-	Y	-	-	-	-	-	-	-	Y	-	-	-	-	-	-
Boots the Chemists	FF255	CP	59 High Street, Sheerness	ME12 1NT	09:00-14:00; 15:00-17:30	09:00-14:00; 15:00-17:30	Closed	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	Y	-	-	-	-	-	Y
Boots the Chemists	FMJ37	CP	122 High Street, Sittingbourne	ME10 4PL	09:30-14:00; 15:00-17:30	09:00-14:00; 15:00-17:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	Y	-	-	Y	-	Y	-

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8
Boots the Chemists	FQT10	CP	82-83 Preston Street, Faversham	ME13 8NU	09:00-14:00; 14:30-17:30	09:00-14:00; 14:30-17:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	Y	-	-	-	-	-	-
Greenstreet Pharmacy	FH082	CP	105 London Road, Teynham, Sittingbourne	ME9 9QL	09:00-13:00 ; 14:00-18:00 (Wed 09:00 - 13:00)	09:00-13:00	Closed	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	Y	-	Y	Y	Y	Y	Y
H 2 H Pharmacy Ltd	FWN00	DSP	Sovereign House, 1-2 Bingham Road, Sittingbourne	ME10 3SU	08:00-17:00	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Iwade Pharmacy	FGJ99	CP	Unit D-E Iwade Village Centre, The Street, Iwade, Sittingbourne	ME9 8SH	Mon-Tue 09:00-13:30, 14:00-18:00; Wed-Fri 09:00-13:30, 14:00-18:30	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	Y	Y	Y	Y
Kamsons Pharmacy	FM706	CP	2 Quartz Way, Sittingbourne	ME10 5AB	09:00-18:30	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	
Kamsons Pharmacy	FV258	CP	23 London Road, Sittingbourne	ME10 1NQ	08:30-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	Y	-	Y	-	-	-	
Kemsley Pharmacy	FM457	CP	Grovehurst Road, Kemsley, Sittingbourne	ME10 2ST	09:00-18:30	Closed	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	Y	-	-	Y	Y	Y	Y
Leysdown Pharmacy	FXK30	CP	9A Leysdown Road, Leysdown on Sea	ME12 4RE	09:00-18:00	09:00-17:00	Closed	-	Y	Y	Y	Y	Y	Y	-	Y	Y	-	-	-	-	Y	-	Y	-	-	-	Y
Milton Regis Pharmacy	FTN24	CP	80 High Street, Milton Regis, Sittingbourne	ME10 2AN	09:00-18:00	09:00-12:30	Closed	-	-	Y	Y	-	Y	Y	-	-	Y	-	-	-	-	Y	-	Y	-	-	-	-
Minster Pharmacy	FJC80	CP	13-15 Trafalgar Place, The Broadway, Minster Sheppey	ME12 2RW	09:00 - 18:30 (Wed 09:00 - 18:00)	09:00-17:30	Closed	-	-	-	Y	-	Y	Y	Y	-	Y	-	-	-	-	-	-	-	-	-	-	
Mistrys Chemists	FY439	CP	Wood Street, Sheerness	ME12 1UA	09:00-18:30	Closed	Closed	-	-	-	Y	Y	-	-	-	-	-	-	-	-	-	Y	-	Y	-	-	-	-

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8
Newington Pharmacy	FPK82	CP	44 Newington High Street, Newington, Sittingbourne	ME9 7JL	09:00-18:00	09:00-13:00	Closed	-	Y	Y	Y	-	-	Y	-	-	-	-	-	-	Y	-	-	-	-	-	-	-
Newton Place Pharmacy	FL519	CP	Newton Place Surgery, Newton Road, Faversham	ME13 8FH	08:00-21:00	13:00-21:00	10:00-17:00	Y	-	Y	Y	Y	Y	Y	-	Y	-	-	Y	-	-	-	-	Y	Y	Y	Y	Y
Paydens	FPH84	CP	14 Cross Lane, Faversham	ME13 8PN	08:30-18:30	08:45-12:45	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	-	Y	-	-	-	Y	
Paydens Pharmacy	FNE00	CP	Sheerness Health Centre, High Street, Sheerness	ME12 1UP	09:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	Y	Y	-	-	Y	Y	Y	Y
Pharmachem Limited	FHC28	CP	57 St Georges Avenue, Sheerness	ME12 1QU	09:00-18:30	Closed	Closed	-	-	Y	Y	Y	-	Y	Y	Y	Y	-	-	-	Y	-	-	-	-	-	Y	
Pharmachem Limited	FRE25	CP	Sheppey Hospital, Plover Road, Minster Sheppey	ME12 3LT	08:00-18:00	09:00-18:00	Closed	-	-	Y	Y	Y	-	Y	Y	Y	Y	-	-	-	-	-	-	Y	Y	Y	Y	
Pharmachem Limited	FWC48	CP	Memorial Hospital, Bell Road, Sittingbourne	ME10 4XX	09:00-18:00	09:00-12:00	Closed	-	-	Y	Y	Y	-	Y	Y	Y	Y	-	-	-	-	-	-	Y	Y	Y	Y	
Superdrug Pharmacy	FGR31	CP	78-80 High Street, Sittingbourne	ME10 4AJ	09:00-17:30	09:00-17:30	Closed	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	Y	-	-	-	-	-	-	
Superdrug Pharmacy	FVQ76	CP	87-93 High Street, Sheerness	ME12 1TX	08:30-17:30	09:00-13:30; 14:00-17:30	Closed	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	Y	-	-	-	-	-	-	
St George's Medical Centre	G82057	Disp	55 St George's Avenue, Sheerness	ME12 1QU	08:30-18:30	Closed	Closed	-	-																			
Tesco Pharmacy	FDC87	CP	Bridge Road, Sheerness	ME12 1RH	08:00-20:00	08:00-20:00	10:00-16:00	-	-	Y	Y	-	Y	Y	-	Y	-	-	-	-	-	-	-	-	-	-	-	
Tesco Pharmacy	FQP92	CP	Crescent Road, Faversham	ME13 7AS	09:00-21:00	09:00-21:00	10:00-16:00	Y	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	-	-	-	-	-	-	

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8
Well	FAP99	CP	2 Railway Terrace, Queenborough	ME11 5AY	09:00-18:00	Closed	Closed	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	Y	-	-	-	-	-	Y	
Well	FDY10	CP	85-89 East Street, Sittingbourne	ME10 4BL	09:00-18:00	09:00-12:15	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	Y	-	-	-	-	-	-	

Thanet district

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8
Asda Pharmacy	FWL90	CP	Westwood Road, Broadstairs	CT10 2NR	09:00-12:30; 13:00-16:30; 17:00-21:00	09:00-12:30; 13:00-16:30; 17:00-21:00	10:00-16:00	Y	-	Y	Y	Y	Y	Y	-	Y	-	Y	-	-	-	-	-	-	-	-	-	
Asda Pharmacy	FWT87	CP	56 Chatham Street, Ramsgate	CT11 7PR	09:00-12:30; 13:00-16:30; 17:00-21:00	09:00-12:30; 13:00-16:30; 17:00-21:00	10:00-16:00	Y	-	Y	Y	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	-	Y	Y	Y	-
Baxters Pharmacy	FMJ98	CP	164 Canterbury Road, Garlinge, Margate	CT9 5JW	09:00-13:00; 14:00-17:30	09:00-13:00; 14:00-17:30	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	Y	-	-	-	Y	Y	Y	Y	
Boots the Chemists	FG484	CP	7-13 High Street, Ramsgate	CT11 9AB	09:00-17:30	09:00-17:30	Closed	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	Y	-	Y	Y	-	Y	-	
Boots the Chemists	FJ908	CP	69 High Street, Margate	CT9 1JN	09:00-17:30	09:00-17:30	Closed	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	Y	-	-	Y	-	Y	-	
Boots the Chemists	FK196	CP	Unit 4 Westwood Cross, Margate Road, Broadstairs	CT10 2BF	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	10:00-15:00	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	Y	-	-	Y	-	Y	-	
Boots the Chemists	FM891	CP	14 High Street, Broadstairs	CT10 1LH	09:00-13:00; 14:00-17:30	09:00-13:00; 14:00-17:30	Closed	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	-	-	Y	-	Y	Y	
Boots the Chemists	FRD04	CP	36 St Mildreds Road, Westgate-on-sea	CT8 8RF	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	Y	-	-	Y	-	Y	-	

Kent 2025 PNA

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8
Courts Pharmacy	FH765	CP	156-162 Grange Road, Dashwood Medical Centre, Ramsgate	CT11 9PR	09:00-18:00	09:00-12:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	Y	-	-	Y	-	-	Y	Y	Y	Y
Courts Pharmacy	FP984	CP	67-69 Station Road, Birchington	CT7 9RE	09:00-17:30	09:00-17:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	Y	-	-	Y	Y	Y	Y
Day Lewis Pharmacy	FVR49	CP	38A St Anthony's Way, Margate	CT9 3RB	09:00-13:00; 13:20-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	Y	-	-	Y	Y	Y	-
Fittleworth Medical Limited	FXW55	DAC	Unit 3 Ozengell Place, Eurokent Business Park, Ramsgate	CT12 6PB	09:00-15:00	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Minster Surgery	G82107	Disp	75 High Street, Minster, Ramsgate	CT12 4AB	08:30-18:30	Closed	Closed	-	-																			
Newington Pharmacy	FDK91	CP	47 Newington Road, Ramsgate	CT12 6EW	08:30-13:00; 14:00-18:00	09:00-12:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	-	-	-	-	Y	-	Y	Y	Y	Y	Y
Northdown Pharmacy	FF270	CP	261-263 Northdown Road, Cliftonville, Margate	CT9 2PN	09:00-13:00; 14:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	Y	-	-	-	-	Y	-	-	Y	Y	Y	-
Palm Bay Pharmacy	FFQ34	CP	The Northdown, 35 Summerfield Road, Cliftonville, Margate	CT9 3EZ	09:00-18:00	Closed	Closed	-	Y	Y	Y	Y	Y	Y	-	Y	Y	-	-	-	-	-	-	-	Y	Y	Y	Y
Paydens Pharmacy	FD742	CP	15 The Broadway, Broadstairs	CT10 2AD	09:00-17:30	09:00-12:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	Y	-	-	-	-	-	-	Y
Paydens Pharmacy	FD763	CP	5-9 Hawley Street, Margate	CT9 1PU	09:00-13:00, 14:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	Y	Y	-	Y	Y	Y	Y	Y
Paydens Pharmacy	FGN90	CP	Minnis Road, Birchington	CT7 9SF	09:00-18:30	Closed	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	Y	Y	Y	Y

Kent 2025 PNA

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8
Paydens Pharmacy	FJ719	CP	Montefiore Medical Centre, Dumpton Park Drive, Ramsgate	CT11 8AD	08:30-18:30	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	Y	Y	-	-	Y	Y	Y	Y
Paydens Pharmacy	FJP76	CP	74-76 St Mildreds Road, Westgate-on-Sea	CT8 8RF	09:00-18:00	09:00-12:30	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-	Y	-	Y	Y
Pierremont Pharmacy	FW489	CP	73-75 High Street, Broadstairs	CT10 1NQ	08:30-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	-	-	Y	-	Y	-	-	-	-	-	-
Ramsgate Pharmacy	FJV92	CP	3-5 King Street, Ramsgate	CT11 8NN	09:00-17:30	09:00-13:00	Closed	-	-	Y	Y	-	Y	Y	Y	Y	Y	-	-	-	-	Y	-	-	-	-	-	Y
Rowlands Pharmacy	FW500	CP	2 Church Street, St Peters, Broadstairs	CT10 2TP	09:00-13:00; 14:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-
Tesco Pharmacy	FHG47	CP	475 Margate Road, Broadstairs	CT10 2QJ	09:00-21:00	09:00-21:00	10:00-16:00	Y	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	-	-	-	-	-	-	-
Tesco Pharmacy	FT769	CP	Manston Road, Ramsgate	CT12 6NT	09:00-21:00	09:00-21:00	10:00-16:00	Y	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	-	-	-	-	-	-	-
Touchwood Pharmacy	FVH06	CP	72 High Street, Minster, Ramsgate	CT12 4AD	09:00-13:00; 14:00-18:00 (Wed 09:00-13:00)	09:00-13:00	Closed	-	Y	Y	Y	Y	Y	Y	-	Y	Y	-	-	-	-	Y	-	-	-	-	-	Y
Woolfs Pharmacy	FQQ44	CP	Palm Bay Avenue, Cliftonville	CT9 3NR	08:30-13:00; 14:00-18:30	Closed	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	Y	-	Y	Y	Y	Y	Y

Tonbridge and Malling district

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8
Avicenna Pharmacy	FVR62	CP	11 Martin Hardie Way, Tonbridge	TN10 4AE	08:30-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	Y	-	-	-	-	-	-
Boots the Chemists	FA876	CP	85-87 High Street, West Malling	ME19 6NA	09:00-13:30; 14:00-18:00	09:00-13:30; 14:00-17:00	Closed	-	Y	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	-	-	-	-	-	-	-

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8
Boots the Chemists	FV022	CP	9 High Street, Tonbridge	TN9 1SG	09:00-13:30; 14:30-18:00	09:00-13:30; 14:30-17:30	10:00-16:00	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	Y	-	-	Y	-	Y	-
Borough Green Medical Practice	G82120	Disp	Quarry Hill Road, Borough Green	TN15 8RQ	08:30-18:30	Closed	Closed	-	-																			
Borough Green Pharmacy	FLC39	CP	42 High Street, Borough Green,Sevenoaks	TN15 8BJ	08:30-19:00	09:00-17:30	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	
Catts Pharmacy	FNH39	CP	Catts Alley, Snodland	ME6 5SN	9:00 - 18:00 (Mon/ Tues 9:00 - 18:30)	Closed	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	Y	-	Y	Y	
Clarke & Coleman	FA286	CP	140 High Street, Tonbridge	TN9 1BB	09:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	Y	-	-	Y	-	Y	Y	
Curries Pharmacy	FF221	CP	4 York Parade, Trenchwood, Tonbridge	TN10 3NP	09:00-18:00	09:00-14:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	Y	Y	-	Y	-	Y	Y
East Street Pharmacy	FJF07	CP	Warders Medical Centre, East Street, Tonbridge	TN9 1LA	07:00-22:00	07:00-22:00	10:00-20:00	Y	-	Y	Y	Y	Y	Y	-	Y	Y	-	Y	-	-	Y	-	-	-	-	-	
Field Pharmacy	FAN75	CP	11 Old Road, East Peckham, Tonbridge	TN12 5AS	09:00-13:00; 14:00-17:30	09:00-13:00	Closed	-	Y	Y	Y	Y	Y	Y	-	Y	Y	-	-	-	-	-	-	-	-	-	-	
Hadlow Pharmacy	FD300	CP	The Square, Hadlow, Tonbridge	TN11 0DA	09:00-13:00; 14:00-18:30	09:00-13:00; 14:00-17:00	Closed	-	Y	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	Y	-	-	Y	-	Y	Y
Hildenborough Medical Group	G82037	Disp	Westwood, Tonbridge Road, Hildenborough, Tonbridge	TN11 9HL	08:30-12:00, 14:00-18:00	Closed	Closed	-	-																			
Hobbs Pharmacy	FJC85	CP	1 River Lawn Roaf, Tonbridge	TN9 1EP	09:00-13:00; 14:00-17:30	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	-	Y	-	-	-	-	Y	-	Y	-	-	Y	
Kings Hill Pharmacy	FH460	CP	6 Liberty Square, Kings Hill, West Malling	ME19 4AU	09:00-18:00	09:00-17:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	Y	-	-	Y	-	Y	Y

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8
Oaks Pharmacy	FGF60	CP	Admiral Moore Drive, British Legion Village, Aylesford	ME20 7SE	08:30-13:00; 14:00-18:00	09:00-12:30	Closed	-	-	Y	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	-	-	-	-	Y	
Paydens Pharmacy	FED96	CP	24-26 High Street, Snodland	ME6 5DF	09:00 - 18:00 (Wed 09:00 - 17:30)	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	Y	Y	-	Y	-	Y	Y
Paydens Pharmacy	FRG18	CP	12-14 Martin Square, Larkfield, Maidstone	ME20 6QJ	08:30-18:30	09:00-17:30	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	-	-	Y	Y	Y	Y	-	Y	Y
Phoenix Medical Practice	G82234	Disp	33 Bell Lane, Burham, Rochester	ME1 3SX	08:30-18:00 (Mon, Thu 08:30-17:00)	Closed	Closed	-	-																			
Tesco Pharmacy	FRL66	CP	Lunsford Park, Larkfield, Maidstone	ME20 6RJ	08:00-20:00	08:00-20:00	10:00-16:00	-	Y	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	-	-	-	-	-	-	-
Thompsons Pharmacy	FX524	CP	1a Riding Lane, Hildenborough, Tonbridge	TN11 9HX	08:45-18:00	08:45-17:30	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	-	Y	Y	-	-	Y	-	Y	Y
Wateringbury Surgery	G82200	Disp	14 Pelican Court, Wateringbury, Maidstone	ME18 5SS	08:00-13:00, 14:00-18:00	Closed	Closed	-	-																			

Tunbridge Wells district

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8
A E Hobbs Ltd	FT200	CP	72 Mount Pleasant, Tunbridge Wells	TN1 1RJ	09:00-17:30	09:00-17:30	Closed	-	-	Y	Y	-	Y	Y	-	Y	-	-	-	-	Y	-	-	Y	Y	Y	-	
Boots the Chemists	FV493	CP	7-11 Calverley Road, Tunbridge Wells	TN1 2TE	08:30-18:30	08:30-18:30	11:00-16:00	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	Y	-	-	Y	-	Y	-	
Carrs Pharmacy	FQR12	CP	94 Calverley Road, Tunbridge Wells	TN1 2UN	09:00-18:30	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	Y	-	Y	Y	Y	Y	
Cranbrook Pharmacy	FF864	CP	White Lion House, High Street, Cranbrook	TN17 3DF	09:00-18:30	09:00-17:00	Closed	-	-	Y	Y	Y	Y	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	
Day Lewis Pharmacy	FJ632	CP	135 London Road, Southborough, Tunbridge Wells	TN4 0NA	09:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	Y	-	-	Y	-	Y	-	
Greggs Wood & Speldhurst Surgery	G82022	Disp	Penshurst Road, Speldhurst	TN3 0PE	08:30-13:00, 14:30-18:00	Closed	Closed	-	-																			
Greggswood Pharmacy	FTR38	CP	106 Greggswood Road, Tunbridge Wells	TN2 3JG	09:00-13:00; 14:00-18:00	09:00-13:00	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	-	-	-	-	-	-	
Hawkhurst Pharmacy	FH199	CP	1 The Colonnade, Hawkhurst	TN18 4ES	09:00-18:00	09:00-17:30	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	Y	-	Y	Y	Y	-	Y	-	Y	
Heath Pharmacy	FER21	CP	Maidstone Road, Horsmonden, Tonbridge	TN12 8JJ	09:00-13:00; 14:00-17:30 (Mon 09:00-13:00; 14:00-18:30; Wed 09:00-13:30)	09:00-13:30	Closed	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	Y	-	-	Y	-	Y	Y	
Hollis Pharmacy	FJ243	CP	285 Upper Grosvenor Road, Tunbridge Wells	TN4 9EX	09:00-13:00; 14:15-18:00	09:00-13:00; 14:15-17:00	Closed	-	-	Y	Y	-	-	Y	-	Y	-	-	-	-	Y	-	-	-	-	-	-	

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	ICBS1	ICBS2	ICBS3	LAS1	LAS2	LAS3	LAS4	LAS5	LAS6	LAS7	LAS8
Howell Surgery	G82158	Disp	High Street, Brenchley	TN12 7NQ	08:15-13:00, 14:00-18:00 (Tue 08:15-13:00)	Closed	Closed	-	-																			
Imperial Pharmacy	FJE33	CP	4 The Pantiles, Tunbridge Wells	TN2 5TN	09:00-18:00	09:00-17:30	Closed	-	-	Y	Y	-	-	Y	-	-	-	-	Y	-	-	Y	Y	Y	Y	-	Y	-
Lamberhurst Surgery	G82170	Disp	The Down, Lamberhurst	TN3 8EX	08:00-12:30, 14:00-18:30 (Thu 08:00-12:30)	Closed	Closed	-	-																			
Old School Surgery	G82235	Disp	Rectory Fields, Cranbrook	TN17 3JB	08:45-17:30	Closed	Closed	-	-																			
Orchard End Surgery	G82733	Disp	Dorothy Avenue, Cranbrook	TN17 3AY	08:30-13:00, 13:30-18:00 (Thu 08:30-13:00)	Closed	Closed	-	-																			
Paddock Wood Pharmacy	FPL19	CP	12 Commercial Road, Paddock Wood, Tonbridge	TN12 6EL	09:00 - 18:30 (Wed 09:00 - 18:00)	09:00-17:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	Y	Y	-	Y	-	Y	Y
Paydens Pharmacy	FQL85	CP	Abbey Court Medical Centre, St John's Road, Tunbridge Wells	TN4 9TF	09:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	Y	-	Y	Y
Pembury Pharmacy	FVQ77	CP	5 High Street, Pembury	TN2 4PH	09:00-18:30 (Wed 09:00-17:00)	09:00-17:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	Y	Y	-	-	Y	-	Y	Y
Rusthall Pharmacy	FE414	CP	2 High Street, Rusthall	TN4 8RN	09:00-13:15; 13:45-17:30	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	Y	Y	-	Y	Y	Y	Y
Talbot Surgery	G82055 001	Disp	Talbot Road, Hawkhurst	TN18 4NB	Mon - Fri 9:00 - 13:00 14:30 - 18:00	Closed	Closed	-	-																			
The Pharmacy	FPC83	CP	High Street, Goudhurst	TN17 1AG	09:00-13:00; 14:00-18:00 (Wed 09:00-13:00)	09:00-13:00	Closed	-	Y	Y	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	Y	-	Y	-
Weald View Medical Practice	G82055	Disp	North Ridge, Rye Road, Hawkhurst	TN18 4EX	08:45-12:30, 15:00-18:00	Closed	Closed	-	-																			

Appendix B: PNA project plan

	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025	Jun 2025	Jul 2025	Aug 2025	Sep 2025
Stage 1: Project planning and governance Stakeholders identified and PNA Steering Group terms of reference agreed. Project plan, PNA localities, communications plan and data to collect agreed at first Steering Group meeting Prepare questionnaires for initial engagement.														
Stage 2: Research and analysis Collation of data from KCC, LPC, ICB and other providers of services. Listing and mapping of services and facilities. Collation of data for housing developments. Equalities Impact Assessment. Analysis of questionnaire responses. Review all data at second Steering Group meeting.														
Stage 3: PNA development Review and analyse data and information collated to identify gaps in services based on current and future population needs. Develop consultation plan. Draft PNA. Sign off draft PNA at third Steering Group meeting and update for HWB.														
Stage 4: Consultation and final draft production Coordination and management of consultation. Analysis of consultation responses and production of report. Draft final PNA for approval. Sign off final PNA at fourth Steering Group meeting. Edit final PNA 2025 ready for publication and provide update for HWB.														

Appendix C: PNA Steering Group terms of reference

Objective / Purpose

To oversee the production of the Pharmaceutical Needs Assessment (PNA) on behalf of the Kent Health and Wellbeing Board (HWB), to ensure that it satisfies the relevant regulations, including consultation requirements.

The HWB have not delegated responsibility; as such, authority for the PNA remains with the HWB.

Accountability

The Steering Group is to report to the Kent Health and Wellbeing Board.

Responsibilities

- Provide a clear and concise PNA process.
- Review and validate information and data on population, demographics, pharmaceutical provision, and health needs.
- To consult with the bodies stated in Regulation 8 of The NHS Regulations 2013:
 - Any Local Pharmaceutical Committee for its area
 - Any Local Medical Committee for its area
 - Any persons on the pharmaceutical lists and any dispensing Doctors list for its area
 - Any LPS Chemist in its area
 - Any Local Healthwatch organisation for its area
 - Any NHS Trust or NHS Foundation Trust in its area
 - Integrated Care Boards
 - Any neighbouring HWB.
- Ensure that due process is followed.
- Report to Health and Wellbeing Board on both the draft and final PNA.
- Publish the final PNA by 30 September 2025.
- Discuss and ensure a process is in place to maintain the PNA post publication.

Membership

Membership:

- Kent County Council (KCC) Director and/or Deputy Director of Public Health
- KCC Public Health Pharmacy and Quality Lead
- Integrated Care Board Contract Manager representative
- Local Pharmaceutical Committee (LPC) representative
- Integrated Care Board Pharmacy and Medicines Optimisation representative
- Integrated Care Board Communications and Consultation Lead
- Local Medical Committee (LMC) representative
- Healthwatch representative (lay member)
- Kent Public Health Observatory representative
- KCC Engagement representative.

Core members:

- KCC Director and/or Deputy Director of Public Health
- KCC Public Health Pharmacy and Quality Lead
- Integrated Care Board Contract Manager representative
- LPC representative
- Integrated Care Board Pharmacy and Medicines Optimisation representative
- LMC representative
- Healthwatch representative (lay member).

Meetings will be chaired by the Director or the Deputy Director of Public Health. Each organisation has one vote. The Public Health representative will have the casting vote, if required. Core members may provide a deputy to attend meetings in their absence. The Steering Group shall be quorate with four core members in attendance, one of which must be an LPC member. Non-attending members are unable to cast a vote – that vote may otherwise sway the casting decision.

Additional members (if required):

- Integrated Care Board Commissioning Managers
- NHS Trust Chief Pharmacists
- Dispensing Doctors representative.

In attendance at meetings will be representatives of Soar Beyond Limited, who have been commissioned by Kent County Council to support the development of the PNA. Other additional members may be co-opted if required.

Declaration of Interest

Each meeting will begin with any declarations of interest being declared and recorded.

Frequency of meetings

Meetings schedule to be agreed at the first meeting, which should be arranged at key stages of the project plan. The Steering Group will meet in summer 2025 to sign off the PNA for submission to the Health and Wellbeing Board.

Agenda and papers

Agenda and paperwork will be circulated one week in advance of meetings.

Appendix D.1: Public questionnaire summary

Total responses received: 1,009.

The questionnaire was open for responses between 6 November and 13 December 2024.

When reporting the details of the responses, please note:

- Due to small numbers, responses are not broken down by district.
- Some numbers may be higher than the number of answers due to multiple choice.
- Some figures may not add up to 100% due to rounded numbers.
- The option with the higher number of responses shows in bold to facilitate analysis.
- The number of comments may be different to the number of responses due to some users adding different themes and other comments being “N/A” or “No comment”.
- Additional details of the qualitative data collected from various questions is available in Appendix D.2.

1) Please tell us which district/borough you live in (Answered: 1007, Skipped: 2)

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

2) Why do you usually visit a pharmacy? (Please select all that apply) Please note numbers and percentages may add up to more than 100% due to multiple responses (Answered: 1002, Skipped: 7)

Options	%	Number
To collect prescriptions for myself	85%	858
To buy over-the-counter medicines	57%	578
To collect prescriptions for somebody else	46%	467
To get advice from a pharmacist e.g. medication, your condition/illness, healthy living advice etc	44%	448
To use a pharmacy service e.g. treatment for minor ailment, flu jab, blood pressure check etc	43%	438
Other, please specify	5%	48

Other comments (themes)	Number
My prescriptions are delivered from the pharmacy (do not visit)	15
To use a pharmacy service (e.g. treatment for minor ailment, flu jab, blood pressure check etc.)	13
I do not visit a pharmacy	10
To buy non-medicinal products	7
To get advice from a pharmacist (e.g. medication, your condition/illness, healthy living advice etc.)	5
To buy over the counter medicines	2
I contact my pharmacy by phone	2
Recycle empty blister packs/dispose of medication	2
Miscellaneous	2

Please note more detail of the responses to this question are available in Appendix D.2.

3) How often have you visited or contacted a pharmacy in the last six months? (Answered: 1008, Skipped: 1)

Options	%	Number
Once a week or more	9%	89
A few times a month	40%	399
Once a month	33%	336
Once every few months	14%	139
Once in six months	3%	30
I have not visited/contacted a pharmacy in the last six months	2%	15

- 4) What time and day is most convenient for you to use a pharmacy? (Please tick one day for each time that applies to you)** Please note numbers and percentages are calculated for each of the options within this question (Answered: 999, Skipped: 10)

Option	Weekday		Saturday		Sunday	
	%	Number	%	Number	%	Number
Before 9am	12%	307	3%	68	1%	17
9am - 1pm	22%	576	6%	159	1%	35
1pm - 6pm	20%	511	5%	124	1%	20
After 6pm	12%	303	2%	43	0	6
It varies	12%	309	4%	103	1%	24

- 5) Do you have a regular local community pharmacy?** (Answered: 996, Skipped: 13)

Options	%	Number
Yes, a traditional bricks and mortar pharmacy	79%	798
Yes, an internet/online pharmacy - <i>(This pharmacy, also referred to as a distance selling pharmacy, is one which operates partially or completely online where prescriptions are received electronically and by paper prescription and dispensing medication is sent via a courier to your home)</i>	9%	93
Yes, a combination of both	7%	75
No	3%	30

- 6) Is there a specific reason you prefer your current pharmacy, even though there might be others nearby or more convenient?** (Answered: 999, Skipped: 10)

Options	%	Number
No	29%	293
Yes, please specify	70%	706

Other comments (themes)	Number
Access and location are major deciding factors of choosing a pharmacy	582
There is good service provided at the current pharmacy and access to specific services	574
Issues remain with using the current pharmacy and sometimes patients use alternatives	41
Previous pharmacies did not offer a good service	39
Miscellaneous	56

Please note more detail of the responses to this question are available in Appendix D.2.

7) What influences your choice of pharmacy? (Please tick one option for each reason) (Answered: 1007, Skipped: 2)

Factors	Very Important		Important		Not important	
	%	Number	%	Number	%	Number
Staff expertise / knowledge	64%	649	28%	285	5%	49
Customer service	68%	689	276%	27	24%	2
Location of pharmacy	70%	707	26%	258	3%	30
Opening times	49%	496	43%	433	5%	51
Parking	35%	349	34%	338	29%	292
Public transport	9%	86	15%	152	69%	692
Accessibility (wheelchair/ buggy access)	15%	148	19%	196	60%	603
Languages / interpreting service	5%	51	10%	103	78%	789
Services provided	51%	516	37%	374	9%	92

Please note more detail of the responses to this question are available in Appendix D.2.

8) How do you usually travel to a pharmacy? (Answered: 1004, Skipped: 5)

Options	%	Number
Walk	39%	396
Car	48%	487
Public transport	2%	19
Taxi	0%	3
Bicycle	1%	12
Wheelchair/ mobility scooter	1%	6
Someone goes for me / takes me	2%	18
I don't travel; I use an online pharmacy	1%	13
I don't travel; I utilise a delivery service	3%	32
Other, please specify	2%	18

Please note more detail of the responses to this question are available in Appendix D.2.

9) How long does it approximately take you to travel to a pharmacy? (Answered: 1002, Skipped: 7)

Options	%	Number
Less than 20 minutes	87%	875
20-30 minutes	8%	79
30-40 minutes	1%	13
More than 40 minutes	0%	1
N/A- I don't travel to the pharmacy	3%	34

10) Do you have any other comments that you would like to add regarding pharmaceutical services in Kent? (Answered: 436, Skipped: 573)

Comments (themes)	Number
Patients appreciate pharmacies and the advice given	168
Logistical issues, changing services and poor service provision	131
Patients want improved accessibility and communication	80
Patients perceive inefficiencies in the service	31
Miscellaneous	38

Please note more detail of the responses to this question are available in Appendix D.2.

11) Are you willing to tell us more about yourself? (Answered: 1009, Skipped: 0)

Options	%	Number
Yes	84%	846
No	16%	163

12) Are you...? (Answered: 844, Skipped: 165)

Options	%	Number
Male	29%	248
Female	71%	596
I prefer not to say	0	0

13) Is your gender the same as your birth? (Answered: 843, Skipped: 166)

Options	%	Number
Yes	99%	840
No	0	0
I prefer not to say	1%	3

14) Which of these age groups applies to you? (Answered: 846, Skipped: 163)

Options	%	Number
0-15	0%	0
16-24	0%	1
25-34	2%	17
35-49	11%	94
50-59	13%	110
60-64	12%	98
65-74	30%	251
75-84	29%	241
85+ over	4%	31
I prefer not to say	0%	3

15) Which religion or belief do you regard yourself as belonging to? (Answered: 843, Skipped: 166)

Options	%	Number
Atheist	3%	22
Buddhist	1%	5
Christian	57%	477
Hindu	0%	1
Jewish	0%	1
Muslim	0%	2
Sikh	0%	1
No religion belief	33%	278
Other, please specify	2%	21
I prefer not to say	4%	35

16) Do you consider yourself to be disabled as set out in the Equality Act 2010? The Equality Act 2010 describes a person as disabled if they have a long standing physical or mental condition that has lasted, or is likely to last, at least 12 months; and this condition has a substantial adverse effect on their ability to carry out normal day-to-day activities. People with some conditions (cancer, multiple sclerosis and HIV/AIDS, for example) are considered to be disabled from the point that they are diagnosed. (Answered: 846 Skipped: 163)

Options	%	Number
Yes	37%	317
No	59%	495
I prefer not to say	4%	33

17) If you answered 'Yes' to the previous question, please tell us the type of impairment that applies to you. You may have more than one type of impairment, so please select all that apply. If none of these applies to you, please select 'Other' and give brief details of the impairment you have. Please note numbers and percentages may add up to more than 100% due to multiple responses (Answered: 558, Skipped: 451)

Options	%	Number
Physical impairment	38%	210
Sensory impairment (hearing, sight or both)	12%	67
Longstanding illness or health condition, such as cancer, HIV/AIDS, heart disease, diabetes or epilepsy	25%	140
Mental health condition	9%	52
Learning disability	1%	5
Neurodivergent, such as ADHD, autism, dyslexia and dyspraxia	5%	28
I prefer not to say	1%	3
Other, please specify	9%	53

18) Are you a carer? A carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support. Both children and adults can be carers. (Answered: 844, Skipped: 165)

Options	%	Number
Yes	16%	133
No	84%	705
I prefer not to say	1%	6

19) Are you...? (Answered: 837, Skipped: 172)

Options	%	Number
Heterosexual/Straight	93%	778
Bi/Bisexual	2%	15
Gay or Lesbian	2%	16
Other	0%	2
I prefer not to say	3%	26

20) To which of these ethnic groups do you feel you belong? (Source 2011 Census)

(Answered: 827, Skipped: 182)

Options	%	Number
White English, Scottish, Northern Irish, British	97%	780
White Irish	1%	11
White Gypsy or Irish Traveller	0%	1
White Other*	2%	16
Asian or Asian British Indian	0%	4
Asian or Asian British Pakistani	0%	1
Asian or Asian British Chinese	0%	1
Asian or Asian British Other*	0%	2
Mixed White & Black Caribbean	0%	1
Mixed White & Black African	0%	0
Mixed White & Asian	0%	1
Mixed Other*	0%	2
Black or Black British Caribbean	0%	0
Black or Black British African	0%	2
Black or Black British Other*	0%	1
Arab	0%	0
Roma	0%	0
I prefer not to say	0%	0
*Other - please specify	0%	4

Appendix D.2: Public questionnaire qualitative data

This section presents a more detailed analysis of the responses and comments received for some of the questions summarised in Appendix D.1 above.

Please note the respondents to the public questionnaire are not representative of the Kent population in general. There is a higher proportion of females, older people (age 65-84), white ethnicity, Christian religion, people with substantial long-term disability and carers.

Question 2: Why do you usually visit a pharmacy?

Free-text answers were recorded for those who selected “Other”. This provided respondents the opportunity to expand upon their reason for using a pharmacy service and to be specific in their answer. Responses were aggregated into the original categories from question 2, or into new categories where necessary. The following results are only from respondents who selected “other”. Thematic analysis was not performed on these responses.

The table below presents the 10 most common categories of responses given in the “other” selection, with a “Y/N” to indicate categories which were originally included on question 2 (n=49):

Category	Original question choice?	% of responses
My prescriptions are delivered from the pharmacy (do not visit)	N	30.6%
To use a pharmacy service (e.g. treatment for minor ailment, flu jab, blood pressure check etc.)	Y	26.5%
I do not visit a pharmacy	N	20.4%
To buy non-medicinal products	N	14.3%
To get advice from a pharmacist (e.g. medication, your condition/illness, healthy living advice etc.)	Y	10.2%
To buy over the counter medicines	Y	4.1%
I contact my pharmacy by phone	N	4.1%
Recycle empty blister packs/dispose of medication	N	4.1%
To collect prescriptions for myself	Y	2.0%
To chat with the staff	N	2.0%

The results indicate that a significant proportion of respondents selecting the “other” box did so to indicate that they did not visit pharmacies. This was due to receiving deliveries from high-street pharmacies or having prescriptions fulfilled by online-only pharmacies. The second most common reason was the use of pharmacy services. Respondents selected “other” to specify services they had used, such as receiving seasonal influenza vaccinations or a blood pressure check. These were aggregated into the original category from question 2.

Notable responses included:

- “As we no longer have a GP actually in Teynham the chemist is an absolute lifeline for many of us”.
- “I am disabled and my medication is delivered by the pharmacy. For advice I would telephone my regular pharmacy”.
- “To buy other items not just over the counter medicines”.

In addition to the categories in the table, five further categories emerged from answers to this question but had one or no mentions in responses. This includes an original category of “To collect prescriptions for someone else”, suggesting respondents didn’t need to expand upon this.

Category	Original category?	%
My prescriptions are delivered from the pharmacy	N	30.6%
To use a pharmacy service (e.g. treatment for a minor ailment, flu jab, blood pressure check etc.)	Y	26.5%
I do not visit a pharmacy	N	20.4%
To buy non-medicinal products	N	14.3%
To get advice from a pharmacist (e.g. medication, your condition/illness, healthy living advice etc.)	Y	10.2%
To buy over the counter medicines	Y	4.1%
I contact my pharmacy by phone	N	4.1%
Recycle empty blister packs/dispose of medication	N	4.1%
To collect prescriptions for myself	Y	2.0%
To chat with the staff	N	2.0%
For my job duties	N	2.0%
To use non-pharmacy/medicinal services (e.g. photo booth)	N	2.0%
I use an online pharmacy	N	2.0%
To make enquiries about prescription deliveries	N	2.0%
To collect prescriptions for someone else	Y	0%

Question 6: Is there a specific reason you prefer your current pharmacy, even though there might be others nearby or more convenient?

Participants responses were coded into common themes and sub-themes, responses may have been linked to more than one thematic area.

Four main themes were identified in the responses:

- Access and location are major deciding factors of choosing a pharmacy.
- There is good service provided at the current pharmacy and access to specific services.
- Previous pharmacies did not offer a good service.
- Issues remain with using the current pharmacy and sometimes patients use alternatives.

The table below presents the distribution of responses across each identified theme, expressed as a percentage of all responses (706):

Number	Theme	% of responses
1	Access and location are major deciding factors of choosing a pharmacy.	82.4%
2	There is good service provided at the current pharmacy and access to specific services.	81.3%
3	Previous pharmacies did not offer a good service.	5.5%
4	Issues remain with using the current pharmacy and sometimes patients use alternatives.	5.8%
M	Miscellaneous	7.9%

Within each theme, numerous detailed sub-themes were identified during the thematic analysis. The table below presents the top 20 sub-themes, their corresponding main themes, and the percentage of responses categorised under each sub-theme:

Sub-Theme	Main theme	% of responses
Helpful/friendly/caring staff at current pharmacy	2	32.4%
Geographically close to patient	1	24.5%
Good service at current pharmacy	2	17.1%
Close to/joined to GP surgery	1	15.2%
Convenience	1	11.0%
Access to advice at current pharmacy	2	7.9%
Rapport/familiarity with pharmacist	1	7.8%
Easily accessible by walking	1	7.1%
Good stock at current pharmacy	2	5.2%

Sub-Theme	Main theme	% of responses
Convenient parking	1	5.1%
Perceive staff as knowledgeable	2	5.1%
Access to medicine delivery	2	4.7%
Use of local pharmacies	M	3.8%
Ease of access	1	3.3%
Good opening hours at current pharmacy	1	3.1%
Convenience of electronic prescription service	1	2.5%
Have been going to the pharmacy for a long time	M	2.4%
Poor customer service at other pharmacies	3	2.3%
Access to other services	2	2.0%
Short queues at current pharmacy	2	1.7%

Below is a selection of excerpts from responses that contributed to the results of this thematic analysis:

- “It changed from Lloyds to an independent pharmacy. They process prescriptions quickly. They have an amazing selection of items for sale. They are very knowledgeable and polite. It is so convenient to be able to get flu and covid jabs there.”
- “Provide a excellent and highly valued service. Very friendly, busy but always helpful and always try to help where possible. A very positive piece, if a very forgotten important part of the health care system.”
- “I can walk to it and it open all day and Saturday morning. It will also deliver if I am not well enough to collect. They are also very reliable and can be contacted by phone.”
- “It is the only one in our village - others are miles away and there is scant public transport.”
- “It's within a Tesco store so it's convenient to visit whilst shopping. It also saves on additional journeys or mileage.”

A total of 47 sub-themes were identified. The majority of these additional sub-themes were categorised under main themes 3 and 4. Examples of these sub-themes include lack of rural provision, poor opening hours, prescription delays, and no/inaccessible online services.

Theme and sub-themes	%
Theme: Access and location are major deciding factors of choosing a pharmacy.	
Geographically close to patient	24.5%
Close to/joined to GP surgery	15.2%
Convenience	11.0%

Theme and sub-themes	%
Rapport and/or familiarity with pharmacist	7.8%
Easily accessible by walking	7.1%
Convenient parking	5.1%
Ease of access	3.3%
Good opening hours at current pharmacy	3.1%
Convenience of electronic prescription service	2.5%
Pharmacy closures have resulted in changing pharmacies	1.0%
Accessible by public transport	0.7%
Need nearby access to pharmacies	0.7%
Access to disabled parking	0.4%
Theme: There is good service provided at the current pharmacy and access to specific services.	
Helpful/friendly/caring staff at current pharmacy	32.4%
Good service at current pharmacy	17.1%
Access to advice at current pharmacy	7.9%
Good stock at current pharmacy	5.2%
Perceive staff as knowledgeable	5.1%
Access to medicine deliveries	4.7%
Access to other services	2.0%
Short queues at current pharmacy	1.7%
Have trust in the pharmacist	1.6%
Process prescriptions quickly	1.6%
Text service when prescription is ready	1.6%
Access to consultation facilities	0.4%
Theme: Previous pharmacies did not offer a good service.	
Poor customer service at other pharmacies	2.3%
Long wait times at other pharmacies	1.6%
Stock issues at previous pharmacy	1.4%
Had to change pharmacy due to changing opening hours	0.3%
Theme: Issues remain with using the current pharmacy and sometimes patients use alternatives.	
Poor opening hours	0.8%
Current pharmacy is busy	0.8%
Stock issues at current pharmacy	0.7%
Issues with repeat prescriptions at current pharmacy	0.6%
Long journey to get prescriptions from current pharmacy	0.6%
Wear of advice from pharmacists at current pharmacy	0.6%
Use of a pharmacy further away	0.4%
Prescription delays at current pharmacy	0.4%

Theme and sub-themes	%
Online services are not accessible to all	0.3%
Cannot access medicine deliveries	0.1%
High-street pharmacies not first choice	0.1%
Lack of rural provision	0.1%
Poor access at other pharmacy	0.1%
Previous pharmacy close to/joined to GP surgery	0.0%
Theme: Miscellaneous	
Use of local pharmacies	3.8%
Have been going to the pharmacy for a long time	2.4%
Prefer online services	1.4%
Allocated by GP surgery	0.3%

Question 7: What influences your choice of pharmacy?

Free-text answers were recorded where respondents selected other. However, they did not specify the level of importance on these factors. These responses were aggregated into the categories previously available in question 7, and where necessary, new categories were created. The following results are only from respondents who selected “other”. Thematic analysis was not performed on these responses.

The table below presents the 10 most common categories of responses given in the “other” selection, with a “Y/N” to indicate categories which were originally included on question 7 (n=155):

Category	Original category?	% of responses
Stock availability	N	12.9%
Services provided (BP check, health check, cholesterol check, vaccines etc.)	Y	12.3%
Staff expertise knowledge	Y	10.3%
Access to a delivery service	N	10.3%
Customer service	Y	9.7%
Location of service	Y	7.7%
Fast pharmacy service (prescriptions)	N	7.7%
Efficient service	N	7.7%
Joined to/close to GP surgery	N	6.5%
Purchase of non-medicinal products	N	5.2%

Stock availability was the most common category of answer provided by respondents selecting “other”, with 12.9% of respondents citing it; this was not a listed category on question 7. The second and third categories, however, were original categories on the question. Services provided (12.3%) and staff expertise/knowledge (10.3%) were commonly cited by respondents. This suggests that the availability of services and advice may influence people’s choice of pharmacy.

Notable responses included:

- “Whether they offer a distribution service (which mine currently doesn't, but I wish they would)”.
- “It's so hard to get a doctor’s appointment that it is good to know the pharmacy might be able to advise”.
- “Efficient text notification service. Can also buy other products in store. No 45-minute queuing time just to ask a question or collect medication!”.

In addition to the categories in the table above, 27 further categories were recorded in the responses of those selecting “other” for question 7; five of these were original categories (accessibility, languages/interpreting service, parking, opening times, public transport) that could be selected in the question. The rest were created from responses and included, for example, sentiments around confidentiality, text notification services and a choice of over-the-counter medication. Eight responses were not aggregated into categories due to irrelevance to the question, missing data or the response being filled in in error.

Category	Original category?	%
Stock availability	N	12.9%
Services provided (BP check, health check, cholesterol check, vaccines etc.)	Y	12.3%
Staff expertise knowledge	Y	10.3%
Access to a delivery service	N	10.3%
Customer service	Y	9.7%
Location of service	Y	7.7%
Fast pharmacy service (prescriptions)	N	7.7%
Efficient service	N	7.7%
Joined to/close to GP surgery	N	6.5%
Accessibility	Y	5.2%
Purchase of non-medicinal products	N	5.2%
Busy GP surgery	N	3.9%
Familiarity and/or trust in pharmacist	N	3.9%
Limited choice	N	2.6%
Convenience	N	2.6%

Category	Original category?	%
Later/longer opening	N	2.6%
Confidentiality and privacy	N	1.9%
Text notification service for prescriptions	N	1.9%
Languages/interpreting service	Y	1.3%
Access to an online pharmacy service	N	1.3%
Integration between GP and pharmacy services	N	1.3%
Cleanliness	N	1.3%
Choice of OTC medication	N	1.3%
Close to other non-pharmacy services	N	1.3%
Good communication with patients	N	1.3%
Uncommon user of pharmacies	N	1.3%
Parking	Y	0.6%
Access to home visits from pharmacists	N	0.6%
Ability to signpost to other services	N	0.6%
Integration between GP and online pharmacy services	N	0.6%
Cost of OTC medication	N	0.6%
Seated waiting area for prescriptions	N	0.6%
Digital inclusivity	N	0.6%
Able to collect prescriptions on behalf of others	N	0.6%
Opening times	Y	0.0%
Public transport	Y	0.0%

Question 8: How do you usually travel to the pharmacy?

Free-text answers were recorded for those who selected “other”, and respondents could only select one category from the list. Responses were aggregated into the categories previously stated in question 8, or into new categories where necessary. The following results are only from the respondents who selected “other” and gave a free-text answer. Thematic analysis was not performed on these responses.

The table below presents the nine categories of responses given in the “other” selection, with a “Y/N” to indicate categories which were originally included on question 7 (n=18):

Category	Original category?	% of responses
Walk	Y	61.1%
Car	Y	44.4%

Category	Original category?	% of responses
I don't travel, I utilise a delivery service	Y	27.8%
Public transport	Y	22.2%
Someone goes for me/takes me	Y	11.1%
I don't travel, I use an online pharmacy	Y	11.1%
Transport depends on pharmacy due to varying services	N	11.1%
Wheelchair/mobility scooter	Y	5.6%
Travels to dispensing GP instead	N	5.6%

Almost all original question categories were included when aggregating free-text responses to the “other” selection. The most common mode of travel was walking, cited by 61.1% of responses, followed by using a car at 44.4%. Interestingly, over a quarter of respondents to the “other” selection stated they don’t travel to a pharmacy and instead use a delivery service (27.8%). Some respondents selected the “other” category to state that they use more than one mode of transport to get to a pharmacy, or that their mode of travel is dependent on which service they are visiting.

Taxi and bicycle were other original selections that could have been made. However, no respondents who selected “other” cited these modes of transport.

Notable responses include:

- “You haven’t given the option for using a car & a wheelchair which I would use as pharmacy too far away to wheel there. Therefore I would drive to a car park, use a disabled space then use my wheelchair to get to the pharmacy.”
- “If i use my local village pharmacy I walk there, but if I have to use another pharmacy (because my local one doesn't have the medication) then I go by car or public transport.”
- “Because paydens larkfield refused to continue to deliver, I now use Lloyds pharmacy to deliver both our meds. I only go to paydens if I have to now. As a carer I’m very busy.”

Question 10: Do you have any other comments that you would like to add regarding pharmaceutical services in Kent?

Participants responses were coded into common themes and sub-themes. Responses may have been linked to more than one thematic area.

Four main themes were identified in the responses:

- Patients perceive inefficiencies in the service.
- Patients want improved accessibility and communication.
- Patients appreciate pharmacies and the advice given.
- Logistical issues, changing services and poor service provision.

The table below presents the distribution of responses across each identified theme, expressed as a percentage of all responses (436):

Number	Theme	% of responses
1	Patients perceive inefficiencies in the service	7.1%
2	Patients want improved accessibility and communication	18.3%
3	Patients appreciate pharmacies and the advice given	38.5%
4	Logistical issues, changing services and poor service provision	30.0%
M	Miscellaneous	8.7%

Within each theme, numerous detailed sub-themes were identified during the thematic analysis. The table below presents the top 20 sub-themes, their corresponding main themes, and the percentage of responses categorised under each sub-theme:

Sub-Theme	Main theme	% of responses
Values the service provided	3	13.4%
Stock issues	4	7.6%
Close to where patient lives	3	6.0%
Pharmacy services valued due to lack of capacity/accessibility at GP practice	3	4.9%
Untimely prescriptions	4	3.3%
Increased service pressure	4	2.9%
Concerns about closures	4	2.7%
Prescriptions not fulfilled	4	2.2%
Deems pharmacy a vital service	3	2.2%
Vaccinations and other procedures (e.g. blood pressure) delivered in pharmacy instead of GP	3	2.2%
Communication issues	2	2.0%
Shift to online services	4	2.0%
Difficulty accessing due to accessibility issues	2	1.8%
Long prescription wait times	4	1.6%
Absence of services would be concerning	3	1.6%
Provide support to the community	3	1.6%
Inefficient service	1	1.6%
Pleas for sufficient funding	M	1.6%
Plea for rural pharmacies to remain	3	1.6%
Increased primary care pressure	4	1.6%

Below is a selection of excerpts from responses that contributed to the results of this thematic analysis:

- "Recently they have given notice to allow 5 working days for a repeat prescription, that seems excessive. Also if the Pharmacist is "at lunch" no prescriptions can be released; I cannot understand this as my repeat prescription has been authorised by a Doctor!"
- "A couple of times I've gone to the pharmacy to avoid seeing my GP, and I've received an incorrect diagnosis. This makes me wary of asking for advice beyond which OTC meds to take."
- "In our village we would definitely be lost if ever our pharmacist closed down. It is such a valuable asset to our village."
- "It is important to maintain rural pharmacies as not everyone has a car and public transport is virtually non-existent, so access to a town is difficult. It is very helpful to have a pharmacist who knows the customers who receive their prescriptions via the pharmacy and can easily give advice - very useful if buying non-prescription items."
- "My local pharmacy serves a very wide area & high population especially if elderly. It is a very small building & sometimes the queue is so long it fills the shop."

In addition to the top 20 sub-themes detailed in the previous table, numerous other sub-themes emerged, albeit in smaller numbers. There were 88 sub-themes identified for responses to this question, this suggests a greater diversity of responses to this question, likely due to its more open-ended nature.

Themes and sub-themes	%
Theme: Patients perceive inefficiencies in the service	
Inefficient service	1.6%
Patients face consequences	1.1%
Councils are to blame for poor service	0.2%
Pharmacy doesn't know how to prescribe emergency repeat medications	0.2%
Removal/lack of automatic ordering service for repeat prescription service	0.5%
Geographical differences of service provision	1.4%
Need improved fulfilment confirmation	0.5%
Poor prescription transferability	0.5%
Prescription limited to brand name drug rather than generic version	0.9%
Use of online pharmacies not possible due to GP practice not yet supporting electronic prescriptions	0.2%
Car parking issues	0.9%
Would like home delivery but not available	0.5%
Theme: Patients want improved accessibility and communication	
In-person interaction and/or familiarity with pharmacist	1.1%
Would like information to know when local pharmacies are open	0.2%
Communication issues	2.1%

Themes and sub-themes	%
Lack of flexible choices	0.9%
Reliance on delivery service	1.1%
Opening times inconvenient	1.1%
Prefer-in-person interaction	0.9%
Reduction in service provision	0.5%
Medicine deliveries wanted	1.4%
Pharmacies shut down	1.1%
Prescription dispensed with instructions in different language	0.2%
Difficulty accessing due to accessibility issues	1.8%
Small pharmacy	0.5%
Dislike online services	0.5%
Service improvement	1.1%
Pharmacist-patient familiarity is important	0.7%
Difficulties accessing due to lack of public transport	0.9%
Advertised opening times are wrong	0.5%
Digital accessibility essential/should be encouraged	0.2%
Theme: Patients appreciate pharmacies and the advice given	
Values the service provided	13.8%
Plea for rural pharmacies to remain	1.6%
Pharmacy services valued due to lack of capacity/accessibility at GP practice	5.0%
Patient encourages greater service use	0.9%
Trust pharmacist over other healthcare professionals	0.2%
Prefer independent pharmacies over chains	1.1%
Provides a weekend service	0.5%
Provide support to the community	1.6%
Use phone service	0.2%
Delivery reliable	0.9%
Absence of services would be concerning	1.6%
Close to where patient lives	6.2%
Deems pharmacy a vital service	2.3%
Pharmacy able to get new stock quickly	0.2%
Vaccinations and other procedures (e.g. blood pressure) delivered in pharmacy instead of GP	2.3%
Theme: Logistical issues, changing services and poor service provision	
Forced to collect prescriptions from pharmacy rather than GP surgery which is harder to access	0.2%
Incorrect advice given	0.5%
Increased service pressure	3.0%
Poor pharmacy retail staff	0.7%

Themes and sub-themes	%
Change of operator	0.5%
Delivery service issues	1.1%
Use of NHS app makes prescription collection more convenient	0.5%
Unhappy about delivery charges	0.2%
Increased primary care pressure	1.6%
Experienced prescription errors online	0.5%
Messy facilities	0.0%
Untimely prescriptions	3.4%
Concerns about closures	2.8%
Prescriptions not fulfilled	2.3%
Long prescription wait times	1.6%
Shift to online services	2.1%
One mile GP legislation	0.9%
Stock issues	7.8%
No central system to find medication availability	0.5%
Theme: Miscellaneous	
Pharmacy First not rolled out.	0.2%
Supermarket pharmacies not as good as non-supermarket pharmacies	0.7%
Pleas for sufficient funding	1.6%
Use local pharmacy delivery service	0.9%
Perception of service provision prevented in rural areas	0.2%
Don't think pharmacists should provide health advice	0.5%
Default to supermarket [OTC medication]	0.2%
Privacy concerns	0.2%
Concerned about environmental impact	0.7%
Supermarket pharmacies good when others closed	0.2%
Medicine User Review (MUR) should be more widely advertised	0.2%
Pharmacist available at GP surgery	0.5%
Rarely use the service	0.2%
Would like separate queues for prescriptions and other items	0.2%
Problems between NHS 111 and pharmacy	0.2%
Regulation with inspections	0.5%
Ability needed for family to collect prescriptions	0.2%
Income deemed more important than customers	0.2%
GP dispensaries are more accessible/easier to use	0.2%
Important for health and wellbeing	0.2%
Inconsistency in drug manufacturer	0.2%
Medicine isn't assembled in dosette boxes, putting strain on carers.	0.2%
Need to work with GPs	0.0%

Appendix E: Pharmacy contractor questionnaire

Total responses received: 74.

The questionnaire was open for responses between 6 November and 13 December 2024.

When reporting the details of the responses, please note:

- Due to small numbers, responses are not broken down by district.
- Some numbers may be higher than the number of answered due to multiple choice.
- Some figures may not add up to 100% due to rounded numbers.
- The option with the higher number of responses shows in bold to facilitate analysis.

1) Premises and contact details (Answered: 74, Skipped: 0)

Individual data not reported on.

2) Services: Does the pharmacy dispense appliances? (Answered: 74, Skipped: 0)

Options	%	Number
Yes – All types	95%	70
Yes, excluding stoma appliances	0%	0
Yes, excluding incontinence appliances	0%	0
Yes, excluding stoma and incontinence appliances	0%	0
Yes, just dressings	3%	2
None	3%	2
Other (please specify)	0%	0

3) Is there a particular need for a locally commissioned service in your area?

(Answered: 74, Skipped: 0)

Options	%	Number
Yes, please specify the service requirement	92%	68
No	8%	6

4) Non-commissioned services: Does the pharmacy provide any of the following?

Please note numbers are calculated for each of the options within this question

(Answered: 73, Skipped: 1)

Options	%	Number
Collection of prescriptions from GP practices - Yes	95%	70
Collection of prescriptions from GP practices – No	4%	3
Delivery of dispensed medicines – Selected patient groups (list criteria) - Yes	96%	71
Delivery of dispensed medicines – Selected patient groups (list criteria) - No	3%	2
Delivery of dispensed medicines – Selected areas (list areas) - Yes	97%	72
Delivery of dispensed medicines – Selected areas (list areas) - No	1%	1
Delivery of dispensed medicines – Free of charge on request – Yes	96%	71
Delivery of dispensed medicines – Free of charge on request - No	3%	2
Delivery of dispensed medicines – With charge – Yes	3%	2
Delivery of dispensed medicines – With charge - No	95%	70

5) Are there any services you would like to provide that are not currently commissioned in your area? (Answered: 74, Skipped: 0)

Options	%	Number
Yes, please specify the service	92%	68
No	8%	6

6) Capacity: Does the pharmacy have capacity to meet an increased demand for: (Answered: 74, Skipped: 0)

Options	%	Number
Dispensing of medication - Yes	97%	72
Dispensing of medication - No	3%	2
Services provided - Yes	97%	72
Services provided - No	3%	2

Appendix F: Dispensing practice questionnaire

Total responses received: 31

The questionnaire was open for responses between 6 November and 13 December 2024

When reporting the details of the responses, please note:

- Due to small numbers, responses are not broken down by district
- Some numbers may be higher than the number of answered due to multiple choice
- Some figures may not add up to 100% due to rounded numbers
- The option with the higher number of responses shows in bold to facilitate analysis

1) Is the practice participating in the current Dispensary Services Quality Scheme (DSQS)? (Answered: 31, Skipped: 0)

Options	%	Number
Yes	94%	29
No	7%	2

2) Do you provide any of the following services outside the dispensing service?

Please note numbers are calculated for each of the options within this question

(Answered: 31, Skipped: 0)

Options	%	Number
DRUMs - Yes	90%	28
DRUMs – No	10%	3
Compliance aids (please list) – Yes	65%	20
Compliance aids (please list) - No	32%	10
Delivery of dispensed medicines – Selected patient groups (list criteria) – Yes	39%	12
Delivery of dispensed medicines – Selected patient groups (list criteria) – No	61%	19
Delivery of dispensed medicines – Selected areas (list areas) – Yes	29%	9
Delivery of dispensed medicines – Selected areas (list areas) - No	71%	22
Delivery of dispensed medicines – Free of charge on request – Yes	26%	8
Delivery of dispensed medicines – Free of charge on request - No	74%	23
Delivery of dispensed medicines – With charge – Yes	3%	1
Delivery of dispensed medicines – With charge - No	97%	30
Others (please specify) – Yes	10%	3
Others (please specify) - No	84%	26

3) Are there any services you would like to provide that are not currently commissioned in your area? (Answered: 31, Skipped: 0)

Options	%	Number
No	81%	25
Yes, please specify	19%	6

4) Is your practice planning to provide any of the following services? (Please select all options that apply) Please note numbers and percentages may add up to more than 100% due to multiple responses (Answered: 24, Skipped: 7)

Options	%	Number
DRUMs	37%	9
Compliance aids (please list)	17%	4
Delivery of dispensed medicines (please provide date /timescales if known)	17%	4
Others (please specify)	12%	3
No additional services	54%	13