

Appendix I: Consultation reports

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Consultation stakeholders and communication

Regulation 8 of the Pharmaceutical and Local Pharmaceutical Services (PLPS) Regulations 2013 requires the Health and Wellbeing Board (HWB) to consult a specified range of organisations on a draft of the Pharmaceutical Needs Assessment (PNA) at least once during the process of drafting the document for a period of at least 60 days.

The Kent HWB held a consultation on the draft Kent PNA for 60 days from 6 June to 4 August 2025.

The draft PNA was hosted on Kent County Council's (KCC) engagement website Let's Talk Kent¹ and invitations to review the assessment, and comment, were sent to a wide range of stakeholders as described below. An invite was also sent to registered users of Let's Talk Kent who had asked to be kept informed of activities related to public health and wellbeing and/or had participated in the engagement to help inform the draft assessment.

The consultation was also promoted by KCC via a media release on the launch day, social media throughout the consultation period, articles in their residents' e-newsletter and through posters displayed in Kent libraries and gateways. Kent Healthwatch, the Kent Association of Local Councils (KALC) and Kent and Medway ICB communications team promoted the consultation through their social medial channels and newsletters. Other members of the Kent PNA Steering Group also distributed the consultation web link within their organisations and network.

During the consultation period there were 1,047 visits to the consultation webpage by 959 visitors.

Responses to the consultation could be made via an online questionnaire, word version of the questionnaire or by email. Paper copies and alternative formats were also available on request.

¹ <https://letstalk.kent.gov.uk/pharmaceutical-needs-assessment-2025-2028>

Consultees as required by PLPS Regulations 2013 Part 2 (8):

- Kent Local Pharmaceutical Committee
- Kent Local Medical Committee
- Pharmacies and Dispensing Appliance Contractors in Kent²
- Dispensing GP practices in Kent
- Kent Healthwatch
- NHS Trust or NHS Foundation Trusts:
 - Dartford and Gravesham NHS Trust
 - East Kent Hospitals University NHS Foundation Trust
 - Kent Community Health NHS Foundation Trust
 - Kent and Medway NHS and Social Care Partnership Trust
 - Maidstone and Tunbridge Wells NHS Trust
- Kent and Medway ICB
- Neighbouring Health and Wellbeing Boards (HWBs):
 - Medway HWB
 - East Sussex HWB
 - Surrey HWB
 - Bromley HWB
 - Bexley HWB
 - Thurrock HWB

Other consultees:

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

² Please note there are no LPS contractors in Kent Health and Wellbeing Board area.

Summary of consultation responses

There were in total 60 responses, 58 of them from the online questionnaire and two received by email. Responses received were:

- 51 (85%) from members of the public resident in Kent
- 3 (5%) from pharmacies in Kent
- 2 (3%) from other organisations in Kent
- 1 (2%) from members of the public resident outside Kent
- 1 (2%) from a social care professional (individual)
- 1 (2%) from a Kent NHS Trust
- 1 (2%) from a neighbouring HWB

All responses were considered by the PNA Steering Group at its meeting on 27 August 2025 for the final PNA.

From the 60 responses, 29 (48%) agreed and 16 (27%) partly agreed with the conclusions of the draft Kent 2025 PNA, 10 (17%) didn't know and only 3 (5%) disagreed. The remaining respondents (3%) skipped this question.

Below is a summary of responses to the specific questions, asked during the consultation. Some figures may not add up to 100% due to rounded numbers. Due to small numbers, responses are not broken down by district. All additional comments received to these questions are listed in the Consultation comments section below.

Part 1 – About you

Q1. In what capacity are you mainly responding? (Answered: 60, Skipped: 0)

Options	Number	%
As a Kent resident (living in the Kent County Council authority area)	51	85%
As a resident from somewhere else, such as Medway or further away	1	2%
As an individual (Health professional)	0	0%
As an individual (Social Care professional)	1	2%
As a Kent Pharmacy or Dispensing Appliance Contractor	3	5%
Representing the Kent Local Pharmaceutical Committee	0	0%
Representing the Kent Local Medical Committee	0	0%
Representing Healthwatch or another patient, consumer or community group	0	0%
Representing a Kent NHS Trust or NHS Foundation Trust	1	2%
Representing NHS England	0	0%
Representing a neighbouring Health and Wellbeing Board to Kent	1	0%
Representing another organisation in Kent	2	3%
Other	0	0%

Q1a. If you are responding on behalf of an organisation, please tell us its name

(Answered: 5, Skipped: 55)

Representatives from the following organisations identified:

- Boots UK Limited
- Kent Community Health NHSFT
- Whitstable Medical Practice
- NHS Kent and Medway ICB
- London Borough of Bromley

Q2. If you are a resident, please tell us which district you live in.

(Answered: 52, Skipped: 8)

Options	Number	%
Ashford	3	6%
Canterbury	11	21%
Dartford	3	6%
Dover	2	4%
Folkestone and Hythe	4	8%
Gravesham	1	2%
Maidstone	6	11%
Sevenoaks	1	2%
Swale	6	11%
Thanet	7	13%
Tonbridge and Malling	3	6%
Tunbridge Wells	4	8%
I live in Medway	0	0%
I live somewhere else (please see below)	1	2%

I live somewhere else: London.

Q3. If you are responding as a professional or an organisation, please tell us which district or districts you work in. Select all that apply.

(Answered: 5, Skipped: 55)

Options	Number	%
Ashford	1	20%
Canterbury	1	20%
Dartford	2	40%
Dover	1	20%
Folkestone and Hythe	1	20%

Options	Number	%
Gravesham	2	40%
Maidstone	1	20%
Sevenoaks	1	20%
Swale	2	40%
Thanet	1	20%
Tonbridge and Malling	2	40%
Tunbridge Wells	1	20%
I/we work in Medway	1	20%
I/we am/are based somewhere else	0	0%

Part 2 – Your views on the draft PNA for 2025-2028

Q4. Has the purpose of the PNA been explained? (Please read about the purpose of the PNA in Section 1.4 of the draft PNA) (Answered: 59, Skipped: 1)

Options	Number	%
Yes	48	81%
Partly	7	12%
No	3	5%
I don't know	1	2%

Q4a. If you have responded 'Partly' or 'No' to Q4, please tell us why below.

Six comments were submitted (full comments in under the Consultation comments section below). Summary of themes:

- Lack of clarity on purpose
- Length of the document.

Q5. Does the draft Pharmaceutical Needs Assessment reflect the current provision of pharmaceutical services within your area? (Answered: 59, Skipped: 1)

Options	Number	%
Yes	37	63%
Partly	10	17%
No	2	3%
I don't know	10	17%

Q5a. If you have responded ‘Partly’ or ‘No’ to Q5, please tell us why below.

Eight comments were submitted (full comments in the Consultation comments section below). Summary of themes:

- Insufficient provision or services
- Medicines shortage
- Accessibility issues.

Q6. Are there any gaps in service provision, for example, when, where and which services are available that have not been identified in the draft PNA? (Answered: 59, Skipped: 1)

Options	Number	%
Yes	12	20%
Partly	7	12%
No	25	42%
I don't know	15	25%

Q6a. If you have responded ‘Yes’ or ‘Partly’ to Q6, please tell us why below.

Thirteen comments were submitted (full comments in the Consultation comments section below). Summary of themes:

- Access out of normal working hours
- Medicines shortage
- Reduced access due to closure of pharmacies.

Q7. Does the draft PNA reflect the need of your area's population? (Please read about the needs of your area's population in Sections 2 and 6 of the draft PNA) (Answered: 59, Skipped: 1)

Options	Number	%
Yes	30	51%
Partly	16	27%
No	1	2%
I don't know	12	20%

Q7a. If you have responded ‘Partly’ or ‘No’ to Q7, please tell us why below.

Twelve comments were submitted (full comments in the Consultation comments section below). Summary of themes:

- Concerns about elderly population and people with mobility issues
- Concerns about population growth
- Evening and weekend access.

Q8. Has the draft PNA provided information to inform market entry decisions? For example, decisions on applications for new pharmacies and dispensing appliance contractor premises? (Please read about market entry decisions in Section 1.1 of the draft PNA) (Answered: 59, Skipped: 1)

Options	Number	%
Yes	29	49%
Partly	8	14%
No	3	5%
I don't know	19	32%

Q8a. If you have responded 'Partly' or 'No' to Q8, please tell us why below.

Five comments were submitted (full comments in the Consultation comments section below). Summary of themes:

- Number of pharmacies is adequate but not the staffing levels
- Concerns about provision at weekends and in rural areas.

Q9. Has the draft PNA provided information to inform how pharmaceutical services may be commissioned in the future? (Please read about how pharmaceutical services may be commissioned in the future in Section 7 of the draft PNA). (Answered: 58, Skipped: 2)

Options	Number	%
Yes	36	62%
Partly	9	16%
No	2	3%
I don't know	11	19%

Q9a. If you have responded 'Partly' or 'No' to Q9, please tell us why below.

Five comments were submitted (full comments in the Consultation comments section below). Summary of themes:

- More information about pathfinders
- Differentiation between national and local services.

Q10. Has the draft PNA provided enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors? (Please read about future pharmaceutical service provision and plans for pharmacies and dispensing appliance contractors in Sections 6 and 7 of the draft PNA). (Answered: 59, Skipped: 1)

Options	Number	%
Yes	35	59%
Partly	8	14%
No	2	3%
I don't know	14	24%

Q10a. If you have responded 'Partly' or 'No' to Q10, please tell us why below.

Three comments were submitted (full comments in the Consultation comments section below). Summary of themes:

- Use of technology
- Concerns about profitability of pharmacies and funding.

Q11. Are there any pharmaceutical services that could be provided in the community pharmacy setting in the future that have not been highlighted?

(Answered: 58, Skipped: 2)

Options	Number	%
Yes	10	17%
No	21	36%
I don't know	27	47%

Q11a. If you have responded 'Yes' to Q11, please tell us which pharmaceutical service could be provided in the future.

Nine comments were submitted (full comments in the Consultation comments section below). Summary of themes:

- Use of technology
- Access to over the counter medicines from dispensing practices
- Vaccinations and other services.

Q12. Do you agree with the conclusions of the draft PNA? (Please read the conclusions in Section 7 of the draft PNA). (Answered: 58, Skipped: 2)

Options	Number	%
Yes	29	50%
Partly	16	28%
No	3	5%
I don't know	10	17%

Q12a. If you have responded 'Partly' or 'No' to Q12, please tell us why below.

Nine comments were submitted (full comments in the Consultation comments section below). Summary of themes:

- Financial pressure and closures.
- Concerns about rural areas

Q13. If there are any further comments that you have about the draft PNA, please add them below. (Answered: 14, Skipped or “no comment”: 46)

Fourteen comments were submitted (full comments in the Consultation comments section below). Summary of themes:

- Medication shortages
- Concerns about capacity for dispensing
- Funding and closures
- Access to services during weekends.

Part 3 – Equality Analysis

To help ensure that we are meeting our obligations under the Equality Act 2010 we have prepared an Equality Impact Assessment (EqIA) for the draft PNA.

An EqIA is a tool to assess the potential impact the draft PNA could have on the protected characteristics: age, disability, gender re-assignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation. At KCC we also include carer's responsibilities. The EqIA is available online at <http://www.kent.gov.uk/pharmacyneeds> or in paper copy on request.

Q14. We welcome your views on our equality analysis, including suggestions for anything else we should consider relating to equality and diversity. Please add your comments below. (Answered: 12, Skipped or “no comment”: 48)

Twelve comments were submitted (full comments in the Consultation comments section below). Summary of themes:

- Concerns about service provision for population with disabilities and other groups.

Part 4 – More about you (It is not necessary to answer these questions if you are responding on behalf of an organisation)

Q15. What is your sex? A question about gender identity will follow. (Answered: 47, Skipped: 13)

Options	Number	%
Female	27	57%
Male	20	43%
I prefer not to say	0	0%

Q16. Is the gender you identify with the same as your sex registered at birth? (Answered: 47, Skipped: 13)

Options	Number	%
Yes	46	98%
No, please tell us your gender identity (please see below)	1	2%
I prefer not to say	0	0%

Gender identity: Non binary

Q17. Which of these age groups applies to you? (Answered: 47, Skipped: 13)

Options	Number	%
0-15	0	0%
16-24	1	2%
25-34	0	0%
35-49	1	2%
50-59	9	19%
60-64	9	19%
65-74	12	26%
75-84	13	28%
85+ over	2	4%
I prefer not to say	0	0%

Q18. What is your religion or belief? (Answered: 47, Skipped: 13)

Options	Number	%
No religion or belief	15	32%
Atheist	1	2%
Christian	29	62%
Buddhist	0	0%
Hindu	0	0%
Jewish	0	0%
Muslim	0	0%
Sikh	0	0%
A different religion or belief, please tell us	0	0%
I prefer not to say	2	4%

Q19. Do you have a disability, health condition, physical or mental impairment that has a substantial and long-term negative effect on your ability to do normal daily activities? (Answered: 47, Skipped: 13)

Options	Number	%
Yes	23	49%
No	21	45%
I prefer not to say	3	6%

Q19a. If you answered 'Yes' to Q19, please tell us if any of the following disabilities or health conditions apply to you. (You may have more than one, so please select all that apply) (Answered: 40, Skipped: 20)

Options	Number	%
Physical	19	47%
Sensory (hearing, sight or both)	4	10%
Longstanding illness or health condition, such as cancer, HIV/AIDS, heart disease, diabetes or epilepsy	10	25%
Mental health condition	4	10%
Learning disability	0	0%
Neurodivergent, such as ADHD, autism, dyslexia and dyspraxia	1	2%
A different disability or health condition, please tell us (see below)	2	5%
I prefer not to say	0	0%

A different disability or health condition:

- Solar urticaria, high blood pressure
- Dexterity as well as problems walk long.

Q20. Are you a Carer? (A Carer is someone who gives unpaid care or help to anyone because they have a long-term physical or mental health condition or illness, or problem related to old age. Both children and adults can be Carers). (Answered: 47, Skipped: 13)

Options	Number	%
Yes	8	17%
No	38	81%
I prefer not to say	1	2%

Q21. What is your ethnic group? (Answered: 47, Skipped: 13)

Options	Number	%
White – English, Scottish, Welsh, Northern Irish or British	45	96%
White – Irish	1	2%
White – Gypsy or Irish Traveller	0	0%
White – Roma	0	0%
White – Any other White background	1	2%
Mixed or Multiple ethnic groups – White and Black Caribbean	0	0%
Mixed or Multiple ethnic groups – White and Black African	0	0%
Mixed or Multiple ethnic groups – White and Asian	0	0%
Mixed or Multiple ethnic groups – Any other Mixed or Multiple background	0	0%
Asian or Asian British – Indian	0	0%
Asian or Asian British – Pakistani	0	0%
Asian or Asian British – Bangladeshi	0	0%
Asian or Asian British – Chinese	0	0%
Asian or Asian British – Any other Asian background	0	0%
Black, Black British, Caribbean or African – Caribbean	0	0%
Black, Black British, Caribbean or African – African background	0	0%
Black, Black British, Caribbean or African – Any other Black, Black British or Caribbean background	0	0%
Another ethnic group – Arab	0	0%
Another ethnic group – Roma	0	0%
Another ethnic group – Any other ethnic group	0	0%
I prefer not to say	0	0%

Q22. Which of the following best describes your sexual orientation? (Answered: 45, Skipped: 15)

Options	Number	%
Heterosexual / straight	41	91%
Bisexual	1	2%
Gay or lesbian	3	7%
I prefer to define my own sexuality	0	0%
I prefer not to say	0	0%

Consultation comments

Comments received on the consultation questionnaire

The Steering Group that oversees the production of the Pharmaceutical Needs Assessment (as explained in Section 1.6 and Appendix C) has reviewed all comments received. We thank you for taking the time to read the draft PNA and share your feedback.

Please note comments have been included exactly as submitted to the questionnaire. When a user added the same comment in more than one question, this has only been listed and responded to once. Only questions with comments have been included here.

Comments to **Q4. Has the purpose of the Pharmaceutical Needs Assessment been explained?**

Q4a. If you have responded 'Partly' or 'No', please tell us why.

From	Answer	Comment	Steering Group response
Kent resident	No	Don't know anything about it	The consultation process was explained on the consultation website, and the purpose of the PNA described in Section 1.4 of the document.
Kent resident	Partly	Not clear how the PNA will identify changes needed and implement them	The PNA uses the latest data and forecasts available at the time of writing to assess needs. Any current or future recommendations are included in Section 7.2 as an aid to support commissioning decisions.
Kent resident	Partly	It's a very big document	We recognise the PNA is a long document. The content is required to meet NHS Regulations, which mandate detailed analysis and evidence.
Kent resident	Partly	I have not had to give any opinions hitherto. I do not know what to expect.	Thank you for your comment.
Kent resident	Partly	It appears that the exercise is to see if Kent is over providing for its residents sufficient or excess Pharmacies.	The purpose of the PNA is described in Section 1.4 of the document. The consultation process was explained on the consultation website.

From	Answer	Comment	Steering Group response
Kent resident	Partly	The documents are too wordy for an average patient	We recognise the PNA is a long document. The content is required to meet NHS Regulations, which mandate detailed analysis and evidence.

Comments to **Q5. Does the draft Pharmaceutical Needs Assessment reflect the current provision of pharmaceutical services within your area?**

Q5a. If you have responded 'Partly' or 'No', please tell us why.

From	Answer	Comment	Steering Group response
Kent resident	No	Insufficient service	The PNA has reviewed provision and need and concluded that service is adequate considering commercial and population needs across each district and the whole of Kent.
Neighbouring HWB	No	I am in Bromley	Your comment is noted.
Kent resident	Partly	As a resident/patient with long term conditions I am not clear on which pharmacies in my area of Swale offer Advanced and/or Enhanced service	Specific details about pharmacies in Swale and the services they offer are included in section in Section 6.2.9 and in Appendix A.
Kent resident	Partly	Most of the 42 villages do not have a pharmacy near	The PNA has reviewed provision and need including the rural areas of Kent and concluded that service is adequate considering commercial and population needs across each district and the whole of Kent. Dispensing GP practices provide coverage for rural areas. In some cases, community pharmacies may offer delivery services, and Distance Selling Pharmacies (DSPs) also remain an option for patients who live further away from a pharmacy.
Kent resident	Partly	I use this service	Thank you for your comment.

From	Answer	Comment	Steering Group response
Kent resident	Partly	Thanet has patchy pharmaceutical provision and many are understocked.	The PNA has reviewed provision and need and concluded that access to services is adequate for Thanet (Section 6.2.10). We acknowledge that medication supply shortage is a national issue but is outside the scope of the PNA process
Kent resident	Partly	Although we appear to have sufficient pharmacy hours, all are understaffed and unable to give the complete care that people deserve - need better funding	We acknowledge there is a national workforce issue, but this is outside the scope of the PNA process.
Kent resident	Partly	I cannot get to my pharmacy without assistance. They do not answer their phone for queries and leave you on hold stating "caller no. 2 or 1 and never answer just play music in between. Been on hold now for over one hour!! Also they let my partner know when his meds are ready but I do not hear from them or if they have any issues getting a medicine. As you will appreciate this is not a good service for me.	Under the Equality Act 2010, community pharmacies are required to make reasonable adjustments to ensure services are accessible to all, including less-abled persons. In some cases, community pharmacies may offer delivery services on a voluntary basis. Distance Selling Pharmacies (online) also remain an option for patients who face challenges in accessing a pharmacy in person. We understand that the quality of service is a concern, but this is outside the scope of the PNA process. Patients can share concerns with the pharmacy, and if the issue is not solved, this can be escalated to the Integrated Care Board (part of NHS) by phone 01634 335095 option 7 or email kmicb.patientexperience@nhs.net . All information is available NHS England » Contact your local integrated care board (ICB)
Kent Pharmacy	Partly	Lack of access to acute NHS prescribing services through local partners (i.e. pharmacies) to help access for residents of Swale.	The PNA has reviewed provision and need and concluded that access to services is adequate for Swale (Section 6.2.9).

Comments to **Q6. Are there any gaps in service provision, for example when, where and which services are available that have not been identified in the draft Pharmaceutical Needs Assessment?**

Q6a. If you have responded 'Yes' or 'Partly', please tell us why.

From	Answer	Comment	Steering Group response
Kent resident	Yes	I couldn't see in the report where it shows that there are no pharmacists open after 6pm in Deal on Sunday. Intact, when I used the NHS website to search my local area (Deal, Dover, Ramsgate etc) , I couldn't find a single Pharmacy open after 6 pm on a Sunday.	The PNA has reviewed provision and need (including evenings and weekends) and concluded that service is adequate considering commercial and population needs across each district and the whole of Kent. Specific details about pharmacies in Dover and Thanet and their opening hours are included in sections 6.2.4, 6.2.10 and Appendix A.
Kent resident	Yes	Certain medications unavailable (e.g. Creon); advice from a pharmacy is very very limited and there is often a long queue	We acknowledge that medication supply shortage is a national issue but is outside the scope of the PNA process. We understand the quality of advice and queues are a concern, but this is also outside the scope of the PNA. Patients can share concerns with the pharmacy, and if the issue is not solved, this can be escalated to the Integrated Care Board (part of NHS) by phone 01634 335095 option 7 or email kmicb.patientexperience@nhs.net . All information is available NHS England » Contact your local integrated care board (ICB)
Kent resident	Yes	There is no mention anywhere in the paper as to how this provision can utilise assistive technology to enhance service and delivery a much more preventative strategy	Thank you for your feedback. Utilisation of technology would vary for each contractor. Under the Equality Act 2010, community pharmacies are required to make reasonable adjustments to ensure services are accessible to all, including less-abled persons. Further detail has been added in Section 2 and Section 7 of the report.

From	Answer	Comment	Steering Group response
Kent resident	Yes	Too many pharmacies are closed on Saturdays, which is problematic particularly for people who work away from home during the week.	The PNA reviewed weekend opening hours across the county and for each of the districts and concluded there is currently no gap in Saturday provision, based on population needs and access to existing services. Opening hours reflect commercial and local need. Distance Selling Pharmacies (online) also remain an option for patients who face challenges in accessing a pharmacy in person during normal opening hours.
Representing a Kent NHS Trust or NHS Foundation Trust	Yes	<p>Frailty Virtual ward and Community nursing teams report difficulty accessing palliative care medicines in west Kent due to lack of pharmacy service provision mainly after 5pm and at weekends. It is not realistic for a community nurse to travel huge distances to find a 72 hour open pharmacy.</p> <p>KCHFT has noted problems since Pharmacies have dropped from 100 hour to 72. We have been working with the ICB to resolve but it is very difficult.</p> <p>The other issue not addressed in the PNA is access to pharmacies via the phone. I wonder if this could become part of a future analysis?</p> <p>The ICB EOL care team as well as KCHFT staff find some Pharmacies impossible to reach by phone and therefore impossible to check stock status.</p>	<p>There is currently a Palliative care (tier 1 and tier 2) ICB commissioned service across Kent. Please see section 4.2 in the main report.</p> <p>However, the updated Pharmacy Quality Scheme (PQS) now includes specific requirements for pharmacies to maintain and update a palliative care stock list and to demonstrate staff awareness of local availability. This development is intended to significantly improve timely access to key palliative care medicines, particularly during urgent situations.</p> <p>The PQS also promotes better communication between pharmacies and healthcare professionals, which may help address the difficulties previously reported in reaching pharmacies by phone to check stock availability.</p> <p>Concerns can be escalated to the Integrated Care Board (part of NHS) by phone 01634 335095 option 7 or email kmicb.patientexperience@nhs.net.</p> <p>All information is available NHS England » Contact your local integrated care board (ICB)</p>

From	Answer	Comment	Steering Group response
Kent resident	Yes	Lack of provision of medication without break for ADHD	We acknowledge that medication supply shortages are a national issue, but this is outside the scope of the PNA process.
Kent resident	Yes	There is limited pharmacy availability on weekends and evenings. There are also ongoing staff shortages in my area which impacts service availability and efficiency	The PNA reviewed evening and weekend opening hours across the county and for each of the districts and concluded that there is currently no gap in provision, based on population needs and access to existing services. While current provision is deemed good, the PNA recognises that pressures on pharmacy contractors vary. We acknowledge there is a national workforce issue, but this is outside the scope of the PNA process.
Representing another organisation in Kent	Yes	The draft PNA has concluded that there are no gaps in service provision which does not account for the significant barriers to pharmacy access currently being experienced by vulnerable patients in Whitstable. Since the closure of two pharmacies in the Whitstable area, Lloyds' Sainsburys and Estuary View Pharmacy, thousands of patients have been displaced and many have great difficulty in accessing their new pharmacy.	Under the Equality Act 2010, community pharmacies are required to make reasonable adjustments to ensure services are accessible to all. We recognise that travel time to pharmacies can vary significantly depending on geography, mobility, and access to transport, particularly for older residents and those in areas with limited public transport. In some cases, community pharmacies may offer delivery services on a voluntary basis, even though this is not a nationally commissioned service. Distance Selling Pharmacies (online) also remain an option for patients who face challenges in accessing a pharmacy in person. The PNA has reviewed provision and need and concluded that access to services is adequate. Pharmacy locations and opening hours reflect commercial and local need.

From	Answer	Comment	Steering Group response
Kent Pharmacy or Dispensing Appliance Contractor	Yes	No mention of upcoming ("autumn/winter 2025") free emergency contraception under Pharmacy Contraception Service	The upcoming changes to some of the services, including the Pharmacy Contraception Service, are mentioned in the PNA Section 1.3.
Kent resident	Partly	Again I feel many of the villages do not have services	The PNA has reviewed provision and need and concluded that service is adequate considering commercial and population needs across each district and the whole of Kent.
Kent Pharmacy or Dispensing Appliance Contractor	Yes	Minor ailment schemes and NHS funded prescribing services for community pharmacy.	Currently there is no commissioned minor illness service across Kent however some minor illnesses are included in the Pharmacy First Service. Pharmacist independent prescribing is growing as part of NHS services and will continue to develop from 2026, when all pharmacy graduates will be independent prescribers as mentioned in Section 1.2 and 7.2.4.
Kent resident	Partly	Margate has no pharmacy provision on Sunday and the pharmacies all close for lunch. This makes it difficult to use them during working hours and impossible if you need a chemist on a Sunday.	The PNA reviewed weekend opening hours across the county and for each of the districts and concluded that there is currently no gap in Sunday provision, based on population needs and access to existing services. Opening hours reflect commercial and local need. Details of opening hours for pharmacies In Thanet are included in Section 6.2.10 and Appendix A.
Kent resident	Partly	Intermittent supplies at times	We acknowledge that medication supply shortages are a national issue, but this is outside the scope of the PNA process.

Comments to **Q7. Does the draft Pharmaceutical Needs Assessment reflect the need of your area's population?**

Q7a. If you have responded 'Partly' or 'No', please tell us why.

From	Answer	Comment	Steering Group response
Kent resident	No	The number of pharmacies per population is much lower in Tunbridge Wells than the county and country average. There are always queues and there are many blocks of flats being built, especially for the elderly, so the demand will increase. Re 6.1 'expectation that pharmacy contractors will scale and flex their capacity in response to local needs', the pharmacy is very small in Southborough and there is insufficient room to expand.	<p>The PNA reviewed provision in Tunbridge Wells (Section 6.2.12) and concluded that there is currently no gap, based on population needs (including projected growth) and access to existing services.</p> <p>Average number of pharmacies are an indicator but cannot be used as a direct comparator because Tunbridge Wells is a largely rural area, with dispensing GP practices as well as the community pharmacies.</p> <p>In some cases, community pharmacies may offer delivery services and Distance Selling Pharmacies (online) also remain an option for patients who live further away from a pharmacy.</p> <p>To meet the increasing demand, changes like staff training, better use of technology and new ways of working will help keep services strong and reliable.</p>
Kent resident	Partly	There is a growing need to work preventatively and allow people the choice and dignity to remain safe and well in their own homes. There is a large proportion of our community who are in and out of hospital when medication adherence can be improved and reduce admissions and re admissions	Your comment has been noted by commissioners within the steering group. However, this is outside the scope of the PNA process.

From	Answer	Comment	Steering Group response
Kent resident	Partly	From your figures only two Pharmacies are open in Gravesham on a Sunday when public transport is reduced, so many people would have problems traveling to find an open store.	The PNA reviewed weekend opening hours across the county and for each of the districts and concluded that there is currently no gap in Sunday provision, based on population needs and access to existing services. Opening hours reflect commercial and local need.
Kent resident	Partly	Location of services needs study. The suitability of location for those with mobility issues or the elderly	<p>The PNA has reviewed provision (including pharmacy locations) and concluded that service is adequate considering commercial and population needs across each district and the whole of Kent.</p> <p>Under the Equality Act 2010, community pharmacies are required to make reasonable adjustments to ensure services are accessible to all, including less-abled persons. We recognise that travel time to pharmacies can vary significantly depending on geography, mobility, and access to transport, particularly for older residents and those in areas with limited public transport.</p> <p>In some cases, community pharmacies may offer delivery services on a voluntary basis, even though this is not a nationally commissioned service. Distance Selling Pharmacies (online) also remain an option for patients who face challenges in accessing a pharmacy in person.</p>
Kent resident	Partly	more house being built. More provision will be needed	The PNA assessed whether existing provision meets current and future population needs, considering projected growth and housing developments, and concluded that provision is adequate between 2025 and 2028, when a new PNA revision will take place.

From	Answer	Comment	Steering Group response
Kent resident	Partly	Cannot keep up with the population influx from London	The PNA has considered current population and projected increases as part of the assessment.
Kent resident	Partly	Whilst the broad brush picture says that there is no gap in service provision there are gaps in accessing repeat medication multiple times from different pharmacies so micro access on a personal level reveals many gaps which I as a resident/patient have to deal with.	We acknowledge that medication supply shortages are a national issue, but this is outside the scope of the PNA process.
Social care professional	Partly	In practice - still yet to encounter any Pharmacist who prescribes or extends any prescriptions following the change in the law	Pharmacist independent prescribing is growing as part of NHS services and will continue to develop from 2026, when all pharmacy graduates will be independent prescribers. Currently, there is not a nationally commissioned NHS community pharmacy prescribing service.
Kent resident	Partly	With significant growth in housing continuing, the PNA should be clearer on how pharmacies will serve new estates and how any requirement will be included in the Local Plan and in online planning applications.	The PNA assesses whether existing provision meets current and future population needs, considering projected growth and housing developments (Sections 2.9 and 6.3). While current provision is deemed good, the PNA recognises that pressures on pharmacy contractors and the way they may adapt would vary.
Representing another organisation in Kent	Partly	Whitstable is briefly referenced under Canterbury. Do the figures quoted account for the major coastal towns of Whitstable and Herne Bay?	Yes, Whitstable and Herne Bay fall under Canterbury. The PNA has considered current population and projected increases in all areas of Kent and each of the districts.
Kent resident	Partly	1 140,000 population and only 4 sites where you can access meds after 5pm: NOT adequate.	The PNA reviewed evening opening hours across the county and each of the districts and concluded that there is no gap in provision, based on population needs and access to services. Opening hours reflect commercial and local need.

From	Answer	Comment	Steering Group response
Representing a Kent Trust or NHS Foundation Trust	Partly	For KCHFT the specific cohort of patients tends to be PNG10&11 with complex needs and usually bedbound. It is our staff who use the community pharmacies and will report issues. We still receive issues about community pharmacies not receiving waste medicines.	Community pharmacies offer disposal of unwanted medicines returned to the pharmacy by someone living at home, in a children's home, or in a residential care home. (A 'residential care home' is defined in the 2013 regulations as an establishment which exists wholly or mainly for the provision of residential accommodation, together with board and personal care, for persons in need of personal care because of old age, mental or physical disability, past or present dependence on alcohol or drugs, any past illnesses, or past or present mental disorder). Concerns can be escalated to the Integrated Care Board (part of NHS) by phone 01634 335095 option 7 or email kmicb.patientexperience@nhs.net . All information is available NHS England » Contact your local integrated care board (ICB)

Comments to **Q8. Has the draft Pharmaceutical Needs Assessment provided information to inform market entry decisions?**
For example, decisions on applications for new pharmacies and dispensing appliance contractor premises?

Q8a. If you have responded 'Partly' or 'No', please tell us why.

From	Answer	Comment	Steering Group response
Kent resident	No	It's too complicated for a quick review	We recognise the PNA is a technical document. The content is required to meet NHS Pharmaceutical Regulations, which mandate detailed analysis and evidence.
Kent resident	No	If such information HAS been provided , I am unaware.	The PNA role in the market entry process is explained in Section 1.1 and reference to which services are a determination for market entry can be seen throughout the document.

From	Answer	Comment	Steering Group response
Kent resident	Partly	There is a need for rural services	Thank you for your comment.
Kent resident	Partly	We don't need new pharmacies but more staff provision within them	We acknowledge there is a national workforce issue, but this is outside the scope of the PNA process.
Kent resident	Partly	I cannot remember in Gravesham when a new pharmacy opened (one not replacing a closed one) the area could certainly do with additional pharmacies and people in the villages (Istead Rise, New Ash Green, Chalk etc must consider themselves very poorly served at weekends when the already poor public transport system is even worse on a Sunday, even if it exists at all.	Details of pharmacies in Gravesham are included in Section 6.2.6. The PNA reviewed weekend opening hours and concluded that there is currently no gap in weekend provision, based on population needs and access to existing services. Opening hours reflect commercial and local need.

Comments to **Q9. Has the draft Pharmaceutical Needs Assessment provided information to inform how pharmaceutical services may be commissioned in the future?**

Q9a. If you have responded 'Partly' or 'No', please tell us why.

From	Answer	Comment	Steering Group response
Kent resident	No	There seems to be huge amount of data collected and collated. Unless I am missing something there are no proposals from this data regarding the future.	Future opportunities are included in Section 7.2.
Kent pharmacy contractor	Partly	Only shows pathfinders sites for prescribing services, no clarification on process to apply for these services.	Initial pathfinder project was a pilot designed to inform a commissioning framework for the future. This currently concludes in December 2025.

From	Answer	Comment	Steering Group response
Representing a Kent NHS Trust or Foundation Trust	Partly	As part of the 10 year plan, the growth in virtual ward/home treatment services is likely to result in greater needs for unusual medicines and more medicines being dispensed in the community rather than the acute. We have seen year on year growth in the service provision which will need greater support from community pharmacies.	Thank you for your comment. We recognise that more care is being delivered in people's homes, including virtual wards, and this may increase the demand on community pharmacies to supply specialist medicines. While this PNA looks at current needs and the next three years, future assessments will consider the longer-term impact of the NHS 10-Year Plan at the ICB level.
Representing another organisation in Kent	Partly	There is a nationally commissioning framework for the national advanced services, which is unlikely to take advice from local PNA processes. Locally, these decisions are based on population health needs and gaps- will be a useful resource in planning, however it won't be definitive as only a moment in time snapshot.	Thank you for your comment. This has been acknowledged.
Kent resident	Partly	It is not totally clear to me how commissioning decisions are running alongside expanded communities.	The assessment uses the latest data and forecasts available at the time of writing. Population growth is considered in Sections 2.9.3, and in Section 6.2 and 6.3 for its impact in pharmaceutical provision.

Comments to **Q10. Has the draft Pharmaceutical Needs Assessment provided enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors?**

Q10a. If you have responded 'Partly' or 'No', please tell us why.

From	Answer	Comment	Steering Group response
Kent resident	Partly	Future provisions should include how and when utilisation of appropriate assistive and accessible technology will be utilised	Utilisation of technology would vary for each contractor. Your comment on assistive technology has been taken into consideration for the final PNA in Sections 2.12.8 and 7.2.4.
Representing a Kent NHS Trust or NHS Foundation Trust	Partly	Do we have any data on how many community pharmacies are not profitable in Kent as this may help forecast future losses?	Data on individual contractors is not held however at a national level the following report provides a helpful insight. Economic Analysis of NHS Pharmaceutical Services in England. March 2025 https://www.frontier-economics.com/media/aazb0awt/frontier-iqvia-economic-analysis-pharmacy-final-report-web.pdf

Comments to **Q11. Are there any pharmaceutical services that could be provided in the community pharmacy setting in the future that have not been highlighted?**

Q11a. If you have responded 'Yes', please tell us which pharmaceutical service could be provided in the future.

From	Answer	Comment	Steering Group response
Kent resident	Yes	Recycling of Sharps	Thank you. Your comment has been noted by commissioners within the steering group.
Kent resident	Yes	Working in partnership to utilise assistive technology solutions	Thank you. Your comment has been noted by commissioners within the steering group.
Kent resident	Yes	Dispensing practices should be allowed to sell over the counter medicines like any other pharmacy if they so wish.	Thank you. Your comment has been noted by commissioners within the steering group.
Kent resident	Yes	Manically managed weight loss injections	Your comment is noted.

From	Answer	Comment	Steering Group response
Kent resident	Yes	<p>It would be good if we could have pharmacy tiles to help manage mental health conditions, such as structured medication reviews for antidepressants and anti-anxiety medication. We already have pharmacies offering flu and Covid-19 vaccines, but it would be good if these were expanded to include HPV, shingles, and travel vaccinations.</p> <p>Pharmacies could play a greater role in supporting patients with long-term conditions like diabetes and asthma through structured intervention programmes.</p> <p>Maybe pharmacies could offer rapid testing for conditions like strep throat, urinary tract infections, and sexually transmitted infections to reduce pressure on GP services.</p> <p>Pharmacies could offer long-acting reversible contraceptives and menopause management support.</p> <p>Pharmacies could expand support for opioid dependency, needle exchange programmes, and alcohol dependency interventions.</p>	<p>Thank you for your detailed response. Some of these services are already offered by community pharmacies in Kent (Sections 1.5.6, 3.10, 3.11, 4.1 and 4.2). Your comment about other services has been noted by commissioners within the steering group.</p>
Kent pharmacy contractor	Yes	Expansion of national vaccination services to pharmacy, such as, RSV, pneumococcal, shingles.	<p>Thank you. Your comment has been noted by commissioners within the steering group.</p>

From	Answer	Comment	Steering Group response
Kent pharmacy contractor	Yes	NHS acute prescribing services - for specific conditions e.g. dermatology Minor ailment schemes	Thank you. Your comment has been noted by commissioners within the steering group.
Kent resident	Yes	Restoration of pharmacy provision at Summerfield surgery Ramsgate. Local users don't have bus service to Newington Surgery and though frequent loop to Ramsgate, some users can't mobilise to Ramsgate Boots.	Public transport provision has been considered as part of the assessment. Although provision and access has been deemed as adequate, we recognise that individual experiences may vary.
Kent resident	Yes	more consideration of dispensing pharmacy items to those with dextrous disabilities	Thank you. Your comment has been noted by commissioners within the steering group.

Comments to **Q12. Do you agree with the conclusions of the draft Pharmaceutical Needs Assessment?**

Q12a. If you have responded 'Partly' or 'No', please tell us why.

From	Answer	Comment	Steering Group response
Kent resident	No	The draft PNA talks of providing needs tailored to the population needs. However, our local pharmacy no longer opens on Saturday. This seems to be addressing their needs/ wishes, NOT the public needs. THIS at a time when pharmacies are supposed to be picking up much of the work done by doctor surgeries and A&E. Let us remember, health is 24/7 (365) NOT Monday to Friday.	The PNA reviewed weekend opening hours across the county and each of the districts therein and concluded that there is currently no gap in Saturday provision, based on population needs and access to existing services. Opening hours reflect commercial and local need.

From	Answer	Comment	Steering Group response
Kent resident	No	Statistical information on which to provide services is not sufficient to determine what is needed on the ground. Where I live, Thanet, has a poor health record in certain age groups, a. Door certain medical conditions, yet the draft PNA concludes there are “no gaps”. Contradictory.	The assessment is completed at district level, considering the current needs of Thanet population and the service provision. While current provision is deemed good, the PNA recognises that individual experiences may vary.
Kent resident	No	The PNA keeps repeating "No gaps are identified". But what is in place now simply is not working and looks like it will only get worse as demand increases. I don't expect independent pharmacies will remain in business if they have to remain open longer hours and face increased costs.	We acknowledge concerns regarding the impact of increasing service demands on pharmacy capacity. While current provision is deemed good, to meet the increasing demand, changes like staff training, better use of technology and new ways of working will help keep services strong and reliable. The way pharmacy contractors may adapt would vary. Opening hours reflect commercial and local needs.
Kent resident	Partly	I see the data. I see the number of pharmacies. But the availability to people living in rural areas v those in the cities is not highlighted. Likewise the availability of services to those with no transport or limited mobility	The PNA acknowledges the difference between the areas in Kent. The assessment has been completed by district, to further identify specific needs and better assess the provision of each area. Different travel methods have also been considered. Dispensing GP practices provide coverage for rural areas. In some cases, community pharmacies may also offer delivery services, and Distance Selling Pharmacies (DSPs) remain an option for patients who live further away from a pharmacy.
Kent resident	Partly	The issue of 'no gaps' in provision at macro level is not always reflected at micro individual patient level where access to medication and services is mixed and unclear.	The assessment is completed at district level, considering the needs of the population and the service provision. While current provision is deemed good, the PNA recognises that individual experiences may vary.

From	Answer	Comment	Steering Group response
Kent resident	Partly	I feel generally, there is not enough information on homeless people	Homeless population and rough sleepers have been considered in the PNA (Section 2.12.3) with the data currently available. More details are included in Appendix H, section 4.3. We recognise the full extent of homelessness is underreported, as it is not fully captured in statistics.
Representing a Kent NHS Trust or NHS Foundation Trust	Partly	Generally I agree with the assumptions and the conclusions for the general public however the detail for our KCHFT services will present a different picture as explained previously.	Thank you for your comment.
Representing another organisation in Kent	Partly	<p>We believe there is a need for additional local pharmacies to cover the Whitstable area. This is supported by a recent survey of over 7000 patients in which 97.8% of patients requested the return of a pharmacy to Estuary View Medical Centre. This was supplemented by over 3000 supportive comments which evidence the local need and challenges patients have faced since the unfortunate closure of this pharmacy.</p> <p>Two pharmacies in Whitstable have closed in recent years leading to a decline in pharmaceutical capacity.</p> <p>While many of the remaining local pharmacies offer delivery services, this does not address acute needs of patients, including</p>	Thank you for your detailed review and comment. We acknowledge concerns about the impact of closures and increasing demands on pharmacies. The PNA assesses whether existing provision meets current and future needs of the population, taking into account how the population will grow and future demands on the service considering the location and opening hours of the pharmacies. Closures of pharmacies since the last PNA are also reviewed in Sections 3 and 6 of the document. While we acknowledge that fewer pharmacies may be inconvenient, the assessment concludes that there is currently no gap in service provision until 2028, when a new PNA revision will take place. Opening hours are linked to commercial and local needs.

From	Answer	Comment	Steering Group response
		<p>some of the most vulnerable who are now no longer able to walk to their local pharmacy. The convenience that once was available to patients in having a pharmacy co-located with a GP Surgery and Urgent Treatment Centre has now also been lost and needs to be replaced. Estuary View Medical Centre provides care for over 45,000 patients in Whitstable alone. It is also frequented by patients across the whole of East Kent and beyond. It is open 8am to 8pm, 7 days of the week. There are a minimum of 600 face to face encounters in the building every day, many of which necessitate a prescription or other pharmacy interventions.</p> <p>Areas around Estuary View Medical Centre are undergoing significant development both commercially and residentially. Demand on all medical services is increasing as a result.</p>	<p>To meet the increasing demand, changes like staff training, better use of technology and new ways of working will help keep services strong and reliable. The way each pharmacy will adapt would vary.</p>
Kent resident	Partly	<p>Illegal immigration crisis has 2 major implications: 1 - effects on public health/infection control etc. 2 - why should illegal immigrants receive free healthcare..? Also - persons held by HM Prison services receive free & frequent healthcare better than vulnerable people in the public. The reverse should be the priority!</p>	<p>Thank you for your comment however this is outside of the scope of the PNA process.</p>

Responses to **Q13**. If you there are any further comments that you have about the draft PNA, please add them below.

From	Comment	Steering Group response
Kent resident	So many surveys from KCC - surely this is NHS responsibility. KCC should focus on reducing council tax i.e. waste , getting rid of the Police Commissioner (double management) and the No of Councillors (double management ~) and lifting every stone to find waste and eradicating it. Start with biscuits ant team meetings.	As explained in Section 1.6, Kent Health and Wellbeing Board has statutory responsibilities under the Health and Social Care Act to complete the PNA assessment. Public Health in Kent County Council produces this document and completes the activity on behalf of the Kent HWB.
Kent resident	A global concern with the production and circulation of Creon medication.	We acknowledge that medication supply shortages are a national issue, but this is outside the scope of the PNA process.
Kent resident	I feel the dispensing capacity is not good, with GPs sending scripts directly to pharmacy but takes 4 or 5 days to be ready	The PNA has reviewed provision and need and concluded that service is adequate considering commercial and population needs across each district and the whole of Kent. Dispensing time from the pharmacy is outside the scope of the PNA process. Concerns can be escalated to the Integrated Care Board (part of NHS) by phone 01634 335095 option 7 or email kmicb.patientexperience@nhs.net . All information is available NHS England » Contact your local integrated care board (ICB)
Kent resident	As I said above, it seems odd that any health services are severely depleted at weekends. WHY?. There are many other services which run every day of the year by having a shift pattern(e.g. Energy suppliers etc) It CAN be done.	The PNA reviewed weekend opening hours across the county and for each of the districts and concluded that there is currently no gap in weekend provision, based on population needs and access to existing services. Opening hours reflect commercial and local need.

From	Comment	Steering Group response
Kent resident	<p>The assumption that pharmacies can scale up to meet increased demand seems unjustified. My three nearest pharmacies could not accommodate more customers and already experience long queues, often out into the street. I sometimes have to wait at the pharmacy for 20 minutes or more and there is only seating for two or three people. I use the home delivery service of my preferred nearest pharmacy to avoid the need to travel, find a parking space, wait in the pharmacy, and remain in close contact with ill people, but the pharmacy often fails to complete my order due to supply chain problems, and they tell me I need to get another prescription for the missing items and try an alternate pharmacy. This is very inefficient and uses the pharmacy resources to NOT provide my essential medication, It's not as if my meds are a surprise and hard to find a supplier I've been on the same meds for many years!. So the service level may seem pretty good on paper but in reality it is terrible.</p>	<p>Thank you for your detailed comment.</p> <p>To meet the increasing demand, changes like staff training, better use of technology and new ways of working will help keep services strong and reliable. The way each pharmacy will adapt would vary.</p> <p>We acknowledge that medication supply shortages are a national issue, but this is outside the scope of the PNA process.</p>
Kent resident	<p>The draft PNA is very thorough and although long, is easy to understand.</p>	<p>Thank you for your comment.</p>
Kent resident	<p>local pharmacies appear to be extremely busy, is the funding provided adequate?</p> <p>I find the local pharmacy extremely helpful. particularly when I cannot get through to my GP surgery</p>	<p>Thank you for your comment. Funding challenges are noted in Section 1.2, but this is outside the scope of the PNA process.</p>

From	Comment	Steering Group response
Kent resident	I think the draft PNA is excessively long for me to read and make useful comments. All I know is that pharmacies along with GP services is money driven and much of the service is driven by QUAF monies and not necessarily patient needs. Therefore I get unnecessary phone follow ups from the pharmacy, along with their inability to provide prescriptions in a timely manner. That coupled with unexplained shortages of prescribed medication makes for difficult times.	<p>We recognise the PNA is a long document. The content is required to meet NHS Pharmaceutical Regulations, which mandate detailed analysis and evidence.</p> <p>We acknowledge that medication supply shortages are a national issue, but this is outside the scope of the PNA process.</p> <p>Funding challenges are noted in Section 1.2, but this is also outside the scope of the PNA process.</p>
Kent resident	Please ensure there is improved / further pharmacy provision in Margate and across Thanet so that it is possible to access these services easily during working hours and at weekends. Thank you.	<p>The PNA has concluded there is a sufficient access currently in Thanet and Margate and for the next three years. If you experience difficulty accessing pharmacies during published opening hours, you can share concerns with the pharmacy and they can be escalated to the Integrated Care Board (part of NHS) by phone 01634 335095 option 7 or email kmicb.patientexperience@nhs.net. All information is available NHS England » Contact your local integrated care board (ICB)</p>
Kent resident	<p>Having a public consultation on such a lengthy document is a nonsense.</p> <p>Should have been distilled down to its kept parts & options offered for the public to vote for.</p>	<p>We recognise the PNA is a long document. The content is required to meet NHS Pharmaceutical Regulations, which mandate detailed analysis and evidence and a consultation on the draft document.</p>

From	Comment	Steering Group response
Kent resident	My pharmacy could do better. Other services offered are heating wax removal. They do not run this properly and again will not answer phone or cancel your appointment and not let you know	We understand the quality of service is a concern, but this is outside the scope of the PNA process. Patients can share concerns with the pharmacy, and if the issue is not solved, this can be escalated to the Integrated Care Board (part of NHS) by email kmicb.patientexperience@nhs.net or phone 01634 335095 option 7. All information is available NHS England » Contact your local integrated care board (ICB)
Kent resident	What has been proposed in my area? The pharmacy serving my village is excellent and provides the needs for a large aging population without resorting to travel by an inadequate public transport.	Thank you for your comment. The analysis for Sevenoaks is detailed in Section 6.2.8. Recommendations are included in Section 7.2.
Representing another Kent organisation	Please consider the loss of two busy pharmacies in Whitstable which we would like to see restored to address the current and future needs of the rapidly growing patient population of Whitstable. The co-location of a pharmacy with an integrated care facility has undeniable benefit to all patients and the wider NHS healthcare system. It promotes the best use of resources and improves the healthcare journey and outcomes for patients. We would be happy to share with you all of the survey information that we have referenced in this report including all of the (non-identifiable) qualitative data.	Thank you for your comment. We acknowledge concerns about the impact of closures and increasing demands on pharmacies. While we acknowledge that fewer pharmacies may be inconvenient, the assessment concludes that there is currently no gap in service provision.
Kent resident	I haven't got time to read 200 odd pages just now. Sorry, However, I just moved to Canterbury, and it's very obvious that there aren't nearly enough pharmacies or pharmacists in this town.	The PNA has reviewed provision and need and concluded that access to services is adequate for Canterbury (Section 6.2.2).

Responses to **Q14. We welcome your views on our equality analysis, including suggestions for anything else we should consider relating to equality and diversity.** Please add your comments below.

From	Comment	Steering Group response
Kent resident	My chemist was Lloyds before being taken over. Chemist in place does not respond to enquiries either on phone or their online website!!	We understand that the quality of service is a concern, but this is outside the scope of the PNA process. Patients can share concerns with the pharmacy, and if the issue is not solved, concerns can be escalated to the Integrated Care Board (part of NHS) by phone 01634 335095 option 7 or email kmicb.patientexperience@nhs.net . All information is available NHS England » Contact your local integrated care board (ICB)
Kent resident	Issues relating to disability appears underserved and underrepresented in Kent and I note on the Equality Impact Assessment that only Healthwatch appears as a stakeholder with potentially Lay people who may or may not have disabilities? Where are the Disability groups in Kent and why is there not more representation about service needs of different disabled communities? Physical accessibility in Pharmacies is a key example but not the only one in relation to Disability. Just using Healthwatch as a proxy for all protected characteristics seems very thin and not ;likely to very representative so a lot of issues are potentially missing that the different groups could report on if asked.	Details of specific population groups (including people with disabilities) and their needs have been considered in Section 2 and Section 6. The Steering Group that supports the PNA includes representatives from Healthwatch and other local organisations and groups. An engagement exercise with the public was conducted during November and December 2024. The analysis of the responses highlighted that 38% of the respondents had a disability. Please see Section 5 for further details.
Kent resident	Good to see this has been included as essential to identify and mitigate any potentially negative impacts for individuals with protected characteristics.	Thank you for your comment.

From	Comment	Steering Group response
Representing another organisation in Kent	Potentially a number of hidden groups and detail on how their needs may specifically be addressed. Including numbers to compare different groups and how the areas compare, and how this would impact access to services.	Details of specific population groups and their needs have been considered in Section 2 and Section 6. An Equality Impact Assessment has also been conducted as part of the PNA process.
Kent pharmacy or dispensing appliance contractor	Ensure political leadership does not result in policy that could increase stigma against protected characteristics in healthcare, particularly gender re-assignment or sexual orientation	Under the Equality Act 2010, community pharmacies are required to make reasonable adjustments to ensure services are accessible to all.
Kent pharmacy contractor	Swale is an area of deprivation and a high ratio of patients per GP. The need is for better access as public transport to local NHS commissioned services is worse than other areas of Kent - e.g. buses and train services.	Under the Equality Act 2010, community pharmacies are required to make reasonable adjustments to ensure services are accessible to all. Access in Swale has been reviewed in Section 6.2.9. Although current provision is deemed adequate, we recognise individual experiences may vary.
Kent resident	I think you have covered all you need to.	Thank you for your comment.
Kent resident	Scrap it completely and apply common sense - Best person for job and discourage any form of racism - job done	The PNA process is required to undertake equality analysis.
Kent resident	You have not included people who do not use these new-fangled annoying online computer only systems. What about pet owners!!!!	Population in general and specific groups were considered in Section 2 of the PNA and in more detailed in a separate appendix H. Responses to the consultation could be made via an online questionnaire, word version of the questionnaire or email. Paper copies and alternative formats were also available on request.

From	Comment	Steering Group response
Kent resident	waste of time	The PNA process is required to undertake equality analysis.
Social care professional	there does appear to be an inequality for public vulnerable people whose needs are secondary to illegal immigrants & people in prison.	Your comment is noted.
Kent resident	<p>The EqIA should recognise how multiple factors like disability, race, and socioeconomic status, intersect to create unique barriers to accessing pharmaceutical services.</p> <p>It should ensure that pharmacy services are accessible to those with limited digital literacy or English as a second language. This should include translated materials and alternative communication methods.</p> <p>Kent County Council should strengthen outreach for homeless populations, refugees, and neurodivergent people who may face additional barriers in accessing pharmaceutical services.</p>	<p>Under the Equality Act 2010, community pharmacies are required to make reasonable adjustments to ensure services are accessible to all.</p> <p>Recommendations have been made in Section 7.4 on how this can be improved going forward and for commissioners to consider how to support local communities better.</p>