

KENT HEALTH AND WELLBEING BOARD

Friday, 16th September, 2022

10.30 am

**Council Chamber, Sessions House, County Hall,
Maidstone.**





AGENDA

KENT HEALTH AND WELLBEING BOARD

Friday, 16 September 2022 at 10.30 am
Council Chamber, Sessions House, County
Hall, Maidstone.

Ask for: **Matt Dentten**
Telephone: **03000 414534**

UNRESTRICTED ITEMS

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

Item No

- 1 Introduction
- 2 Apologies and Substitutes
To receive apologies for absence and notification of any substitutes.
- 3 Declarations of Interest
To receive any declarations of Interest by Members in items on the agenda for the meeting.
- 4 Minutes of the Meeting held on 24 May 2022 (Pages 1 - 4)
To consider and approve the minutes as a correct record.
- 5 Director of Public Health Verbal Update
- 6 Kent Pharmaceutical Needs Assessment (Pages 5 - 534)
- 7 Kent and Medway Integrated Care System, Integrated Care Partnership and Kent Health and Wellbeing Board Update (Pages 535 - 562)
- 8 Kent Joint Strategic Needs Assessment Update (Pages 563 - 584)
- 9 Date of the next meeting - 7 February 2023

EXEMPT ITEMS

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

Benjamin Watts
General Counsel

03000 416814

Thursday, 8 September 2022

HWB Membership

CCG Reps

*Ashford CCG
Canterbury & Coastal CCG
Dartford/Gravesham/ Swanley
South Kent Coast
Swale
Thanet
West Kent*

Clinical Lead

*Dr Navin Kumta
Dr Mark Jones
Dr Liz Lunt
Dr Darren Cocker
Dr Fiona Armstrong
Dr Tony Martin
Dr Bob Bowes*

Officer

*Simon Perks
Simon Perks
Patricia Davies
Hazel Carpenter
Patricia Davies
Hazel Carpenter
Ian Ayres*

District Councillor Reps

*Cllr Andrew Bowles
Cllr John Cunningham
Cllr Paul Watkins*

*Swale BC
Tunbridge Wells BC
Dover DC*

HealthWatch

Steve Inett

NHS England

*Felicity Cox or
Michael Ridgwell*

KCC

*Paul Carter
Andrew Ireland
Meradin Peachey
Graham Gibbens
Roger Gough
Jenny Whittle*

Other members

Dr Robert Stewart

Italics = statutory reps

CCG reps – each CCG has one vote

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KENT COUNTY COUNCIL

KENT HEALTH AND WELLBEING BOARD

MINUTES of a meeting of the Kent Health and Wellbeing Board held in the Council Chamber, Sessions House, County Hall, Maidstone on Tuesday, 24 May 2022.

PRESENT: Mrs C Bell (Chairman), Mrs S Chandler, Dr A Ghosh, Mr R W Gough, Cllr Mrs A Harrison, Cllr Mrs J Hollingsbee, Dr N Kumta and Mr R Smith

IN ATTENDANCE: Ms K Cook (Policy and Relationships Adviser (Health)), Mr M Dentten (Democratic Services Officer)

IN VIRTUAL ATTENDANCE: Dr R Bowes

UNRESTRICTED ITEMS

1. Election of Chairman

(Item 2)

1. Mrs Chandler proposed and Mr Smith seconded that Mrs Bell be elected as Chairman of the Kent Health and Wellbeing Board.

RESOLVED that Mrs Bell be elected as Chairman of the Kent Health and Wellbeing Board.

2. Election of Vice Chairman

(Item 3)

1. Mrs Chandler proposed and Mr Smith seconded that Mrs Bell be elected as Chairman of the Kent Health and Wellbeing Board.

RESOLVED that Mrs Bell be elected as Chairman of the Kent Health and Wellbeing Board.

3. Declarations of Interest by Members in items on the agenda for this meeting

(Item 5)

There were no declarations of interest.

4. Minutes of the meeting held on 16 September 2021

(Item 6)

RESOLVED that the minutes of the meetings held on 16 September 2021 were an accurate record and that they be signed by the Chairman.

5. Director of Public Health Verbal Update

(Item 7)

Sarah Leaver (Public Health Pharmacist, KCC) was in attendance for this item.

1. Dr Ghosh gave a verbal update. He addressed four key areas: Covid-19; Monkey Pox; development of the Kent Public Health Strategy; and the Pharmaceutical Needs Assessment (PNA). On Covid-19, he confirmed that the pillar 1 case rate was 70 per 100,000, down from 100 per 100,000 two weeks earlier, reassurance was given that hospital admissions and ventilation bed occupancy had also reduced. On Monkey Pox, he informed Members that the UK Health Security Agency was the national lead. He reassured the Board that cases of Monkey Pox were rare and that its viral infection was linked to travel to west Africa and spread by very close contact. Concerning severity and symptoms, he confirmed that most people recovered within weeks with common symptoms being unusual rashes; lesions on the body, face or genital area; fever; exhaustion; headaches; and swollen lymph nodes. He advised residents to contact NHS 111 or a sexual health clinic immediately and avoid personal and sexual contact with others, if they experience any symptoms. Regarding the Kent Public Health Strategy, which was in its initial development phase, he confirmed that the strategy would set priorities for the next 5 years, with the three development tenets being policy analysis, a covid impact assessment and community engagement. He set out his ambition for a greater integration of public health and social care data, as well as the development of Kent as a training hub for health and care professionals. Ms Leaver updated the Board on PNA development. She confirmed that Dr Ghosh had chaired the PNA steering group; that the public consultation would run for 60 days from 6 June; that responses from the preliminary public survey had influenced the draft PNA; that an equalities impact assessment was in development; and that the final draft would be circulated to local and neighbouring councils. The Board were reminded that the final PNA would be brought to its September meeting for approval.
2. In relation to the development of the Kent Public Health Strategy, Mr Gough emphasised the importance of hardwiring mutual development with the wider Integrated Health System. Dr Ghosh reassured the Board that wider healthcare partnership would inform strategy development.
3. Dr Bowes asked whether local partners had endorsed the strategy development approach. Dr Ghosh confirmed that support for the approach had been received from Kent district Chief Executives. He underlined that the strategy would be overarching and have further sub-strategies.
4. Following a further question from Dr Bowes, Dr Ghosh confirmed that, whilst there was no specific data collected on the impact of the pandemic on a child's first 1000 days, the issue would fall within the scope of the future Kent Public Health Strategy.

RESOLVED to note the update.

6. Kent and Medway Safeguarding Adults Board Annual Report 2020-2021
(Item 8)

Andrew Rabey (Independent Chair, Kent and Medway Safeguarding Adults Board)
was in attendance for this item.

1. Mr Rabey gave a verbal overview of the annual report and updated Members on developments since publication. He confirmed that the Kent and Medway Safeguarding Adults Board (KMSAB) had continued to deliver training with partners. The Board were informed that KMSAB had undertaken 8 Safeguarding Adults Reviews (SARs), which marked a considerable increase. He verified that quarterly engagement sessions had been held with practitioners, to ensure that review-led change had been implemented at service level. Regarding national developments, he confirmed that a SAR library had been established and allowed a broader understanding of national cases. He informed Members that the KMSAB Strategic Plan 2022-2025 was out for public consultation until 22 June, with the Plan's three key themes being: person centred safeguarding; strengthening collaboration; and imbedding improvements.
2. Dr Bowes asked how safeguarding could be factored into the design of services and what the Health and Wellbeing Board could do to facilitate better outcomes. Mr Rabey recognised that collaboration and information sharing were existing barriers to improved outcomes, which the Health and Wellbeing Board could play a role in improving.
3. Mr Smith welcomed KMSAB's systemwide approach to safeguarding. He noted that the safeguarding landscape had changed as a result of the pandemic and connected developments. He asked that KMSAB consider how it will hold the forthcoming Integrated Health System to account on safeguarding.
4. The Chair commented that there was more to be done to make safeguarding everyone's business, through clear public guidance. Mr Rabey confirmed that the KMSAB website was the main resource for guidance, in addition to monthly newsletters which were circulated to 300 voluntary and community sector organisations across Kent. He recognised that there was scope for additional training and information sharing sessions.

RESOLVED to endorse the Kent and Medway Safeguarding Adults Board Annual Report, 2020-2021.

7. Financial Hardship Programme - Health and Wellbeing impact (Item 9)

Lucy Alesbrook (Financial Hardship Programme Manager, KCC) and Tim Woolmer (Policy and Partnerships Adviser, KCC) were in attendance for this item.

1. Mr Gough introduced the report and explained that the Programme had been formed as an immediate response to a combination of crises, using £10m of the Covid Emergency Grant funding. He emphasised the importance of developing long term resilience beyond the Programme's life cycle, in order to sustain Health and Wellbeing improvements.

2. Ms Alesbrook gave a presentation on the Helping Hands Financial Hardship Programme. Topics covered included: fuel and water support schemes; debt advice and underwritten loan schemes; digital inclusion and Digital Kent; data sharing; ReferKent; free school meals; and Healthy Start vouchers.
3. In addition to the Helping Hands Financial Hardship Programme, Mrs Chandler reminded the Board of KCC's Reconnect Programme, with its core components including: free digital education and equipment; subsidised leisure activities; mentoring and counselling support. She addressed concerning trends, which included notable increases in referrals for young children and speech and language referrals in particular. She recognised the interlinked relationship with the Helping Hands Programme and joined up approach to improving health and wellbeing.
4. Cllr Hollingsbee noted the positive impact of the data sharing work stream on district-county partnership working during the pandemic.

RESOLVED to endorse the projects within the Financial Hardship Programme.

8. Supporting Neuro Divergent Young People with Complex Needs - Presentation
(Item 10)

Emma Hanson (Senior Commissioning Manager, KCC), Clare Buck (Commissioner for Learning Disability and Autism, KM CCG) and Christine Jackson-Hayward (Designated Key Worker & Complex Neurodiverse CYP Programme Lead, KCC) were in attendance for this item.

1. Ms Hanson, Ms Buck and Ms Jackson-Hayward gave a presentation on the three-pillar approach to Supporting Neuro Divergent Young People with Complex Needs. Topics covered included: care, education and treatment reviews; Designated Key Workers; the impact of new ways of working; and programme feedback.
2. In response to a question from Mr Smith on how the three-pillar approach would ensure that residents had meaningful lives and long-term support into adulthood, Ms Hanson confirmed that support had been extended to 18. Ms Buck informed the Board that transition coordinators ensured that those supported long term would have a smooth transition between children's and adult's services.
3. The Chairman emphasised the importance of linking the value of prevention to financial and health and wellbeing benefits.

RESOLVED to note the contents of the presentation.

From: **Anjan Ghosh, Director of Public Health**

To: **Kent Health and Wellbeing Board 16 September 2022**

Subject: **Pharmaceutical Needs Assessment (PNA) 2022-2025**

Classification: **Unrestricted**

Past Pathway of report: N/A

Future Pathway of report: N/A

Summary:

Since 1 April 2013, every Health and Wellbeing Board has had a statutory responsibility to publish and keep up to date a statement of the needs of pharmaceutical services for the population in its area. This is referred to as the Pharmaceutical Needs Assessment (PNA). The PNA provides an overview of the pharmaceutical services of Kent and detailed statements for each of the local authority areas. The pharmaceutical needs assessment also looks at changes which are anticipated within the lifetime of the document.

These include the predicted population growth and health needs. It identifies any gaps in pharmaceutical needs now and in the future. Access to pharmaceutical services for the residents of Kent is good and the main conclusion of the pharmaceutical needs assessment is that there are currently no gaps in provision of pharmaceutical services.

Given the current predicted population, housing projections and distribution of service providers across the county, the document concludes that the current provision will be sufficient to meet the future needs of the residents during the three-year lifetime of the pharmaceutical needs assessment, with the exception of specific areas in three localities: Folkestone & Hythe, Ashford and Maidstone

Recommendation(s):

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

1. Introduction

- 1.1 The Health and Social Care Act 2012 transferred responsibility for the Pharmaceutical Needs Assessment from Primary Care Trusts to Health and Wellbeing Boards on the 1 April 2013.
- 1.2 The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the legislative basis for developing and updating

PNAs and can be found at:

<https://www.legislation.gov.uk/uksi/2013/349/regulation/3/made>

- 1.3 Every Health and Wellbeing Board (HWB) in England has a statutory responsibility to publish and keep up to date a statement of the need for pharmaceutical services in its area, otherwise referred to as a Pharmaceutical Needs Assessment (PNA). Each HWB was required to publish its own revised PNA for its area by 1st April 2015 and to renew it every three years. Kent published revised versions in 2015 and 2018. Due to the pandemic, publication of the next revision was delayed nationally until 1 October 2022
- 1.4 The main aim of the Kent Pharmaceutical Needs Assessment is to describe the pharmaceutical services in Kent and systematically identify any gaps/unmet needs, consulting with stakeholders and making recommendations on assessed gaps and future developments.
- 1.5 The Pharmaceutical Needs Assessment is a key document used by NHS England and the local area Pharmaceutical Services Regulations Committee (PSRC) to make decisions on new applications for pharmacies and change of services or relocations by current pharmacies. It is also used by commissioners reviewing the health needs for services within their particular area, to identify if any of their services can be commissioned through pharmacies.

2. The Pharmaceutical Needs Assessment

- 2.1 The Kent Pharmaceutical Needs Assessment consists of 20 chapters.
- 2.2 Chapter 1 sets out the regulatory framework for the provision of pharmaceutical services which, for the purpose of this document, include those services commissioned by NHS England from pharmacies and dispensing appliance contractors and the dispensing service provided by some GP practices to eligible patients. It also contains the views of residents in the county on their use of pharmacies and information provided by contractors which could not be nationally sourced.
- 2.3 Chapters 2 and 3 give an overview of Kents demographics and the health needs of Kent. Chapter 4 identifies specific groups of people who have protected characteristics or particular health needs that would benefit from pharmaceutical services.
- 2.4 Chapter 5 focusses on the provision of pharmaceutical services in Kent and those providers who are located outside of the county but who provide services to residents for of the county. Services which affect the need for pharmaceutical services either by increasing or reducing demand are identified in chapter 6. Such services include the hospital pharmacies, the GP out of hours service and the public health services commissioned from pharmacies by Kent County Council via providers. Having considered the general health needs of the population, chapter 7 focusses on those that can be met by pharmacies and dispensing appliance contractors.

- 2.5 Chapters 8 to 19 provide a detailed pharmaceutical needs assessment of each local authority area.
- 2.6 Chapter 20 is the conclusion of the report and identifies the gaps in pharmaceutical services provision.
- 2.7 The statutory required public consultation of the PNA document occurred for 60 days, 21 June to 21 August 2022. A report of the consultation is found in appendix 1. It details the responses received and the subsequent 6 minor changes made to the PNA document.

3. Conclusions

3.1 The Pharmaceutical Needs Assessment has the following conclusions based on the information available at the time of developing the PNA, for the 12 localities of Kent.

3.2 Present:

- There are no current gaps in the provision of **essential services during or outside normal working** hours that have been identified in any of the twelve localities.
- That there is sufficient capacity to meet the demand for **advanced services**.
- There are no current gaps in the provision of the **New Medicine Service, Community Consultation service and flu vaccination advanced services** that have been identified.

3.3 Future:

- There are future gaps in provision of **necessary and essential pharmaceutical services** in specific areas of three localities that have been identified, namely **Folkestone & Hythe, Ashford, and Maidstone localities**.
- There are future gaps in provision of **advanced pharmaceutical services** in specific areas of three localities that have been identified, namely **Folkestone & Hythe, Ashford, and Maidstone and for greater coverage of newer advanced services in Kent's rural areas**.
- There are no gaps in respect of securing improvements, or better access, to **enhanced service** in specified future circumstances that have been identified in any of the twelve localities.

4. Recommendation

Recommendation(s):

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

5. Background Documents

The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the legislative basis for developing and updating PNAs and can be found at: <https://www.legislation.gov.uk/uksi/2013/349/regulation/3/made>

Appendix 1 – Consultation Report

Appendix 2 – Pharmaceutical Needs Assessment

6. Contact details

Report Author:

Sarah Leaver
Pharmacist, Public Health

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Relevant Director:

Name, Dr Anjan Ghosh
Director of Public Health

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Appendix 1 – Consultation Report

1. Introduction

As part of the pharmaceutical needs assessment process the Health and Wellbeing Board is required to undertake a consultation of at least 60 days with certain organisations. The purpose of the consultation is to establish if the pharmaceutical providers and services supporting the population of the Health and Wellbeing Board's area are accurately reflected in the final Pharmaceutical Needs Assessment (PNA) document. This report outlines the considerations and responses to the consultation and describes the overall process of how the consultation was undertaken.

In addition to the public consultation, an early engagement questionnaire was developed and made available on the 'Let's Talk Kent' website from 4 November to 19 December 2021. A similar survey was open to contractors during December 2021 and January 2022. The results of these are in the main body of the PNA document.

2. Consultation process

To complete this process, the PNA Steering Group on behalf of the Health and Wellbeing Board has consulted with those parties identified under regulation 8 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 as amended, to establish if the draft Pharmaceutical Needs Assessment addresses issues that they considered relevant to the provision of pharmaceutical services. Examples of consulted parties include:

- The Local Pharmaceutical Committee covering the county
- The Local Medical Committees covering the county
- Healthwatch Kent
- The Clinical Commissioning Groups/Integrated Care Board
- NHS Trusts
- NHS England
- Neighbouring Health and Wellbeing Boards, and
- Contractors on the pharmaceutical lists for the area of the Health and Wellbeing Board

In addition, the consultation documents were made available via Kent County Council's consultation and engagement website 'Let's talk Kent'. Those who asked to be kept informed of public health and general interest consultations received an email from the site to alert them of this consultation. This was sent to 5010 registered users.

The statutory consultees were contacted via email explaining the purpose of the Pharmaceutical Needs Assessment and the PNA Steering Group welcomed their opinion on whether they agreed with the content of the proposed draft. They were directed to [Let's talk Kent](#) to access the document and consultation questionnaire.

We shared the PNA consultation on organic social media channels to increase awareness and engagement of the consultation. 10 posts were issued throughout

the consultation period. The posts shared were seen by 24,788 people and generated 450 clicks to the consultation page. The breakdown of all social media responses is shown below:

Engagement levels with social media posts advertising the draft PNA consultation

	Reach / Impressions	Clicks
Facebook	15,198	314
Twitter	6,752	103
LinkedIn	2,838	33
Total Shared	24,788	450

Consultees were given the opportunity to respond by completing a set of questions and/or submitting additional comments. This was undertaken by completing the questions online. The questions developed were to assess the current provision of pharmaceutical services, have regard to any specified future circumstance where the current position may materially change and identify any current and future gaps in pharmaceutical services.

The consultation ran from 21 June until 21 August 2022.

The consultation page was viewed a total of 2,557 times by 1,025 visitors. This shows that most visitors viewed the page at least twice. The PNA document was added to the [Kent Public Health Observatory](#) due to its size and a link added the Let's talk Kent consultation page for people to access it.

Also available on the Let's Talk Kent consultation page were word versions of the questionnaire for both the public and professionals and the Equality Impact Assessment. In total these documents were downloaded 43 times.

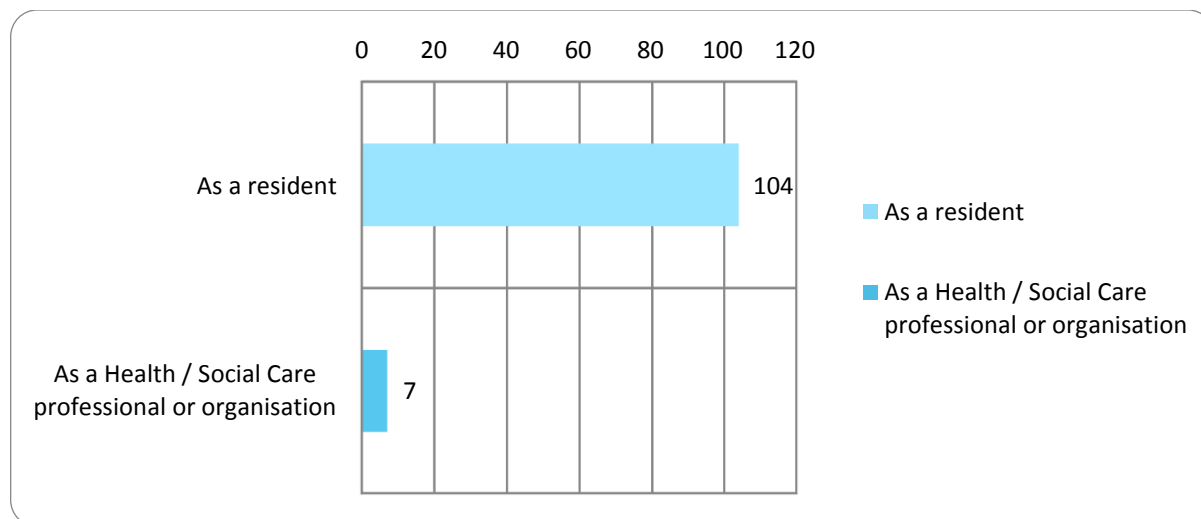
The consultation was open to both the public and organisations. The questions were the same for both with an additional question for the public as well as some optional demographic questions at the end.

This report outlines the considerations and responses to the consultation. It should be noted that participants in the consultation were not required to complete every question.

3. Responses

The consultation received 121 responses, including two hard copies which were entered into the electronic consultation questionnaire and six email responses. All responses have been considered in writing this report.

Respondents to the online questionnaire identified themselves as the following:

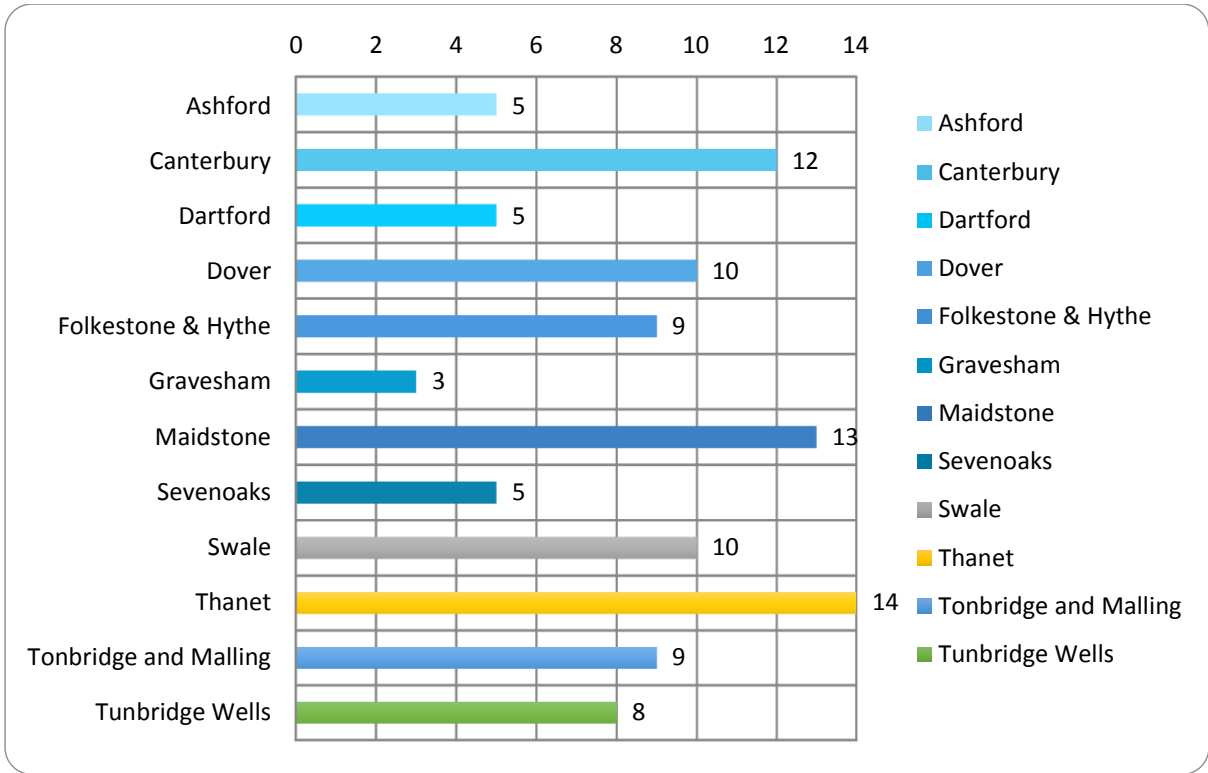


Responses were received from the following types of organisations:

- Local parish and district council e.g., Sevenoaks District Council
- Local private health service provider
- Kent County Council
- NHS England

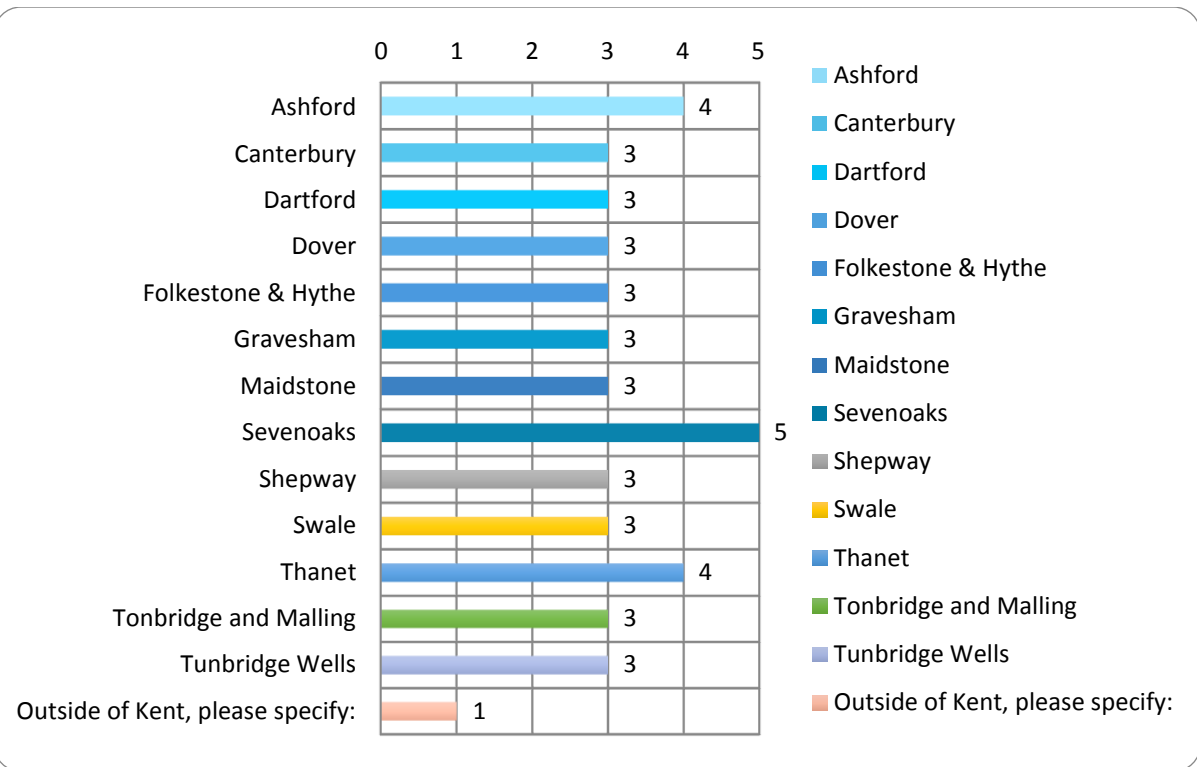
We asked respondents in the questionnaire to **'tell us which district/borough you live in.'** 103 responses were received, and they identified themselves as living in the following districts:

District/Borough	Number of responses
Ashford	5
Canterbury	12
Dartford	5
Dover	10
Folkestone & Hythe	9
Gravesham	3
Maidstone	13
Sevenoaks	5
Swale	5
Thanet	10
Tonbridge and Malling	14
Tunbridge Wells	9



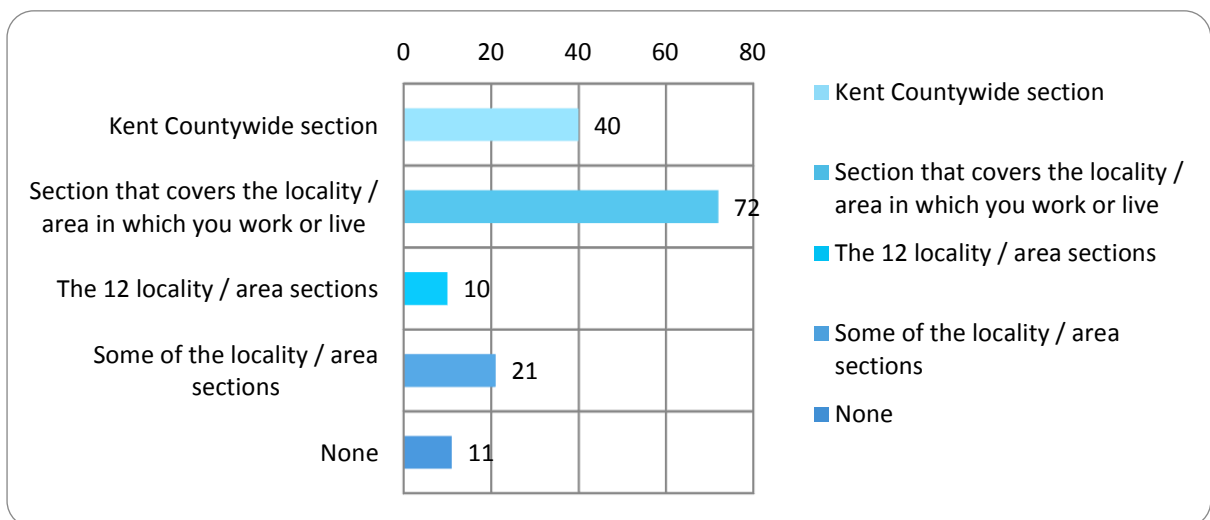
We asked respondents in the questionnaire to ‘tell us which locality you cover in your work.’ 44 responses were received, and they identified themselves as working in the following districts:

District/Borough	Number of responses
Ashford	4
Canterbury	3
Dartford	3
Dover	3
Folkestone & Hythe	3
Gravesham	3
Maidstone	3
Sevenoaks	5
Swale	3
Thanet	3
Tonbridge and Malling	4
Tunbridge Wells	3

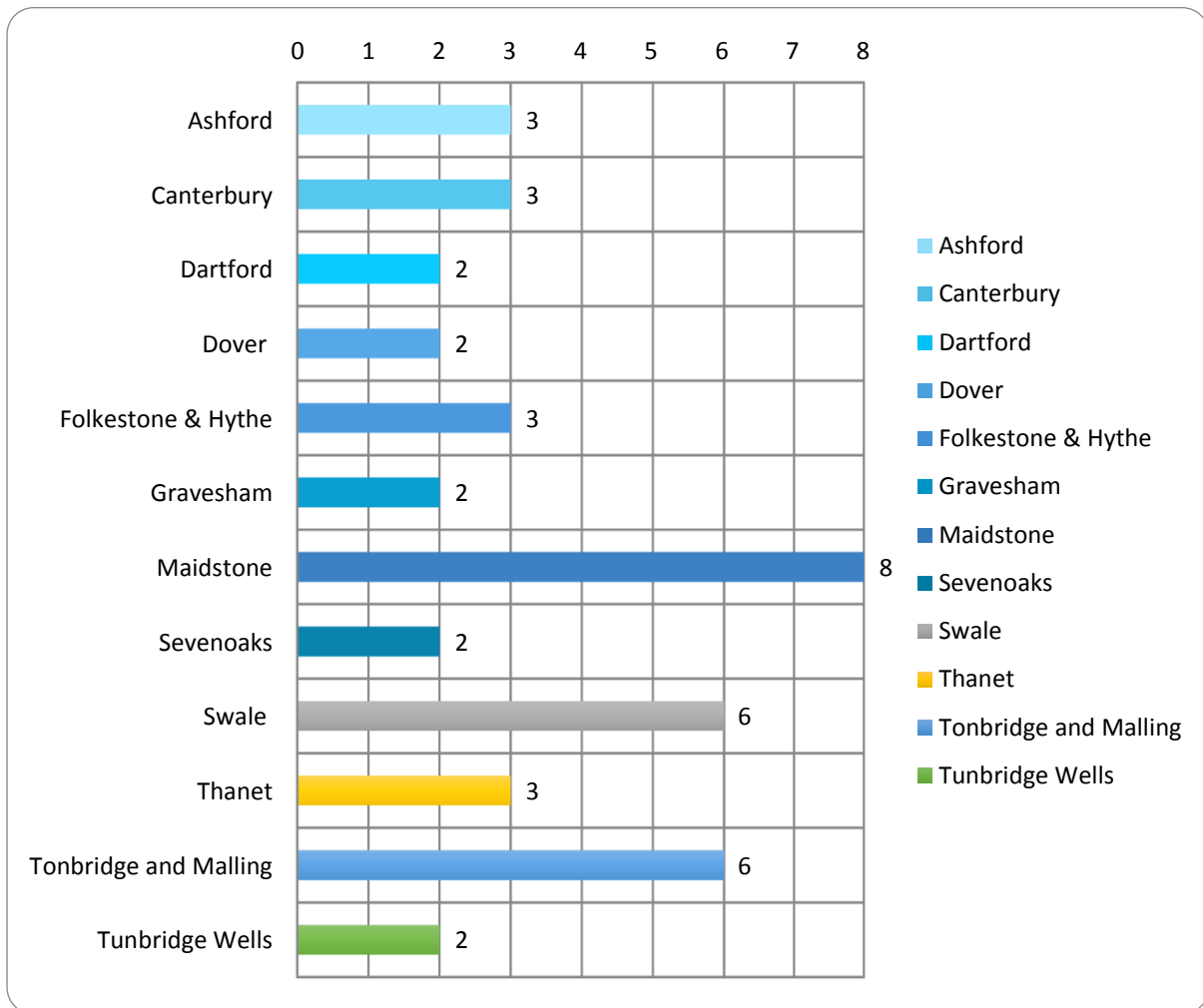


The person who responded as outside of Kent stated that they worked across the South East of England, as well as Hampshire, Dorset and Northampton.

We asked respondents to tell us ‘Which of the following sections of the PNA document have you read?’ The following sections of the PNA document were identified:



Of those that selected 'Some of the locality / area sections' we asked them to identify 'which of the locality / area sections you have read'. The chart below shows the area sections that were identified:

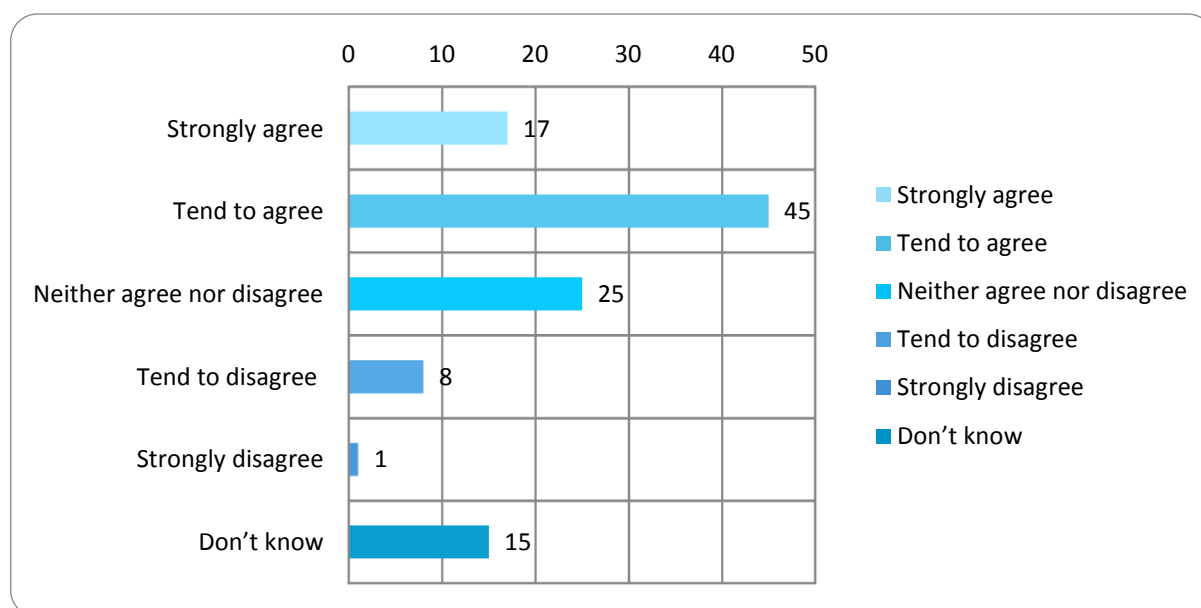


District/Borough	Number of responses
Ashford	3
Canterbury	3
Dartford	2
Dover	2
Folkestone & Hythe	3
Gravesham	2
Maidstone	8
Sevenoaks	2
Swale	6
Thanet	3
Tonbridge and Malling	6
Tunbridge Wells	2

4. Summary of questionnaire responses and Health and Wellbeing Board considerations

In asking 'To what extent do you agree or disagree that the information in the draft documents is a good reflection of the current pharmaceutical service provision within the locality(s) / area in which you work / live?

The PNA Steering Group were pleased to note 113 responses were received in response to this question. 62 agreed (tend or strongly) to the question and eight (disagreed) and one email response strongly disagreed. Three were not relevant to the question or within the remit of the consultation.



The PNA Steering Group was pleased to note the 52 comments from those who answered that they agreed (tend or strongly). Examples of the responses received are shown below:

- I found the report to be in-depth and comprehensive. The background populous reporting gave good insight into current and future needs. The latter being so important for future planning and pharmaceutical services to these areas
- The report is extremely detailed in challenges faced by local people, based on talking with friends and neighbours, being able to register with a GP and access a pharmacy
- Very clear analysis and metric data
- Because it appears to accurately reflect the situation
- all aspects and the section on Sevenoaks accurately reflects my experience of accessing health care facilities and the local

Sevenoaks District Council provided this comment:

- Based on the statistical data presented on the dispersal of pharmacies it is understandable that the conclusion has been drawn that the provision is adequate. However, I would argue that on the basis that we are seeing increases in population particularly in older-age demographics (more likely to place a demand on pharmacy services), who are less likely perhaps to be car drivers and more likely to be socially isolated. Sevenoaks exists in the top 50% of population per pharmacy in Kent and is above the England average. Therefore the addition of one pharmacy within area of Halstead would potentially add local value and better serve neighbouring areas of Knockhill, Badgers Mount and potentially Well Hill.

The PNA Steering Group has relooked at the data for the Halstead, Knockholt, Badgers Mount and Well Hill areas and has not altered the conclusion, that there is sufficient pharmaceutical provision now and in the lifetime of the PNA.

Sevenoaks Parish Council raised concerns that the PNA did not reflect the finding of Health Watch 2022. The PNA Steering Group note these comments but are unable to address them within the legislated remit of the PNA.

In response to the comment below regarding the survey of contractors, the PNA Steering Group acknowledges the disappointing response from appliance contractor and dispensing practices. The Board provides assurance that contractors were encouraged to respond by issuing reminders by email, telephone calls, newsletters, professional body communications. The dispensing doctors and pharmaceutical contractor had representation on the PNA Steering Group via the Local Pharmaceutical Committee and Local Medical Committee.

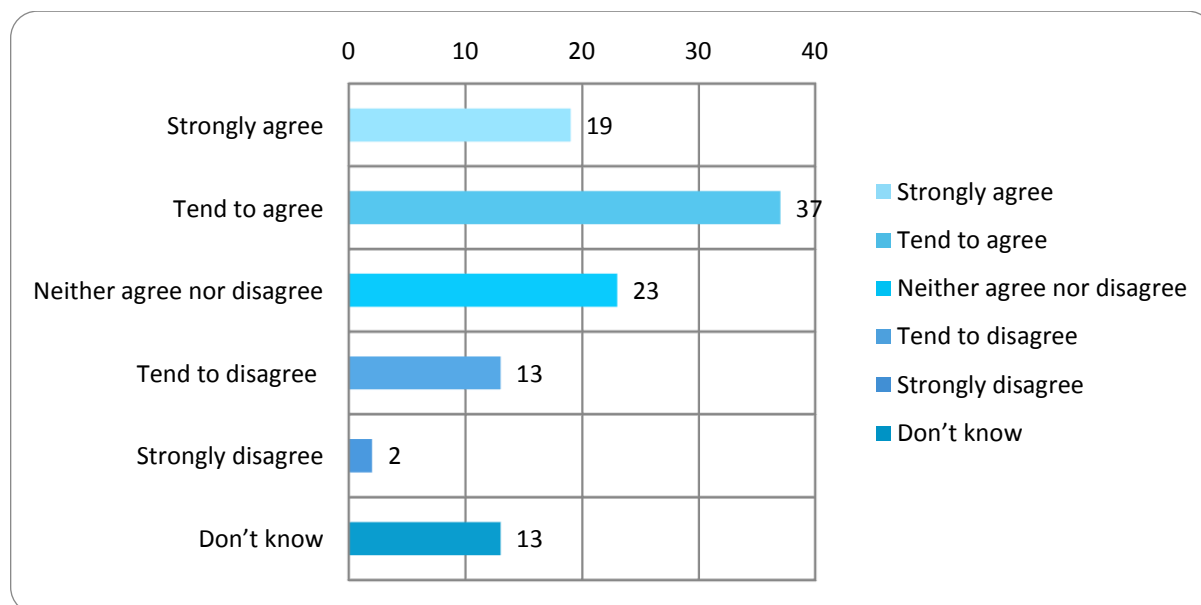
- I am concerned about the percentage of respondents from Pharmacies, Appliance Contractors and Dispensing GP Practices. The response rates were 69%, 0% and 16.7% respectively. How confident can you be that the results are totally reflective of the current situation? I would have thought that as the survey is compulsory, responses to the questionnaires that you send should be mandatory. Having said that, this is a very good piece of work but subject to the number of areas that chose not to respond.

In answering 'tend to disagree' seven respondents explained why they gave this reply. There were concerns that the information regarding housing developments and pharmacies closing is changing continually, thus making the assessment of pharmaceutical provision inaccurate. The PNA Steering Group acknowledge that data used in the PNA document is taken at a single point in time and that the situation is continually changing. The PNA document will be reviewed in totality in three years however if circumstances change substantially in a particular area in line with the Regulations, a needs assessment may be undertaken for that area.

The one response that strongly disagreed did so because of concerns regarding increase in population in the Staplehurst area and the poor performance of pharmaceutical services. The population data in the PNA document has been checked and for the lifetime of the document (3 years) is correct. It is acknowledged that future provision of pharmaceutical services must be carefully monitored in light of housing developments and transport infrastructure.

The question **‘To what extent do you agree or disagree that the information in the draft documents is a good reflection of the needs of the population in the locality(s) / area in which you work / live?’**

The PNA Steering Group were pleased to note 110 responses were received in response to this question. 56 agreed (tend or strongly) to the question and 15 disagreed. An email was also received which disagreed to this question.



59 comments were left in response to this question. Seven were not relevant to the question or within the remit of the consultation.

The PNA Steering Group was pleased to note the 40 comments from those who answered that they agreed (strongly or tend to). Here is a sample of the comments received:

- It explained the numbers and requirements needed by residents for pharmacies in detail
- Accurate reflection
- The details in the report are thorough and address ALL the health care issues associated with the modern lifestyle in an ageing population. It leaves no stone unturned!
- As stated the draft document gave in depth area by area information with some surprising results. It could therefore importantly reflect the needs of the population and project future needs.
- It appears to match my own observations and experiences.

In answering 'tend to disagree' three respondents explained why in their specific localities/areas greater details was required to encompass complexities of the locality/area. It was noted that Swale is a particularly complex area with many services provided by Medway. The Health and Wellbeing Board has worked and will continue to work with Medway when considering pharmaceutical needs of Kent. Thanet residents highlighted that this area has particular health needs. These have been considered when writing the PNA document.

Ten responses were received that neither agreed nor disagreed. These were general comments about the PNA document which are discussed later in this report.

We asked respondents to '**tell us if they had any comments on the PNA document**'. 29 responses were received of these eight were not relevant.

The eight responses received that were not relevant to the PNA document remit did make valid points. These comments have been noted and will be used anonymously to inform discussions in other forums to improve quality of pharmaceutical services and the general health of the population of Kent.

The 21 comments have been grouped into the following, format, content, concerns, and quality of pharmaceutical services.

Format

Six comments were received about the format of the draft PNA document, of which two comments were pleased with the format and three related to the difficulty in seeing the detail on the maps.

- A formatting issue is when you zoom in on the maps they lose definition & cannot be read but maybe this will be rectified in the final document?

This issue has been improved in the final word version and work continues to improve in the PDF version.

The following comment was received regarding ease of access:

- Easy to access even for someone with little computer ability

Content

Seven comments were received regarding the complexity and length of the draft PNA document. Four stating that it is too complex and lengthy and two stating that more detail was required. A suggestion was made in one comment that each area section should have a short summary.

The PNA Steering Group note that the length and complexity of the draft PNA document reflects the requirements of the Regulations, and the detailed information is required by NHS England to make determinations on applications for opening or closing of pharmacies. Consideration was given to providing a summary for each area section of the PNA document, the conclusion for each area section provides a synopsis of the information used to reach the conclusion.

Clarity was sort as to the identity of pharmacies in a table on pages 257/58. This was provided and the said table amended in the final version of the PNA document.

The following comment was received:

- The pressures on hospital and GP services is increasing. The government appears to have recognised that there has to be a move to treat/manage/prevent illness in the community which will place an increasing load on pharmacies and health centres. It was not clear to me if this had been fully recognised in the PNA document.

The PNA Steering Group note that the increasing demand on pharmacies was considered when writing the draft PNA document, but it acknowledged that this is not clearly identified.

The following comment was received regarding locally commissioned services, which fall outside the remit of the PNA.

- For the more marginal services – e.g., screenings, giving up smoking advice etc - I would have liked to have seen details of the number of people using those services and something to indicate the effectiveness - e.g. how many people gave up smoking afterwards, or had a screening that led to a diagnosis of the condition for which they were screened. etc.

The locally commissioned pharmaceutical services are not with in the remit of the PNA process. These services are being reviewed currently by KCC Public Health Team.

Concerns

Population

Three comments raised concerns regarding the growing population of Kent and the need for pharmaceutical services. The PNA Steering Group acknowledge that the PNA document has considered the known proposed housing developments, at this moment in time, when considering the future pharmaceutical needs over the next three years. It is noted that this situation can alter and there is the option over the next three years to review particular areas should the needs arise.

Access to pharmaceutical Services

Three comments were received regarding access to pharmaceutical services.

One related to the provision of an out of hours pharmacy at an acute trust. This is not within the remit of the PNA but has been forwarded to the relevant acute trust chief pharmacist.

A second raised concerns that pharmacies were closing for lunch breaks. This was legally permitted under the pandemic regulations but should not be the case now.

The third raised concerns about the imminent permanent closure of a local pharmacy, however on checking, NHS England have not yet received a closure application from the said pharmacy.

'If you are responding as a resident, do you have any other comments specifically about any of the following:

- **accessing either a pharmacy or dispensing doctor's surgery to obtain your prescribed medicines**
- **the advice given by the pharmacy or dispensing doctor's surgery around the safe and effective use of these medicines any general health advice offered to help you keep yourself well.'**

77 responses were received, 18 of these were not relevant to the PNA process or consultation.

Access

Eight responses were received regarding access to pharmaceutical services. These included concerns regarding reducing bus services, this is an area that the Health and Wellbeing Board will consider when asked to comment on applications for opening, closing or relocation of pharmacies.

The responses also raised the importance of delivery services from both dispensing doctors and community pharmacies to those with mobility problems. Although this is not within the remit of the PNA, it is acknowledged that this is an important issue.

Responses also raised the issue of short-term closures of pharmacies, due to staff sickness or staffing capacity. One respondent suggested that a poster is displayed on the door when closed to say where the nearest open pharmacy is. It is noted that legislation during the pandemic permitted short term closures. This is now no longer in place. It also noted that national guidance regarding unforeseen short-term closure does include the posting of alternative pharmacies location and opening hours. This guidance was resent to pharmacist by Pharmaceutical Services Negotiating Committee (PSNC) on the 4 August 2022.

10 responses were about the increased demand on their pharmacy which has resulted in long queues and increased waiting times. This is a national issue due to increased service provision and a reduced number of pharmacists working in community pharmacy. At present high-level discussions are taking place to find solutions for this.

Prescribing and dispensing system

10 responses made comment on the prescribing and supply system for medicines.

A mixture of comments was received about the NHS App and electronic ordering repeat medication systems with equal numbers praising it and those stating how poor it is.

- We use the NHS app for ordering repeat prescriptions. The system works very well. Prescriptions can always be collected from the pharmacy the next day. One-off prescriptions are often ready the same day.

Comments relating to the prescribing and dispensing process also raised the issue the length of time between requesting a prescription, it being written and then dispensed. As was the lack of supplies in pharmacies which resulted in repeat visits.

Dispensing Doctors

There were three responses received which were specific to dispensing doctors; two of which asked the question why there are pharmacies near dispensing practices. This is an historic anomaly of legislation. General doctors' practices are permitted to dispense to patients who live greater than 1.6km from a pharmacy. It is the patient's choice as to where they have their medication dispensed.

Quality of Pharmaceutical Advice

Seven responses were received regarding poor quality of pharmaceutical advice or services provided, each of these related to a specific pharmacy. Quality of pharmaceutical services is not within the remit of the PNA process. Concerns regarding quality of pharmaceutical services should be referred to NHS England.

14 responses related to good provision of pharmaceutical advice; stating that the manner in which the advice was given was personable and professional.

The Kent and Medway Integrated Care Board (ICB) have recently initiated a programme of work focused on integrating community pharmacy clinical services into the wider NHS. The aim of this work is to improve patient experience, support health inequalities, improve accessibility and support reduction of pressure in the existing system.

5. Equality analysis

This section of the report details the demographics of the respondents to the consultation, the prevalence of those people with protected characteristics or caring responsibilities. These questions were optional for respondents to answer and were only asked to those in who completed the questionnaire as a resident. A total of 24 respondents provided answers to these questions.

The tables and statements below show the demographic profile of Kent residents responding to the consultation.

Question: Are you male or female?

	Consultation Total
Male	10
Female	13
Prefer not to say / blank	1

Question: Is your gender the same as your birth?

23 respondents answered this question, of which 22 stated that they were the same gender and one preferred not to answer the question.

Question: Which of these age groups applies to you?

	Consultation Total
35-49	1
50-59	3
60-64	2
65-74	12
75-84	5
Prefer not to say / blank	1

There were no respondents within the age range of 16 to 34.

Question: Do you regard yourself as belonging to a particular religion or holding a belief?

	Consultation Total
Yes	11
No	8
Prefer not to say / blank	5

Of those that said that answered yes, all stated that they were Christian.

Question: Do you consider yourself to be disabled as set out in the Equality Act 2010?

Of the 24 that responded five stated they considered themselves as having a disability. Three stated that they have a physical impairment and three that they have a longstanding illness or health condition. For this question respondents were able to select all that applied to them.

Question: Are you a Carer?

The consultation asked if respondents are Carers i.e., those that care unpaid for family and friends with illness. Of the 24 respondents, six stated that they were a Carer.

Question: Are you bisexual, gay man, heterosexual/straight or prefer not to say?

24 respondents answered the question asking about their sexual orientation, of which 20 stated they were heterosexual/straight and four preferred not to answer the question.

Question: To which of these ethnic groups do you feel you belong?

	Consultation Total
White English	19
Mixed White & Black African	1
White other background	2
Prefer not to say / blank	2

Of the two that stated, 'White other', one stated they were white European and the other stated white Anglo German.

We then asked respondents a question on the Equality Impact Assessment (EqIA) that was created for the consultation: **'We welcome your views on our equality analysis and if you think there is anything we should consider relating to equality and diversity, please add any comments.'**

26 comments were received in total. Seven agreed with Equality Impact Assessment with one stating that it was 'Absolutely first-rate analysis'. Six stated the EqIA was a waste of time and resource and 12 comments raised points to be consider.

Comments were received regarding elderly; young and disabled persons being disadvantaged with access to pharmaceutical services. The PNA Steering Group acknowledge these comments. They note that data regarding many different demographics including ages, disabilities and disease states is included in the PNA document and due regard has been taken of this information when coming to the conclusions.

The needs of the elderly and disabled are carefully considered when applications for relocation or new pharmacies are considered. Often site visits are taken by the public health pharmaceutical advisor to view access for the elderly, disabled persons and parents with push chairs. These visits include looking at pavement surfaces, positions of bollards, car parking, bus routes, road crossings and talking to those who live locally.

This comment:

- 20 minutes ought to be a lesser distance in calculation for SENIORS (over 65s.) and if considered to be 40-minute walk RETURN this would be substantial exertion for those with mobility issues and over age70s.

This comment was noted and will be carefully considered when future applications are received.

The PNA Steering Group noted that comments raised the need to consider delivery services particularly for residents of rural areas. It is noted that provision of delivery services is not part of the PNA, but it is a topic that is being discussed both locally and nationally. It also acknowledged that distance selling pharmacies provide an alternative means of obtaining medicines and provide a delivery service.

A comment raised the need for extended opening hours. The PNA Steering Group note that the PNA document considers the provision of extended and weekend opening hours in each area.

The PNA Steering Group noted that concerns were raised about the possibility of digitally excluding people from services.

The following comment made valid points:

- The Equality Impact Assessment appears to lack any possible issues that may be experienced by different protected groups & following mitigations, just saying 'No' to the questions seems to lack due thought & analysis. For example, disabled people, particularly with multi morbidity & the elderly are much more likely to have difficulty accessing pharmacies personally for prescriptions but mitigations such as delivery of prescriptions is a useful counter. Not to identify any appears very poor. Similarly, where distance in rural areas is an issue, problems can become magnified. I can't believe that there are no issues for any of the protected characteristics and suggest a further look at this area is undertaken.

The PNA Steering Group acknowledge these points and have amended the EQIA. It notes that:

- in determining the present and future pharmaceutical requirements of Kent residents' data on age, disease, car ownership, transport etc were considered in depth for each area.
- the emergence of distance selling pharmacies provides an alternative for those that require a medicines delivery service to their homes.
- each pharmacy has a legal duty to make provision for access by disabled persons
- the need for funded medicines services is being discussed both locally and nationally.

The responses to the questions about religious belief, disability, carers, sexual orientation and ethnicity were reviewed to ensure responses were received from a fair representation of Kents population.

6. Summary conclusions

The PNA Steering Group is pleased to note that the overall response to the consultation has been positive. No concerns have been raised regarding non-compliance with the regulatory requirements, no pharmaceutical services provision have been missed and the main conclusions are agreed with.

The amended PNA will be reviewed and adopted by the Health and Wellbeing Board on the 16 September 2022 and published by the 1 October 2022 on the Kent Public Health Observatory website.

7. Amendments

The following amendments have been made to the pharmaceutical needs assessment document:

- Page 257/258 names of pharmacies added to table.
- Page 122 – replaced housing development map
- Page 126 – replaced Canterbury population density map
- Page 201 – replaced F&H population density map
- Page 202 – replaced F&H deprivation map
- Page 270 – changed figures for Staplehurst housing developments

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KENT PHARMACEUTICAL NEEDS ASSESSMENT 2022

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Executive Summary

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 Introduction

1.1 Purpose of a pharmaceutical needs assessment

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

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

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

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

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

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

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

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

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

1.3 Pharmaceutical services

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

Pharmaceutical services may be provided by:

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

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

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

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

1.3.1 Pharmaceutical Services Provided by Pharmacy Contractors

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1.3.2 Pharmaceutical Services Provided by Dispensing Appliance Contractors

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

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

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

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

- Stoma appliance customisation
- Appliance use review

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

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

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

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

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

1.3.3 Pharmaceutical Services Provided by Doctors

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

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

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

1.3.4 Local Pharmaceutical Services

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

1.4 Locally Commissioned Services

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

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

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

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

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

1.5 Other NHS services

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

1.6 How the Assessment was Undertaken

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

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

1.6.2 Pharmaceutical Needs Assessment Localities

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

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

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

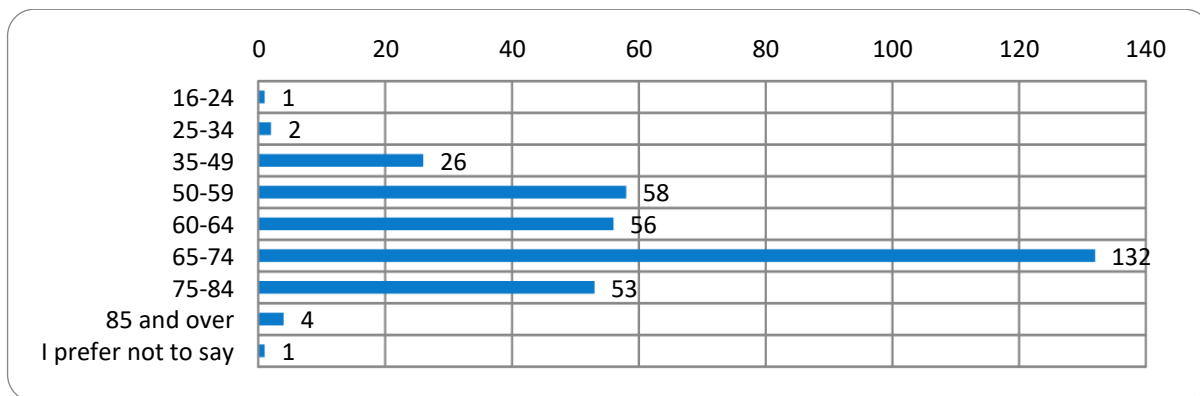
1.6.3 Patient and public engagement

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

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

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

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



Dispensing services were obtained by respondents as follows:

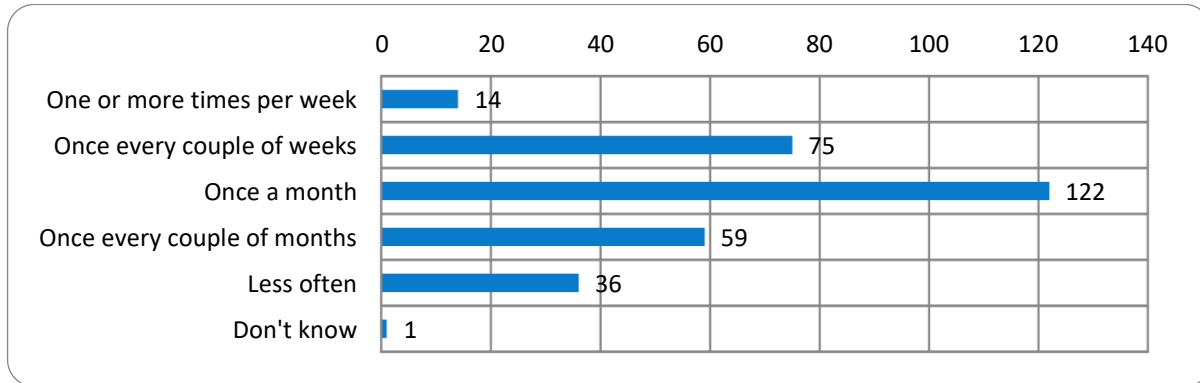
- 304 people – Pharmacy
- 34 people – Dispensing doctors' practice
- 52 people – Distance selling pharmacy

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

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

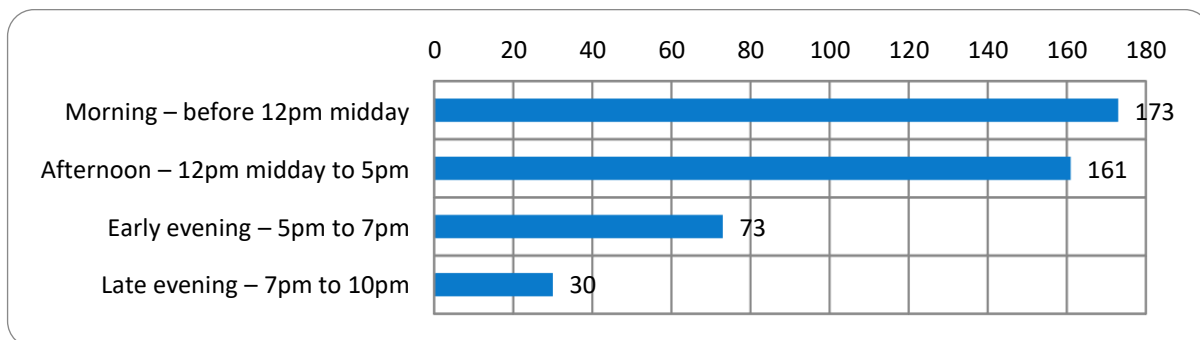
The figure below shows how frequently responders visited a pharmacy. As may be expected most people visited monthly which reflect prescription length.

Figure 2. How often do you visit a pharmacy?



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

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



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

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

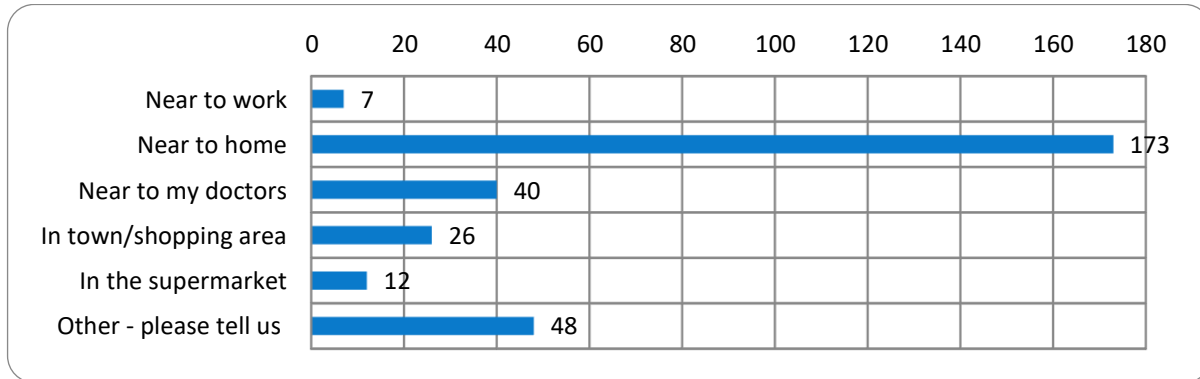
- 164 people waited for it to open
- 114 people went to another pharmacy

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

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

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

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



The questionnaire then asked about travel.

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

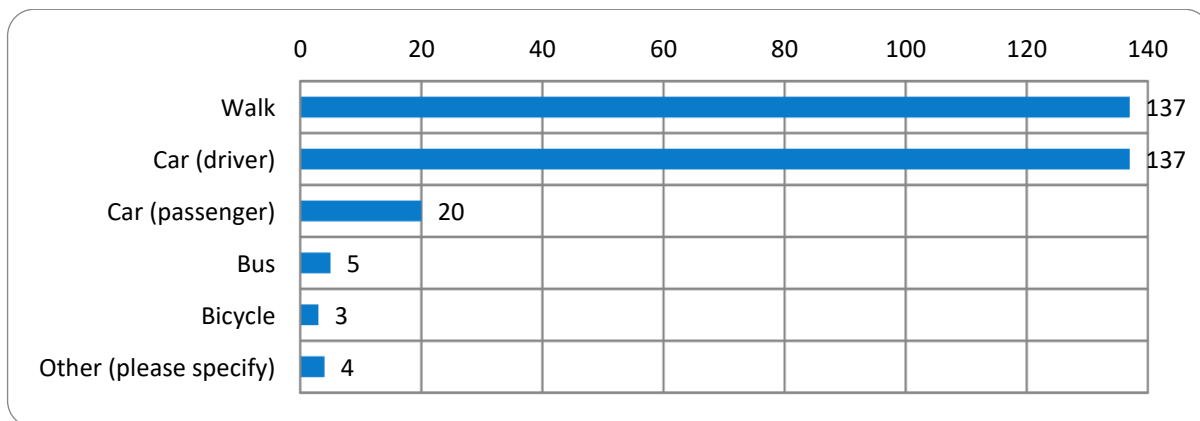
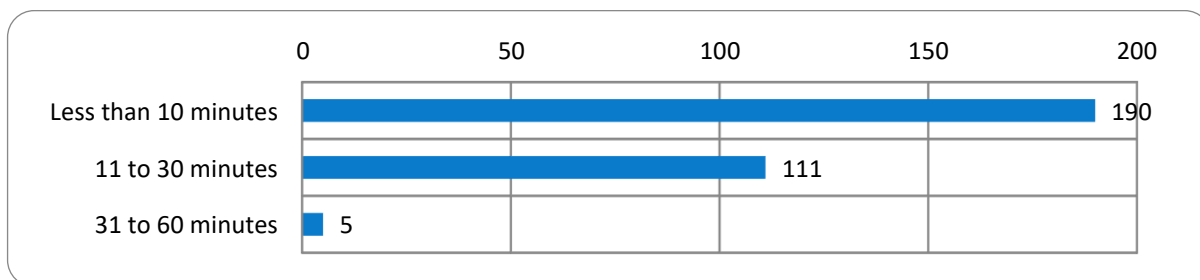


Figure 6. How long does your journey to a pharmacy usually take?



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

Comments Received

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

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

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

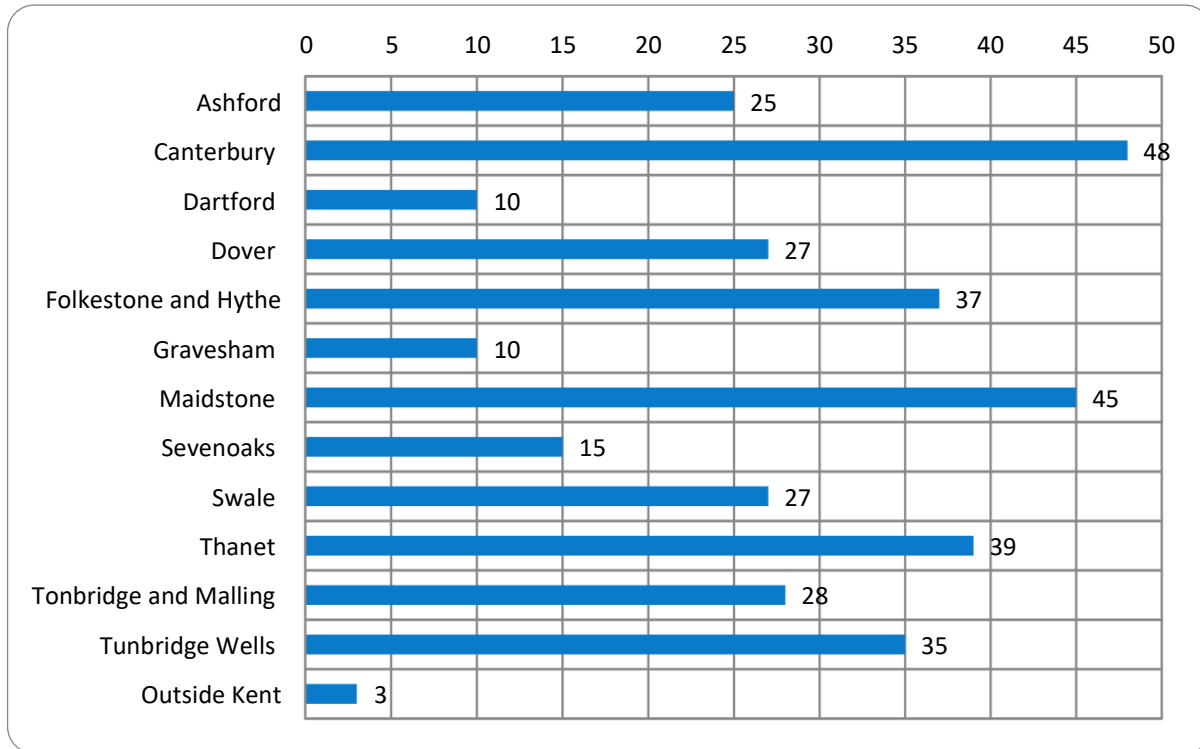
- A patient has serious difficulty in obtaining any necessary drugs or appliances from an NHS pharmacist by reason of distance or inadequacy of means of communication
- A patient is resident in an area which is rural in character, at a distance of more than one mile (1.6 km) from pharmacy premises (excluding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

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

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

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

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



1.6.4 Contractor engagement

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

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

The questionnaire was open for the following dates:

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

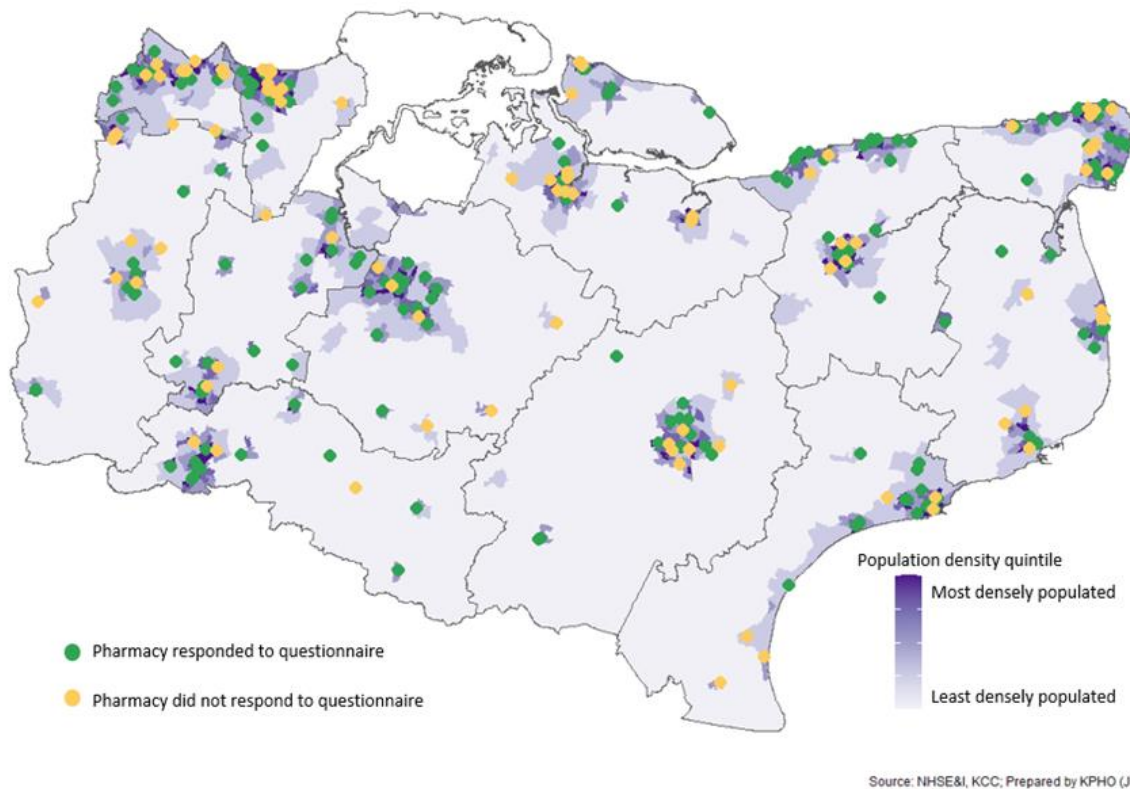
Table 1 shows the number of responders and the percentage response rate.

Table 1. Summary of survey responses

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

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

Map 1. Pharmacy locations and response status to contractor survey



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

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

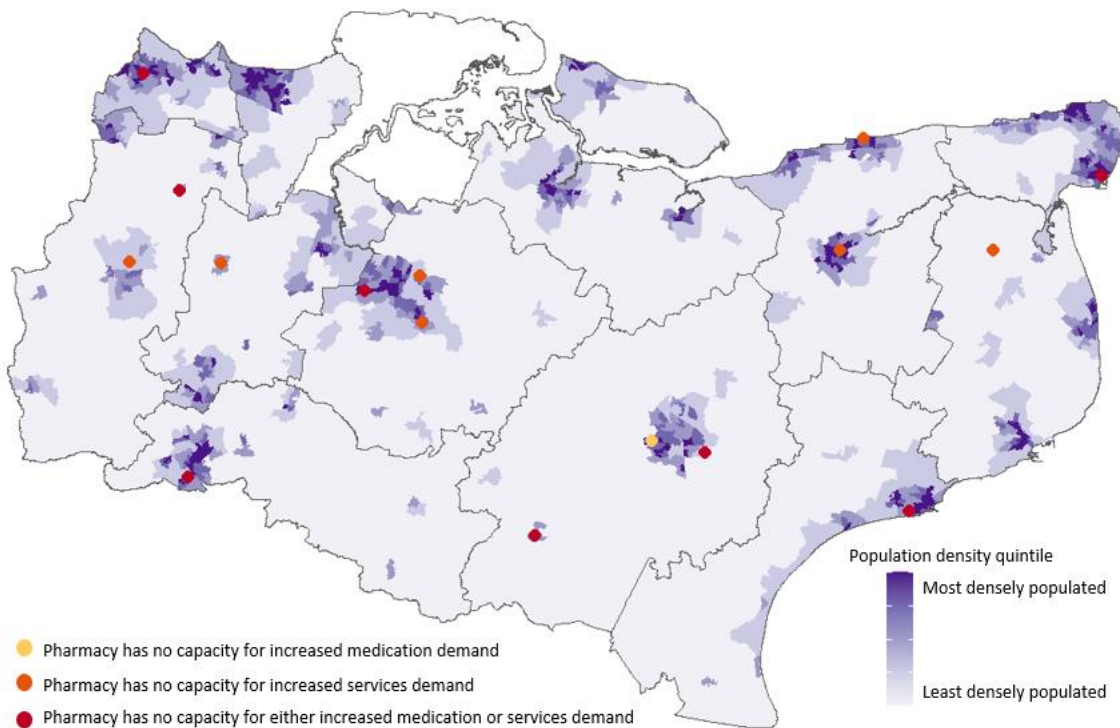
There are currently a number of housing and other developments taking place across Kent with more planned and pharmacies and dispensing appliance contractors were asked about their ability to meet the needs of those moving into the new houses. The responses can be seen in Table 2.

Table 2. Summary of responses to questions regarding capacity

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

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

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



Source: NHSE&I, KCC; Prepared by KPHO (JS), Apr '22

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

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

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

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

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

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

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

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

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

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

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

Three practices do not offer a delivery service.

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

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

The responses were as follows:

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

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

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

1.6.5 Other Sources of Information

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

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

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

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

1.6.6 Consultation

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

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

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

2 Overview of Kent

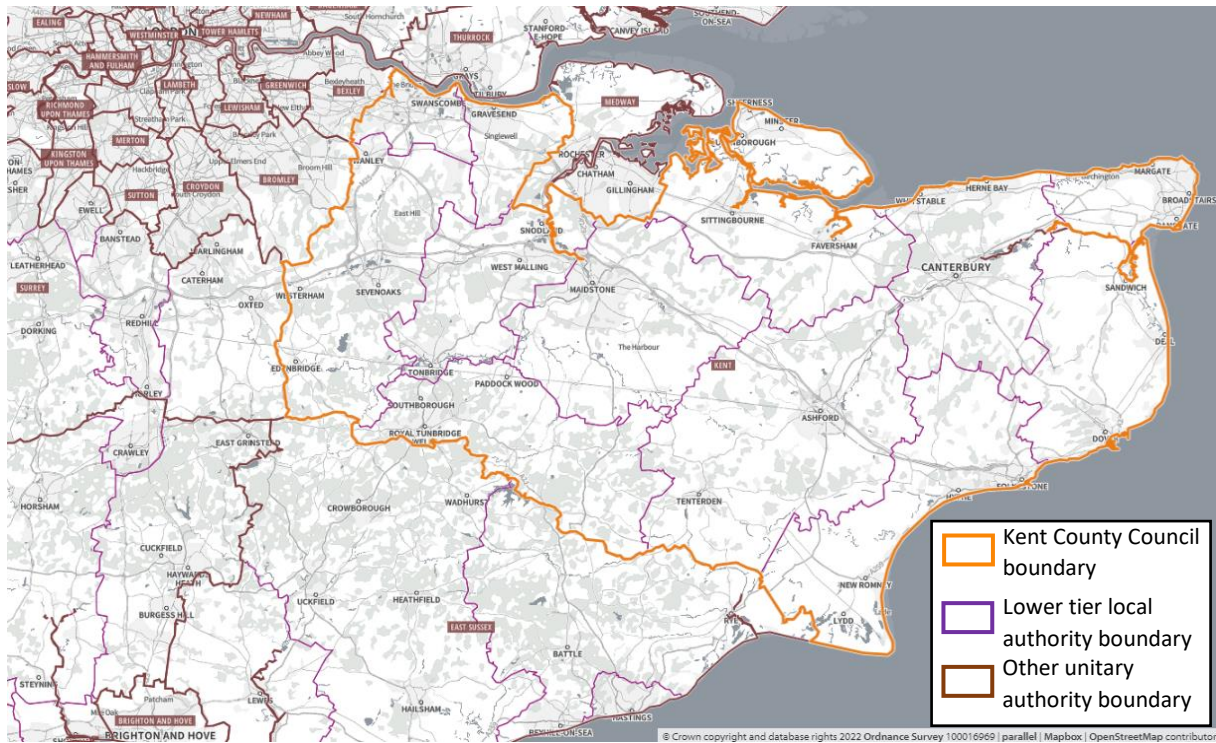
2.1 Introduction - Kent Overview

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

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

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

Map 3. Kent County Council area and surrounding authority areas



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

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

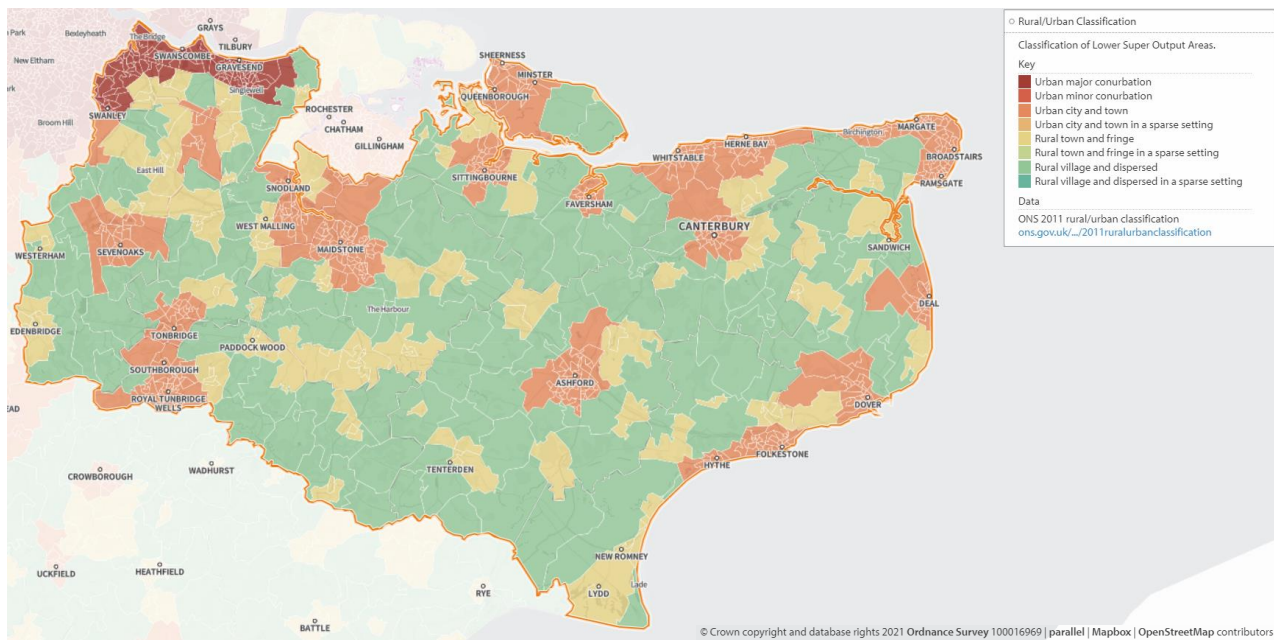
Kent's economy has been influenced by its geography. A line of chalk hills (the North Downs) which runs from west to east forms a spine of the county. To the north of The Downs the shores of the Thames Estuary are low lying marshy land and to the south are areas of sand and clay which is a wooded area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

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

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

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

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



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

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

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

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

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

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

2.2 Population ⁽³⁾

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

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

Table 5. Estimated population growth within the last 20 years ⁽³⁾

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

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

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

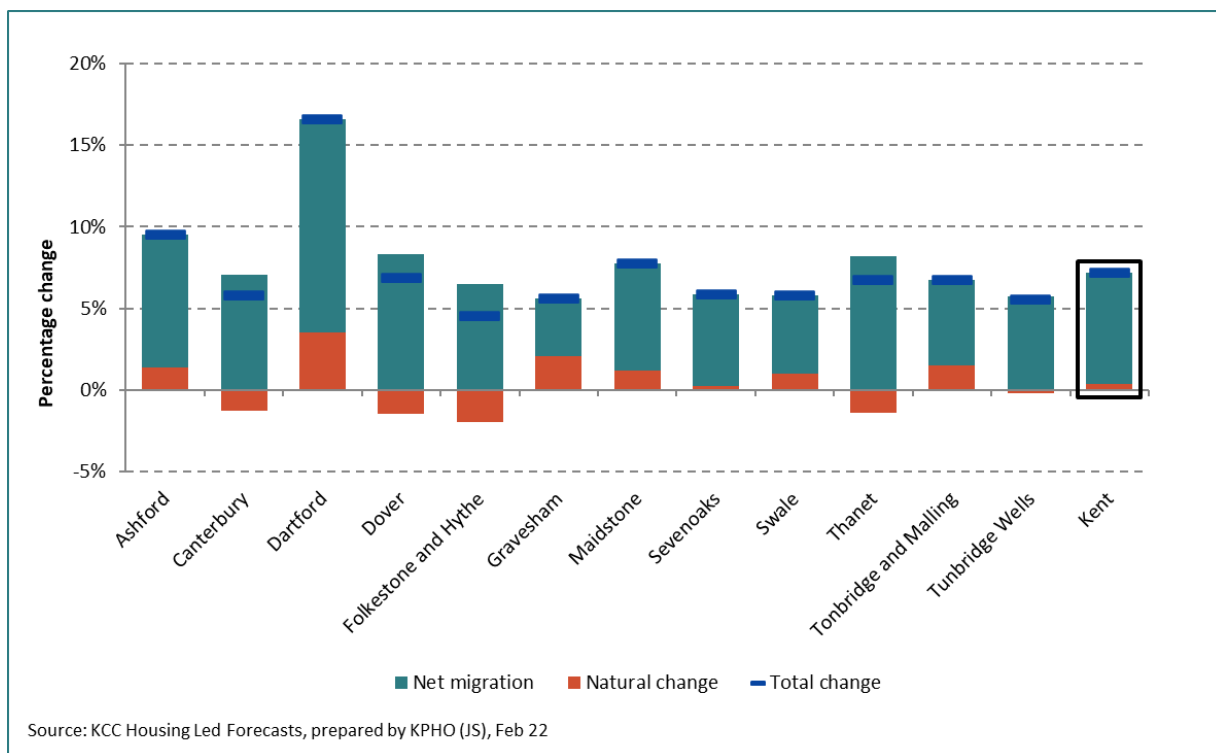
Most recently, the highest rates of population growth in the county have been in Dartford (also high for the country) and, as such, the borough is projected to experience the greatest percentage increase

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

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

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

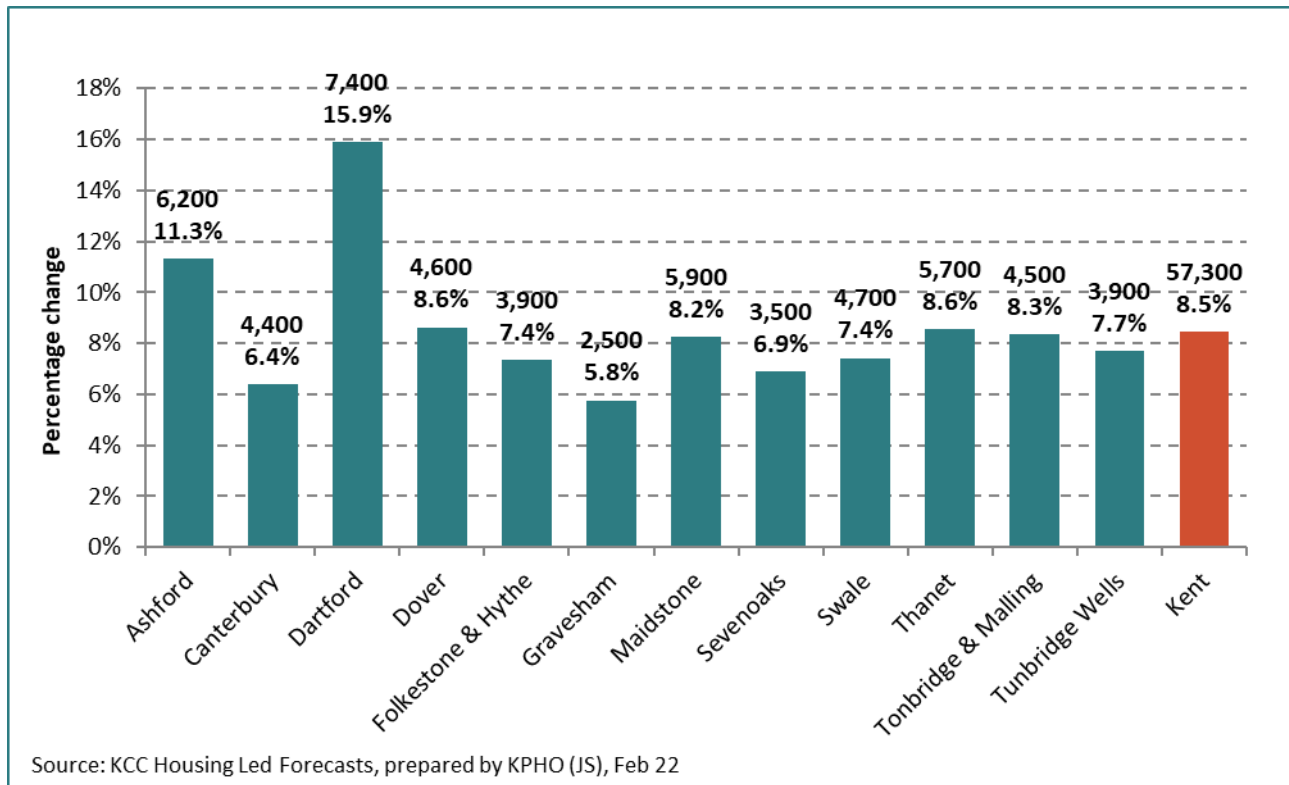
Figure 8. Projected percentage change in population between 2019 and 2025 by district and Kent as a whole



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

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

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



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

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

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

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

Figure 10. Kent population pyramids 2020 and forecast 2025 ^{(4) (5)}

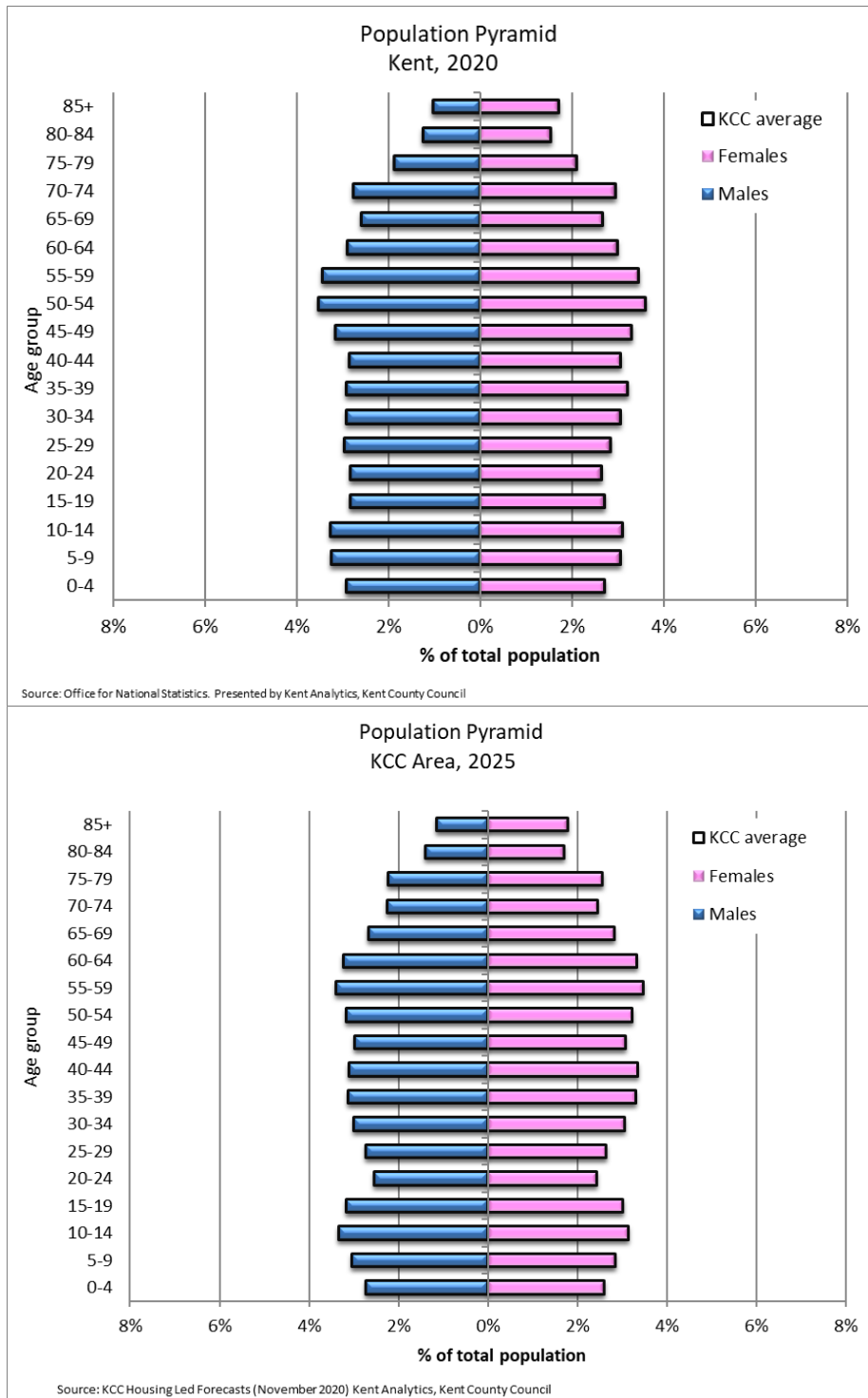


Figure 10 shows that by 10-year age group, the largest increases in population between 2020 and 2025 are in the 10-19 (15% increase), 35-44 (16.8% increase) and 60-69 (17.1%) age groups. The largest decreases are in the 0-9 (0.7% decrease), 20-29 (2.6% decrease) and 45-54 (4.7% decrease) age groups.

2.3 Ethnicity ⁽⁶⁾

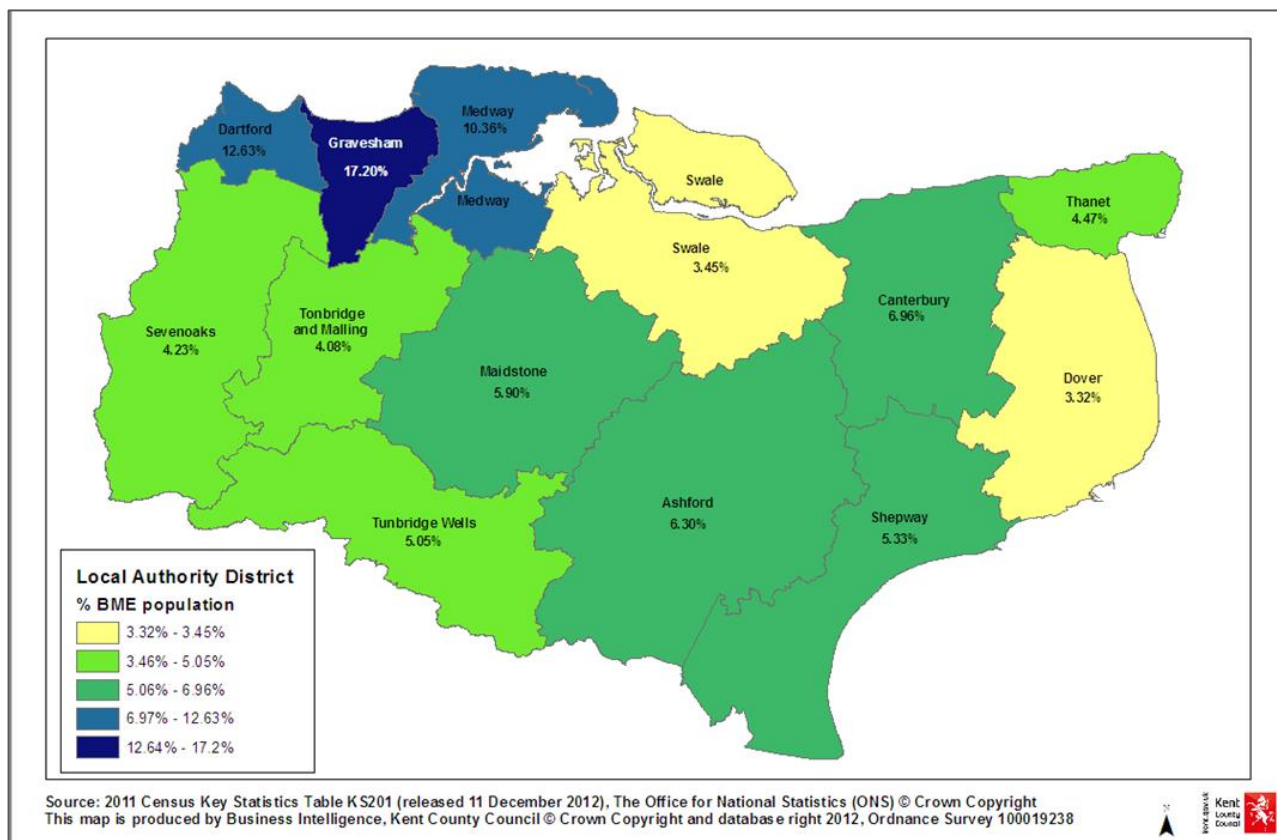
The 2011 Census shows that the White ethnic group is the largest group both within Kent and nationally. 93.7% of the total population of Kent are from the White ethnic group. This is a higher proportion than the national figure of 85.4% and the South-East figure of 90.7%. The remaining Kent residents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

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

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

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

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



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

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

Figure 11. 1991-2001-2011 Census change in proportion of resident white population ⁽⁶⁾

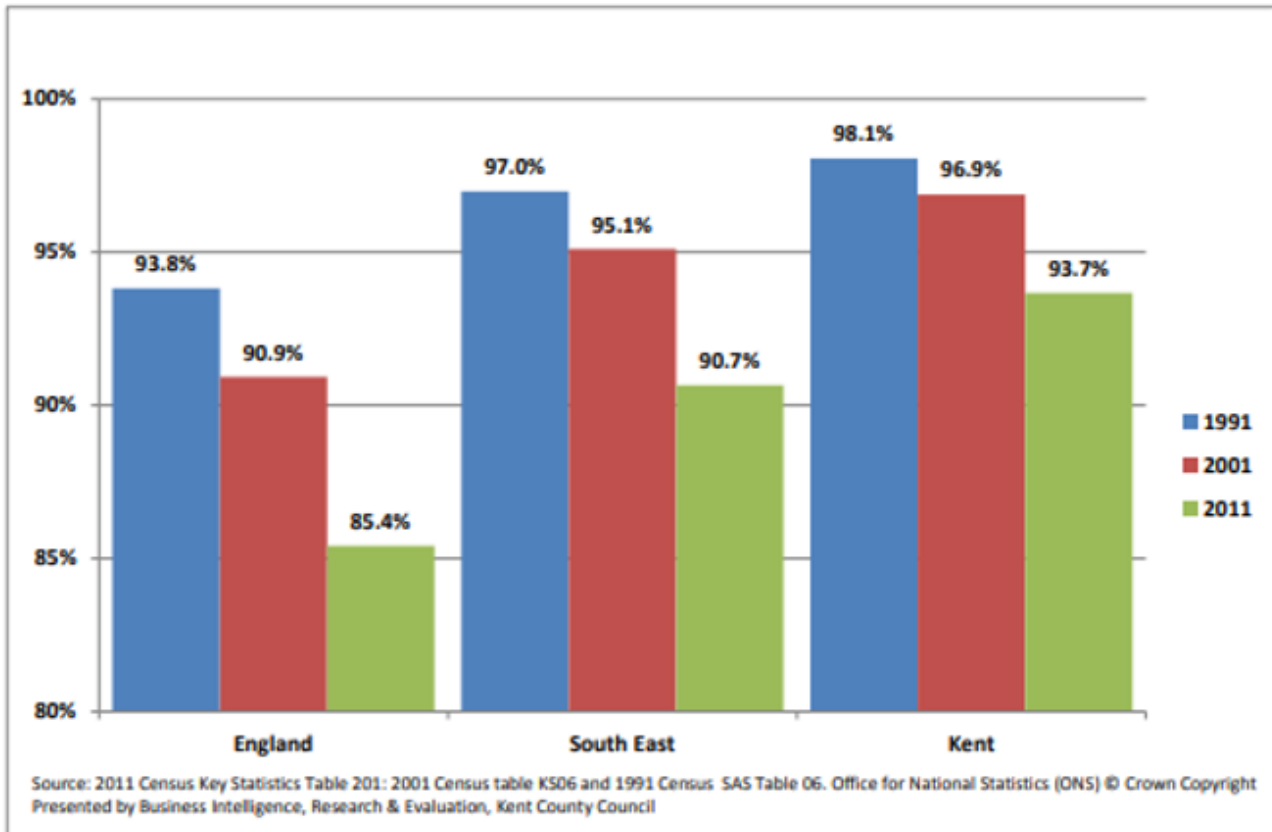
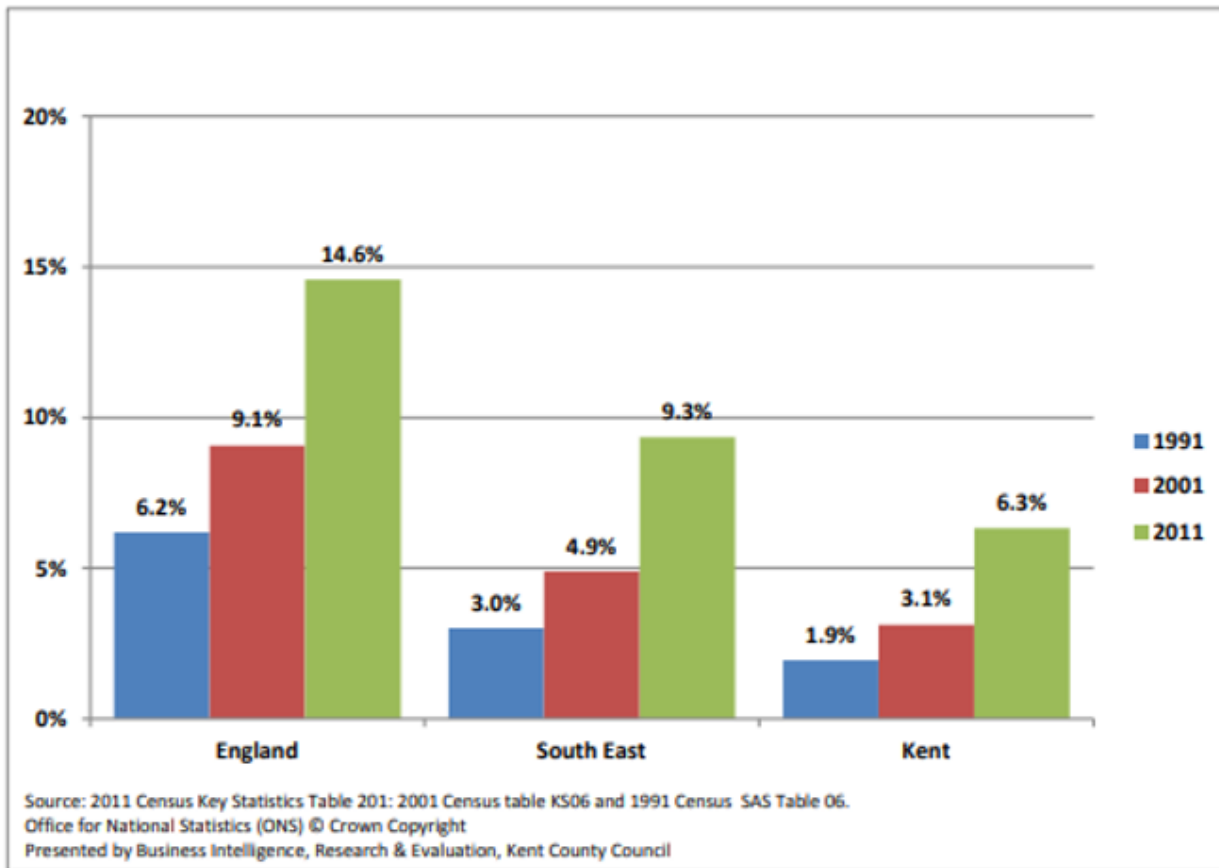


Figure 12. 1991-2001-2011 Census change in proportion of resident Black and Minority Ethnic (BME) population ⁽⁶⁾



2.4 Household language ⁽⁶⁾

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

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

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

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

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

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

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

2.5 Religion ⁽⁶⁾

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

Table 6. 2011 Census proportion of residents in religious groups ⁽⁶⁾

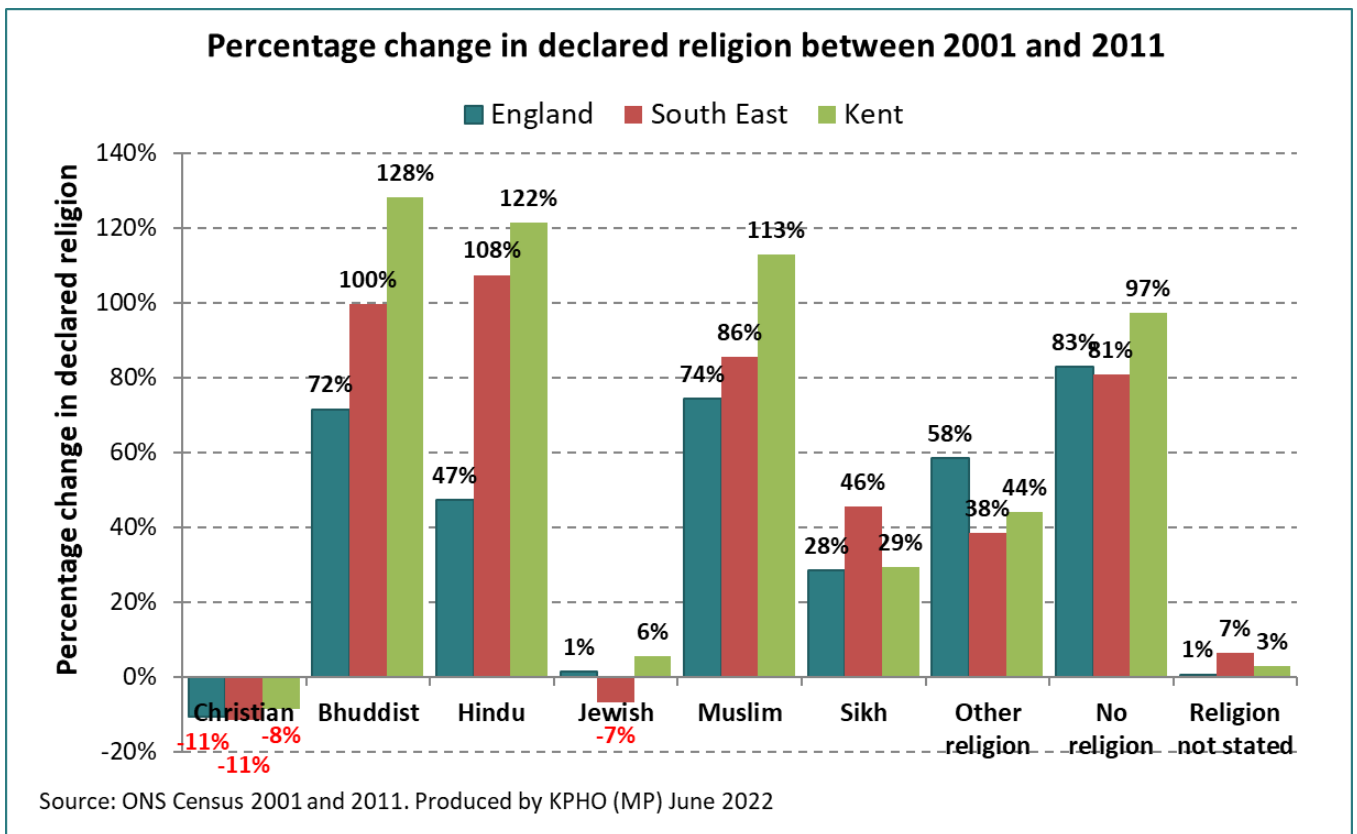
Religion	Kent	England
Christian	62.5%	59.4%
Buddhist	0.5%	0.5%
Hindu	0.7%	1.5%
Jewish	0.1%	0.5%
Muslim	1.0%	5.0%
Sikh	0.7%	0.8%
All other religions	0.4%	0.4%
No religion	26.8%	24.7%
Religion not stated	7.3%	7.2%

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

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

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

Figure 13. Change in religion between 2001 and 2011 ⁽⁶⁾



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

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

2.6 Index of Multiple Deprivation ⁽⁷⁾

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

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

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

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

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

Table 7. Kent local authorities by national rank of IMD2019 and IMD2015 ⁽⁷⁾

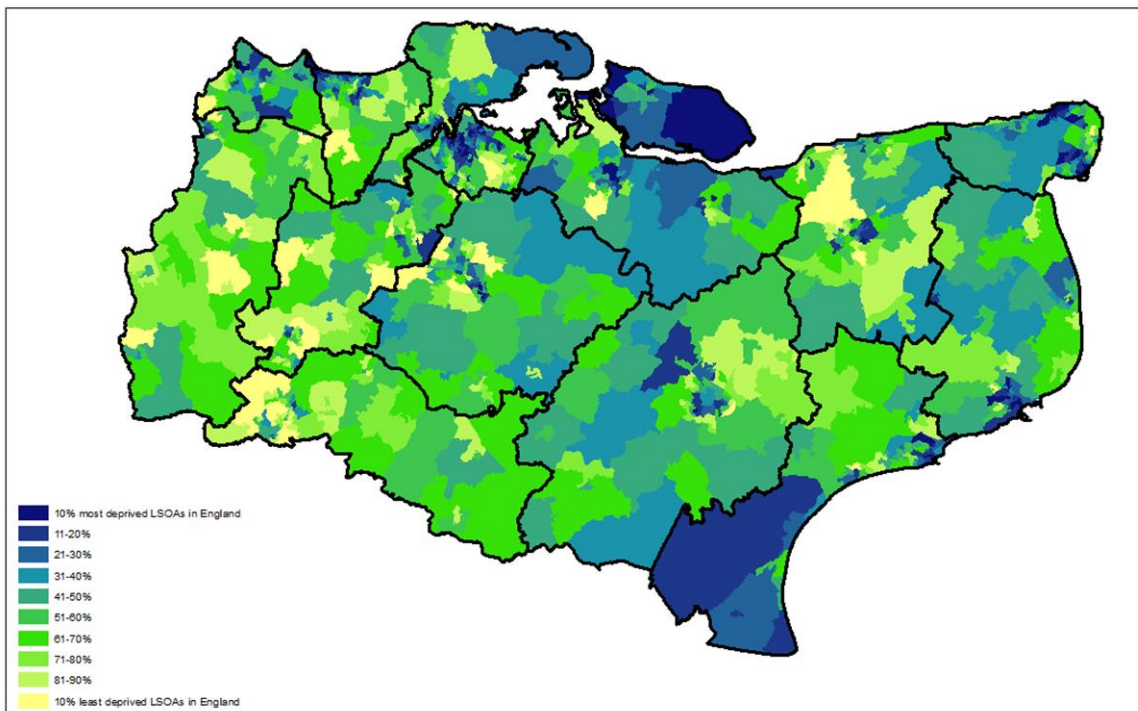
	IMD – Rank of average rank (National)		
	2019	2015	Change
Thanet	34	35	-1
Swale	69	87	-18
Folkestone & Hythe	84	101	-17
Dover	107	113	-6
Gravesham	119	120	-1
Dartford	145	167	-22
Ashford	152	171	-19
Canterbury	185	182	3
Maidstone	188	203	-15
Tonbridge & Malling	236	269	-33
Sevenoaks	253	264	-11
Tunbridge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

Source: English Indices of Deprivation 2019, MHCLG, Table presented by Strategic Commissioning – Analytics, Kent County Council. A rank of 1 is the most deprived. National rank is out of 317 local authorities

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

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

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



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



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

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

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

Table 8. LSOAs within the top 10% most deprived areas in England for IMD2015 and IMD2019 ⁽⁷⁾

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

Source: IMD2015 and IMD2019, MHCLG

Table presented by Strategic Commissioning – Analytics, Kent County Council

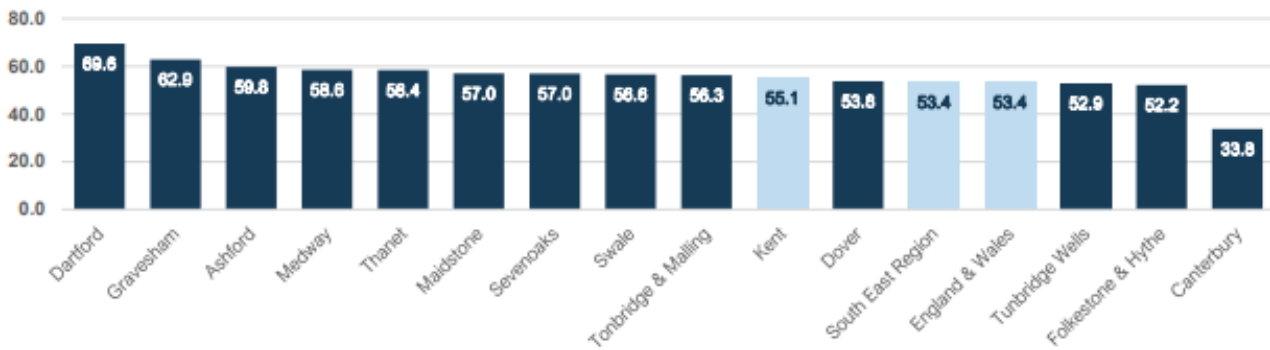
2.7 Births and Deaths ⁽⁸⁾

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

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

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

Figure 14. 2020 GFR: Live births per 1,000 women aged 15-44 ⁽⁸⁾

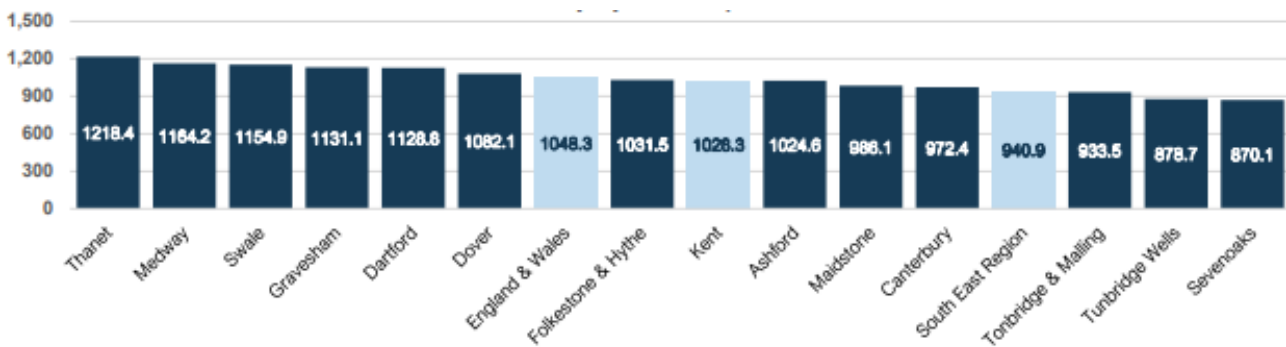


Source: Birth Summary Tables :Office for National Statistics (ONS), © Crown Copyright: Data presented by Kent Analytics, Kent County Council

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

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

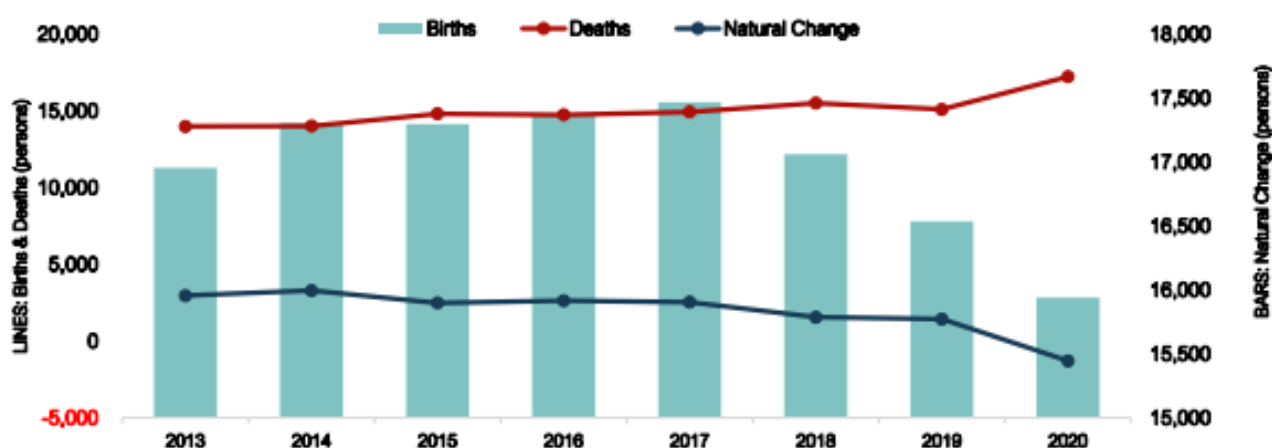
Figure 15. 2020 age-standardised mortality rate (Persons per 100,000 population) ⁽⁸⁾



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

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

Figure 16. Births, deaths and natural change: 2001 to 2020 ⁽⁸⁾



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

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

2.8 Life Expectancy ⁽⁹⁾

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

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

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

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

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

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

Source: Office for National Statistics (ONS), presented by Kent Analytics, Kent County Council

Table ranked on male life expectancy out of 307 English local authorities

2.9 People with Disabilities ^{(10) (11)}

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

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

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

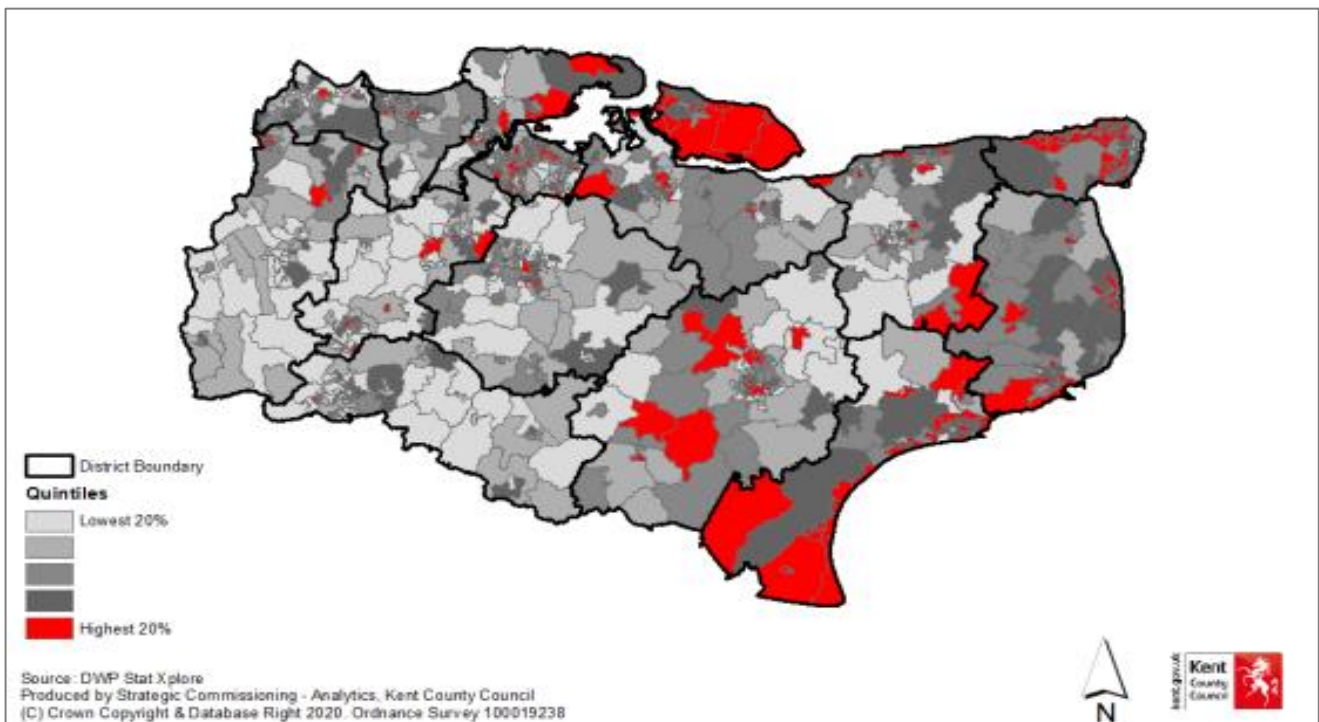
There is expected to be a steady but consistent increase in the number of people with a learning disability across all districts between 2014 and 2030, with approximately 5,216 persons with moderate or severe learning disability within the districts of Kent in 2030. It is predicted that the number of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

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

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

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

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



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

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

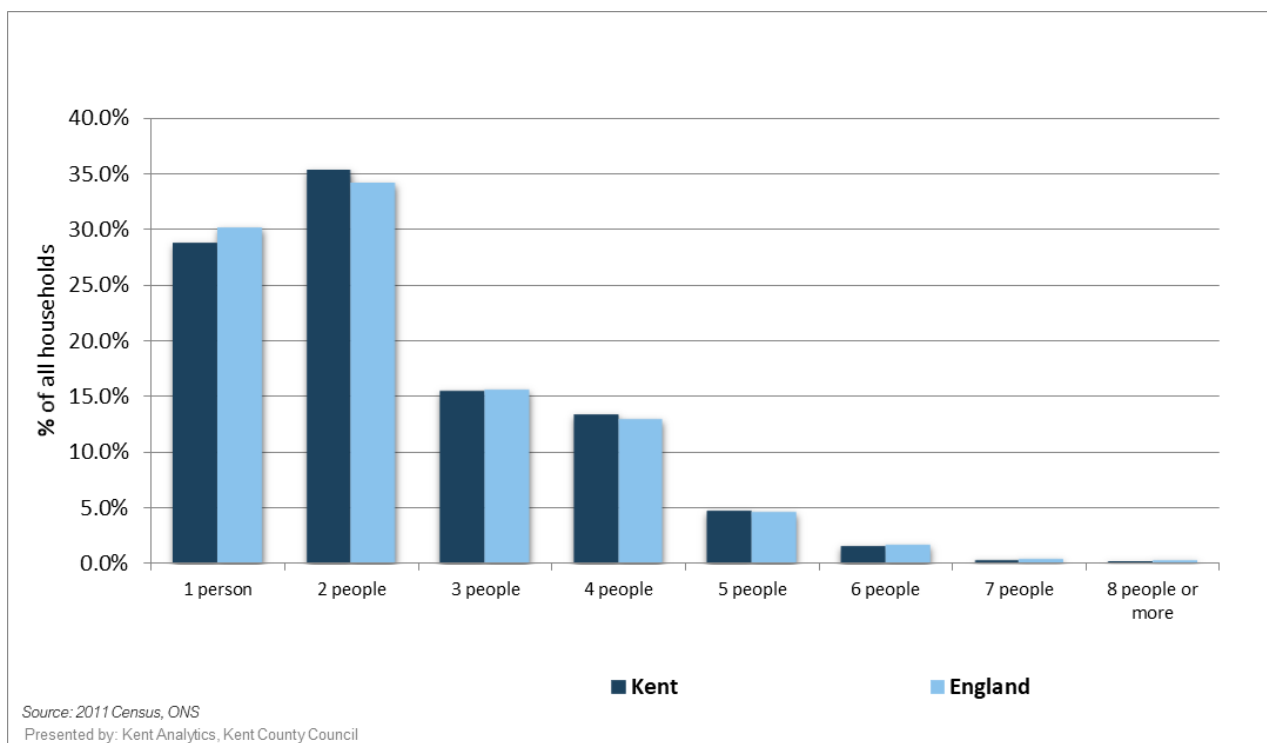
2.10 Households ⁽¹²⁾

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

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

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

Figure 17. Percentage of households in each category of household size, 2011: Kent and England ⁽¹²⁾



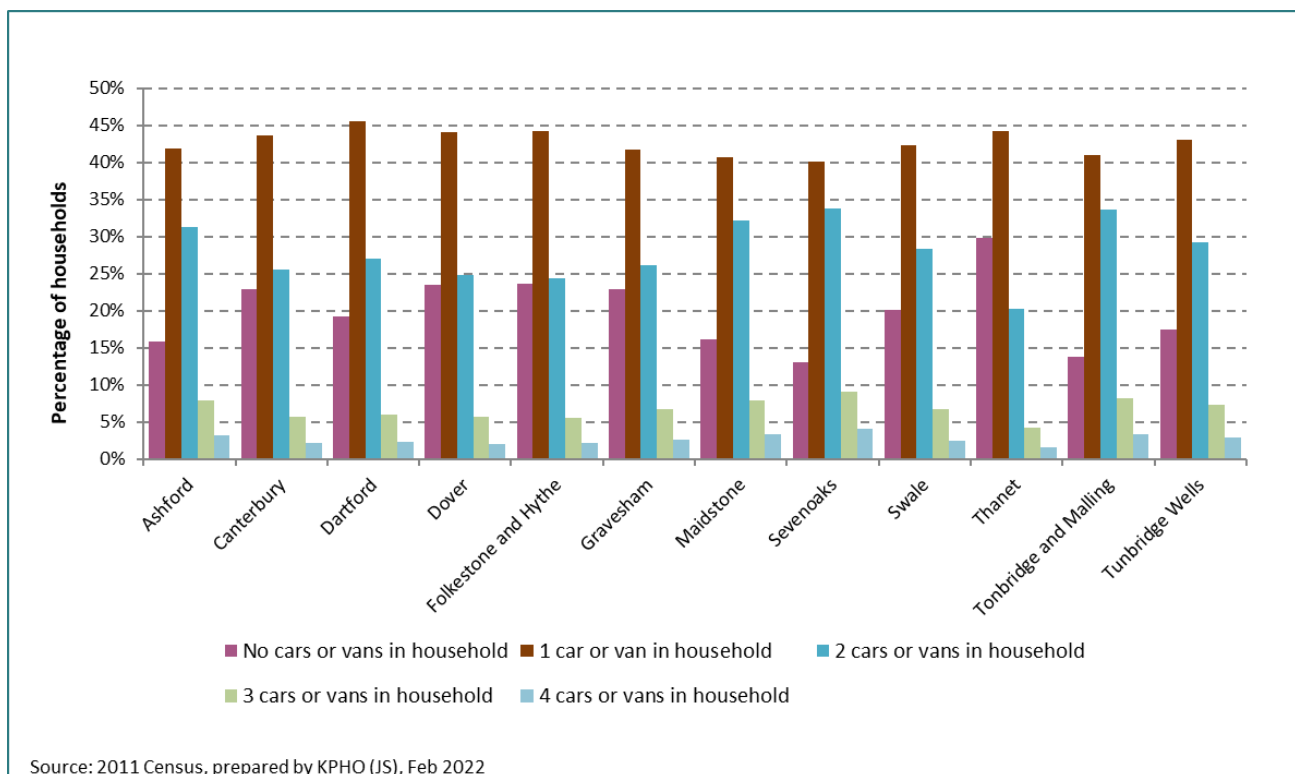
2.11 Car Ownership ⁽¹³⁾

According to the 2011 Census data:

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

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

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



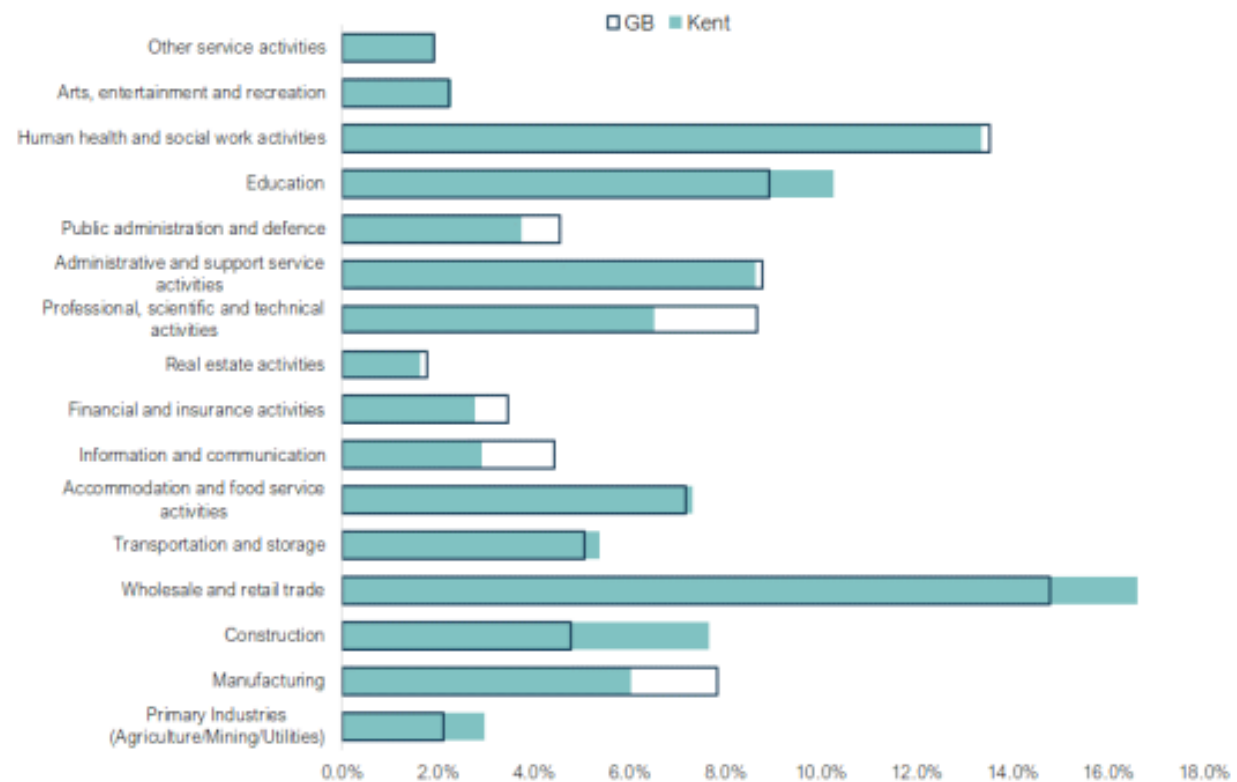
2.12 Economic Activity ⁽¹⁴⁾ ⁽¹⁵⁾

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

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

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

Figure 19. Industrial structure: percentage of employees by industrial sector 2020, Kent and Great Britain ⁽¹⁵⁾



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

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

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

Table 10. Unemployment by local authorities⁽¹⁴⁾

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

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

2.13 Sexual Orientation⁽¹⁶⁾

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

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

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

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

2.14 Carers ⁽¹⁷⁾

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

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

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

Table 11. Provision of unpaid care in Kent districts, the South East and England in 2011 ⁽¹⁷⁾

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

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

2.15 Traveller and Gypsy Communities ⁽¹⁸⁾

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

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

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

Table 12. Percentage population by age category for white ethnic groups ⁽¹⁹⁾

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

2.16 Prisoners and Offenders ⁽²⁰⁾

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

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

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

Table 13. Number offenders within Kent prisons by age band ⁽²⁰⁾

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

Table 14. Number offenders within Kent prisons by age band ⁽²⁰⁾

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

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

Table 15. Number of Community Offenders by Locality Office and management status ⁽²⁰⁾

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

Table 16. Kent Probation Supervised Offender Gender Status ⁽²⁰⁾

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

Table 17. Kent Probation All Community Offenders Age Ranges ⁽²⁰⁾

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

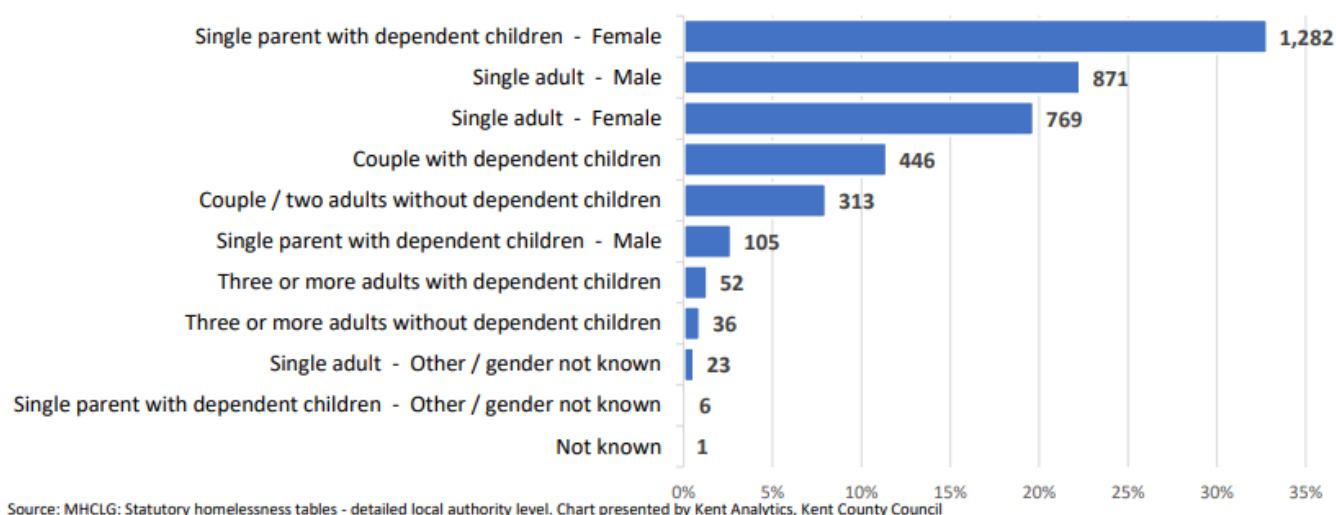
2.17 Homeless and Rough Sleepers ⁽²¹⁾

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

The average number of households living in temporary accommodation in Kent at the end of each quarter between April-June 2018 to January-March 2020 is 1,245.

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

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



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

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

3 General health needs of Kent

3.1 Kent Joint Strategic Needs Assessment

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

The JSNA is intended to do the following:

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

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

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

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

3.1.1 Cancer ⁽²²⁾ ⁽²³⁾

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

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

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

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

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

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

3.1.2 Cardiovascular Disease⁽¹¹⁾

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

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

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

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

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

3.1.3 Diabetes ⁽¹¹⁾ ⁽²⁴⁾

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

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

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

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

3.1.4 Mental Health ⁽²⁷⁾

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

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

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

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

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

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

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

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

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

3.1.5 Respiratory Disease ⁽³¹⁾

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

The most important cause of COPD is smoking, but past exposures to fumes, chemicals and dusts at work will have also contributed to causing many currently occurring cases. Socioeconomic status and genetic causes may also be risk factors. There are clear social class gradients in respiratory disease mortality, social class gradients are steeper for respiratory disease.

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

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

3.1.6 Sexual Health ⁽³²⁾ ⁽³³⁾

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

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

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

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

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

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

3.1.7 Alcohol ⁽³⁴⁾

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

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

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

There are 14,000 people (11.5 per 1,000, slightly lower than England at 13.5 per 1,000) estimated to need alcohol or alcohol and non-opiate treatment services in Kent. Around 2,300 people are in recovery services in Kent which meets only 15% of the estimated need. A co-occurring condition between alcohol and mental health is a barrier to care even though almost 50% of those seeking alcohol treatment have a mental health problem.

There were 564 deaths attributed to alcohol in Kent in 2019 and the areas of greatest deprivation in Kent are worse impacted. The average age of death of a person with alcohol related conditions is 54.3 years, in comparison with death from all causes of 77.6 years. Approximately 3% of all deaths are alcohol related; alcohol-specific deaths e.g., alcohol poisoning, alcoholic liver disease or acute pancreatitis account for about one third of these.

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

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

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

3.1.8 Obesity ⁽³⁵⁾

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

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

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

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

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

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

3.1.9 Smoking ⁽³⁷⁾

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

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

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

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

3.2 Kent and Medway's Sustainability and Transformation Plan

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

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

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

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

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

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

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

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

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

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

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

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

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

Kent and Medway publication 'ICS Our Vision' states:

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

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

4 Identified patient groups – particular health issues

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

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

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

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

4.1 Age

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

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

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

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

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

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

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

4.2 Disability ^{(11) (43)}

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

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

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

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

4.3 Pregnancy and maternity ⁽⁴⁴⁾

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

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

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

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

4.4 Race

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

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

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

KCC’s analysis of the drivers of excess weight found that there were higher odds of excess weight in Black reception and year six pupils ⁽⁴⁵⁾.

4.5 Gender

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

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

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

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

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

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

4.6 Sexual orientation

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

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

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

4.7 Gender re-assignment

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

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

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

4.8 University Students

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

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

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

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

Source: MedeAnalytics, 2022

4.9 Prisoners and Offenders ⁽²⁰⁾

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

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

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

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

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

4.10 Homeless and rough sleepers ⁽⁵³⁾

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

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

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

4.11 Traveller and gypsy communities ⁽¹⁸⁾

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

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

4.12 Refugees and asylum seekers ⁽⁵⁴⁾

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

The most common physical health problems affecting asylum seekers include:

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

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

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

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

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

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

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

4.13 Military veterans ⁽⁵⁷⁾

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

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

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

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

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

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

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

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

4.14 Visitors to Sporting and Leisure Facilities in the County

It is not anticipated that the health needs of this patient group are likely to be very different to those of the general population of Kent. As they may only be in the county for a day or two, their health needs are likely to be:

- Treatment of an acute condition which requires the dispensing of a prescription
- The need for repeat medication
- Support for self-care, or
- Signposting to other health services such as a GP or dentist

4.15 Construction workers

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

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

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

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

5 Provision of pharmaceutical services

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

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

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

- The dispensing service provided by some GP practices

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

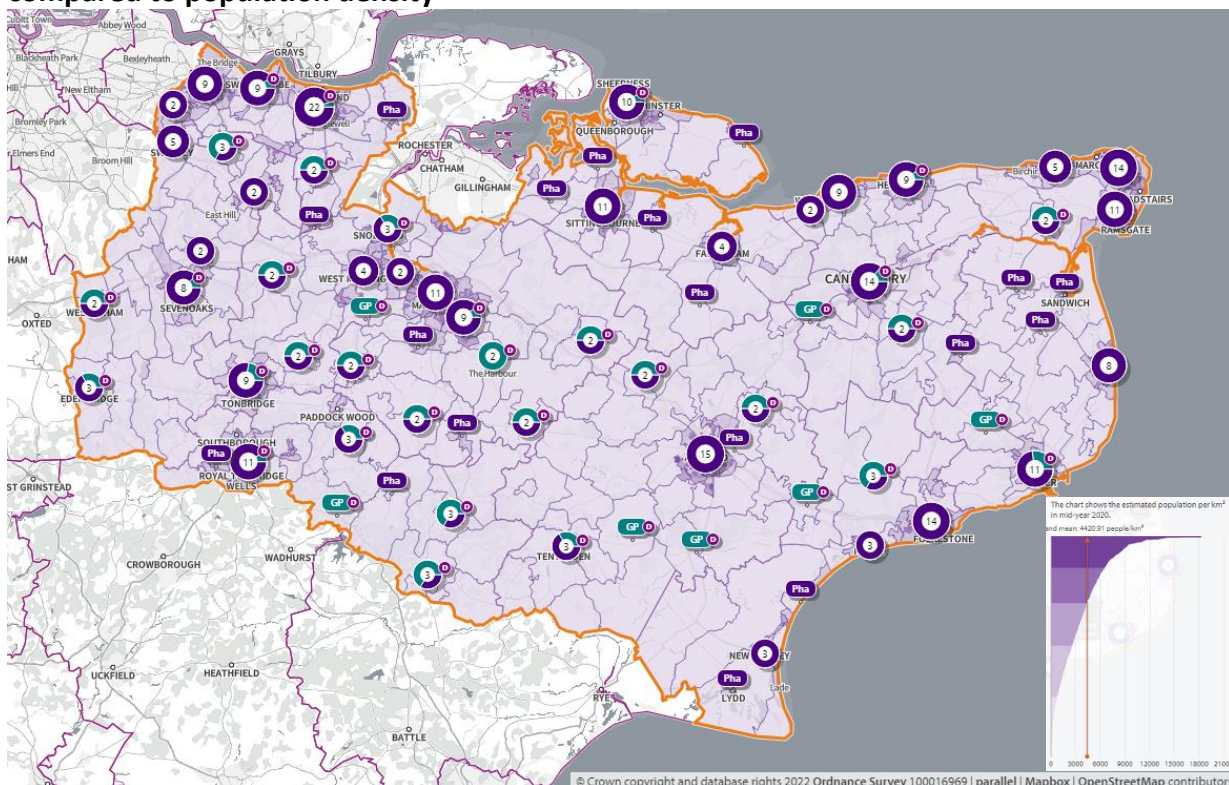
In addition to the 271 community pharmacies, there are three distance selling premises and two dispensing appliance contractors providing services within the Health and Wellbeing Board's area, all operated by different contractors.

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

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

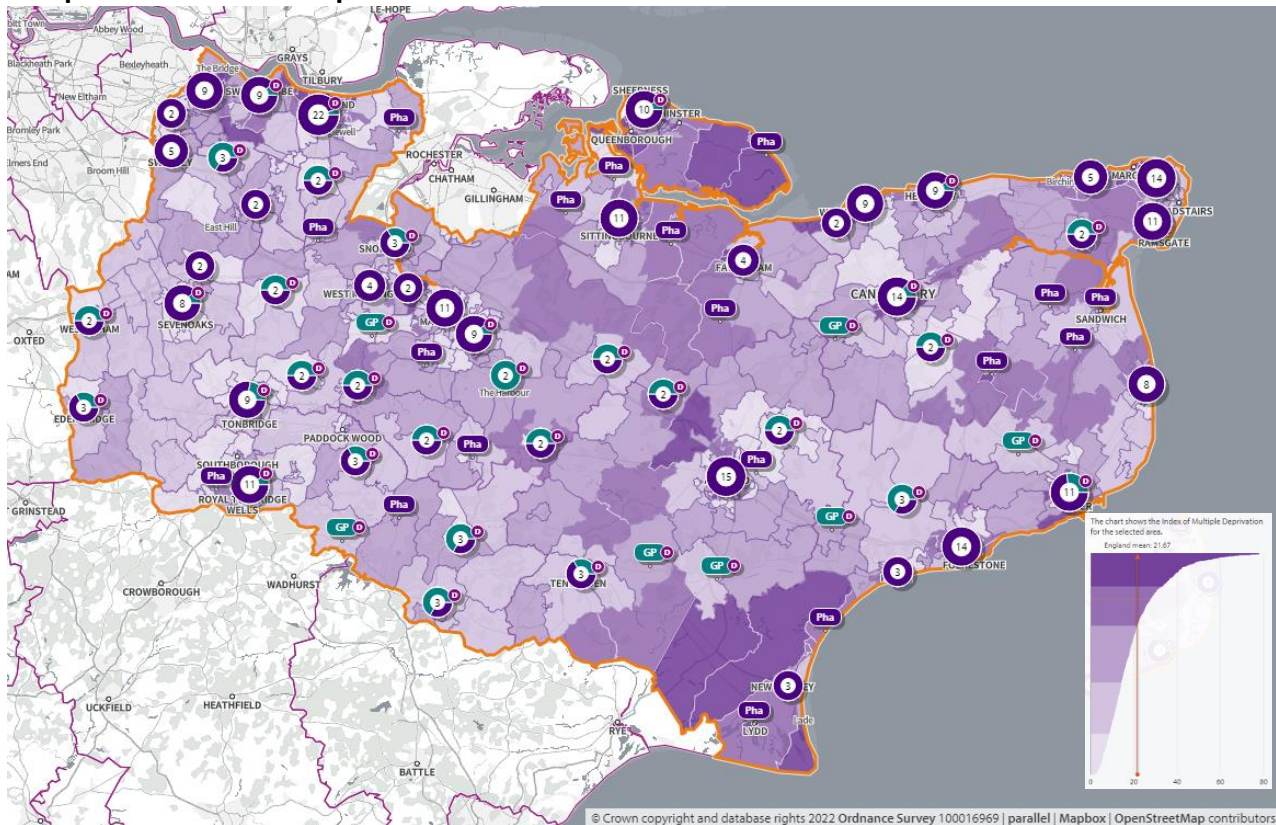
Map 8 shows the location of the pharmacy, dispensing appliance contractor and dispensing practice premises within the Health and Wellbeing Board's area. Due to the size of the county many of the premises are not shown individually, however more detailed maps can be found in the locality chapters. As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

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



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

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



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

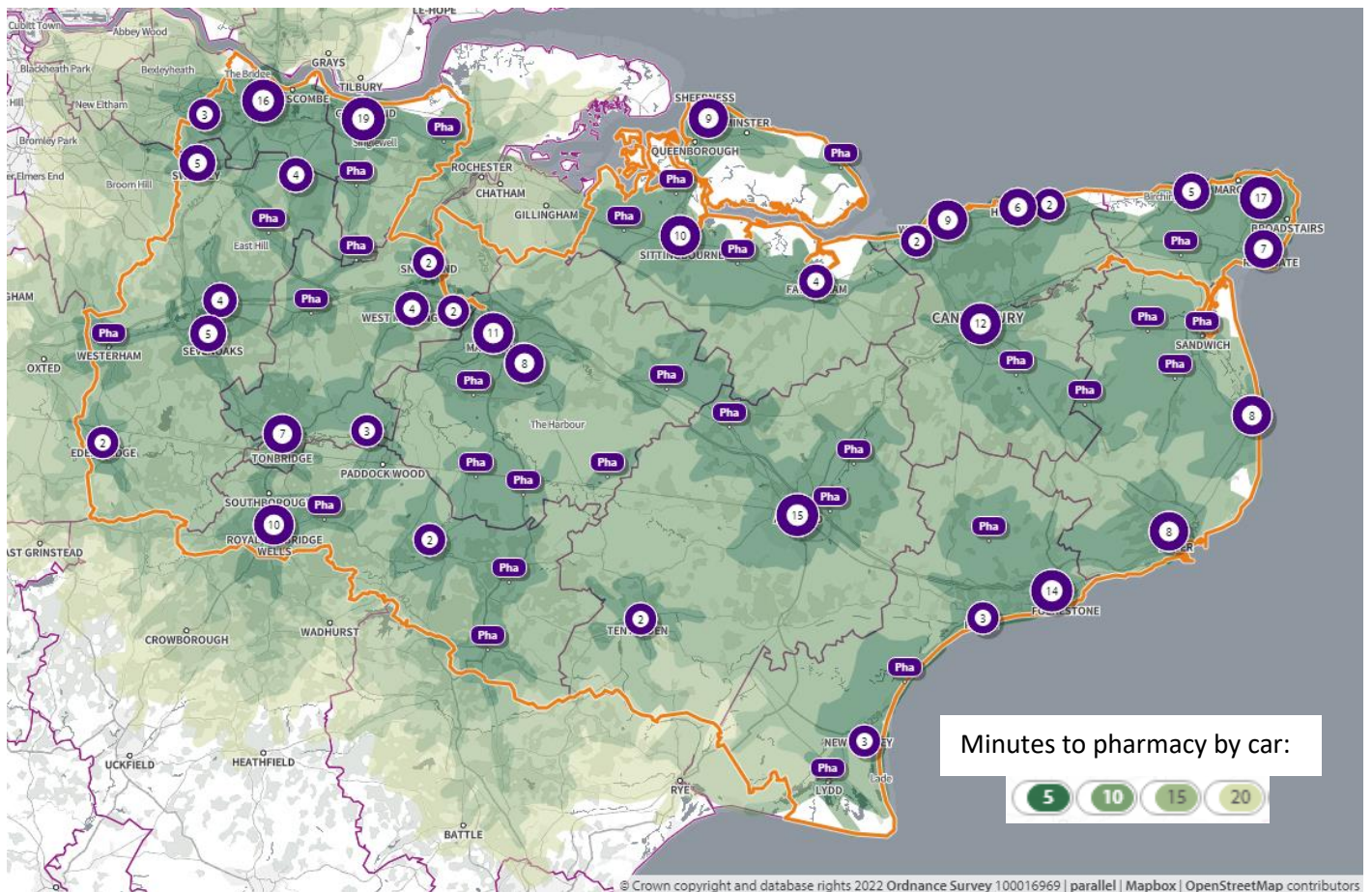
5.1.1 Access to Premises

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

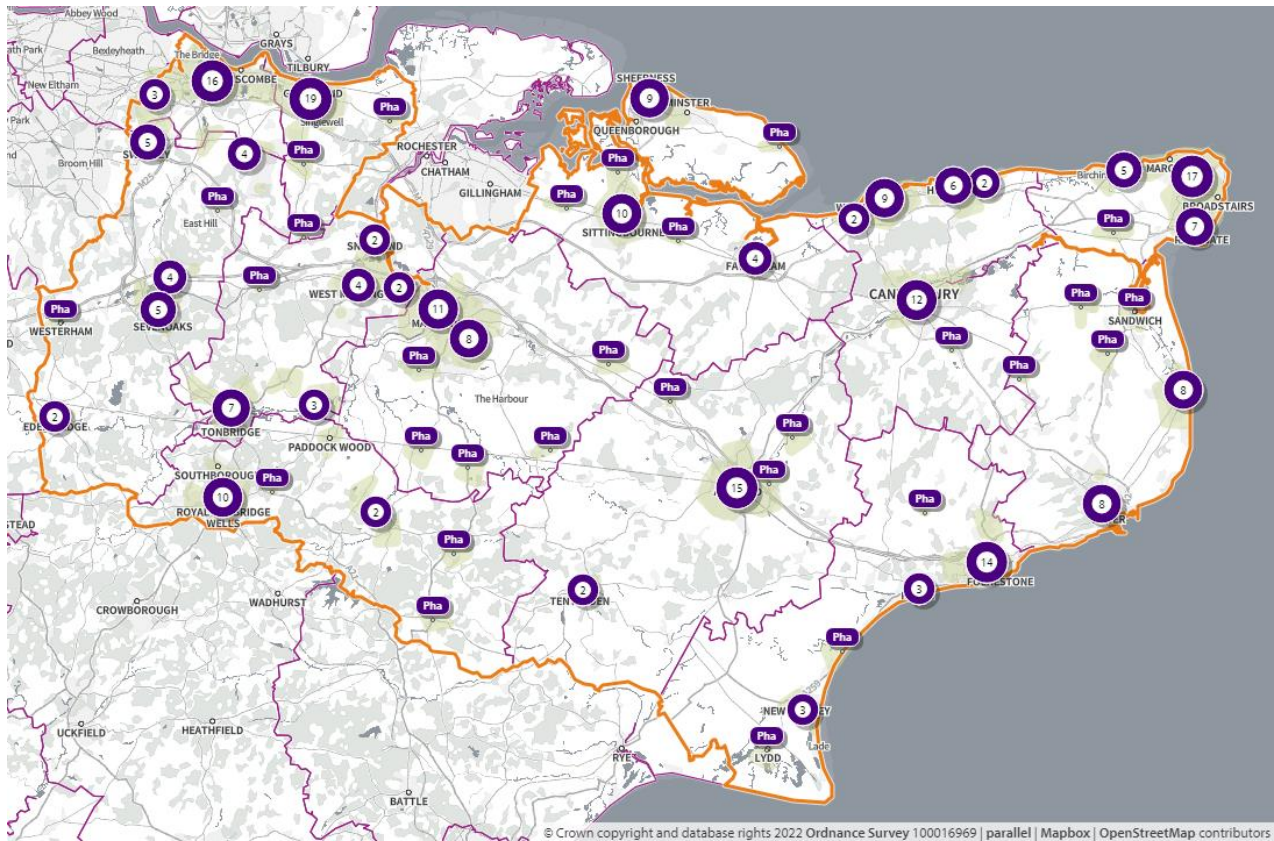
In order to assess whether residents are able to access a pharmacy in line with this travel standard, travel times were analysed using the Strategic Health Asset Planning and Evaluation (SHAPE) web

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

Map 10. Time taken to access a pharmacy by car

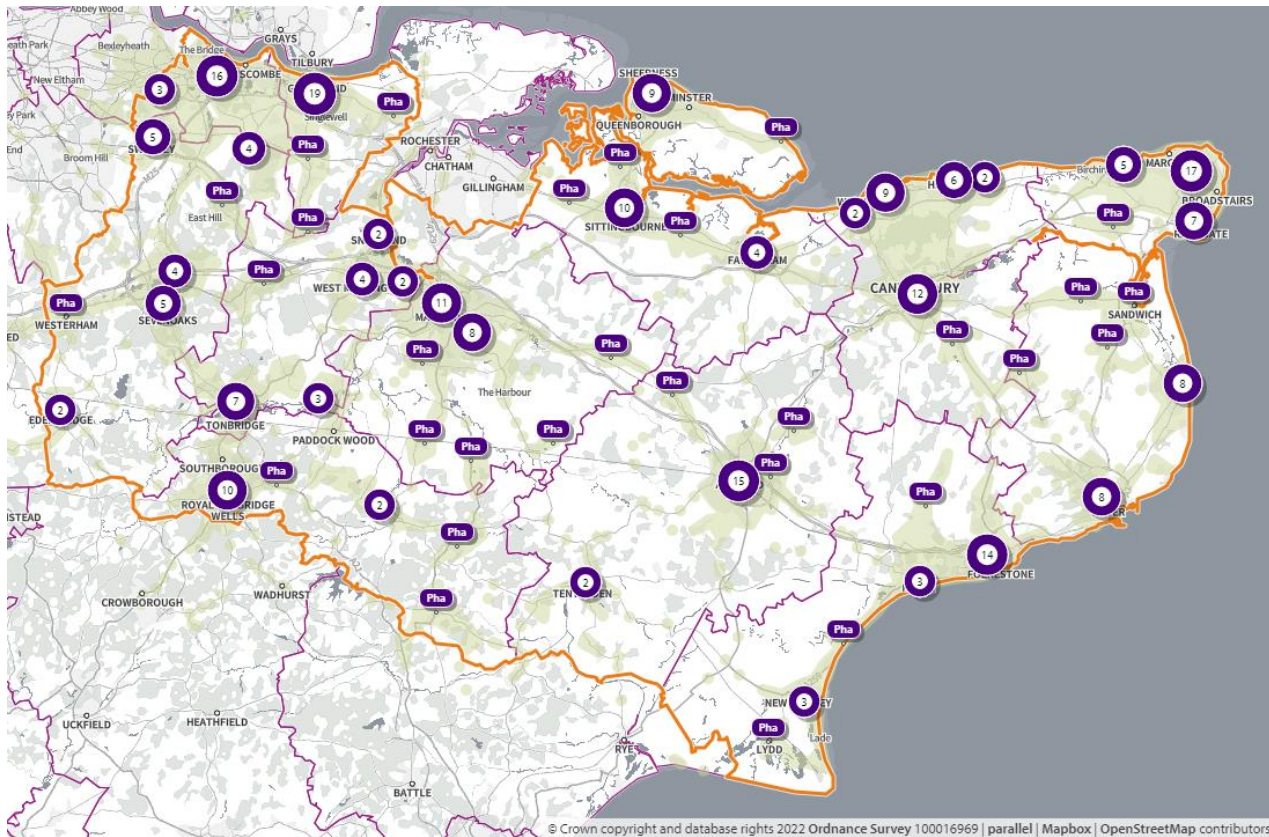


Map 11. Areas within a 20-minute walk of a community pharmacy



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

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



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

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

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

5.1.2 Access to Essential Services and Dispensing Appliance Contractor Equivalent Services

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

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

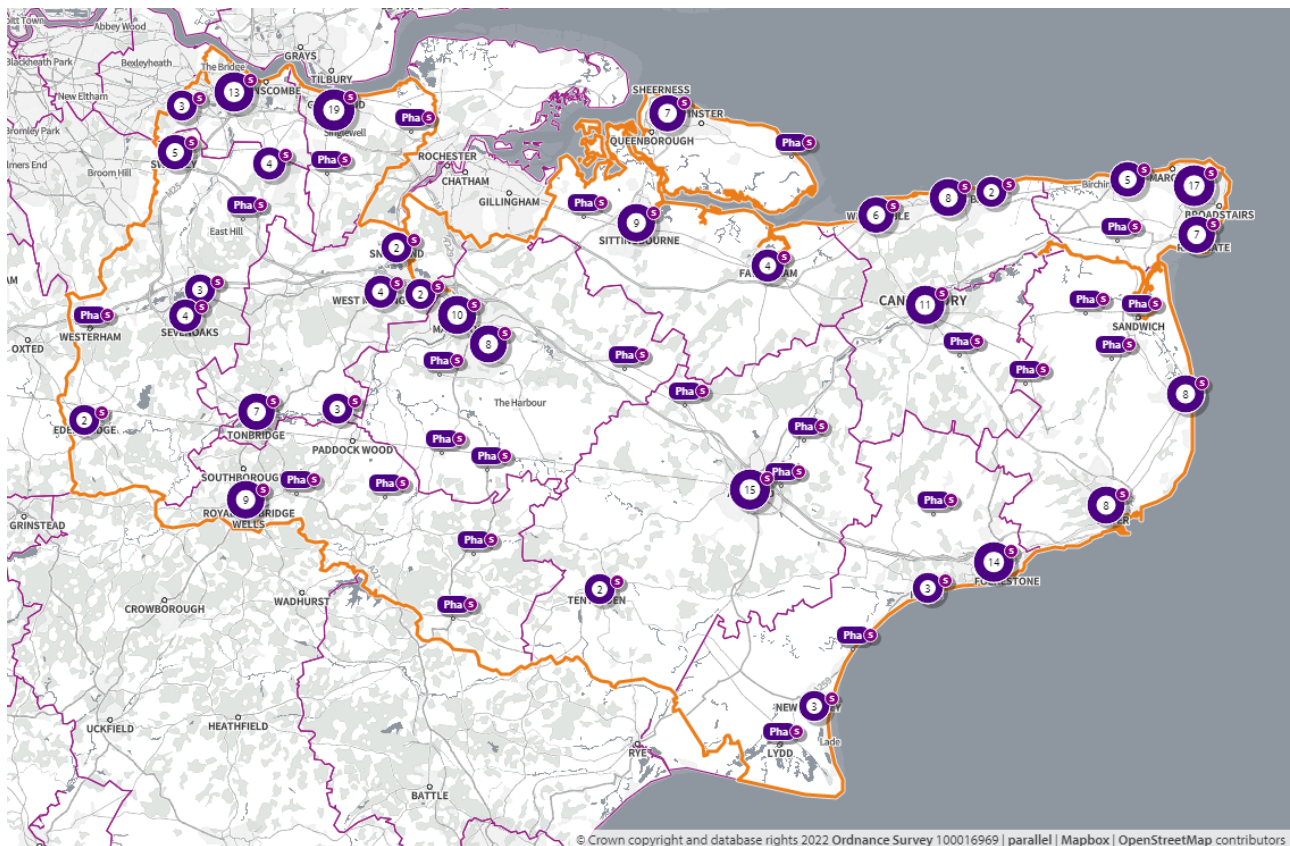
According to the SHAPE web application, 89 practices in Kent open outside of the core hours of 8.30am-6pm. 17 practices open on Saturdays and 2 on Sundays. Practices may choose whether or not to provide extended opening hours over and above their core opening hours which are 8.00am to 6.30pm Monday to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

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

5.1.3 Access to Community Pharmacy Consultation Service

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

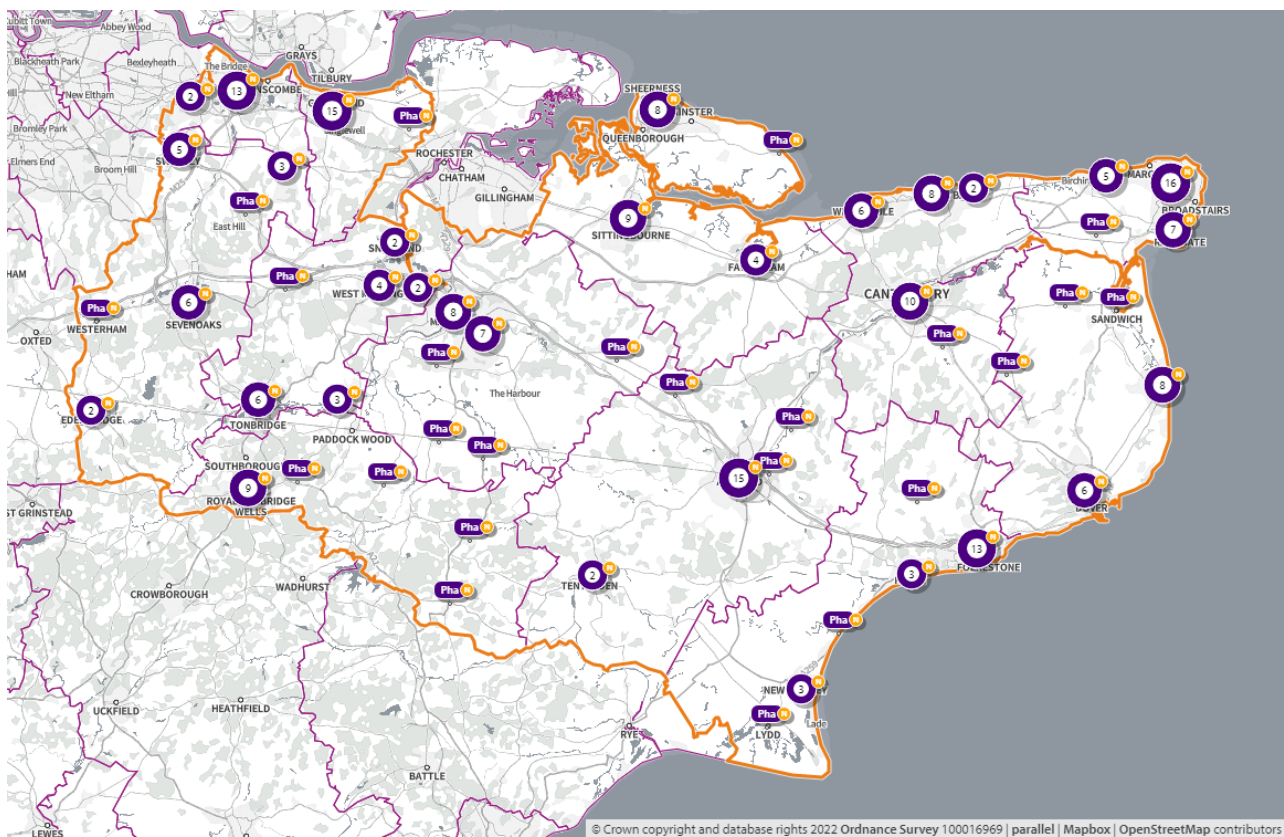
Map 13. Location of pharmacies that provided CPCS 2020/2021



5.1.4 Access to the New Medicine Service

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

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



5.1.5 Access to the National Influenza Adult Vaccination Service

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

5.1.6 Dispensing Service Provided by Some GP Practices

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

5.1.7 Access to Pharmaceutical Services on Public and Bank Holidays

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

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

5.2.1 Access to Essential Services and Dispensing Appliance Contractor Equivalent Services

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

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

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

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

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

5.2.3 Dispensing Service Provided by Some GP Practices

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

5.3 Other Relevant Services

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

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

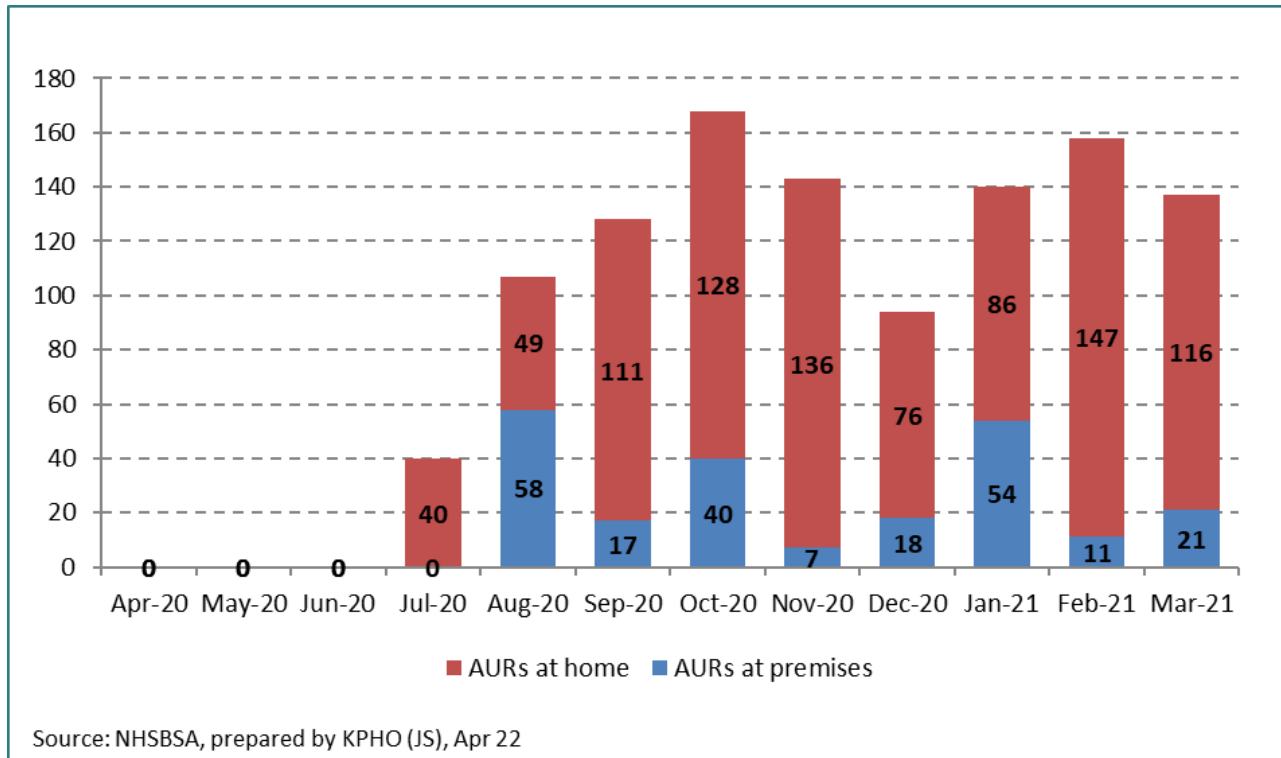
5.3.1 Other relevant services within the Health and Wellbeing Board's Area

5.3.1.1 Access to Appliance Use Reviews

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

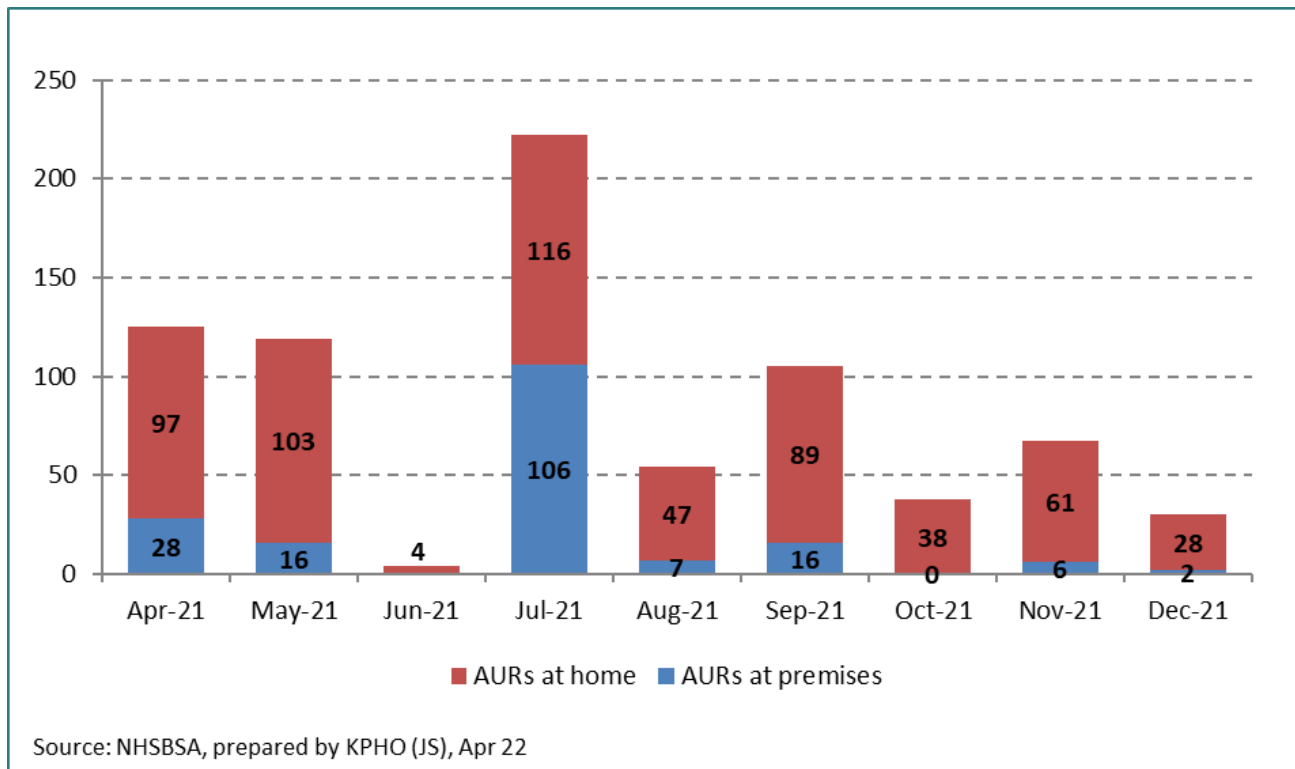
98% of AURs were carried out by the dispensing appliance contractor. However, due to the fact that dispensing appliance contractors provide services across England not all of these will have been provided for Kent residents. Due to the way the data is collated and published it is not known how many of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

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



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

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

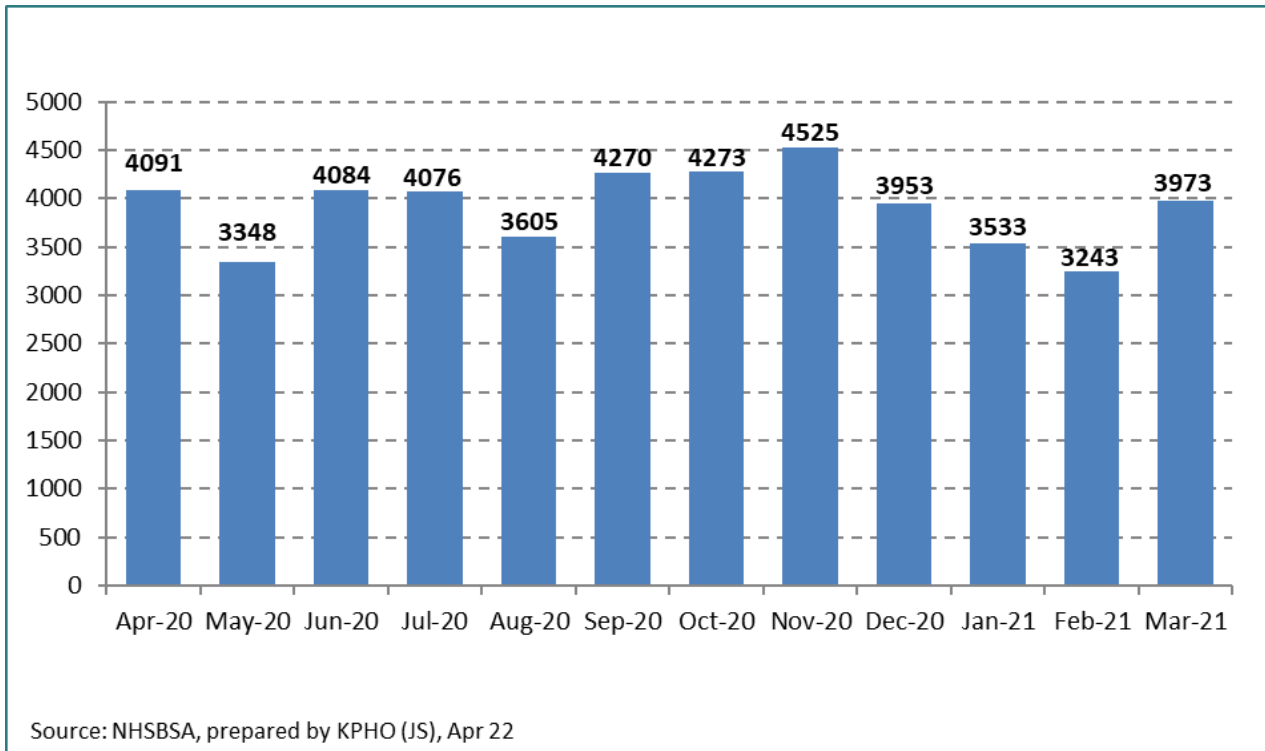


Based upon a comparison of the level of provision in 2020/21 with that so far in 2021/22 the Health and Wellbeing Board is satisfied that at county level there is sufficient capacity within existing contractors in relation to this service. However, this may not be the case at locality level and further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

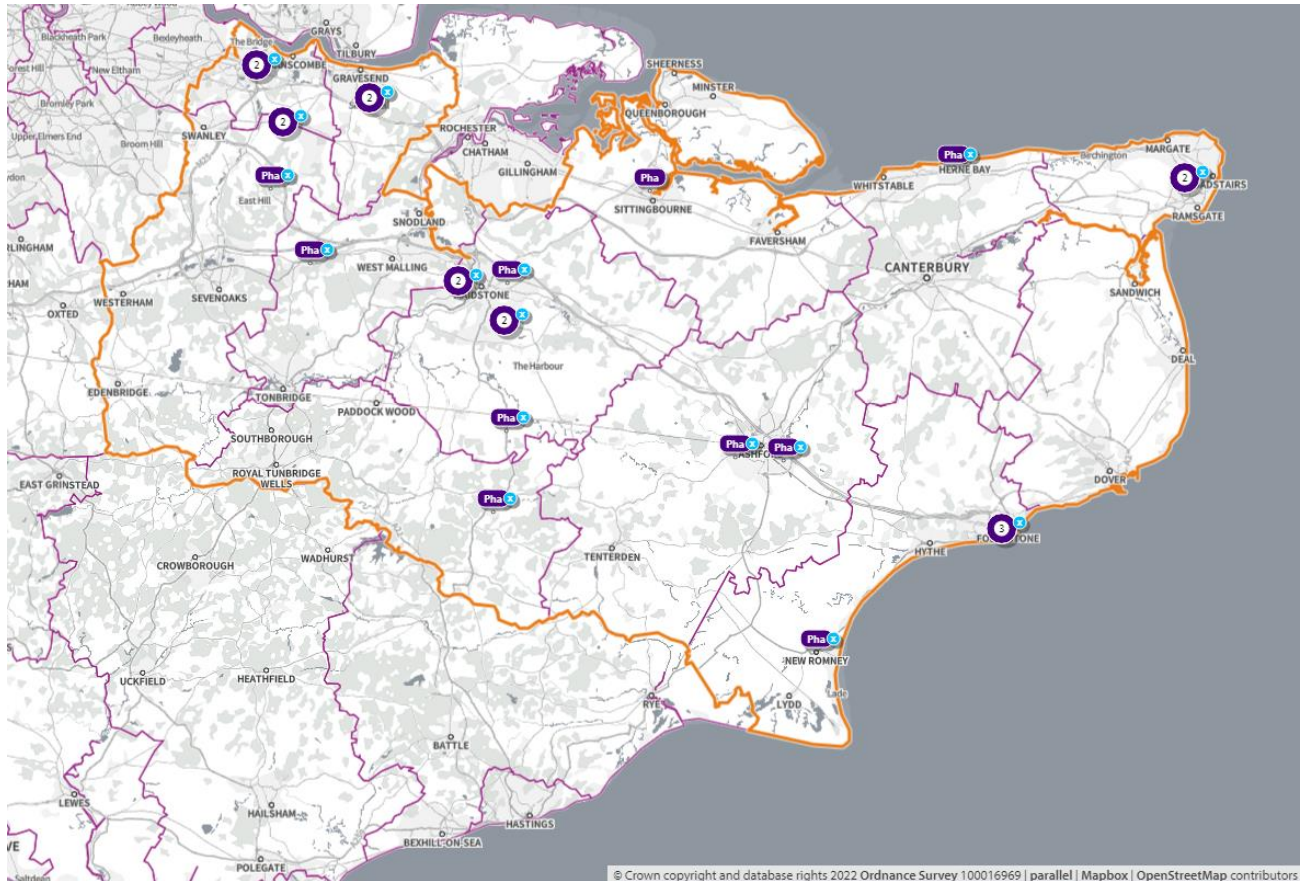
5.3.1.2 Access to Stoma Appliance Customisations

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

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



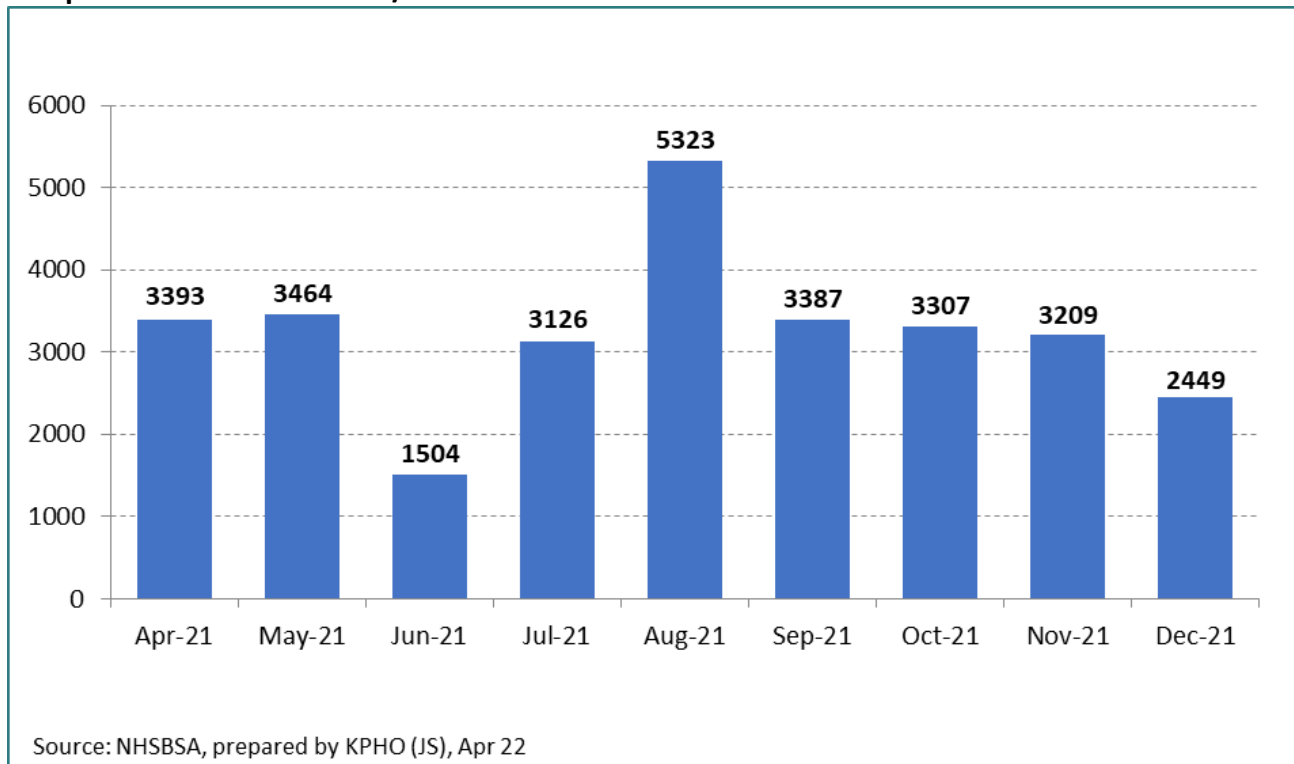
Map 16. Location of pharmacies and dispensing appliance contractors providing the stoma appliance customisation service in Kent 2020/21



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

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

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



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

5.3.1.3 Access to Enhanced Services

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

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

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

5.4 Choice with regard to obtaining pharmaceutical services

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

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

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

6 Other NHS services

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

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

6.1 Hospital pharmacies

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

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

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

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

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

6.2 Personal administration of items by GPs

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

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

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

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

6.3 GP out of hours service

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6.4 Locally commissioned services – Kent County Council

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

- Smoking Free Advisor provider
- Smoking Cessation referral Service

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

6.5 Urgent care centres

Table 22. Urgent care centres in Kent County Council area ⁽⁶¹⁾

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

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

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

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

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

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

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

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

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

6.6 Prisons and Secure Training Centre

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

6.7 Palliative Care Service

Palliative care services are provided in Kent by:

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

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

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

6.8 Substance Misuse Service

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

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

7 Health Needs that can be Met by Pharmaceutical Services

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

7.1 Need for drugs and appliances

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

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

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

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

7.2 Alcohol and Drug Use

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

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

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

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

7.3 Cancer

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

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

7.4 Long-term conditions

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

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

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

7.5 Obesity

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

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

7.6 Sexual health

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

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

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

7.7 Teenage pregnancy

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

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

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

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

7.8 Smoking

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

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

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

7.9 Dementia

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

7.10 Healthy living

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

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

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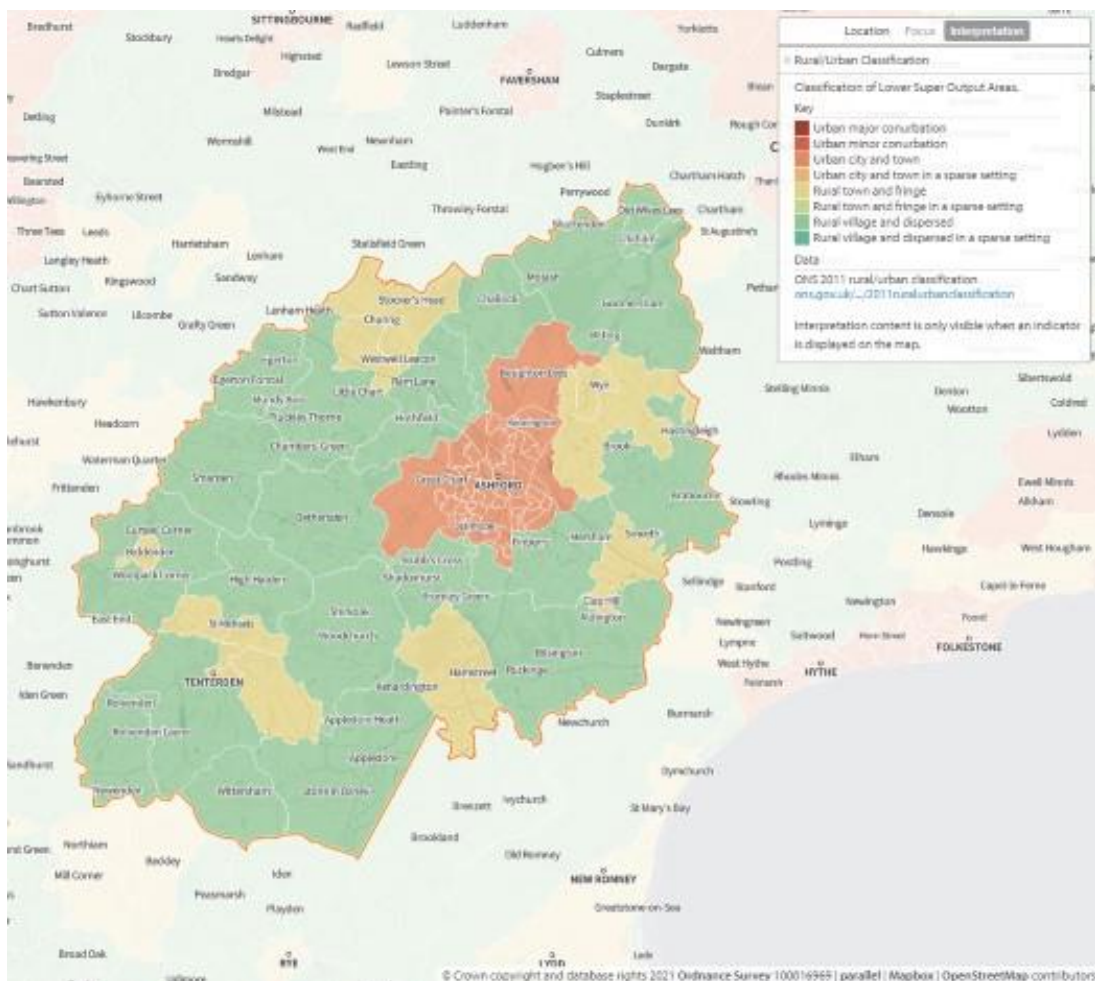
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13 Gravesham Council Locality	129

8 Ashford Borough Council Locality

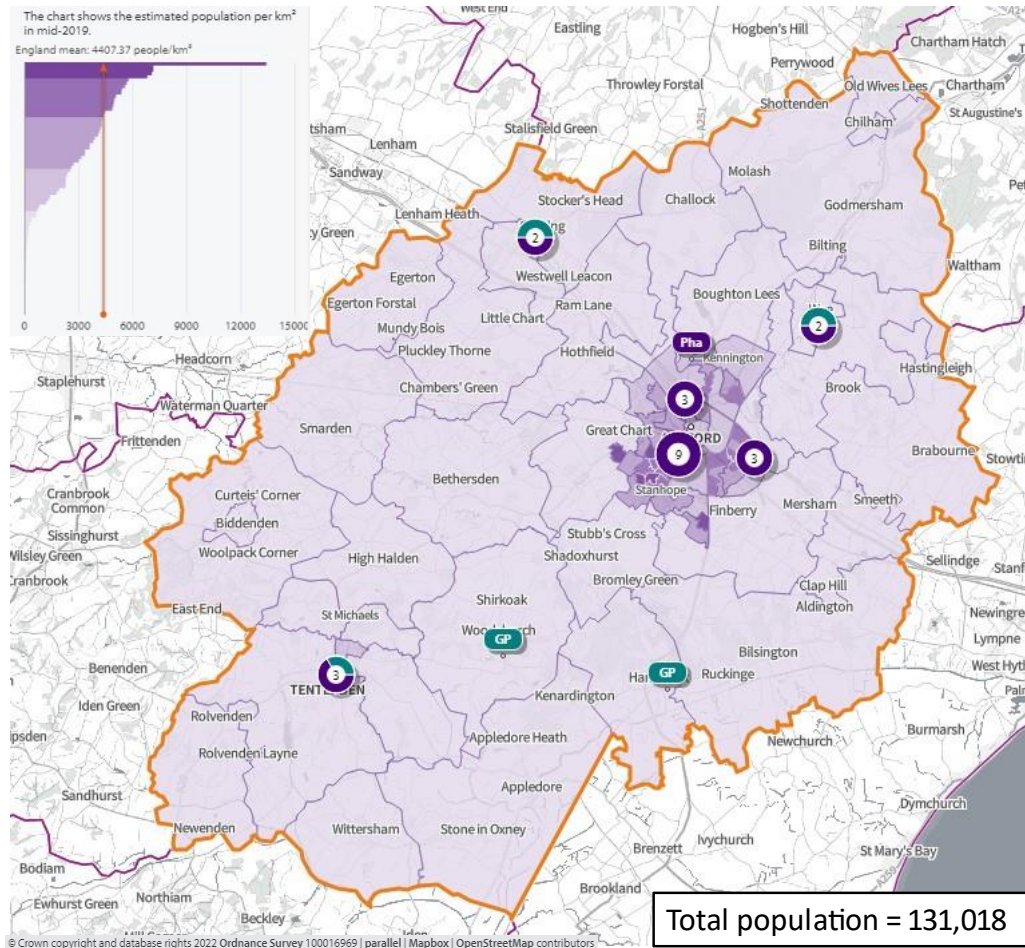
1. Key Facts

The locality of Ashford is a local government authority in the south of the county. It covers an area of 508.6 square kilometres. Most of the population live in and around the town of Ashford. Map 17 shows that the rest of the locality is rural in nature and mainly agricultural. Ashford is the least densely populated district in Kent with 3.3 persons per hectare, the average in Kent is 4.5 ⁽³⁾.

Map 17. Rural/urban classification of lower super output areas in Ashford



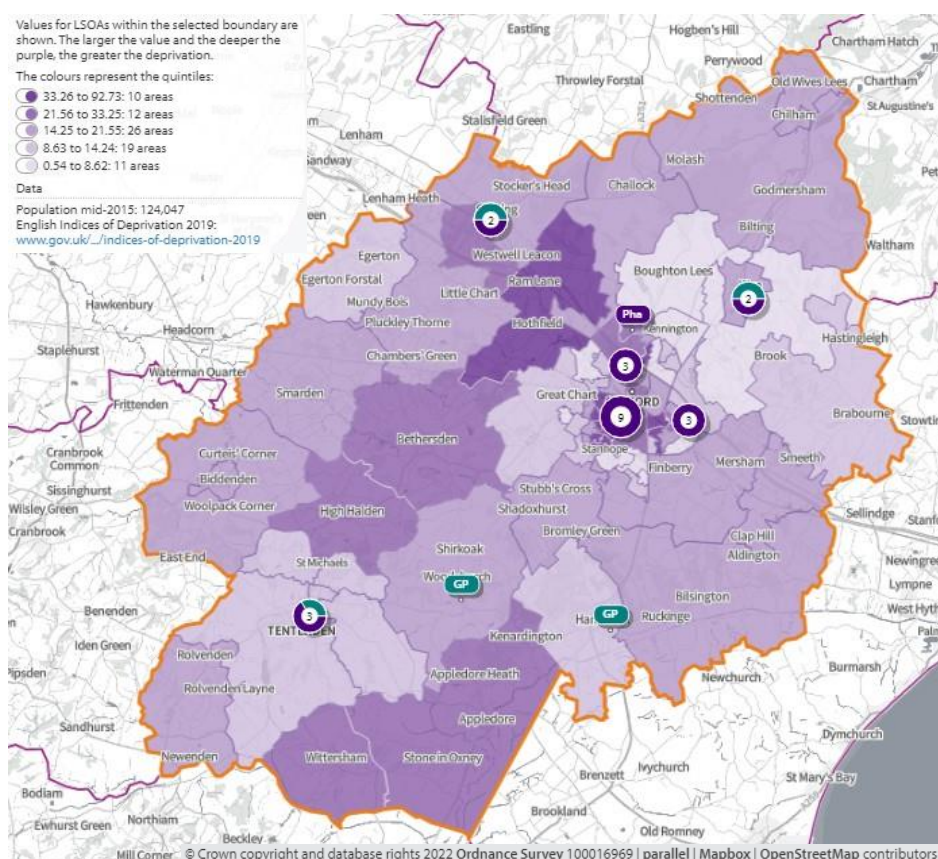
Map 18. Population density of lower super output areas in Ashford overlaid with locations of pharmacies and dispensing doctors



Deprivation

Map 19 shows the areas of deprivation in the Ashford locality. Deprivation tends to be average across the district but there are pockets of high deprivation. Ashford is ranked 7th out of Kent's 12 districts for deprivation. One LSOA on the edge of Ashford town is within the top 10% most deprived areas in England. Employment rates are similar to the Kent average ⁽⁶³⁾ as are educational attainment rates with 55.3% of all children achieving 5 or more GCSEs ⁽⁶⁴⁾.

Map 19. Deprivation of lower super output areas in Ashford overlaid with locations of pharmacies and dispensing doctors



Spoken Language

English is the main language for all people aged 16 or over in 94.9% of households in the district. 2.6% of households have no people with English as the main language ⁽²⁾.

House ownership

69% of houses are owned either outright (32%) or with a mortgage (37%). The average number of occupants per household is 2.4, the same as the Kent average ⁽²⁾.

Age distribution

The average age of Ashford district residents is 41, similar to the Kent average of 41.4 and the highest of all Kent districts. 19.7% of the population is over 65 and 20.6% 0-15⁽²⁾. Life expectancy at birth is 78.6 for males and 82.8 for females⁽⁴⁶⁾.

Employment

By industry, the top three employers in the Ashford district are wholesale and retail trade (20.2%), human health and social work activities (16.7%), and administrative and support service activities (8.8%)⁽¹⁵⁾. The proportion of jobs in the wholesale and retail trade (20.2%) is the highest for this industry in Kent and only Thanet matches Ashford for the highest proportion of jobs in a single industry⁽¹⁵⁾.

Car ownership

16% of households in Ashford district do not have a car or van in the household⁽¹³⁾.

Care Homes

There are a considerable number of care homes in the Ashford area. Patients who are looked after in a care home setting are often high users of medicines. However, because of the nature of their care, they rarely access pharmaceutical services individually, leaving this to be carried out by the care home staff. More recently care home organisations do not use local pharmacies for this service, favouring the large “hub” or “internet” pharmacies which specialise in this type of one-stop service. Therefore, there is not considered to be any relationship between the number of care homes and the need for local pharmaceutical services.

2. Necessary services: current provision within the locality

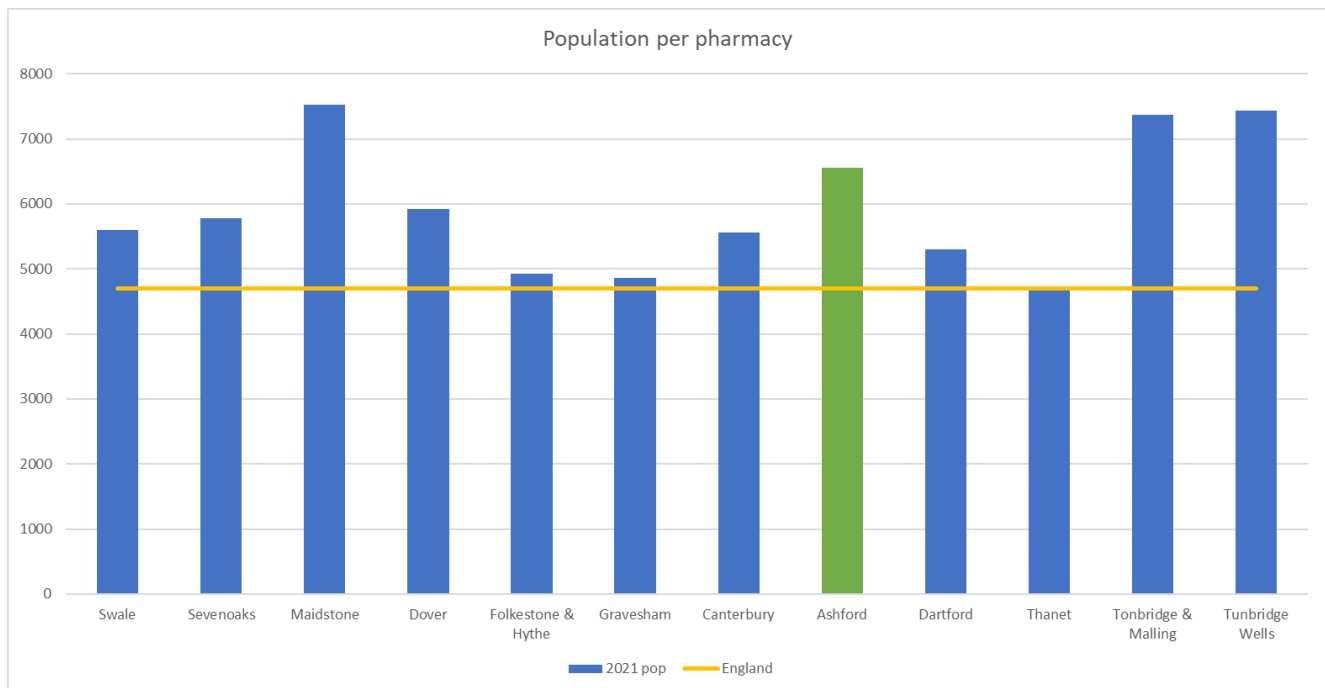
(All data presented in this section is for the financial year 2020/21 with the exception of lateral flow devices data which covers the 4 months from April 2021 to July 2021)

There are 20 Community pharmacies providing dispensing services in the Ashford locality. That is one pharmacy per 6,551 head of population. Figure 26 below shows how this compares with the other localities of Kent.

17 of the pharmacies open at least one hour after 17:00 on weekdays. All 20 are open on Saturdays and 6 open Saturday and Sundays. The weekly opening hours range from 48 to 101, with the average opening hours being 62 each week.

In addition, there are five dispensing GP practices in the locality.

Figure 26. Number of people per pharmacy in each locality



The facts below indicate that the majority of prescriptions generated in the locality are dispensed in the locality. There are 10.4% of prescriptions generated in the area that are dispensed in neighbouring areas and an even smaller percentage that are generated outside the locality and dispensed by Ashford locality community pharmacies ⁽¹⁾.

- 1,153 outside prescribers dispense in Ashford
 - 2.3% of all items dispensed in Ashford
- 41 prescribers in Ashford
 - 97.7% of all items dispensed in Ashford
- 30 dispensers in Ashford
 - 89.6% of all items prescribed
- 2,069 dispensers outside of Ashford
 - 10.4% of all items prescribed in Ashford

Pharmacy locality: Maps 1 and 2 above show the locality of the community pharmacies and GP dispensing practices.

Opening times

Table 24 below show the core and supplementary hours of each pharmacy. ⁽⁶⁵⁾

Table 24. Opening times for all pharmacies in Ashford

Pharmacy	Total weekly hours	Max. hours open after 5pm at least 1 day/week	Saturday hours	Sunday Hours
Lloyds Pharmacy, Bybrook	101	6	15	6
Asda Pharmacy	100	6	15	6
Boots, Sevington	96	7.0	15	6
Tesco Pharmacy, Kingsnorth	84	4	13	6
Tesco Pharmacy, Willesborough	78	3	12	6
Boots the Chemists, High Street	60	0.5	9	6
Ashworths Dispensing Chemist	59	2	9	0
Paydens Pharmacy, Tenterden	56	1	8.5	0
Boots, Tenterden	54	0.5	9	0
Delmergate Pharmacy, Repton Ave.	53.5	1	8.5	0

Table 24 continued

Pharmacy	Total weekly hours	Max. hours open after 5pm at least 1 day/week	Saturday hours	Sunday Hours
Lloyds Pharmacy, Willesborough	53.5	1.5	3.5	0
Courts Pharmacy, Kennington	53	1.5	3	0
Kamsons Pharmacy, Stanhope	51.5	1.25	4	0
Paydens Pharmacy, Mace Lane	51.5	1.5	4	0
Kamsons Pharmacy, High Street	49.5	0.5	7	0
Well, Brookfield Court	49	1	4	0
Charing Pharmacy	49	1	4	0
Well, Wye	49	1	4	0
Delmergate Ltd, Eureka Park	48	1	3	0
Lloyds Pharmacy, Singleton	46.5	1.5	4	0

The dispensing GP practices in this locality are:

- Woodchurch Surgery TN26 3SF
- The Charing Surgery TN237 0AW
- Ivy Court surgery, Tenterden TN30 6RB
- Wye Surgery TN25 5AY
- Ham Street Surgery TN26 2NS

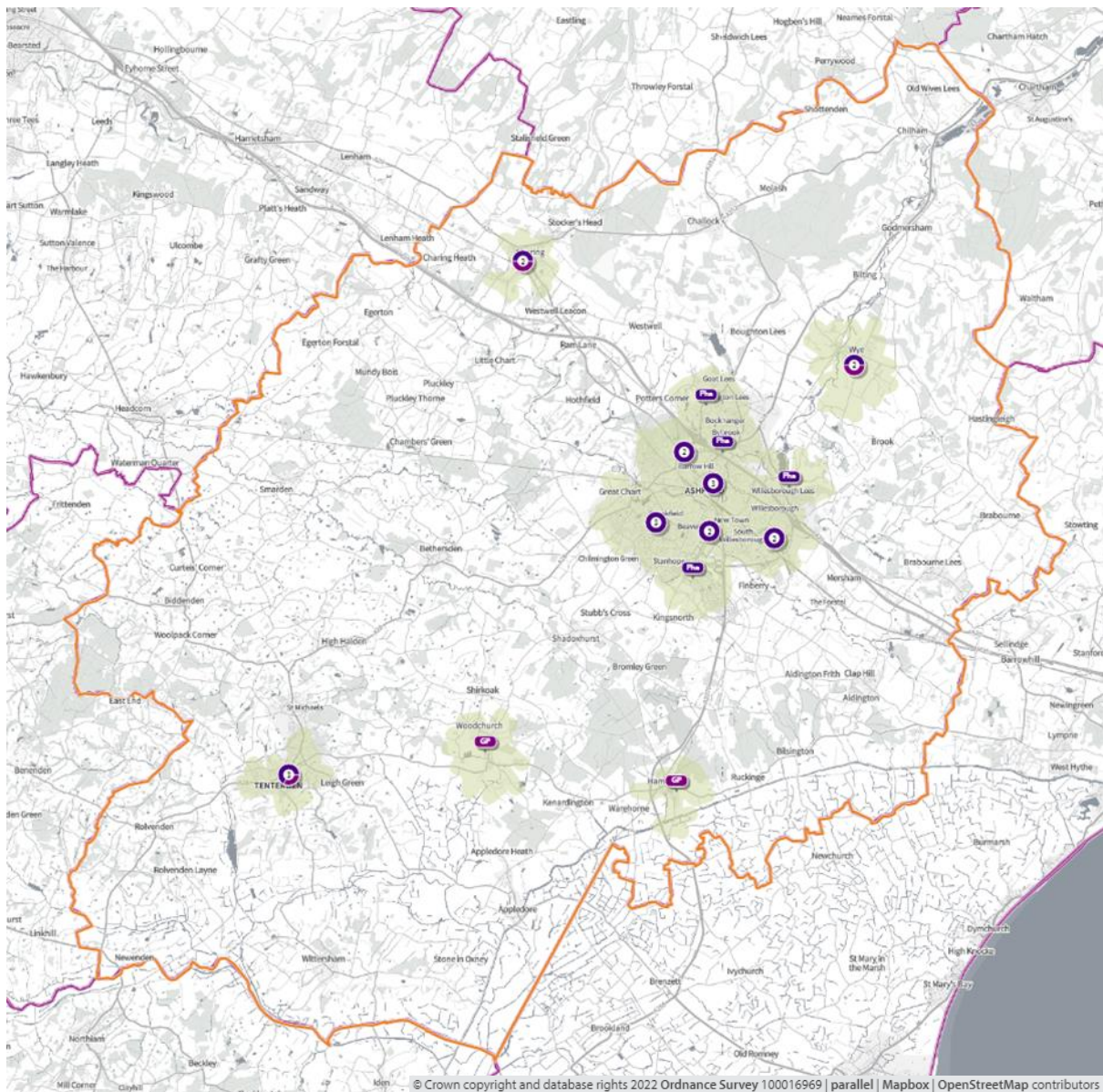
Access to Community Pharmacies

Travel times

Access during core opening times is shown in the maps (4-11) below.

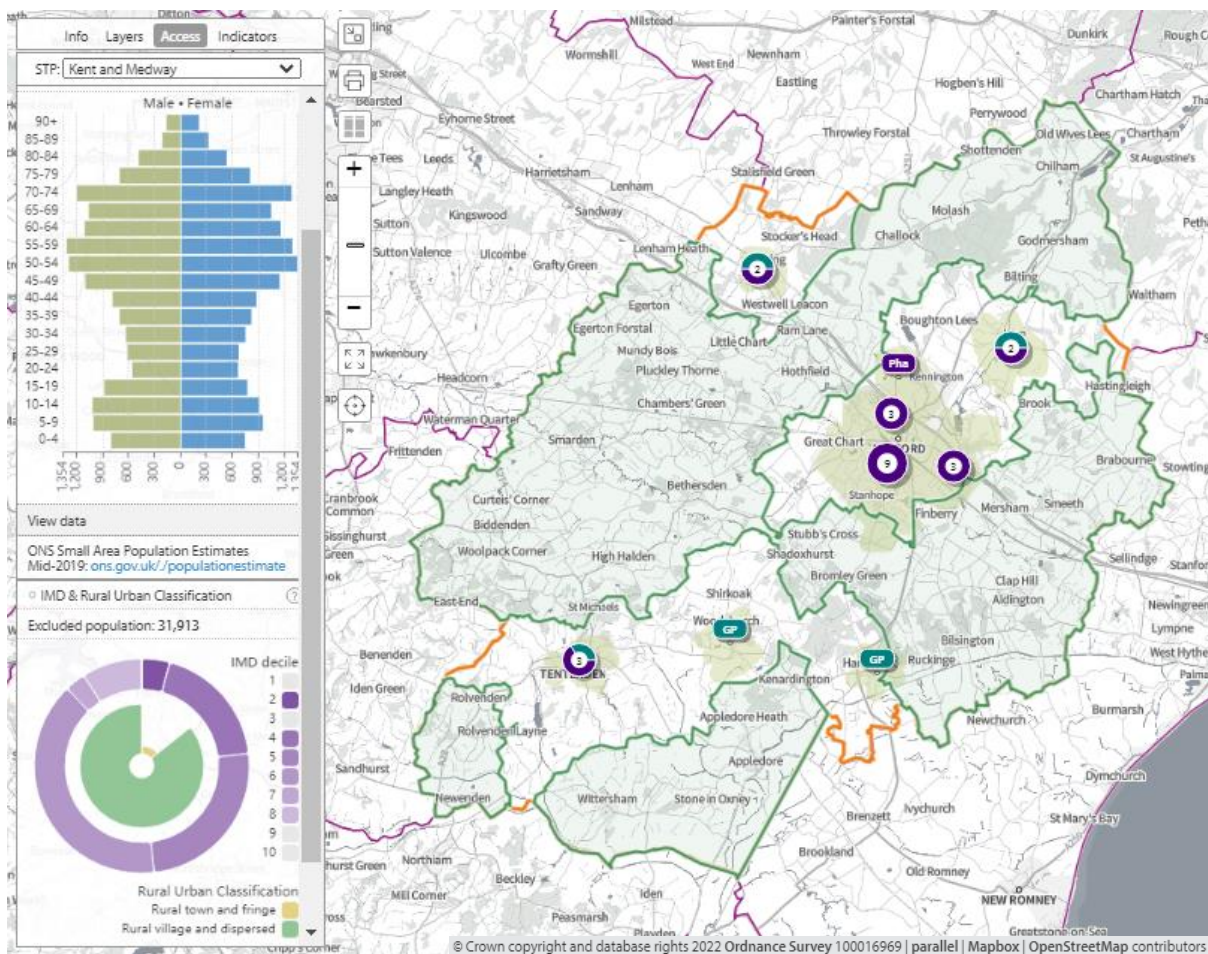
In **map 20** below, the green shaded areas are within a 20-minute walk of a community pharmacy/dispensing GP practice. All pharmacies are open for at least 3 hours on a Saturday in addition to their weekday opening hours. The data indicates that 31,913 (24.4%) people are not within a 20-minute walk.

Map 20. Locations of community pharmacies/dispensing GPs and areas within a 20-minute walk



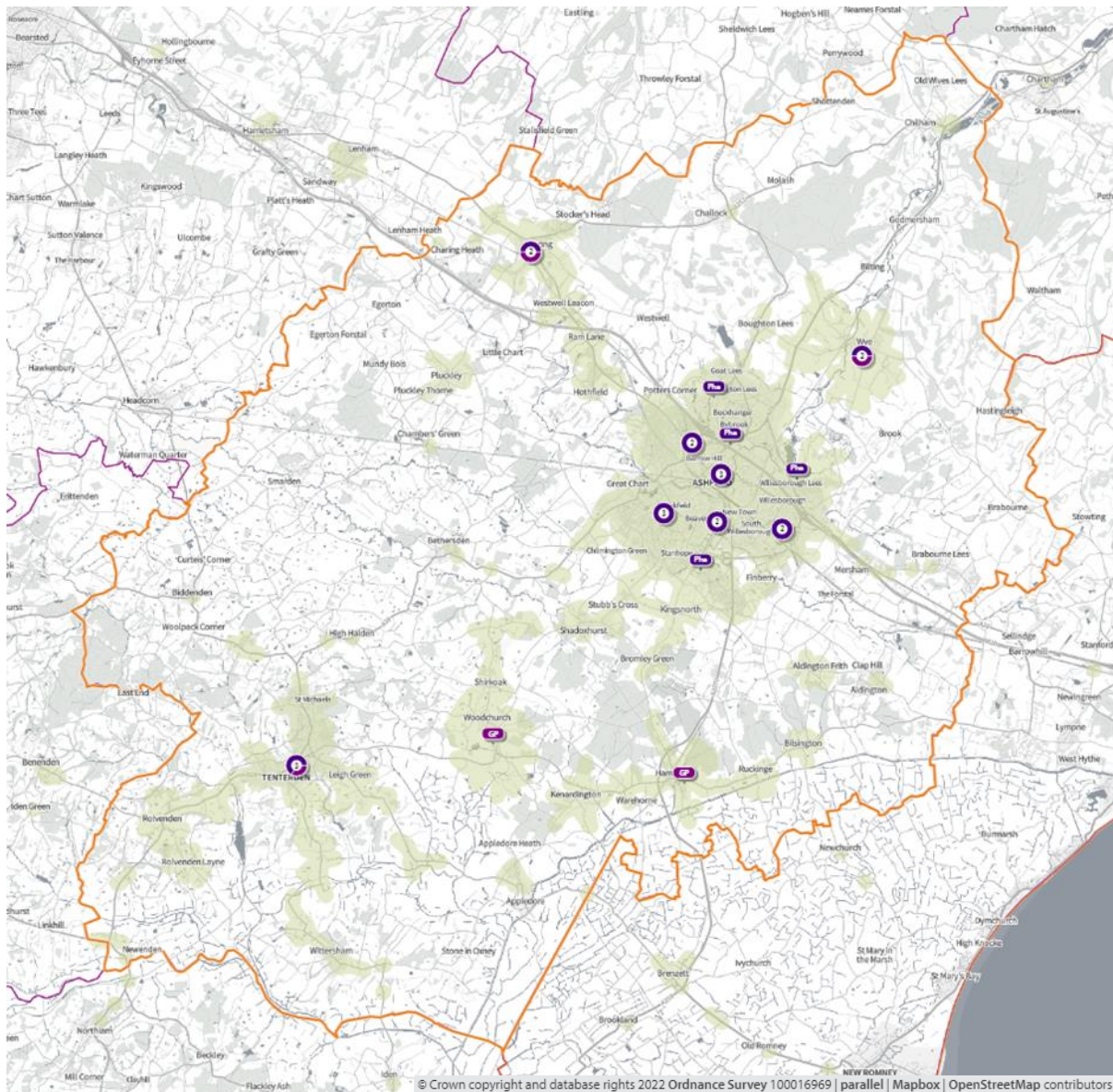
Map 21, below, shows **20 minutes walking access** for those in the population over **65 years of age**. 31.7% of 65+ population is not within a 20 minutes' walk of a community pharmacy or dispensing GP practice

Map 21. Locations of community pharmacies/dispensing GPs and lower super output areas not within a 20-minute walk



Map 22, below, shows **20 minutes public transport access**, on weekday mornings as green shaded areas to community pharmacies/dispensing GP practices. 12,815 (9.8%) people are not within 20-minutes by public transport.

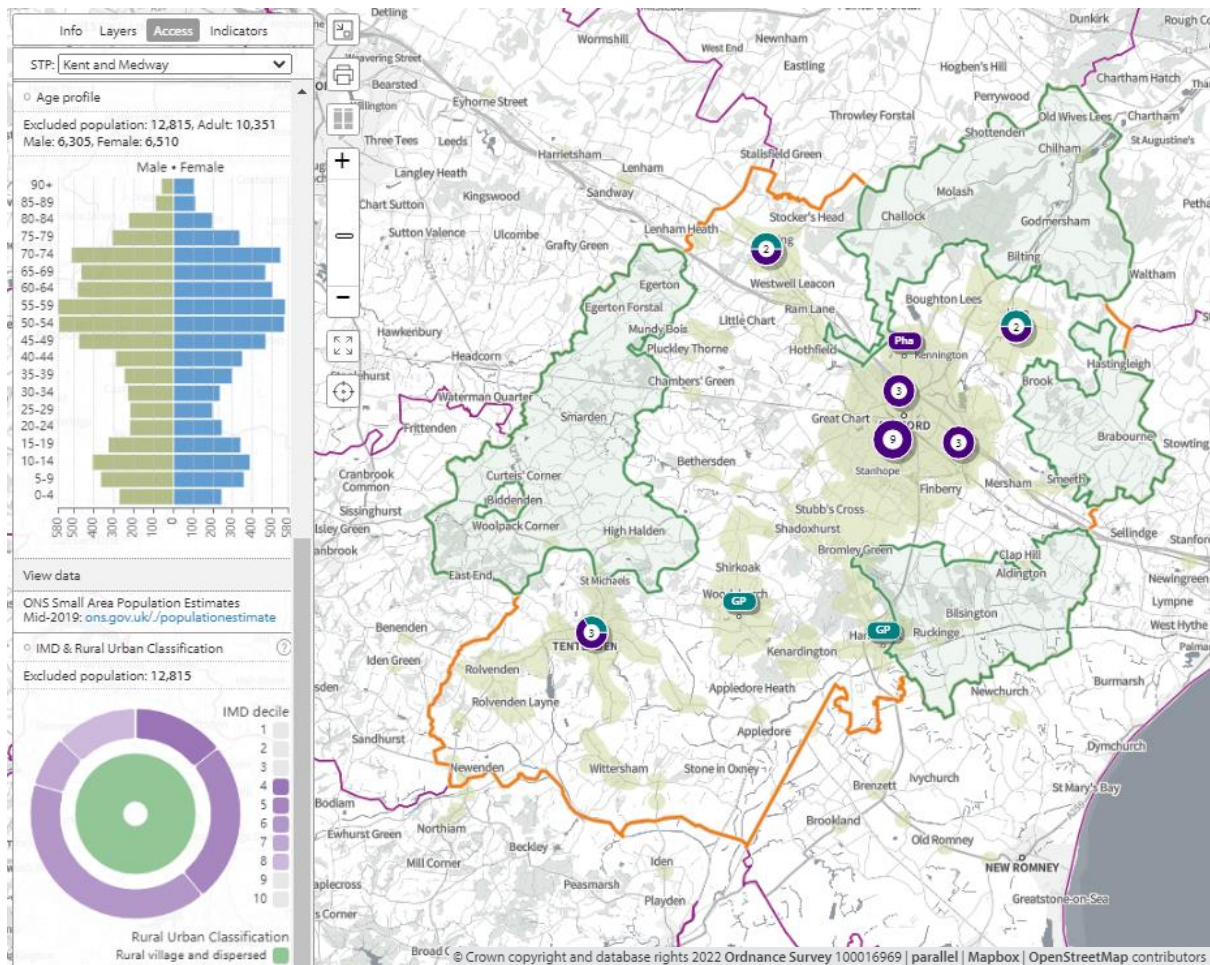
Map 22. Locations of community pharmacies/dispensing GPs and areas within 20-minutes by public transport on weekday mornings



Map 23, below, shows **20 minutes public transport access** on weekday mornings as green shaded areas, for those in the population over **65 years of age** to community pharmacies/dispensing GP practices.

The data reveals that 13.5% people are not within 20-minutes by public transport.

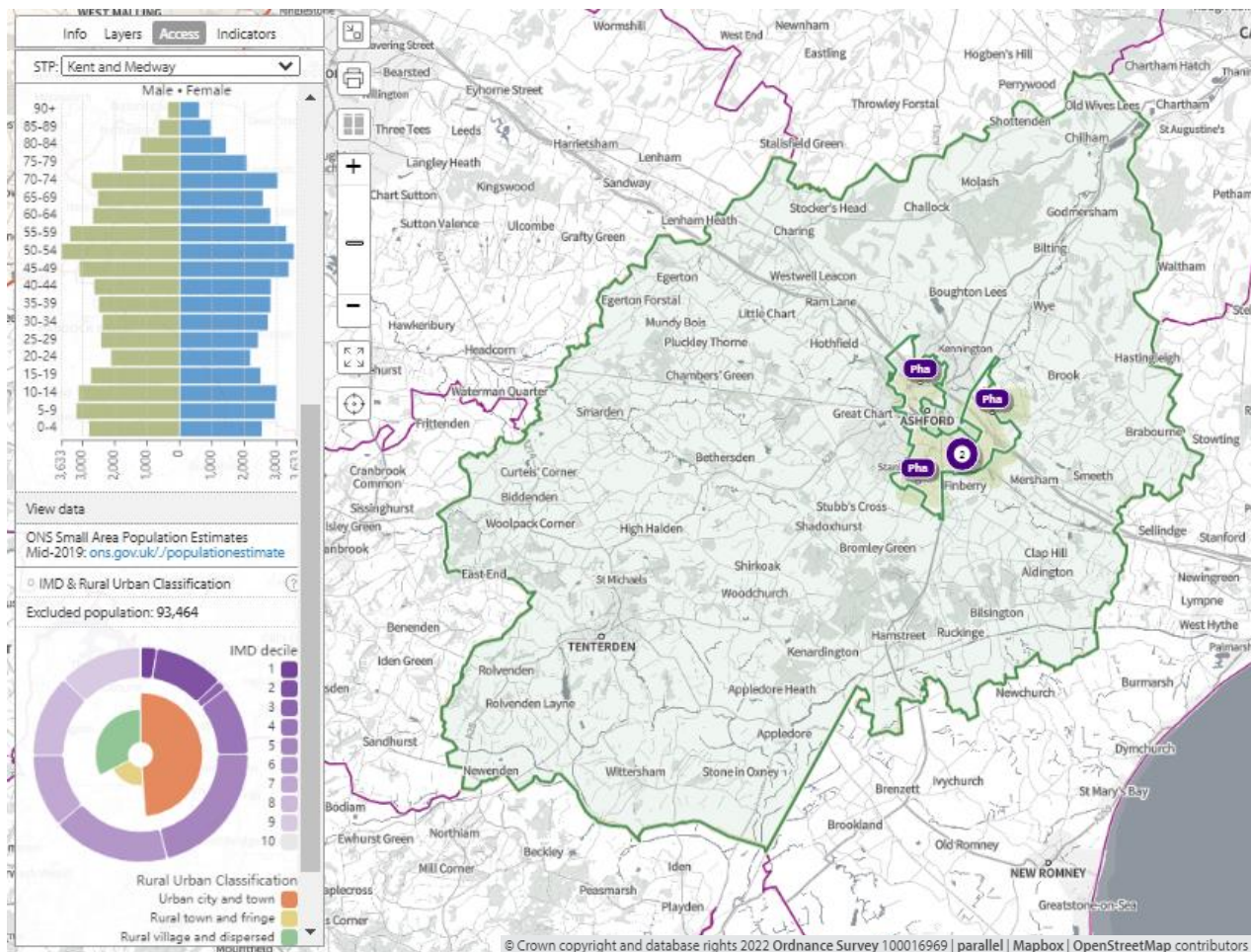
Map 23. Locations of community pharmacies/dispensing GPs and lower super output areas not within 20-minutes by public transport



Maps 24 and 25 show travel times for weekday evenings up to 8pm and Sundays

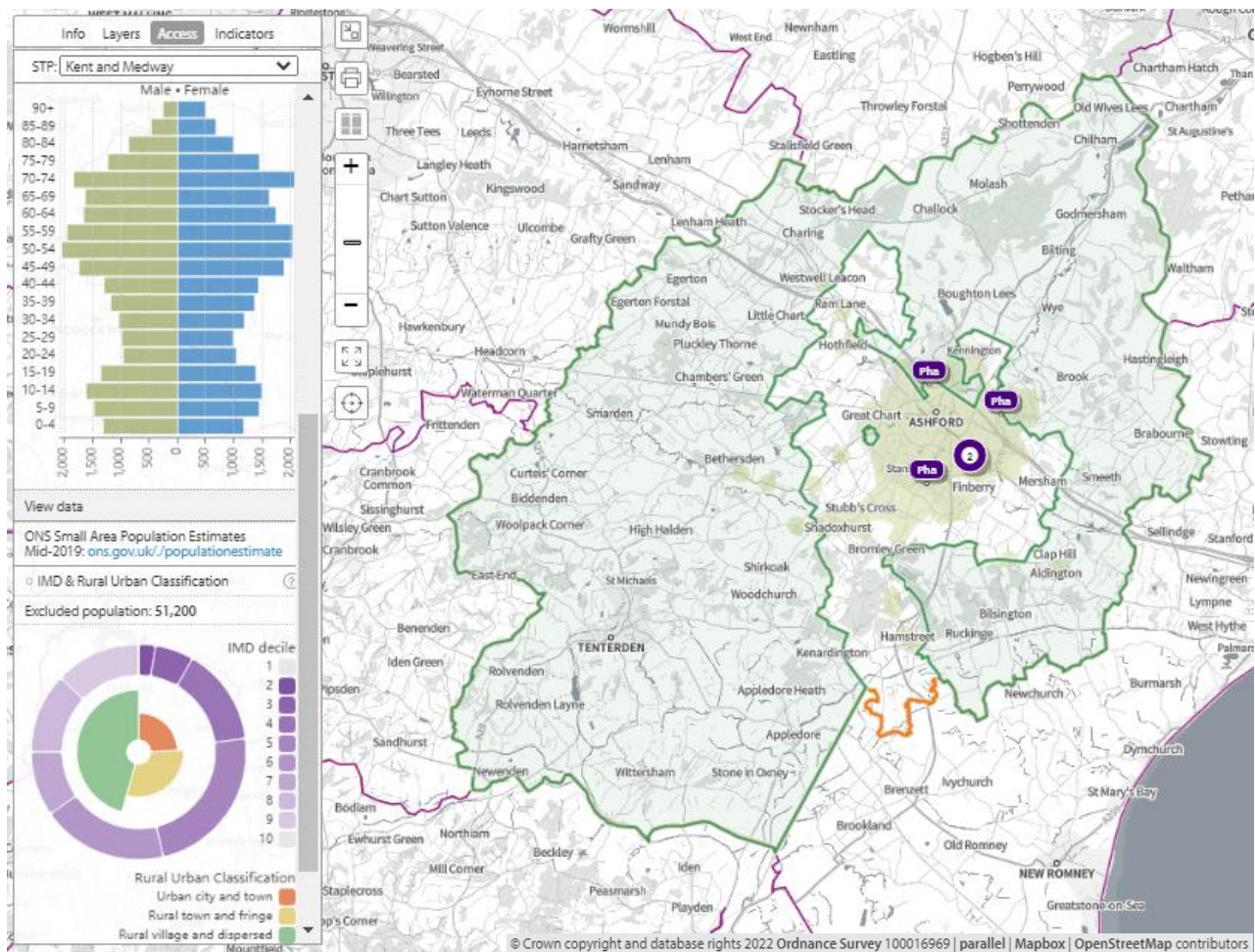
In **map 24**, below, 20-minute **walking access** to community pharmacies that are open until at least **20:00 hours on weekdays and open on Sundays** is shown. The data reveals that 71.3% of the population is not within a 20-minute walk of a community pharmacy at these times. Walking access in the evenings and on Sundays is in the town of Ashford with those living in more rural areas having no walking access.

Map 24. Locations of community pharmacies and lower super output areas not within a 20-minute walk



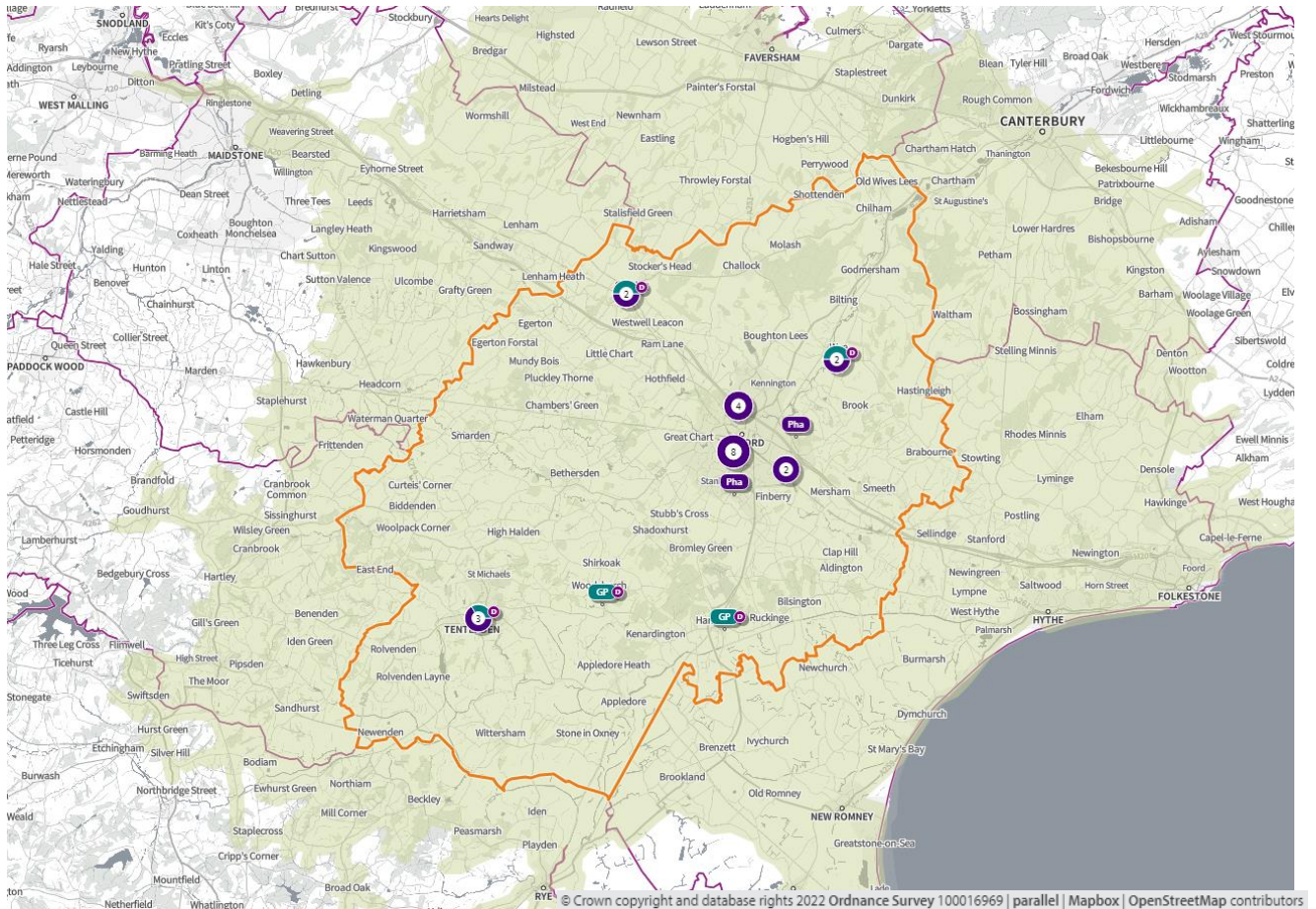
In map 25, below, 20-minute **public transport** to community pharmacies that are open until at least **20:00 hours on weekdays and open on Sundays** is shown as green shaded areas. The information shows that 40% of the population is not within 20-minutes by public transport of a community pharmacy at these times. As above this access is for those living in or close to the town of Ashford.

Map 25. Locations of community pharmacies and lower super output areas not within 20-minutes by public transport



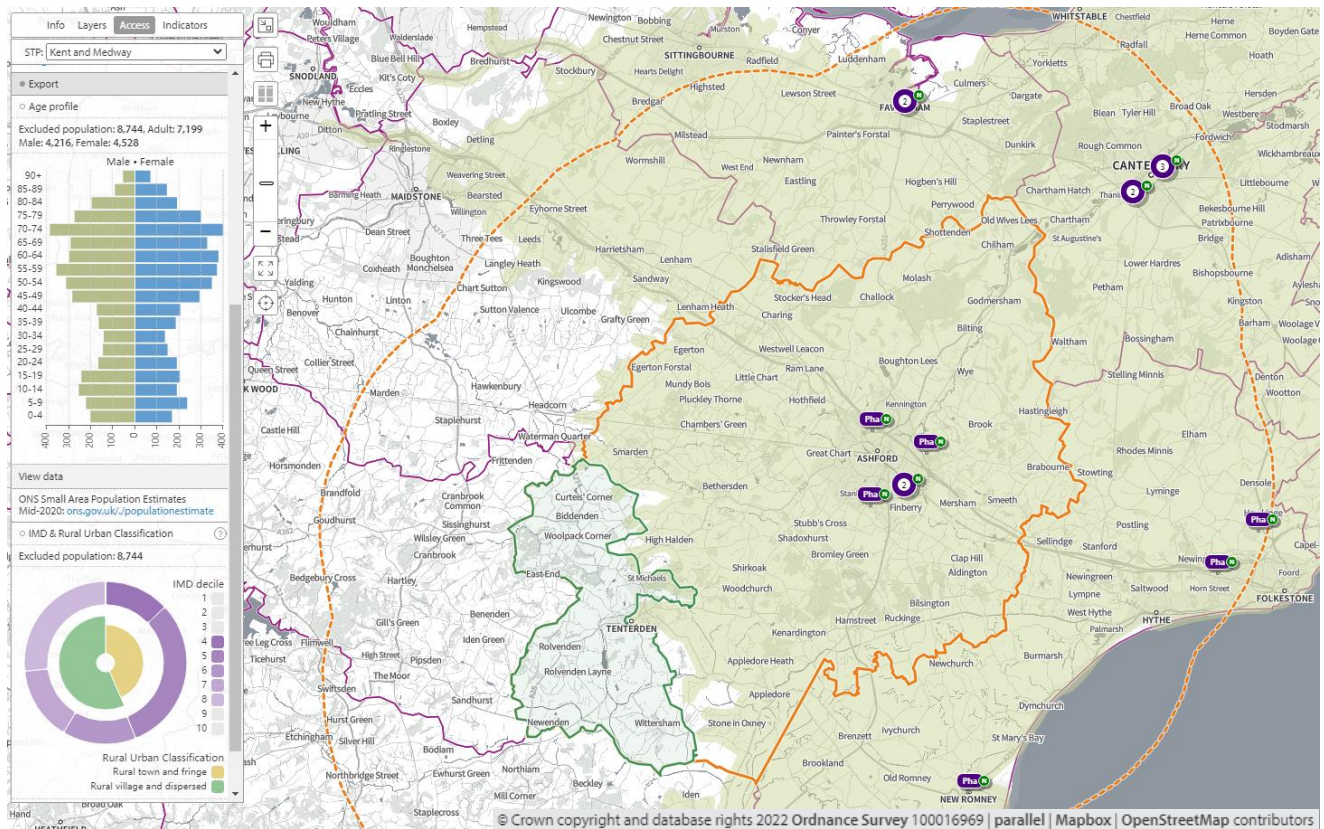
Map 26, below, shows **20-minutes car** access, as green shaded areas to community pharmacies/dispensing GP practices. The entire population of Ashford is within 20 minutes by car. All pharmacies are open for at least 3 hours on a Saturday.

Map 26. Locations of community pharmacies/dispensing GPs and areas within 20-minutes by car



In map 27, below, 20-minute **car access** to community pharmacies that are open until at least **20:00 hours on weekdays and open on Sundays** is shown as green shaded areas. The information shows that 9.5% of the population is not within 20 minutes by car of a community pharmacy at these times.

Map 27. Locations of community pharmacies open until at least 8pm and lower super output areas not within 20-minutes by car



3. Necessary services: current provision outside the localities area ⁽¹⁾

The information below indicates the number of prescriptions dispensed in and outside the locality.

- 2.46 million items prescribed in Ashford
 - 2.2 million items dispensed in Ashford
 - 1.2 million (54.5%) via Electronic Prescription Service
 - 255,908 (10.4%) dispensed outside of the district
 - 115,000 distance selling
 - 50,000 equally split between Folkestone and Hythe, Thanet and Canterbury

- 2.25 million items dispensed in Ashford
 - 1.64 million items dispensed by community pharmacies in Ashford
 - 615,000 dispensed by 10 GP practices:
 - Hamstreet Surgery – 155,116
 - Ivy Court Surgery – 140,747
 - Charing Surgery -119,836
 - Wye Surgery – 57,882
 - 52,844 items prescribed outside borough i.e. more going out than coming in

Some residents choose to access contractors outside both the locality and the Health and Wellbeing Board's area in order to access services:

- Offered by dispensing appliance contractors
- Offered by distance selling premises
- Which are located near to where they work, shop or visit for leisure or other purposes.

Taking into account this choice of pharmacy outside of the locality, the majority of residents can access a pharmacy and do access a pharmacy within the locality.

4. Other relevant services: current provision

The following advanced services were delivered by pharmacies in the Ashford locality in 2020/21

Table 25. Number of pharmacies providing advanced services

Advanced service name	No. of pharmacies
New Medicine Service	20
Appliance Use Review	0
Hypertension Service‡	20
Stoma Appliance Customisation	2
Community Pharmacist Consultation Service (CPCS)‡	20
Hepatitis C Antibody Testing Service	0
Seasonal Influenza Vaccination Advances Service	20
Covid Vaccination Service*	1
Covid Home Delivery Service*	15
Covid lateral flow device distribution*	20

*Specific to the Covid-19 pandemic

‡Services introduced during the year of study

Please note that three services were specific to the Covid-19 pandemic (Covid vaccination, homedelivery and lateral flow device distribution services) and that others were new services (CPCS, Hypertension service) introduced within the year. There is, however, good participation and early adoption of new services from pharmacies in this locality.

5. Other NHS services

The Strategic Health Asset Planning and Evaluation (SHAPE) web application provides the following information:

- Ashford Medical Partnership is open until 8pm on Mondays and 8.15pm on Wednesdays
- Singleton Health Centre is open until 7.15pm on Tuesdays, Wednesdays and Thursdays
- Charing Surgery is open 9am-12.30pm on Saturdays
- Hamstreet Surgery is open until 8pm on Tuesdays and 9am-12pm on Sundays
- Ivy Court Surgery is open from 6.30am on Tuesdays-Thursdays and 9am-12pm on Saturdays and Sundays
- Kingsnorth Medical Practice is open until 8pm on Wednesdays
- New Hayesbank Surgery is open until 8pm on Mondays and from 7am on Wednesdays and Thursdays and 8am-12pm on Saturdays
- Sydenham House Medical Centre is open 8am-2pm on Saturdays
- Woodchurch Surgery is open until 8pm on Tuesdays and from 7.30am on Wednesdays

- Wye Surgery is open until 7pm Monday-Thursday

There is a large district general hospital, The William Harvey Hospital, in Ashford. It has both an accident and emergency and minor ailment and injury services which do use NHS prescriptions.

There are also drug and alcohol services, other Kent and Medway NHS Hospital Trusts and Kent and Medway NHS and Social Care Partnership Trust and Kent Community Health NHS Foundation Trust with services that generate prescriptions that are dispensed by community pharmacies in this locality

- 14 pharmacies dispensed a total of 3,115 (mean = 222, range = 1-1,266) items from drug and alcohol services
- 20 pharmacies dispensed a total of 1,987 (mean = 99, range = 28-626) items from Kent and Medway NHS and Social Care Partnership Trust (secondary mental health services)
- 17 pharmacies dispensed a total of 134 items (mean = 7.9, range = 1-59) from KCHFT
- 20 pharmacies and 2 GP practices dispensed a total of 16,209 items (mean = 1,351, range = 55-2,320) from Kent and Medway hospitals

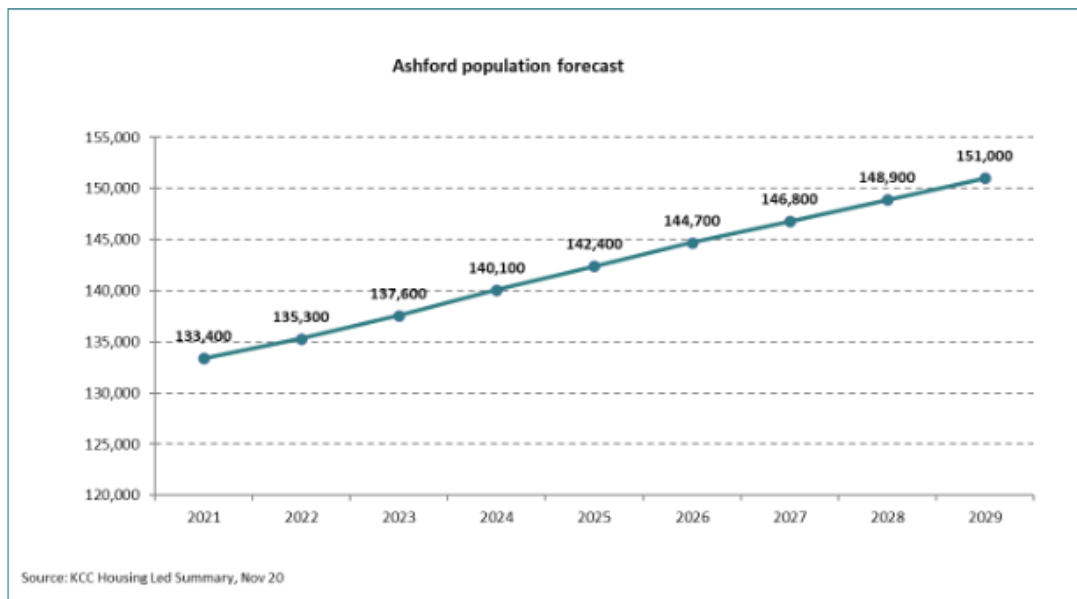
6. Choice with regard to obtaining pharmaceutical; services

As can be seen from sections 2 and 3, those living within the locality and registered with one of the GP practices generally choose to access one of the pharmacies in the locality in order to have their prescriptions dispensed or, if eligible, to be dispensed to by their practice. Those that look outside the locality usually do so either to access a neighbouring pharmacy, or a dispensing appliance contractor or distance selling premises outside of the Health and Wellbeing Board's area.

7. Developments

Figure 27 shows the predicted increase in the population of the Ashford locality continuing to grow over the lifetime of this PNA. By 2025 it is estimated that each pharmacy will serve a population of 7,120.

Figure 27 – Ashford Population Forecast



 **1 pharmacy per 7,120 people in 2025**

This is an increase of 569 people per pharmacy from 2022. As stated in the community pharmacy contracts survey the 11 pharmacies in the Ashford locality do have capacity to increase their services and 2 stated they did not. 13 responses were received from the 20 pharmacies of the Ashford locality.

Map 28 below shows where there are major housing developments planned in the coming years according to the Ashford Local Plan. Table 26 indicates the number of dwellings planned for each site. With an average of 2.4 people per proposed dwelling, the population around the major urban centre will increase by 11,892 by 2025.

Map 28. Location of housing developments in the Ashford Local Plan

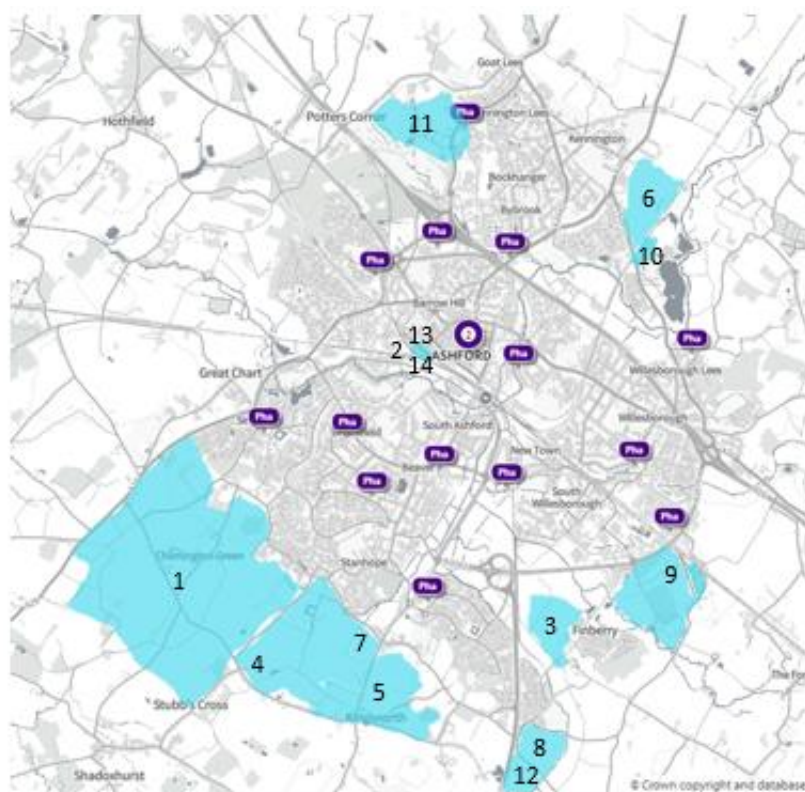


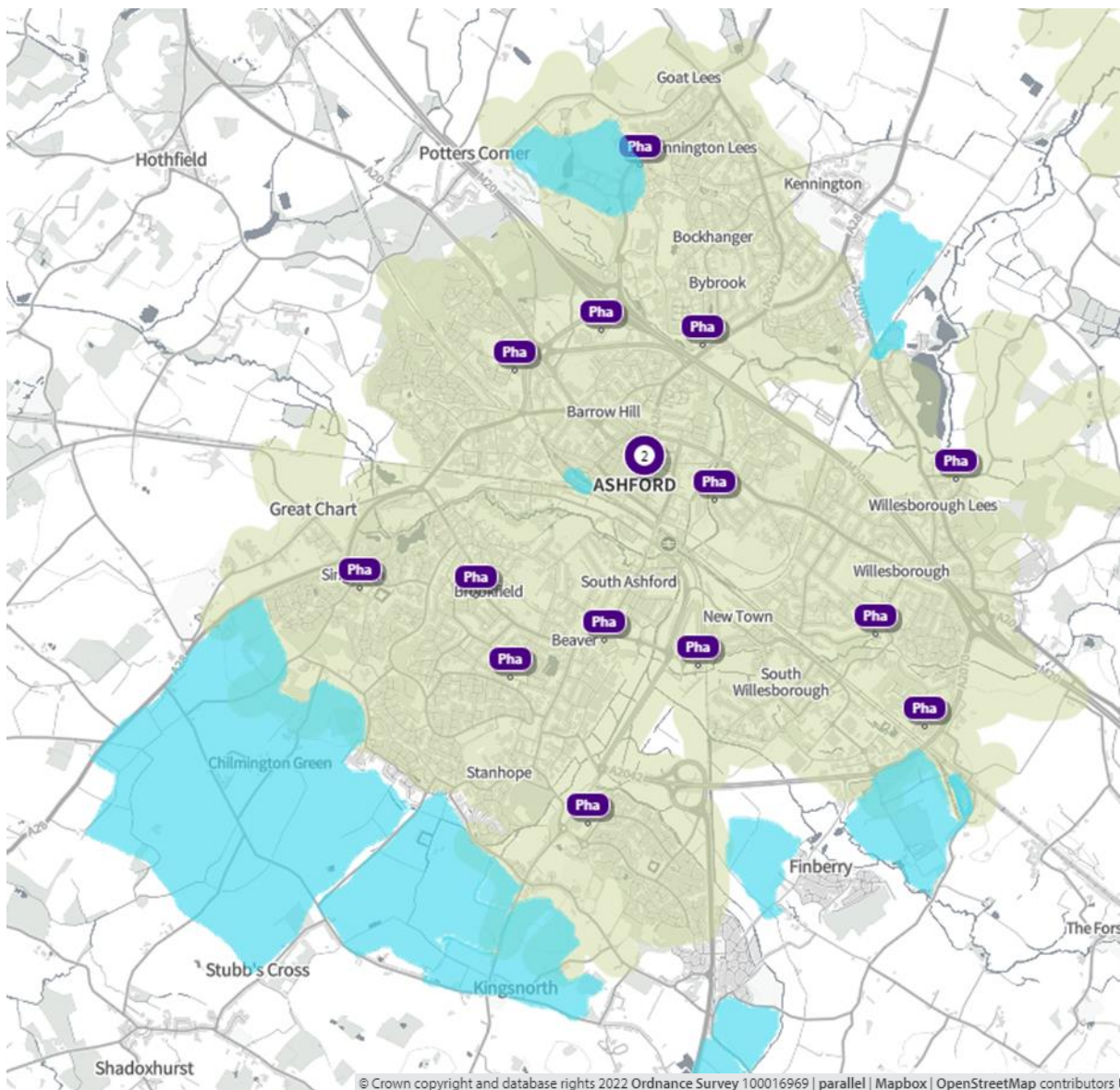
Table 26. Proposed housing developments – number of dwellings per year at each development

Site Name	20/21	21/22	22/23	23/24	24/25	25/26	26/27	27/28	28/29	29/30	2025	2030
1. Chilmington Green	200	200	200	200	200	250	250	250	250	300	1000	2300
2. Former Powergen	222	189	189	60							660	660
3. Finberry (LP 2000)	120	120	100	65							405	405
4. Court Lodge, Kingsnorth		50	90	110	110	110	120	120	120	120	360	950
5. Land north of Steeds Lane and Magpie Hall Road, Kingsnorth	50	60	60	60	60	55	55				290	400
6. Land NE of Willesborough Road, Kennington (S2)	25	50	50	75	75	80	80	80	80	80	275	675
7. Land south of Pound Lane, Kingsnorth (S5)	50	50									100	100
8. Park Farm south east	100	100	75								275	275
9. Waterbrook	50	50	50	50	50	50	30				330	330
10. Conningbrook	50	75	75	70	50	50					370	370
11. Eureka Park	30	50	50	80	80	85					375	375
12. Land south of Brockmans Lane			50	50							100	100
13. Elwick Road		100	100								200	200
14. Victoria Way East	115	100									215	215

Access, with 20 minutes by walking, public transport and driving from these new developments to community pharmacies is shown in the following maps. The maps show access on different days and times of the week.

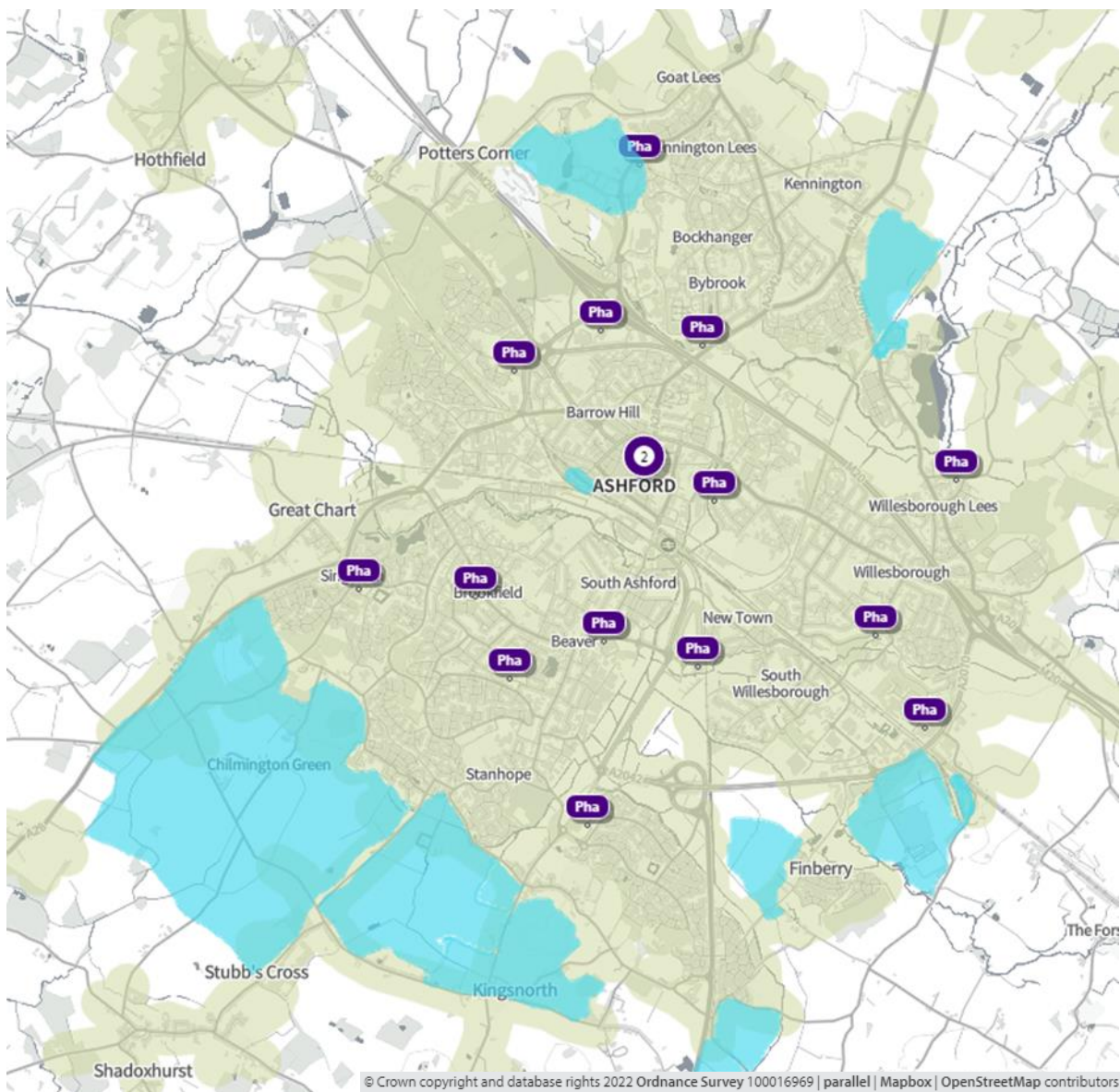
In map 29, below, **the green shaded areas** are within a **20-minute walk** of a community pharmacy/dispensing GP practice and the **blue shaded areas** are **locations of major housing developments (≥100 dwellings)**

Map 29. Location of community pharmacies, proposed housing developments, and areas within a 20 minute walk of a community pharmacy



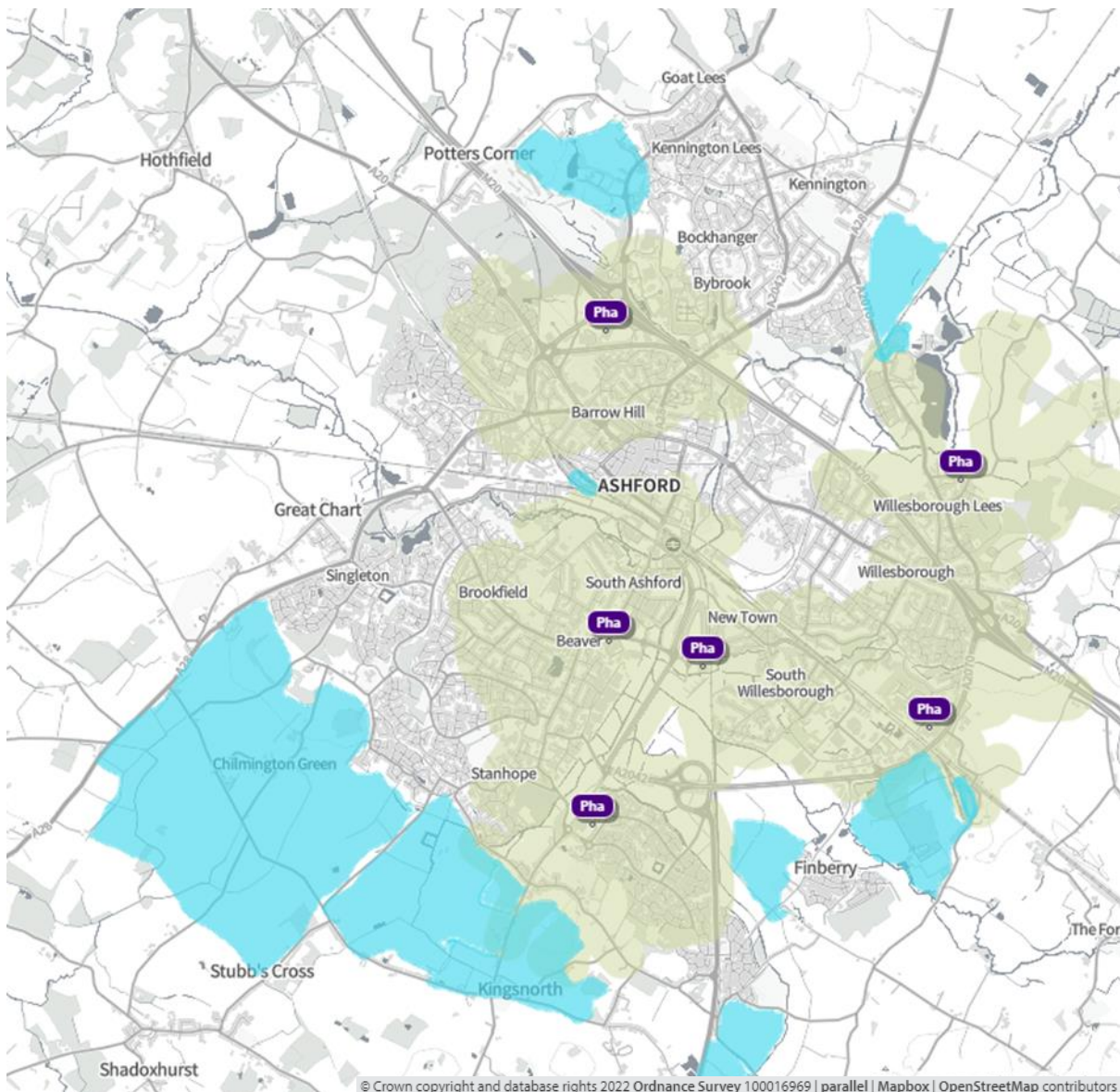
In map 30, below, the green shaded areas are within 20-minutes by public transport of a community pharmacy/dispensing GP practice and the **blue shaded areas are locations of major housing developments (≥100 dwellings)**

Map 30. Location of community pharmacies, proposed housing developments, and areas within 20 minutes of a community pharmacy by public transport on weekday mornings



In map 31, below, the green shaded areas are within a 20-minute walk of a community pharmacy that is open on Sundays and to at least 8pm weekdays. **The blue shaded areas are locations of major housing developments (≥100 dwellings)**

Map 31. Locations of community pharmacies open on Sundays and until at least 8pm, proposed housing developments, and areas within 20 minutes of a community pharmacy by public transport on weekday evenings

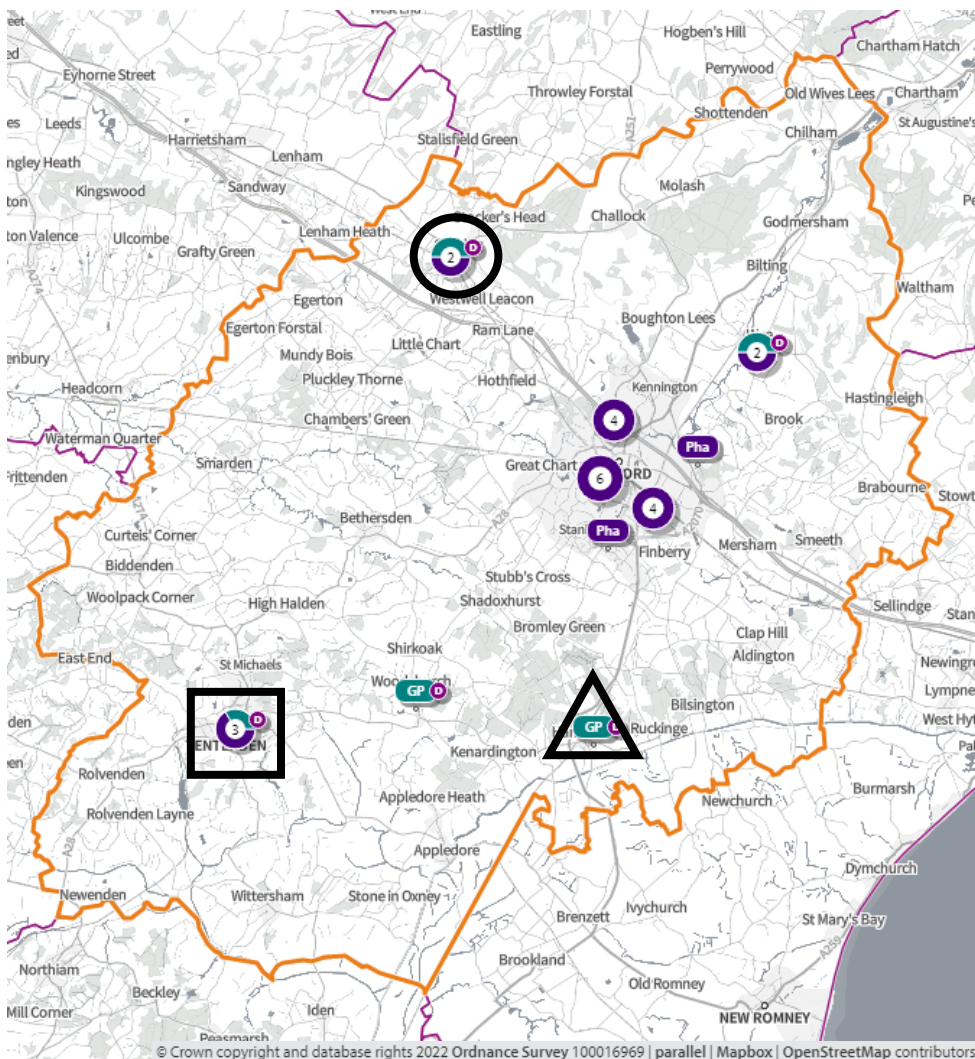


There are additional areas of significant housing development in the vicinity of existing pharmacies or dispensing practices. Hamstreet (shown in the black triangle) is considered suitable for 130 new dwellings and a care home of circa 60 beds.

Charing (shown in the black circle) is proposed for development of around 200 dwellings.

Tenterden (shown in the black square) is proposed for development of around 225 dwellings

Map 32. Locations of community pharmacies/dispensing GPs and proposed housing developments



8. Necessary services: - Gaps in provision

The current pharmacy services provision matches the distribution of the population. Over the next three years significant development is planned on the periphery of Ashford town, with the greatest development occurring to the south-west of the town. All areas are currently well served by community pharmacies with access within 20 minutes by foot and public transport. It is of note that Ashford has a good off-road cycle network providing access to services.

The pharmacies currently provide service per pharmacy to a higher population than that the English average. In the contractor's questionnaire only two pharmacies out of thirteen responses stated that they did not have capacity to respond to increased demand. This may be due to current work force constraints. This indicates a gap in provision in the area southwest of Ashford town area for pharmacy services providing both essential and advanced services.

9. Improvements or better access: Gaps in provision

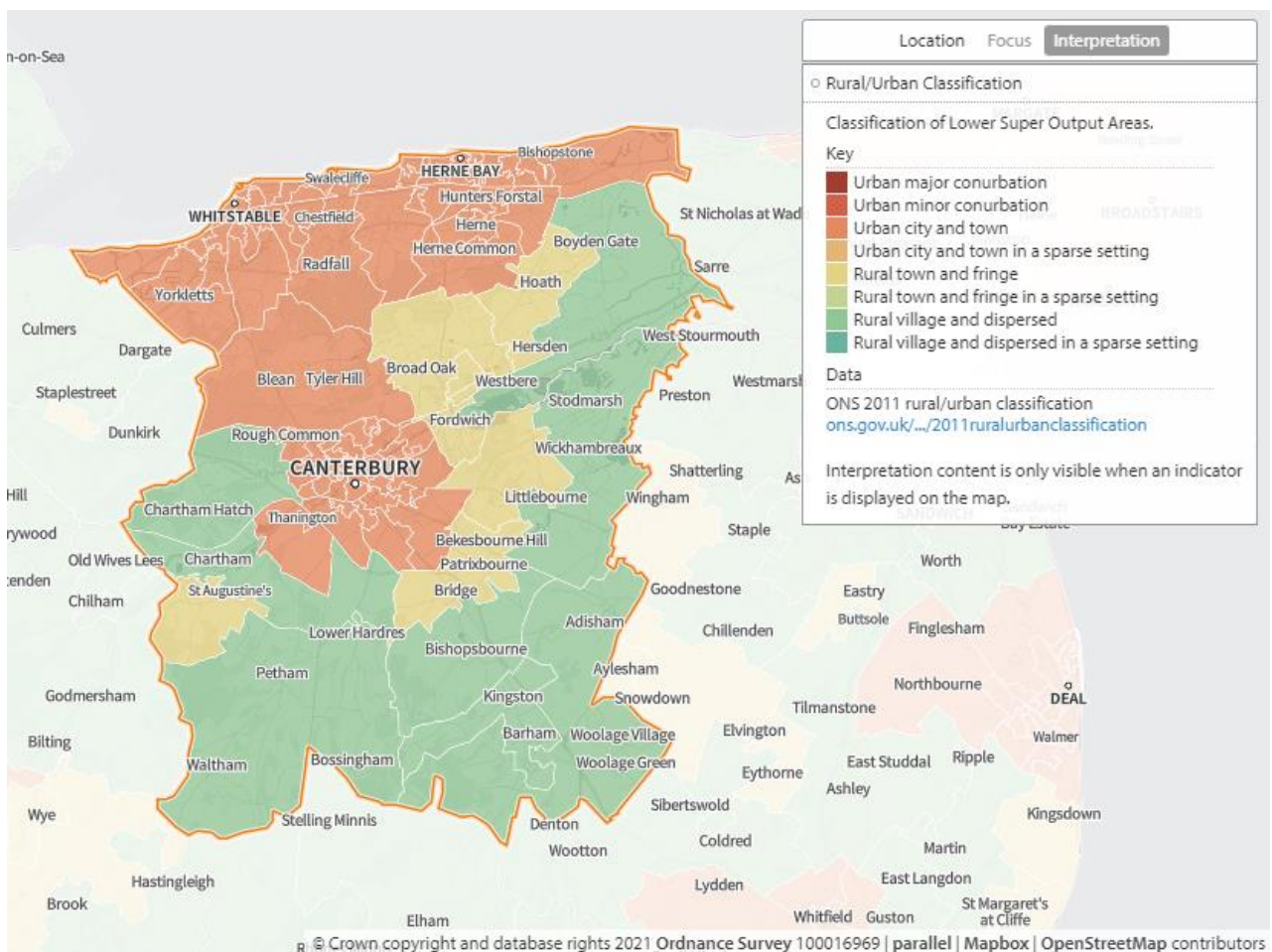
An increase in pharmacy provision, of both essential and advanced services, will be needed in the next three years in the area to the southwest of the Ashford town centre namely the Chilmington and Kingsnorth area, if the proposed housing is built.

9 Canterbury City Council Locality

1. Key Facts

The Canterbury locality is co-terminus with the Canterbury District Council area. The locality is largely rural, with a coastal strip taken up by 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.

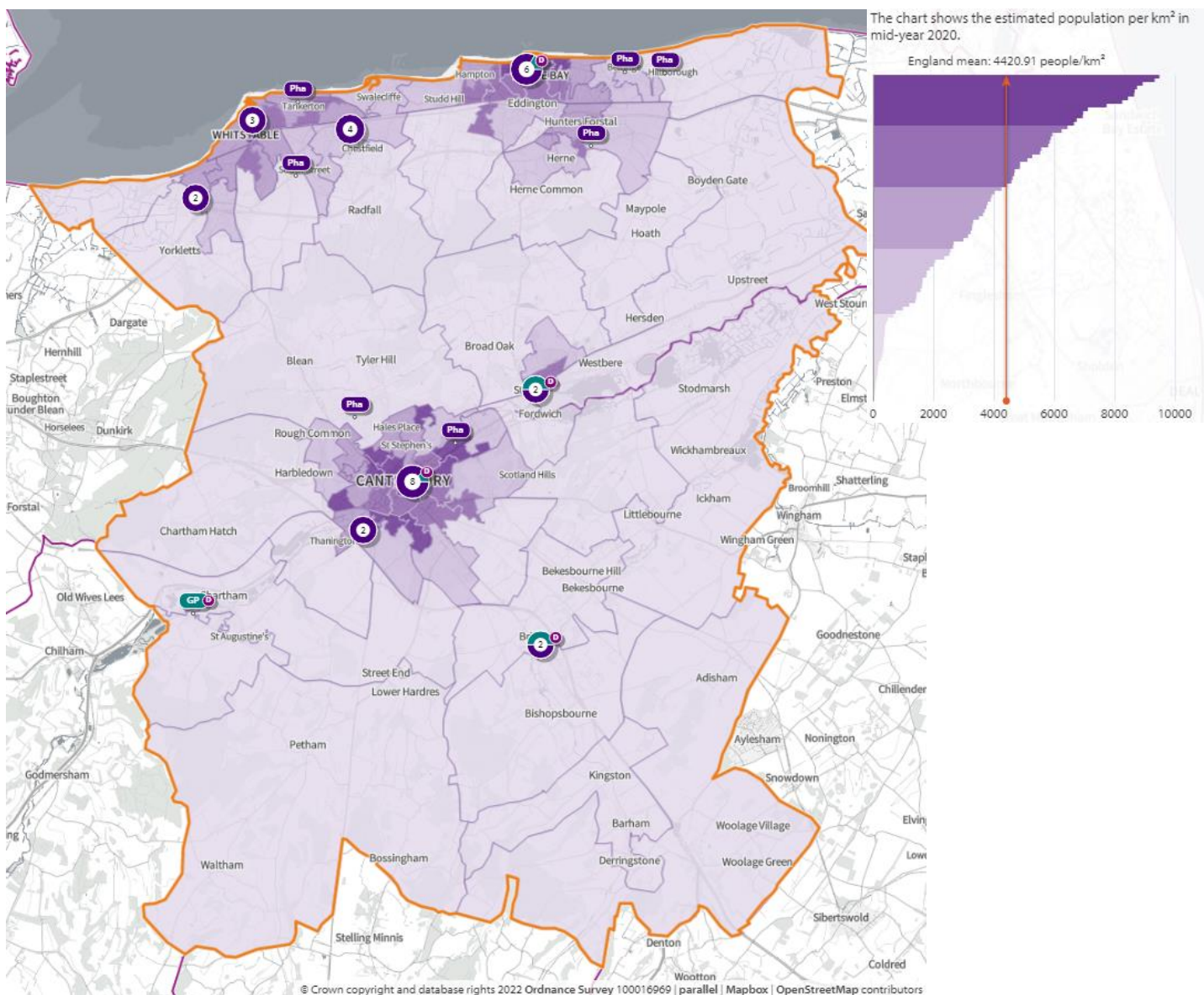
Map 33. Rural/urban classification of lower super output areas



Population

Map 34 below shows the distribution of the population in the locality. The population density is greatest in and around the city of Canterbury and along the northern coastal strip. The southern part of the Canterbury locality is less populated and largely rural. Canterbury has a population of approximately 40,000 students, many of which will temporarily move out of the area at the end of university terms.

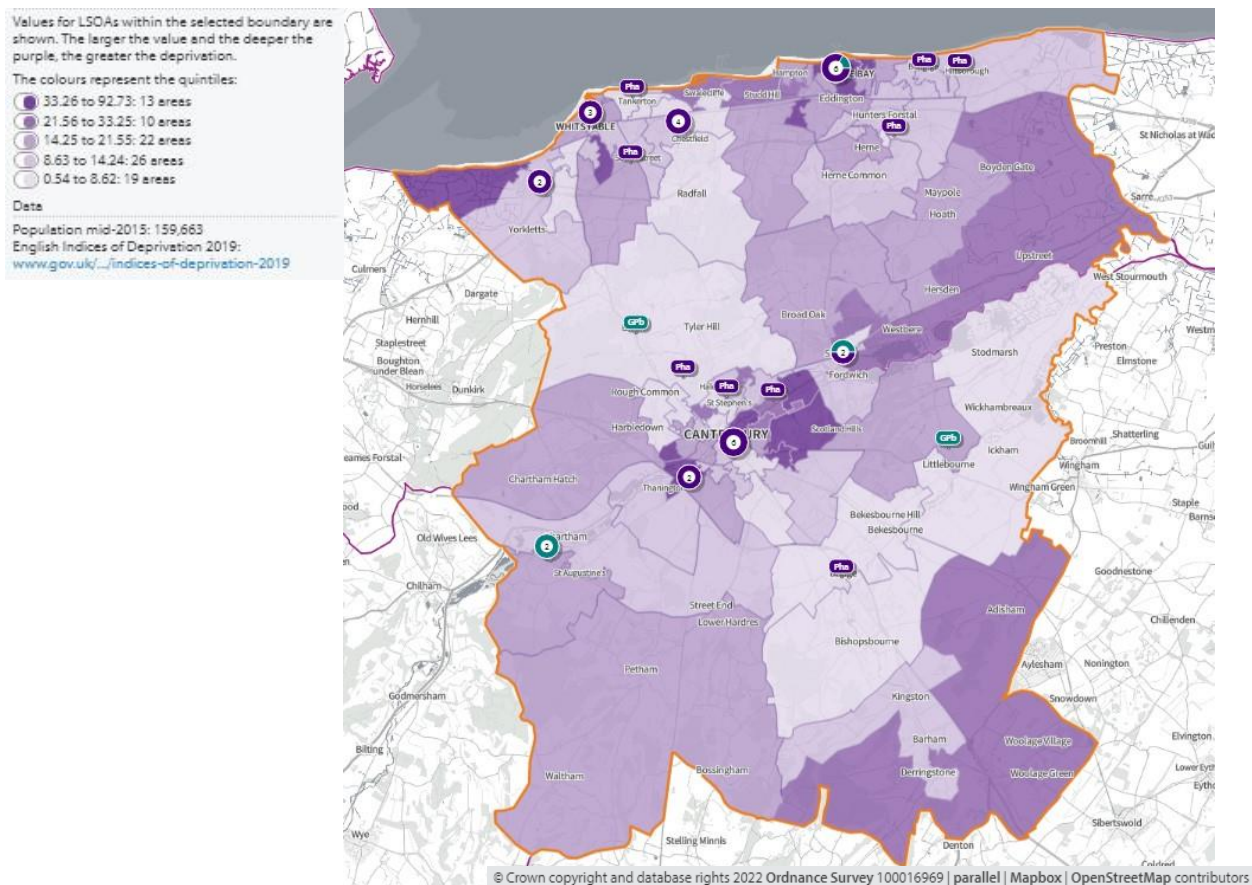
Map 34. Population density of lower super output areas overlaid with locations of pharmacies and dispensing doctors



Deprivation

Map 35 below shows the areas of deprivation in the Canterbury locality. Canterbury is ranked 8th out of Kent's 12 districts for deprivation. The majority of the district has relatively low or average deprivation but there a number of densely populated areas with relatively high deprivation. Two LSOAs are within the top 10% most deprived areas in England: one on the outskirts of the city of Canterbury and one in Herne Bay. Employment rates are similar to the Kent average as are educational attainment⁽⁶³⁾ (64).

Map 35. Deprivation of lower super output areas overlaid with locations of pharmacies and dispensing doctors



Language

English is the main language for all people aged 16 or over in 94% of households in the district. 2.6% of households have no people with English as the main language⁽²⁾.

House ownership

66% of houses are owned either outright (36%) or with a mortgage (30%). The average number of occupants per household is 2.3, slightly lower than the Kent average of 2.4 ⁽²⁾.

Age Distribution

The average age of Canterbury district residents is 40.6, slightly lower than the Kent average of 41.4. 20.8% of the population is over 65 and 15.9% 0-15 (the lowest proportion of 0-15 of all Kent districts) ⁽²⁾. Life expectancy at birth is 79.4 for males and 82.8 for females ⁽⁴⁶⁾.

Economy

By industry, the top three employers in the Canterbury district are education (19.7%), wholesale and retail trade (15.9%) and human health and social work activities (15.9%) ⁽¹⁵⁾. Canterbury has a much higher proportion of employees working in education compared to the Kent average (19.7% vs 10.2%). By industrial grouping, 24% of jobs are in Knowledge Economy compared to the Kent average of 15.7% ⁽¹⁵⁾. 24% is the highest proportion of jobs in a single industrial grouping across all districts ⁽¹⁵⁾.

Car ownership

23% of households in Canterbury district do not have a car or van in the household ⁽¹³⁾.

Care Homes

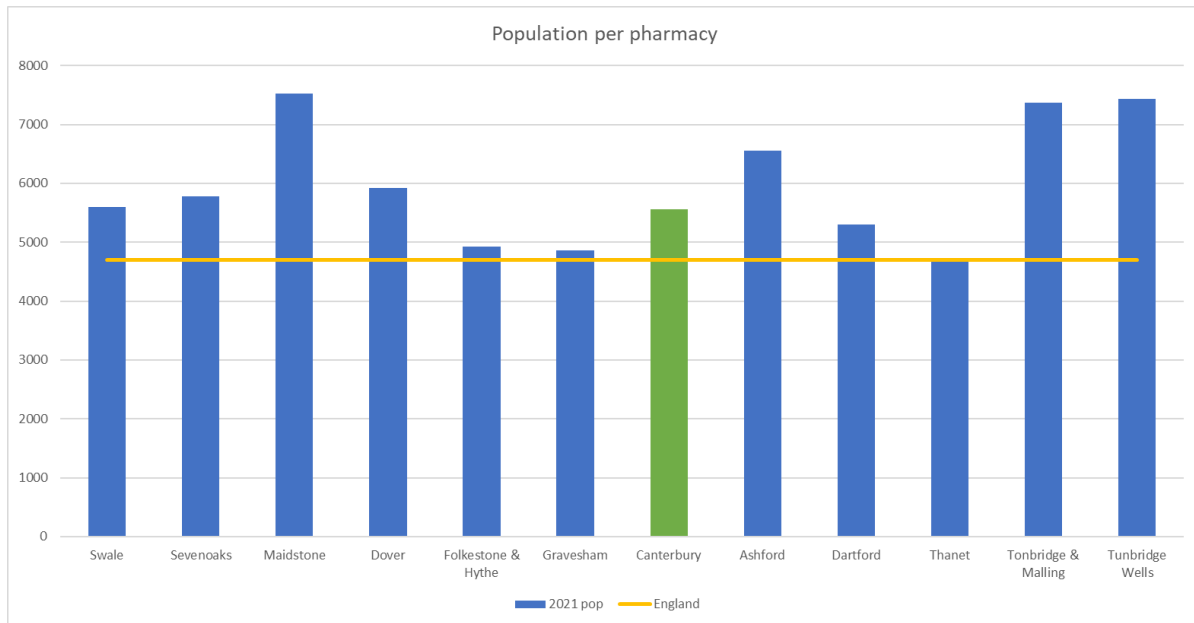
There are a considerable number of care homes in the Canterbury locality. Patients who are looked after in a care home setting are often high users of medicines. However, because of the nature of their care, they rarely access pharmaceutical services individually, leaving this to be carried out by the care home staff. More recently care home organisations do not use local pharmacies for this service, favouring the large “hub” or “internet” pharmacies which specialise in this type of one-stop service. Therefore, there is not considered to be any relationship between the number of care homes and the need for local pharmaceutical services.

2. Necessary services: current provision within the locality

(All data presented in this section is for the financial year 2020/21 with the exception of lateral flow devices data which covers the 4 months from April 2021 to July 2021)

There are 30 Community pharmacies providing dispensing services in the Canterbury locality. That is one pharmacy per 5,559 head of population. Figure 28 below shows how this compares with the other localities of Kent.

Figure 28. Number of people per pharmacy in each locality



In addition, there are 6 dispensing GP practices in the locality.

The facts below indicate that the majority of prescriptions generated in the locality are dispensed in the locality. There are 5.6% of prescriptions generated in the area that are dispensed in neighbouring areas and an even slightly greater percentage that are generated outside the locality and dispensed by Canterbury locality community pharmacies ⁽¹⁾.

- 1,649 outside prescribers dispense in Canterbury
 - 5.9% of all items dispensed in Canterbury
- 23 prescribers in Canterbury
 - 94.1% of all items dispensed in Canterbury
- 42 dispensers in Canterbury
 - 94.4% of all items prescribed Canterbury
- 2,659 dispensers outside of Canterbury
 - 5.6% of all items prescribed in Canterbury

Pharmacy locality: Maps 1 and 2 above show the locality of the community pharmacies and GP dispensing practices.

Opening times: 22 of the pharmacies open at least one hour after 17:00 on weekdays. 24 are open on Saturdays and 4 open Saturday and Sunday. The weekly opening hours range from 40 to 102, with the average opening hours being 57 each week.

The tables below show the core and supplementary hours of each pharmacy ⁽⁶⁵⁾.

Table 27. Opening times for all pharmacies

Pharmacy	Total weekly hours	Max. hours open after 5pm at least 1 day/week	Saturday hours	Sunday Hours
Boots, Wincheap	102	7	16	6
Lloyds Pharmacy, Whitstable	101	6	15	6
Park Pharmacy	100	5	15	10
Lloyds Pharmacy, Sainsbury	84	4	13	6
Tesco Pharmacy, Whitstable	78	3	12	6
Asda Pharmacy	77	5	11	6
Morrisons Pharmacy	71	3	10	6
Boots, Whitefriars	60	1	9	6
Swalecliffe Pharmacy	58	2	8	0
Borno Chemists	54.5	2	4.5	0
Superdrug Pharmacy	53	0.5	8	0
Cheadles, St. Dunstons Street	52.5	1.5	5	0
Cheadles, High St., Whitstable	51	0.5	8.5	0
Boots, Whitstable	51	0.5	7.5	6
Boots, Mortimer St., Herne Bay	51	0.5	8.5	0

Table 27 continued

Pharmacy	Total weekly hours	Max. hours open after 5pm at least 1 day/week	Saturday hours	Sunday Hours
Eckersley Pharmacy	51	1	3.5	0
Boots, Station Rd., Herne Bay	49.5	1	7	0
Sturry Pharmacy	49	1	4	0
Tyrrell & Jones	48.5	1	3.5	0
Estuary View Pharmacy	47.5	1.5	0	0
Boots, Oaten Hill	47.5	1	7.5	0
Lloyds Pharmacy, Herne Bay	46.5	0.5	4	0
Cheadles, Faversham Rd.	45	1	0	0
Cheadles, Giles Avenue	45	1	0	0
Tankerton Pharmacy	44	1	4	0
Bridge Pharmacy	43.5	1	3.5	0
Delmergate Ltd, Beltinge	41.5	0.5	4	0
Delmergate Ltd, Herne Bay	40	1	0	0
Delmergate Ltd, Broomfield	40	0.5	0	0
Porter Chemist	40	0.5	0	0

The dispensing GP practices in the Canterbury locality are:

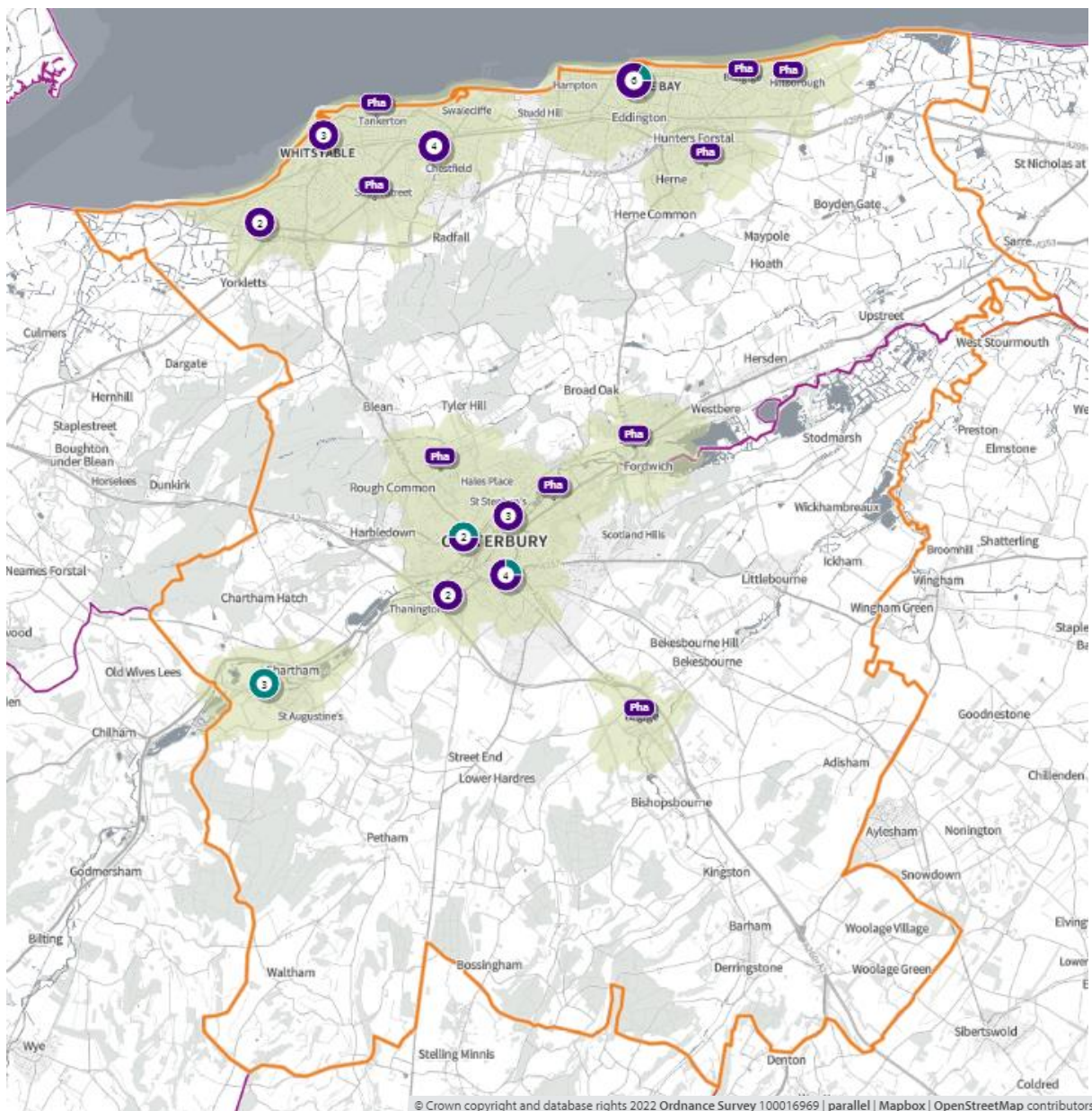
- Blean surgery CVT2 9HP
- Chartham Surgery CT4 7JU
- Sturry Surgery CT2 0EF
- William Street surgery, Herne Bay CT6 5NR
- Littlebourne Surgery CT3 1UH
- The Old School Surgery CT4 7JY

Access to Pharmacy Services

Travel times

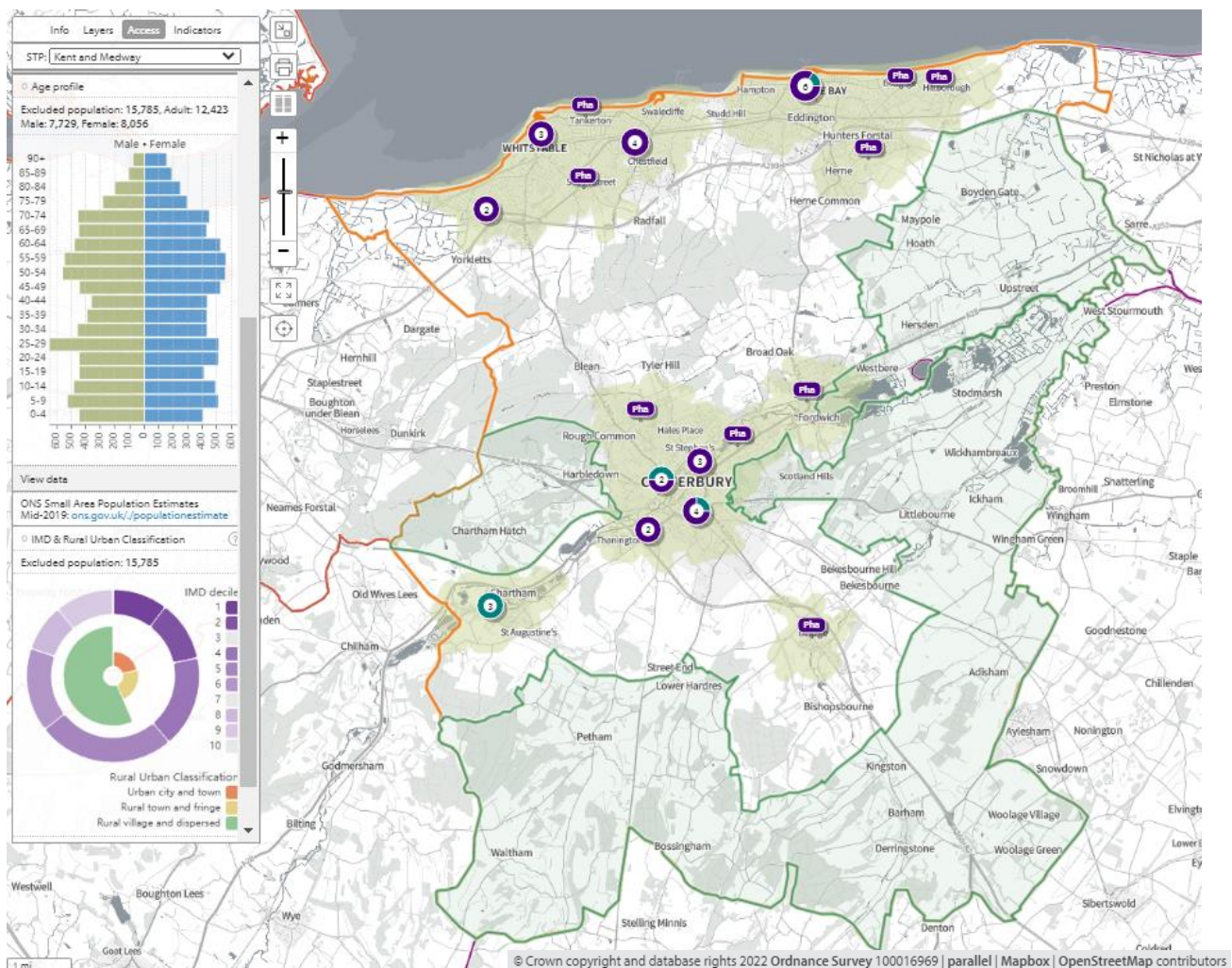
In **map 36**, below, the green shaded areas are within a **20-minute walk** of a community pharmacy/dispensing GP practice. All pharmacies are open for at least 3 hours on a Saturday in addition to their weekday opening hours. The data indicates that 15,785(9.5%) people are not within a 20-minute walk.

Map 36. Locations of community pharmacies/dispensing GPs and areas within a 20-minute walk



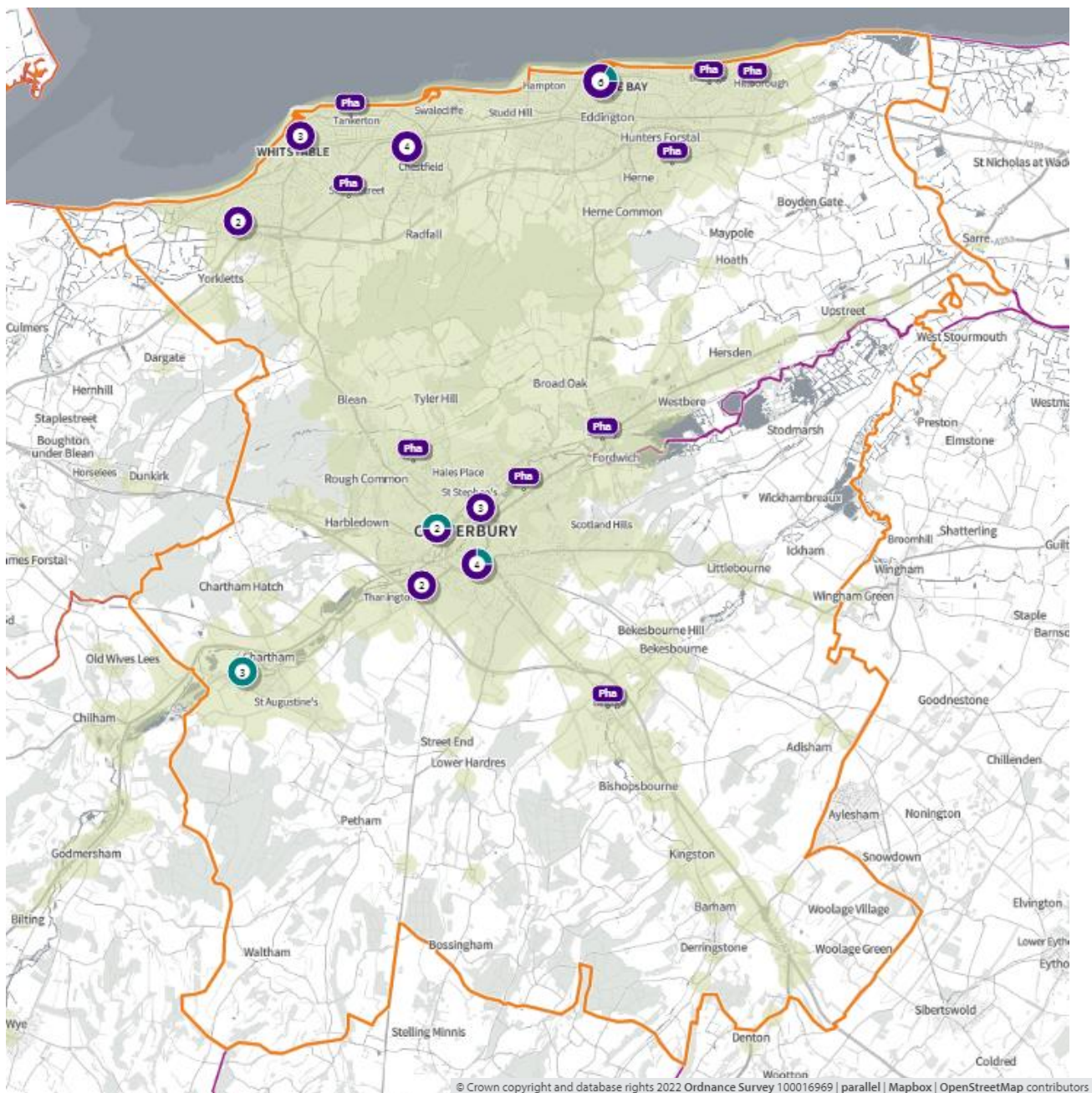
Map 37, below, shows **20 minutes walking** access for those in the population over **65 years of age**. 9.7% of 65+ population is not within a 20 minutes' walk of a community pharmacy or dispensing GP practice.

Map 37. Locations of community pharmacies/dispensing GPs and lower super output areas not within a 20-minute walk



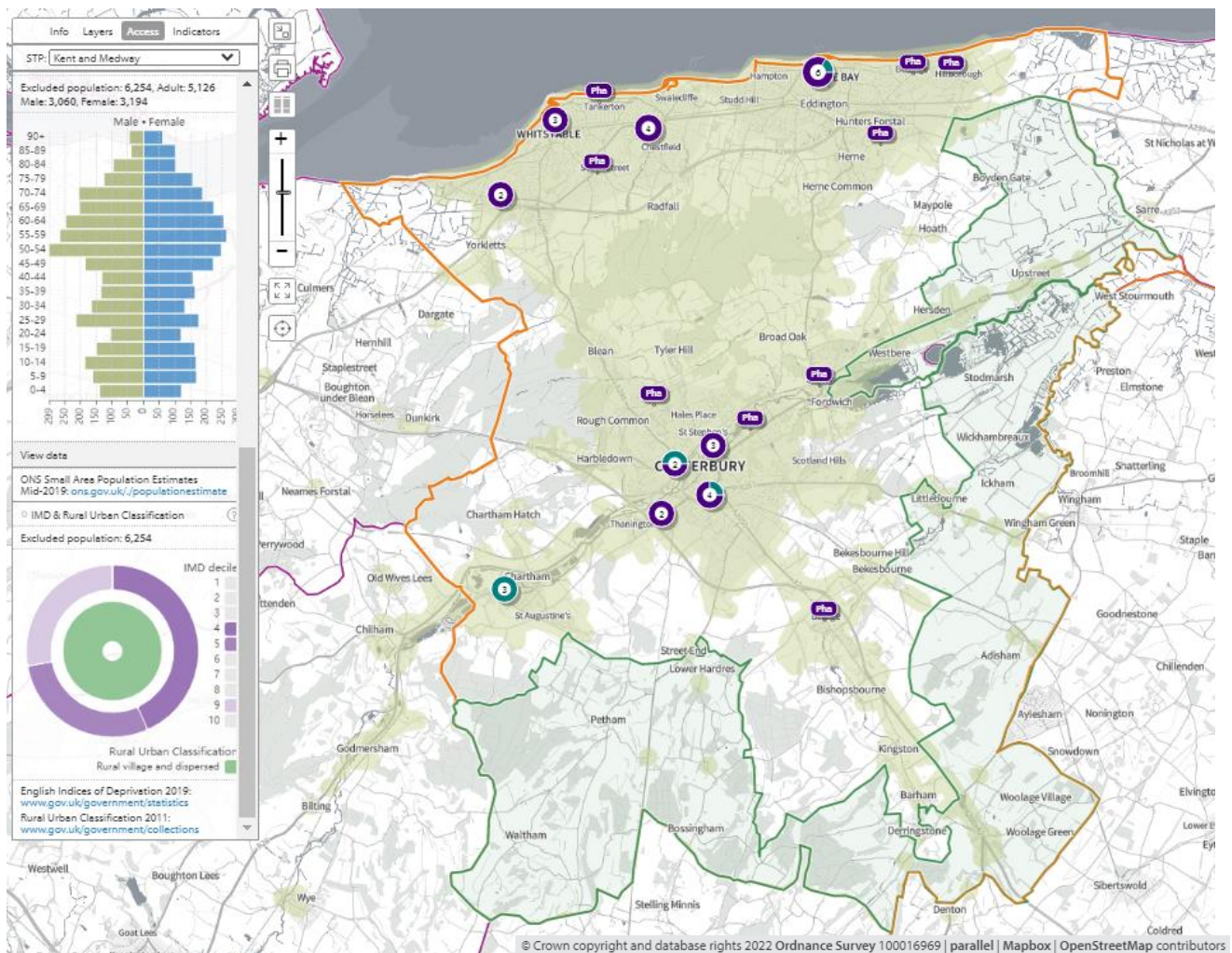
Map 38, below, shows **20 minutes public transport** access, as green shaded areas to community pharmacies/dispensing GP practices.

Map 38. Locations of community pharmacies/dispensing GPs and areas within 20-minutes by public transport on weekday mornings



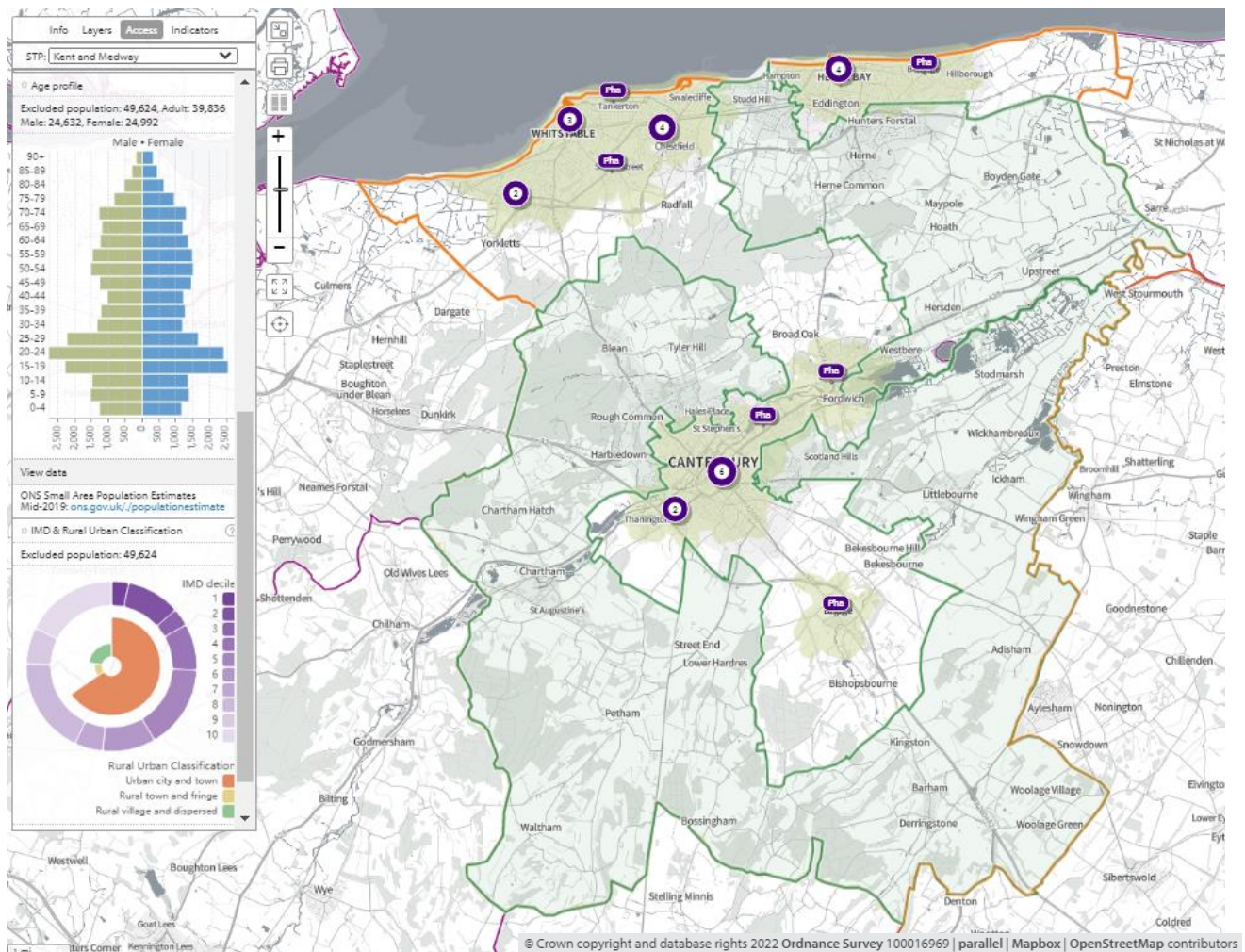
Map 39, below, shows **20-minute public transport** access, as green shaded areas to community pharmacies/dispensing GP practices. 6,254 (3.8%) people are not within 20-minutes by public transport. 9.7% of people aged 65+ are not within 20-minutes by public transport.

Map 39. Locations of community pharmacies/dispensing GPs and lower super output areas not within 20-minutes by public transport on weekday mornings



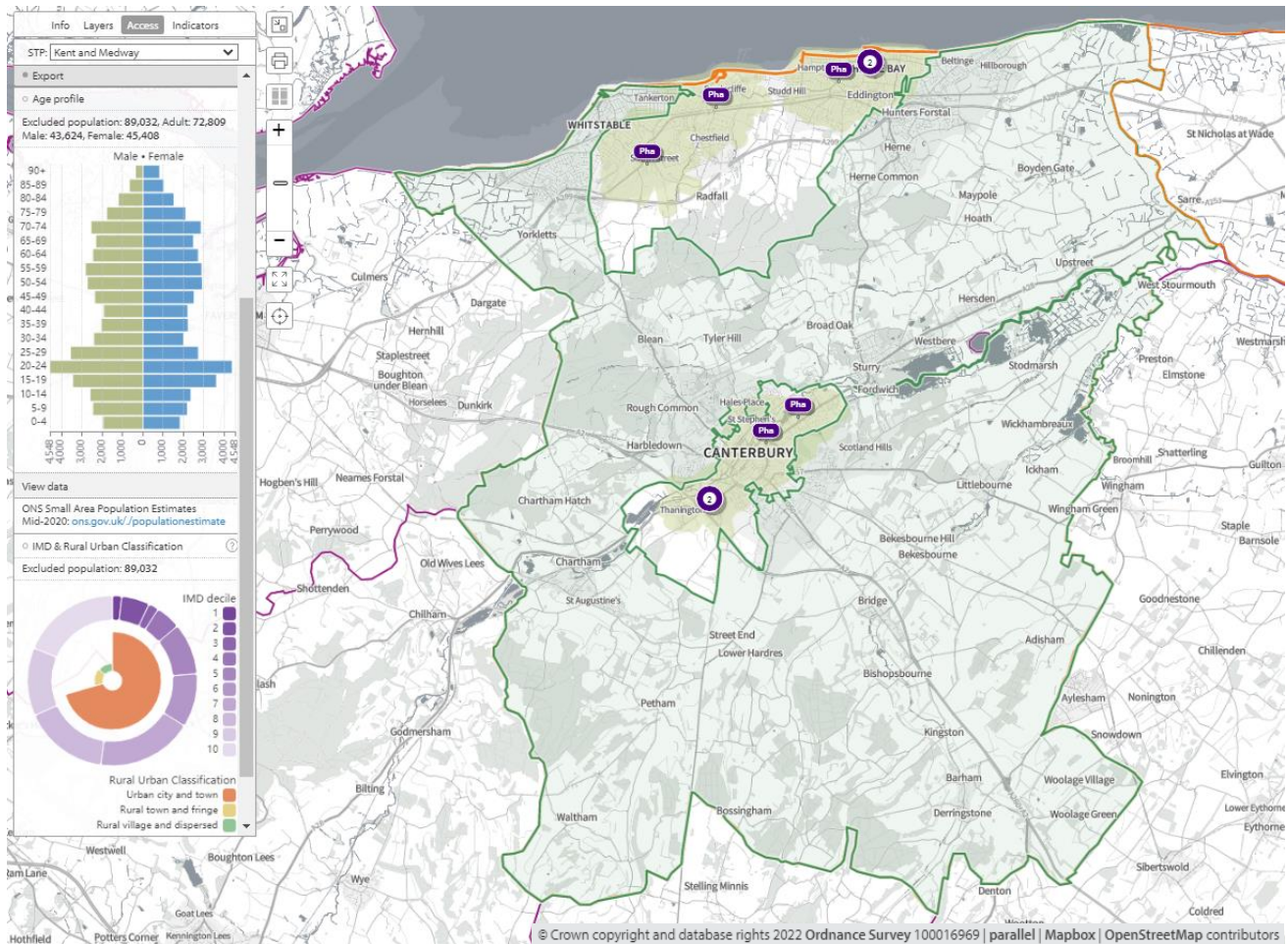
In **map 40**, below, 20-minute **walking access** to community pharmacies that are open at weekends is shown. 29.8% of the population is not within a 20-minute walk of a community pharmacy that opens at the weekend.

Map 40. Locations of community pharmacies open weekends and lower super output areas not within a 20-minute walk



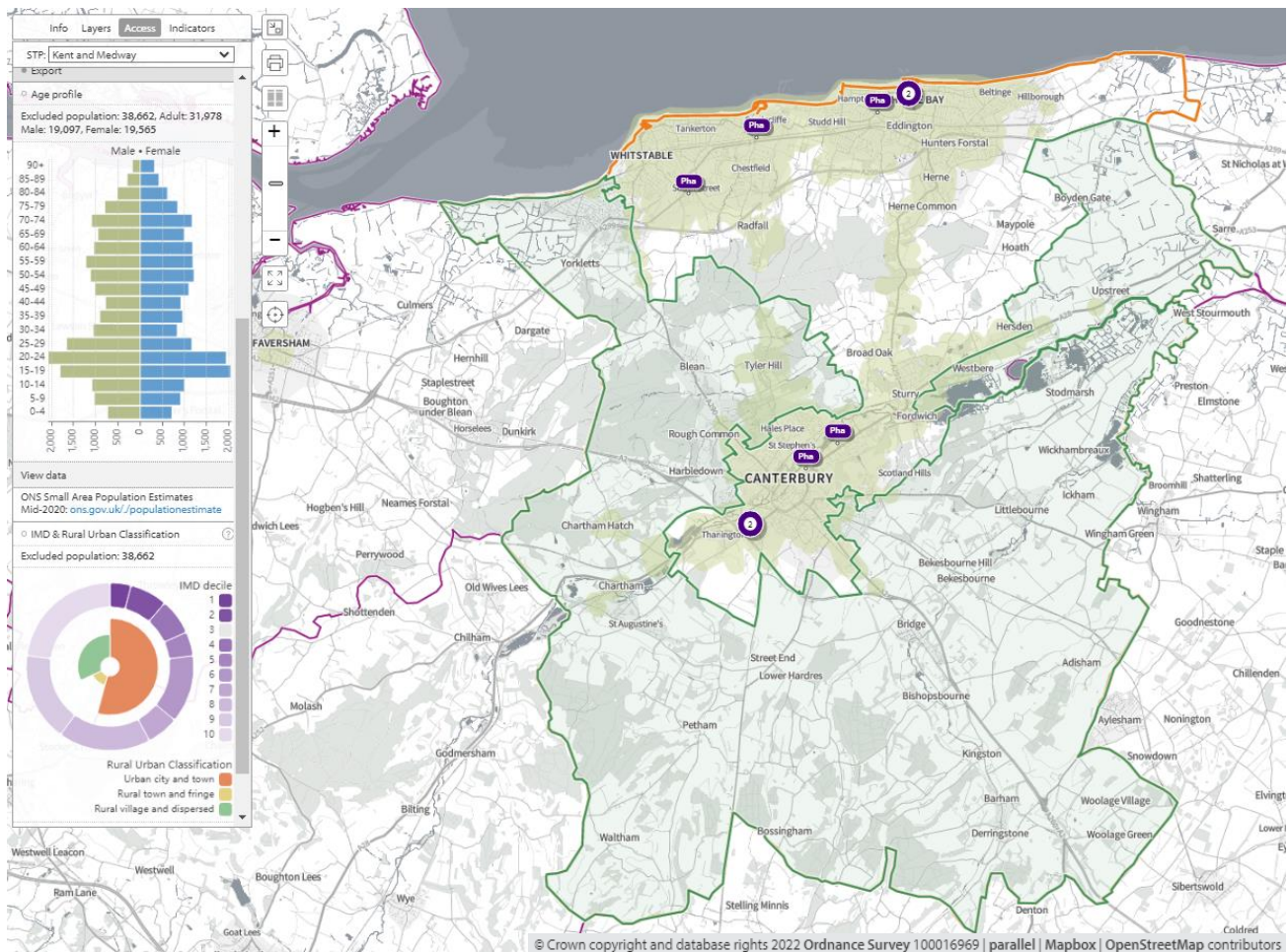
In **map 41**, below, 59% of the population (67.6% of 65+) is not within a 20-minute walk of a community pharmacy that opens until at least 7pm on one day a week

Map 41. Locations of community pharmacies open until at least 7pm and lower super output areas not within a 20-minute walk



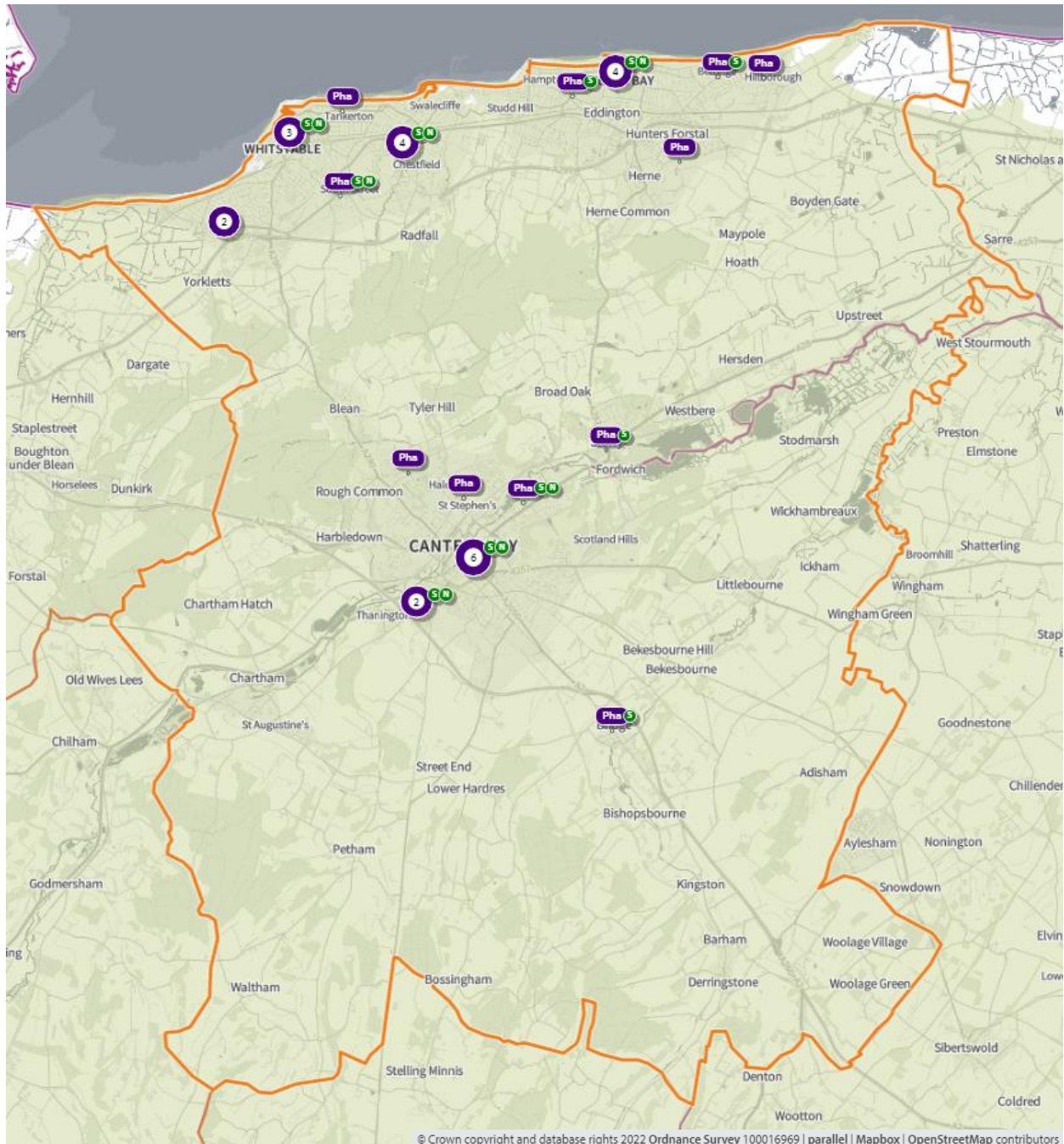
In **map 42**, below, 25.6% of the population (28.1% of 65+) is not within 20 minutes by public transport of a community pharmacy that opens until at least 7pm on one day a week.

Map 42. Locations of community pharmacies open until at least 7pm and lower super output areas not within 20-minutes by public transport



In **map 43**, below, access during **core opening hours, Saturdays and Sundays** is shown. The olive-green shaded areas are within a **20-minute drive** of a community pharmacy/dispensing GP practice. The entire population is within a 20-minute drive.

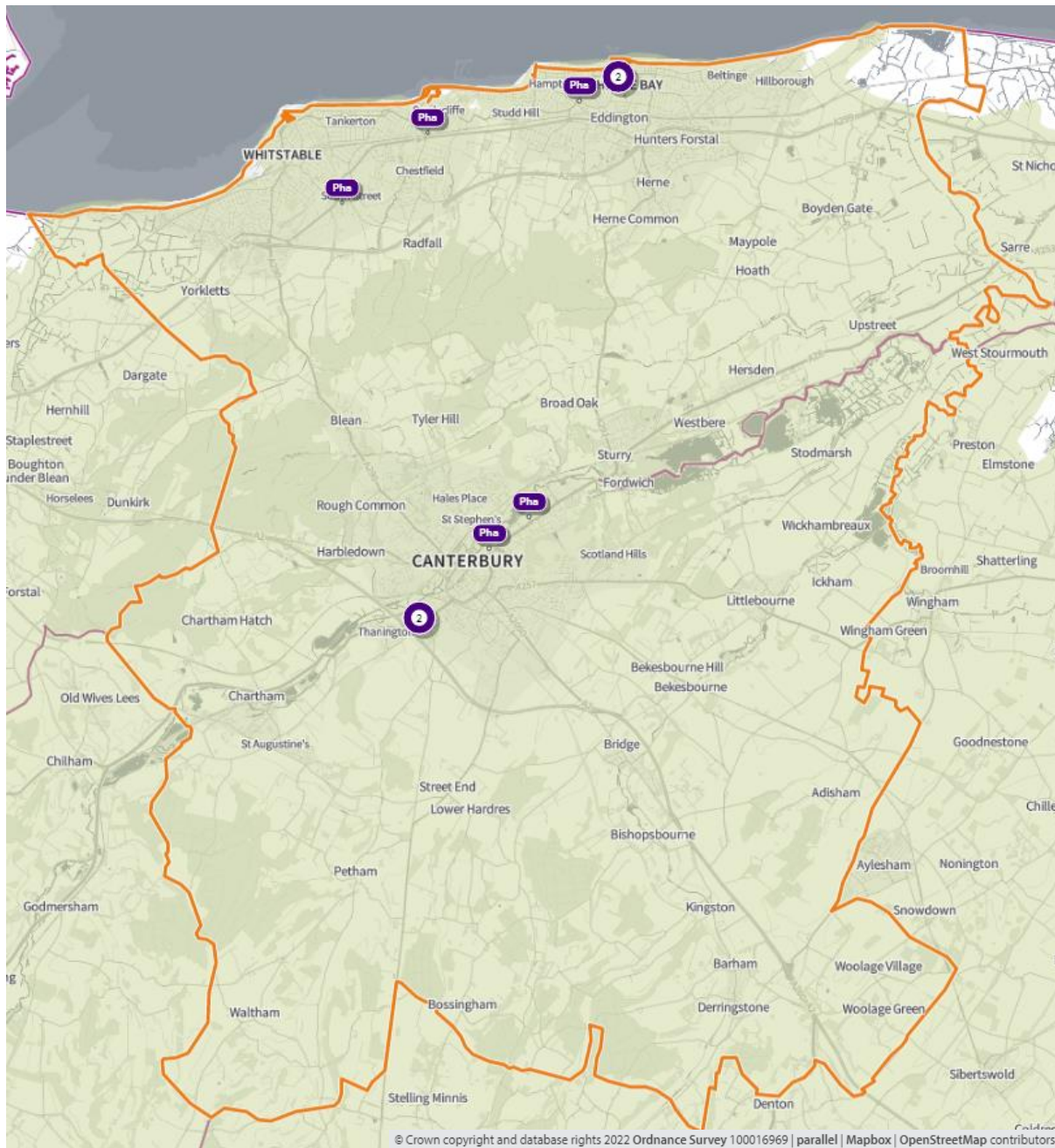
Map 43. Locations of community pharmacies and areas within 20-minutes by car



S = open Saturday N = open Sunday

In **map 44**, below, the green shaded areas are within **20-minutes by car** of a community pharmacy that opens **until at least 7pm on weekdays**. The entire population is within a 20-minute drive.

Map 44. Locations of community pharmacies open until at least 7pm on weekdays and areas within 20-minutes by car



3. Necessary services: current provision outside the localities area ⁽¹⁾

The information below indicates the number of prescriptions dispensed in and outside the locality.

- 2.9 million items prescribed in Canterbury
 - 2.74 million items dispensed in Canterbury
 - 2.36 (86.1%) million via Electronic Prescription Service
 - 164,096 dispensed outside of the district
 - 97,914 distance selling
 - 18,624 dispensed in Dover
 - 12,140 dispensed in Thanet

- 2.9 million items dispensed in Canterbury
 - 2.6 million items dispensed by community pharmacies in Canterbury
 - 308,401 dispensed by 10 GP practices:
 - Old School Surgery – 143,921
 - Canterbury Medical Practice – 56,881
 - Northgate Medical Practice – 46,796
 - 170,545 items prescribed outside borough i.e. more going out than coming in

Some residents choose to access contractors outside both the locality and the Health and Wellbeing Board's area in order to access services:

- Offered by dispensing appliance contractors
- Offered by distance selling premises
- Which are located near to where they work, shop or visit for leisure or other purposes.

Taking into account this choice of pharmacy outside of the locality, the majority of residents can access a pharmacy and do access pharmacy services within the locality.

4. Other relevant services: current provision

The following advanced services were delivered by pharmacies in the Folkestone and Hythe locality in 2020/21.

Table 28. Number of pharmacies providing advanced services

Advanced service name	No. of pharmacies
New Medicine Service	27
Appliance Use Review	0
Hypertension Service [‡]	27
Stoma Appliance Customisation	1
Community Pharmacist Consultation Service (CPCS) [‡]	28
Hepatitis C Antibody Testing Service	0
Seasonal Influenza Vaccination Advances Service	29
Covid Vaccination Service*	0
Covid Home Delivery Service*	22
Covid lateral flow device distribution*	31

*Specific to the Covid-19 pandemic

[‡]Services introduced during the year of study

Please note that three of these services were specific to the Covid-19 pandemic and that others were new services introduced within the year. There is, however, good participation and early adoption of new services from pharmacies in this locality.

5. Other NHS services

The Strategic Health Asset Planning and Evaluation (SHAPE) web application provides the following information:

- Canterbury Health Centre is open 7.45pm on Monday and Wednesday
- Canterbury Medical Centre is open until 8.30pm on Thursdays and 8.45am-1pm on Saturdays
- Littlebourne Surgery is open until 8.30pm on Tuesdays
- Heron Medical Practice is open until 8pm Tuesdays-Thursdays
- New Dover Road Surgery is open until 8.15pm on Wednesdays and Thursdays
- Northgate Medical Practice is open until 8pm Tuesdays-Thursdays
- Chartham Surgery is open until 7.30pm on Wednesdays
- Sturry Surgery is open until 8pm on Tuesdays and from 7am on Wednesdays
- University Medical Centre is open until 8.45pm on Tuesdays and Thursdays
- Whitstable Medical Practice is open 8am-8pm every day
- Chestfield Medical Centre is open from 7am on Thursdays
- Whitstable Heath Centre is open from 7am on Wednesdays

There are also drug and alcohol services, Kent and Medway NHS Hospital Trusts and Kent and Medway NHS and Social Care Partnership Trust and Kent Community Health NHS Foundation Trust with services that generate prescriptions that are dispensed by community pharmacies in this locality.

- ^{*} 22 pharmacies dispensed a total of 4,902 items (mean = 223, range = 1-747) from drug and alcohol services
- ^{**} 30 pharmacies dispensed a total of 3,287 (mean = 110, range = 20-299) items from Kent and Medway NHS and Social Care Partnership Trust (secondary mental health services)
- ^{*} 24 pharmacies dispensed a total of 132 (mean = 5.5, range = 1-15) items from KCHFT
- ^{*} 30 pharmacies and 3 GP practices dispensed a total of 19,290 (mean = 585, range = 63-1,680) items from KCHFT

* 1 pharmacy closed in April 2021

** 1 pharmacy on the current list of 30 was not open in financial year 2020/21 and 1 pharmacy that dispensed KMPT items closed in April 2021

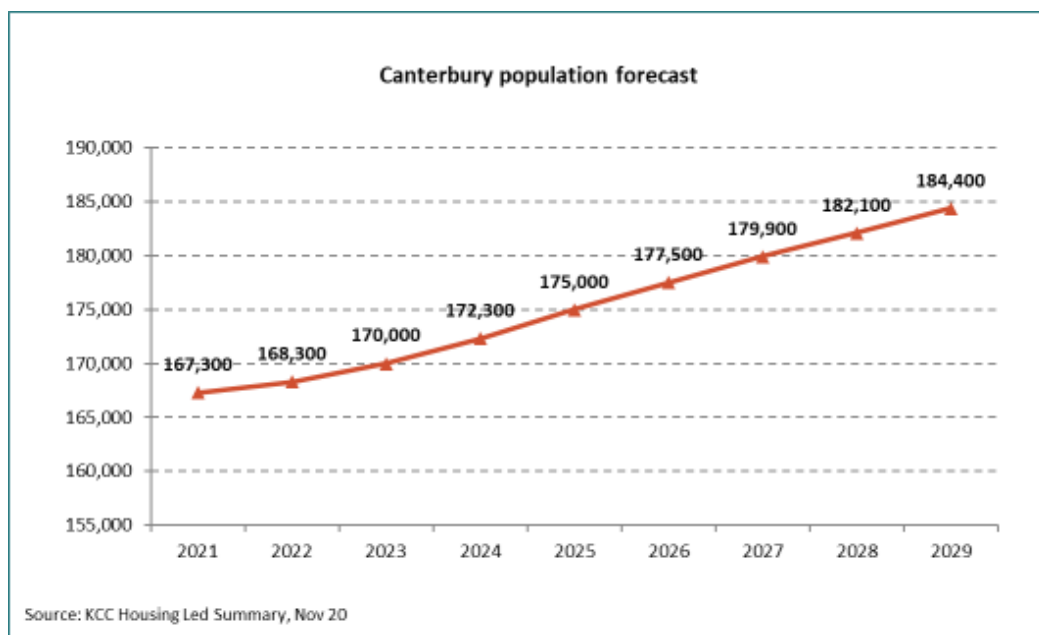
6. Choice with regard to obtaining pharmaceutical; services

As can be seen from sections 2 and 3, those living within the locality and registered with one of the GP practices generally choose to access one of the pharmacies in the locality in order to have their prescriptions dispensed or, if eligible, to be dispensed to by their practice. Those that look outside the locality usually do so either to access a neighbouring pharmacy, or a dispensing appliance contractor or distance selling premises outside of the Health and Wellbeing Board's area.

7. Developments

Figure 29 below shows the predicted increase in the population of the Canterbury locality continuing to grow over the lifetime of this PNA. By 2025 it is estimated that each pharmacy will serve a population of 5,833.

Figure 29 Canterbury Population forecast



 **1 pharmacy per 5,833 people in 2025**

This is an increase of 244 people per pharmacy from 2022. As stated in the community pharmacy contracts survey the pharmacies in the Canterbury locality do have capacity to respond to an increase in demand for their service.

Map 45 below shows where there are major housing developments planned in the coming years and the table indicates the number of dwellings planned for each site. With an average of 2.4 people per proposed dwelling, the population around the major urban centre will increase by 12,079 by 2025.

Map 45. Location of housing developments

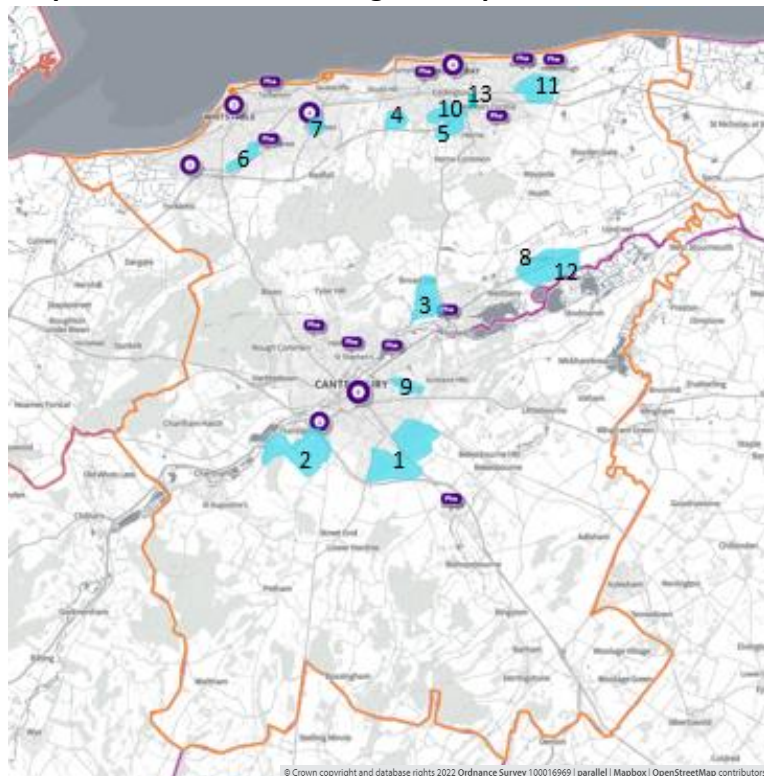
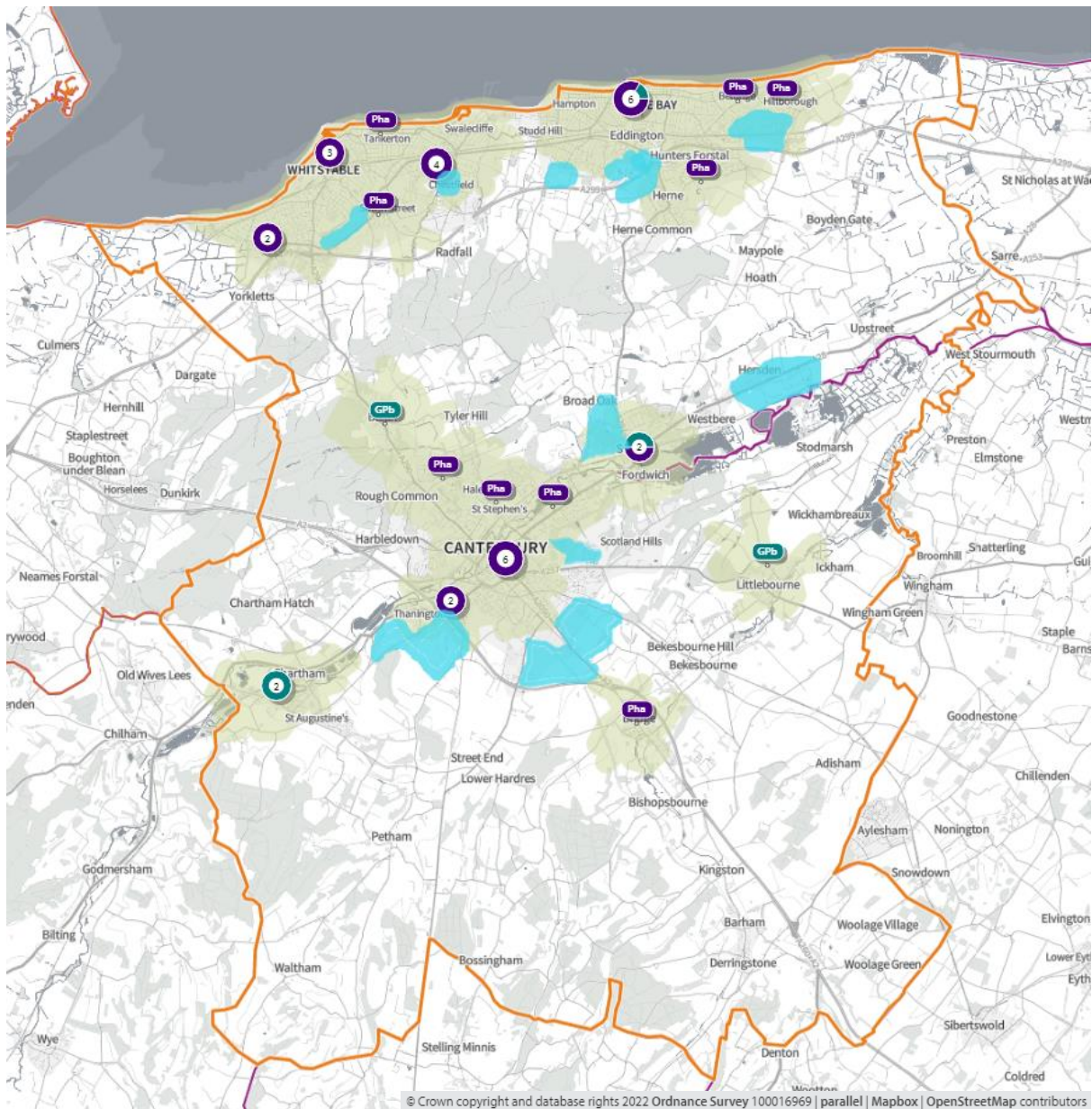


Table 29. Table of proposed housing developments – number of dwellings per year at each development

Site Name	20/21	21/22	22/23	23/24	24/25	25/26	26/27	27/28	28/29	29/30	2025	2030
1. Land at South Canterbury		50	100	150	300	300	300	300	300	300	900	2100
2. Cockering Road, Thanington			190	190	180	165	155	131			725	1011
3. Land At Sturry/Broad Oak - Northern Section				105	125	155	155	161	80	80	540	1016
4. Land at Greenhill, Herne Bay			50	75	75	75	75	75	25		275	450
5. Land at Strode Farm, Herne Bay			30	80	80	80	80	80	80	80	270	590
6. Land north of Thanet Way, Whitstable		85	106	100	70	39					400	400
7. Grasmere Gardens, Land South of The Ridgeway		10	60	60	60	60	50				250	300
8. Land North of Hersden				80	80	80	110	120	110	110	240	690
9. Howe Barracks, Littlebourne Road, Canterbury		85	80	85	79						329	329
10. Land at Herne Bay Golf Course, Thanet Way A2990, Herne		82	108	55	54						299	299
11. Land at Hillborough, Herne Bay - Largest Phase TW					50	50	65	80	80	100	100	425
12. Westbere	21	51	80	148	140	90	70				530	600
13. Herne Bay Court (retirement village)		35	53	40	47						175	175

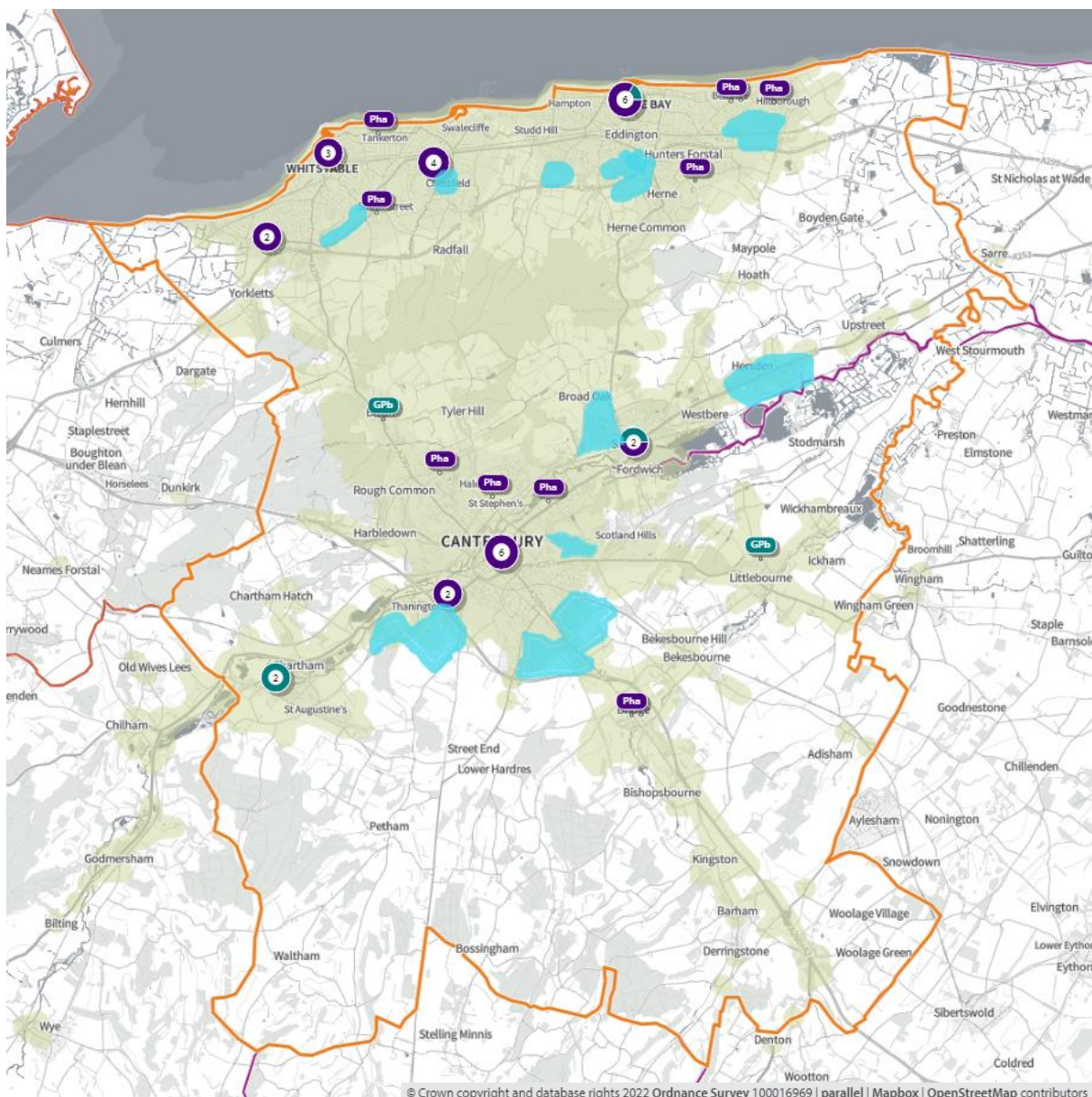
In map 46, below, the green shaded areas are within a 20-minute walk of a community pharmacy/dispensing GP practice and the blue shaded areas are locations of major housing developments (≥ 100 dwellings)

Map 46. Location of community pharmacies/dispensing GPs, proposed housing developments, and areas within a 20-minute walk of a community pharmacy/dispensing GP



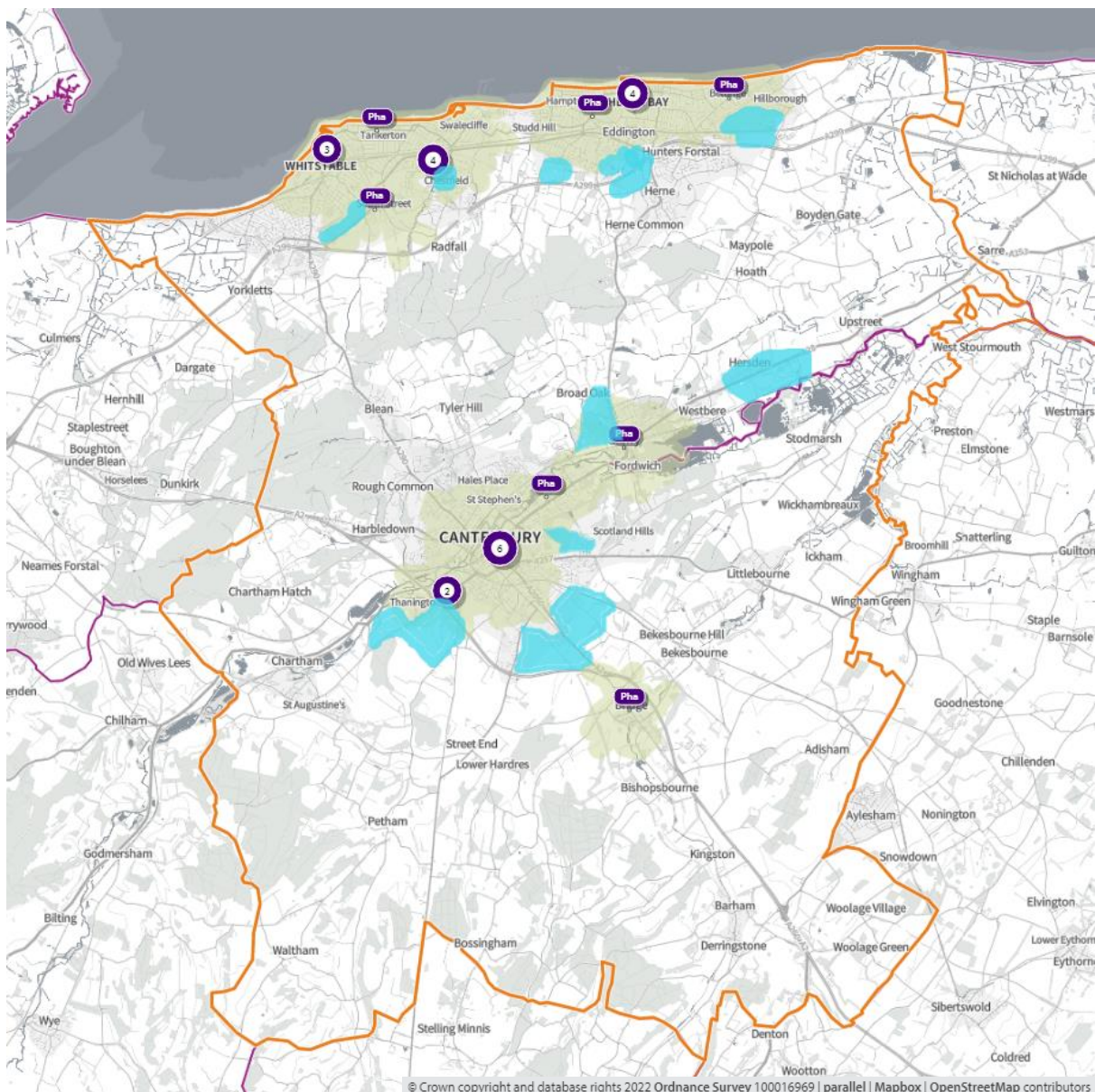
In **map 47**, below, the green shaded areas are within 20-minutes by **public transport** of a community pharmacy/dispensing GP practice and the **blue shaded areas** are **locations of major housing developments (≥100 dwellings)**

Map 47. Location of community pharmacies, proposed housing developments, and areas within 20 minutes of a community pharmacy by public transport on weekday mornings



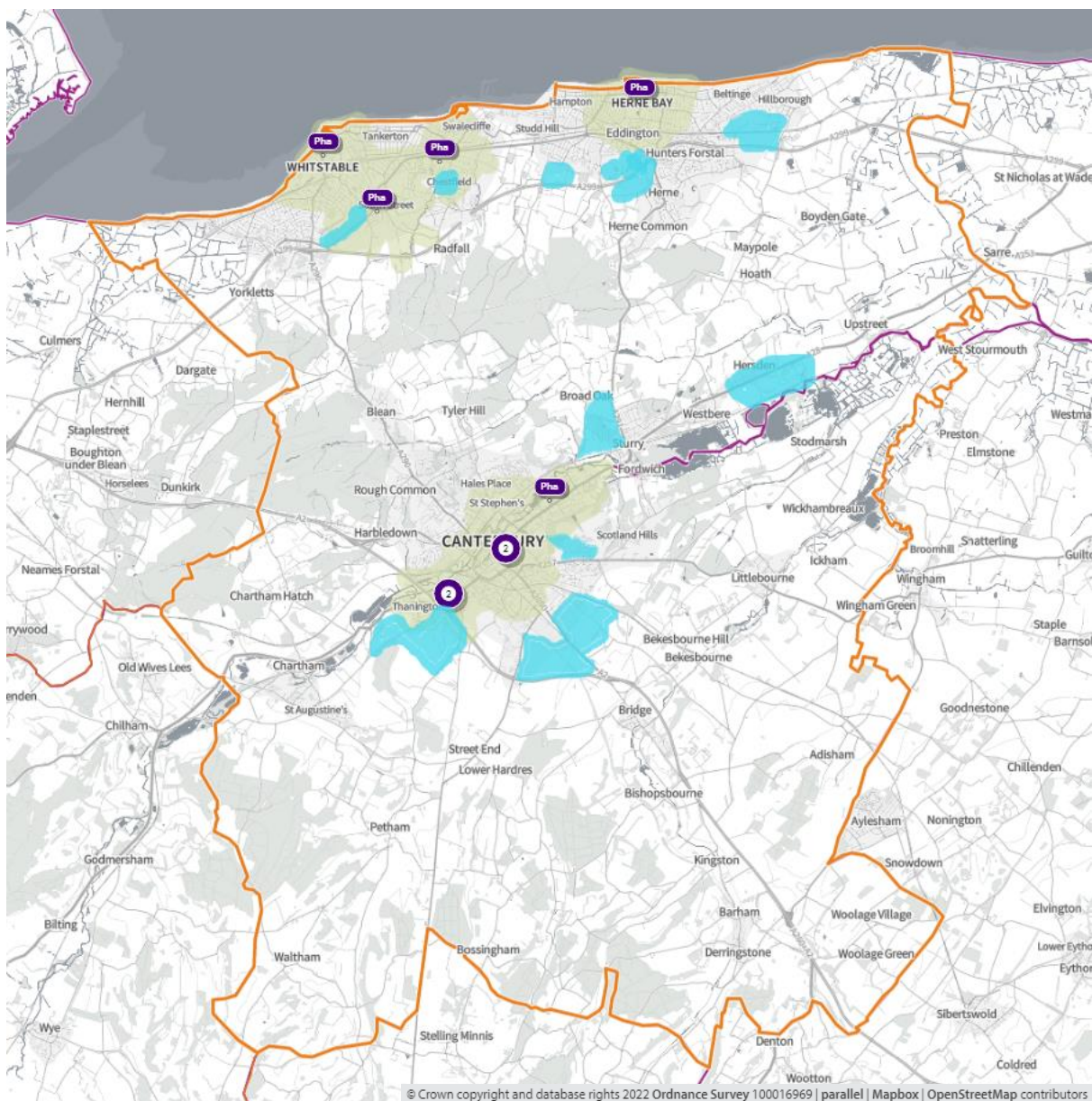
In **map 48**, below, the green shaded areas are within a 20-minute walk of a community pharmacy that is open at least one day at weekends. The blue shaded areas are locations of major housing developments (≥ 100 dwellings)

Map 48. Location of community pharmacies, proposed housing developments, and areas within a 20-minute walk of a community pharmacy that is open at least one day at weekends



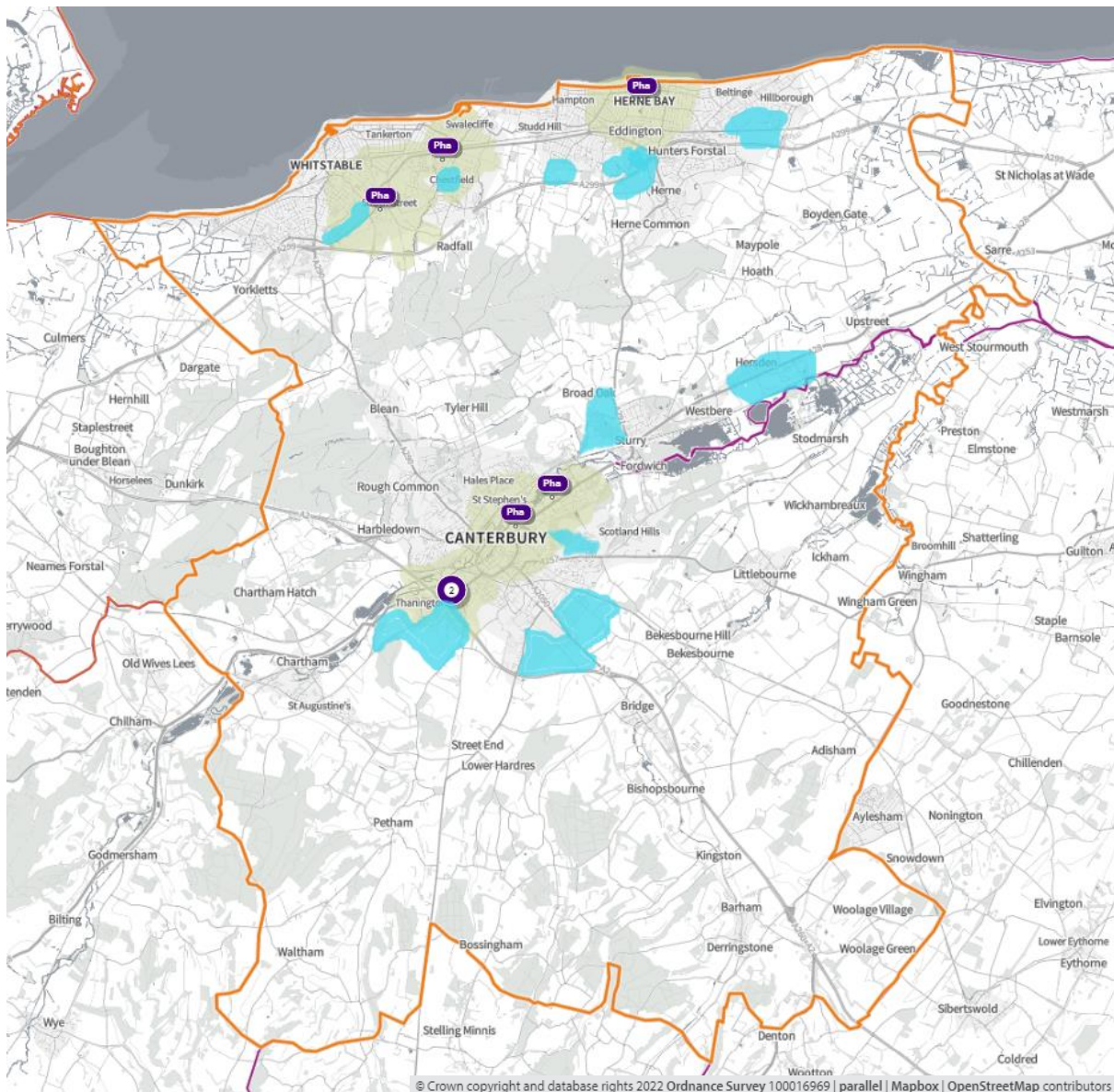
In **map 49**, below, the green shaded areas are within a 20-minute walk of a community pharmacy that is open on a Sunday and blue shaded areas are locations of major housing developments (≥ 100 dwellings)

Map 49. Location of community pharmacies, proposed housing developments, and areas within a 20-minute walk of a community pharmacy that is open on Sundays



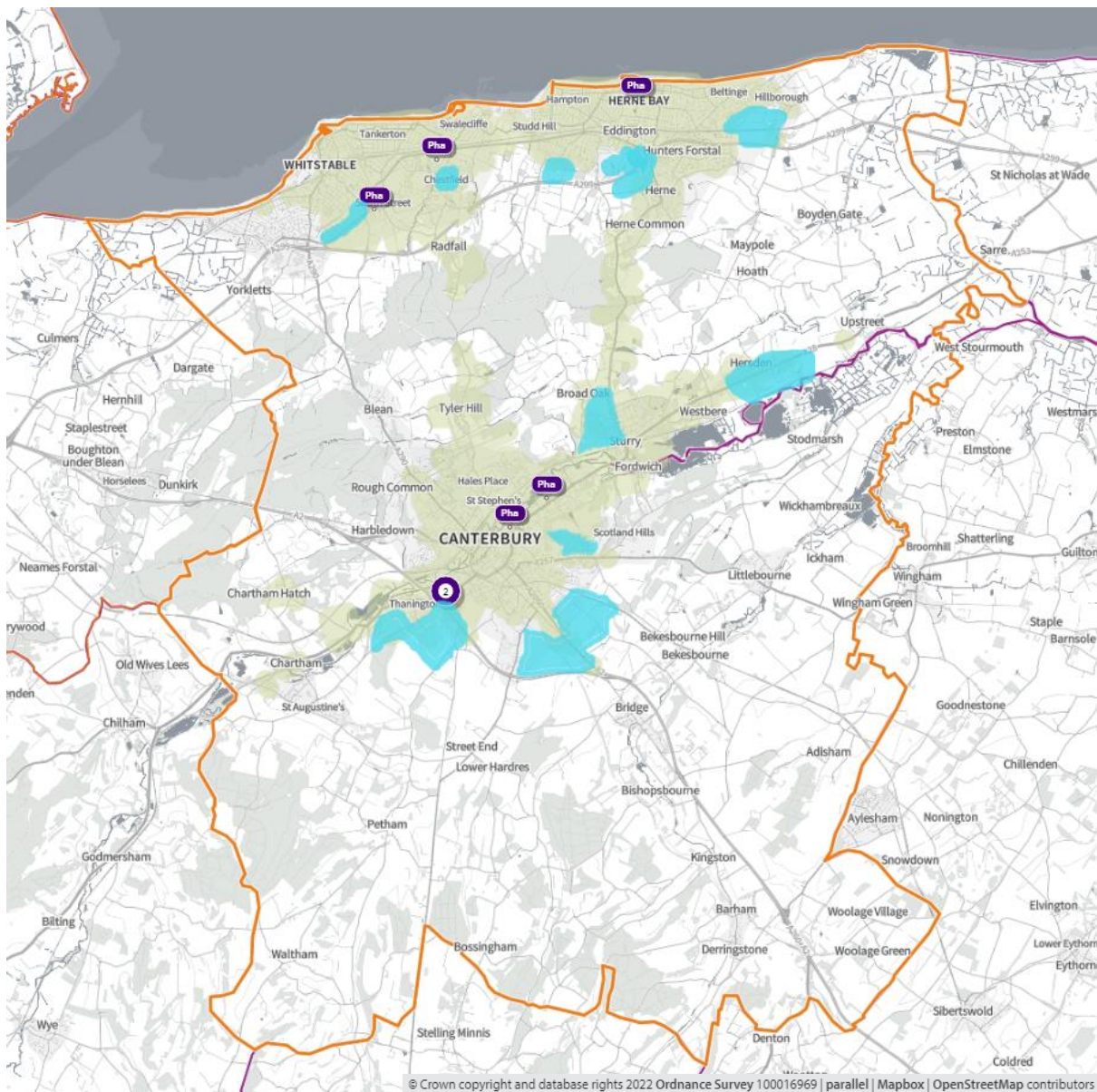
In **map 50**, below, the green shaded areas are within a 20-minute walk of a community pharmacy that is open to at least 8pm weekdays and the blue shaded areas are locations of major housing developments (≥ 100 dwellings)

Map 49. Location of community pharmacies, proposed housing developments, and areas within a 20-minute walk of a community pharmacy that is open until at least 8pm on weekdays



In **map 51, below**, the green shaded areas are within a 20-minutes by public transport of a community pharmacy that is open to at least 8pm weekdays and the blue shaded areas are locations of major housing developments (≥ 100 dwellings)

Map 51. Locations of community pharmacies open until at least 8pm on weekdays, proposed housing developments, and areas within 20 minutes of a community pharmacy by public transport on weekday evenings



8. Necessary services: - Gaps in provision

Currently there are no gaps in provision of pharmacy services in the Canterbury locality. There are housing developments planned across the locality. The access to pharmacies from the new developments is good and the 24 pharmacies that responded to the contractor questionnaire stated that they had capacity to respond to an increased demand.

No gaps in provision have been identified.

9. Improvements or better access: Gaps in provision

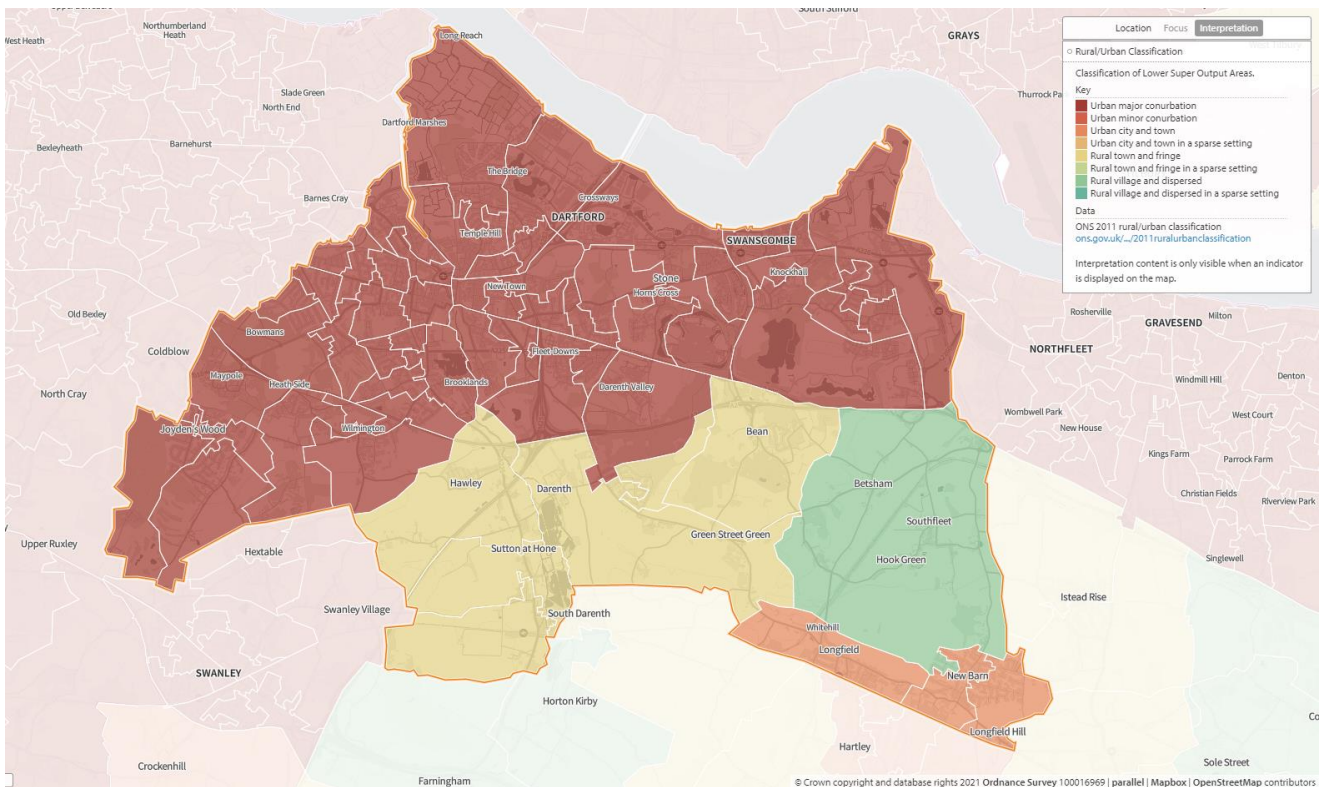
There are no suggested improvements.

10 Dartford Borough Council Locality

1. Key Facts

Dartford is a local government district in the north-west of the county, bordering the London borough of Bexley to the west. Dartford covers an area of 72.8 square km, the smallest of all Kent districts. Map 52 shows that 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-medium villages. Dartford is the most densely populated district in Kent with 15.7 persons per hectare, the average in Kent is 4.5 (3).

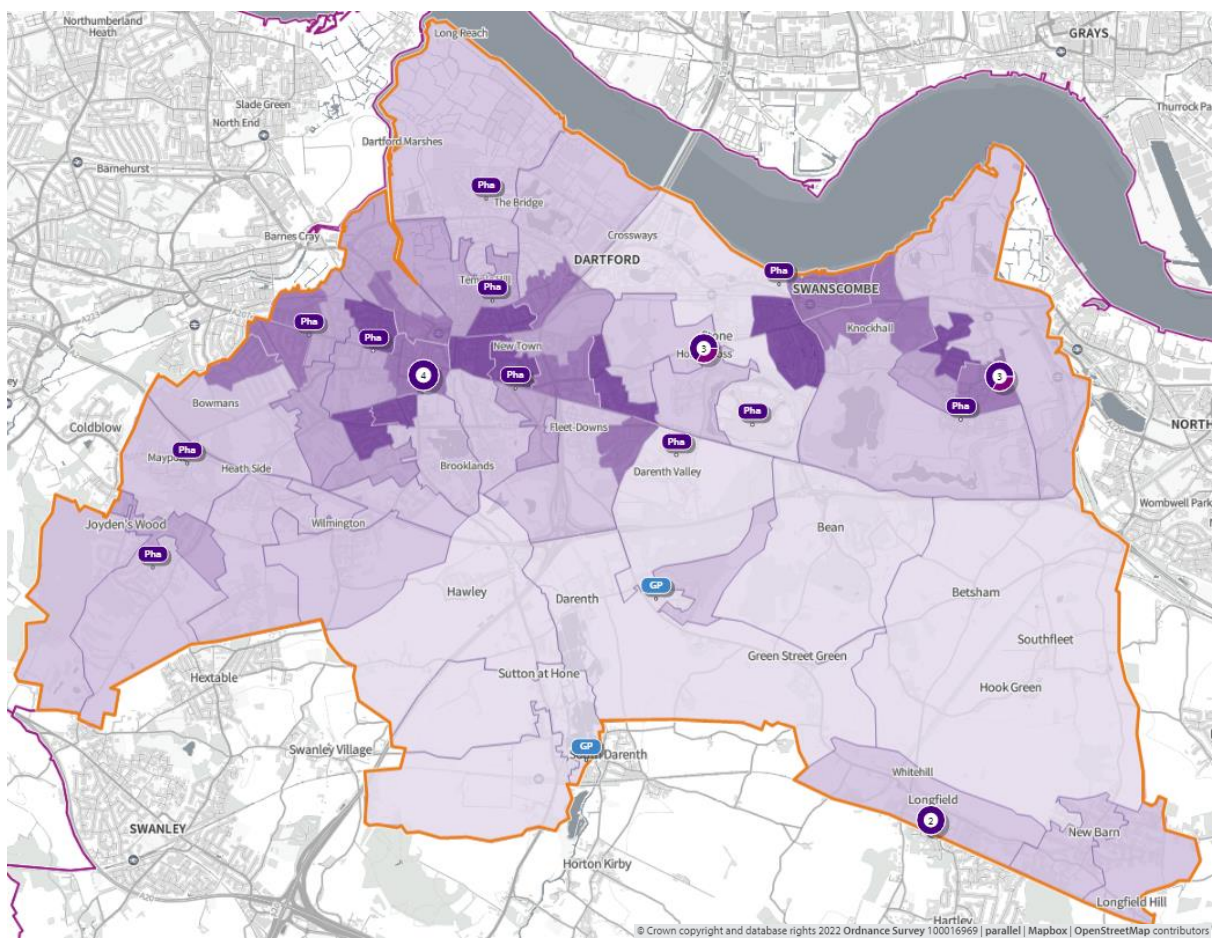
Map 52. Rural/urban classification of lower super output areas



Population

Map 53 below shows the distribution of the population in the locality. Dartford has a population of 114,051. The majority of the population is spread across the urban north of the district, however there are a number of high-density areas in this part of the district.

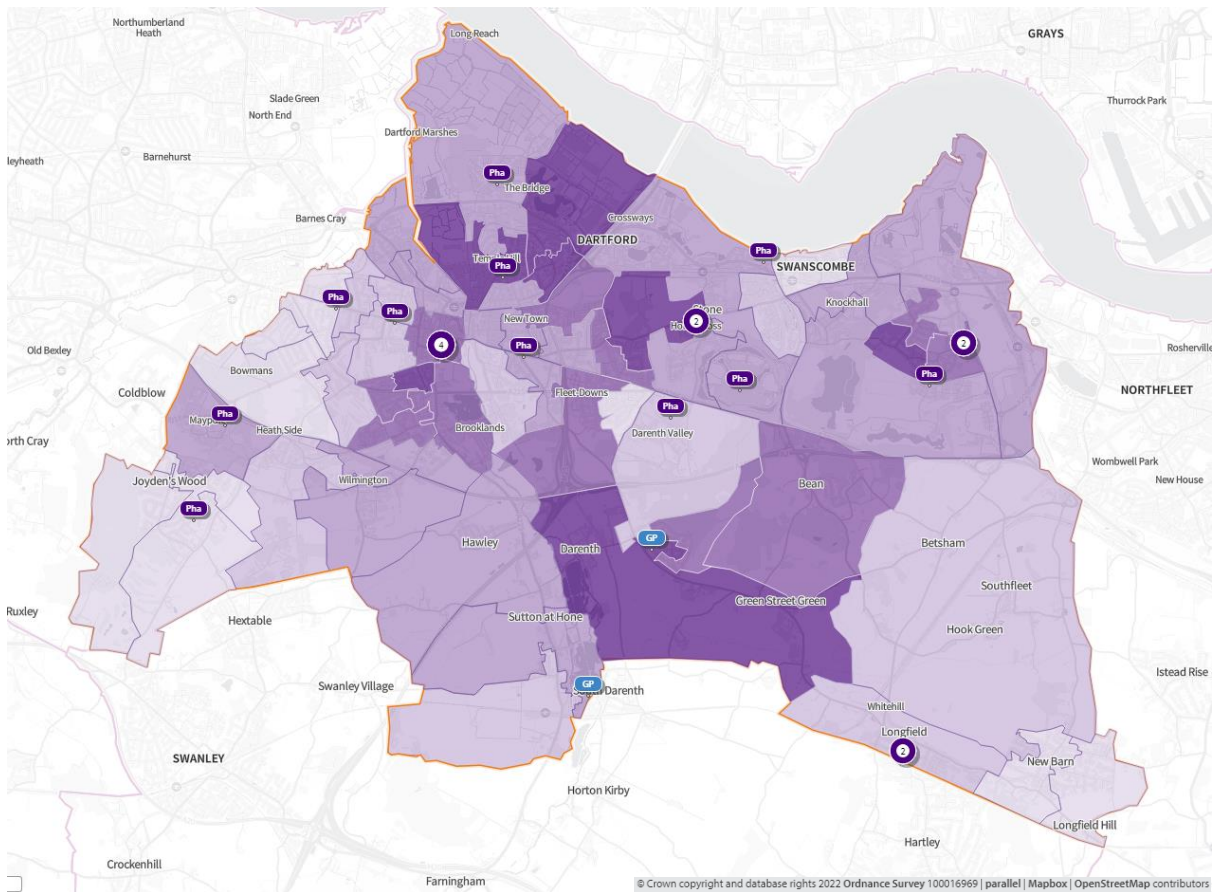
Map 53. Population density of lower super output areas overlaid with locations of pharmacies and dispensing doctors



Deprivation

Map 54 below shows the areas of deprivation in the Dartford locality. Dartford is ranked 6th out of Kent's 12 districts for deprivation, with significant areas of low deprivation contrasted with significant areas of high deprivation. One lower super output area (LSOA) on the edge of Dartford town is within the top 10% most deprived areas in England. Employment rates are similar to the Kent average⁽⁶³⁾ but educational attainment is higher than the Kent average and third highest of all Kent districts⁽⁶⁴⁾.

Map 54. Deprivation of lower super output areas overlaid with locations of pharmacies and dispensing doctors



Language

English is the main language for all people aged 16 or over in 93.4% of households in the district. 3.3% of households have no people with English as the main language⁽²⁾.

Home ownership

66% of houses are owned either outright (27%) or with a mortgage (39%). The average number of occupants per household is 2.4, the same as the Kent average ⁽²⁾.

Age Distribution

The average age of Dartford district residents is 37.5, lower than the Kent average of 41.4 and the lowest of all Kent districts. 13.9% of the population is over 65 (the lowest proportion of 65+ of all Kent districts) and 22.9% 0-15 ⁽²⁾. Life expectancy at birth is 77.9 for males and 82.2 for females ⁽⁴⁶⁾.

Economy

By industry, the top three employers in the Dartford district are wholesale and retail trade (19.5%), human health and social work activities (14.6%), and administrative and support service activities (11.4%) ⁽¹⁵⁾. Dartford has a much higher proportion of employees working in transportation and storage compared to the Kent average (10.6% vs 5.4%) ⁽¹⁵⁾.

Car ownership

19% of households in Dartford district do not have a car or van in the household ⁽¹³⁾.

Care Homes

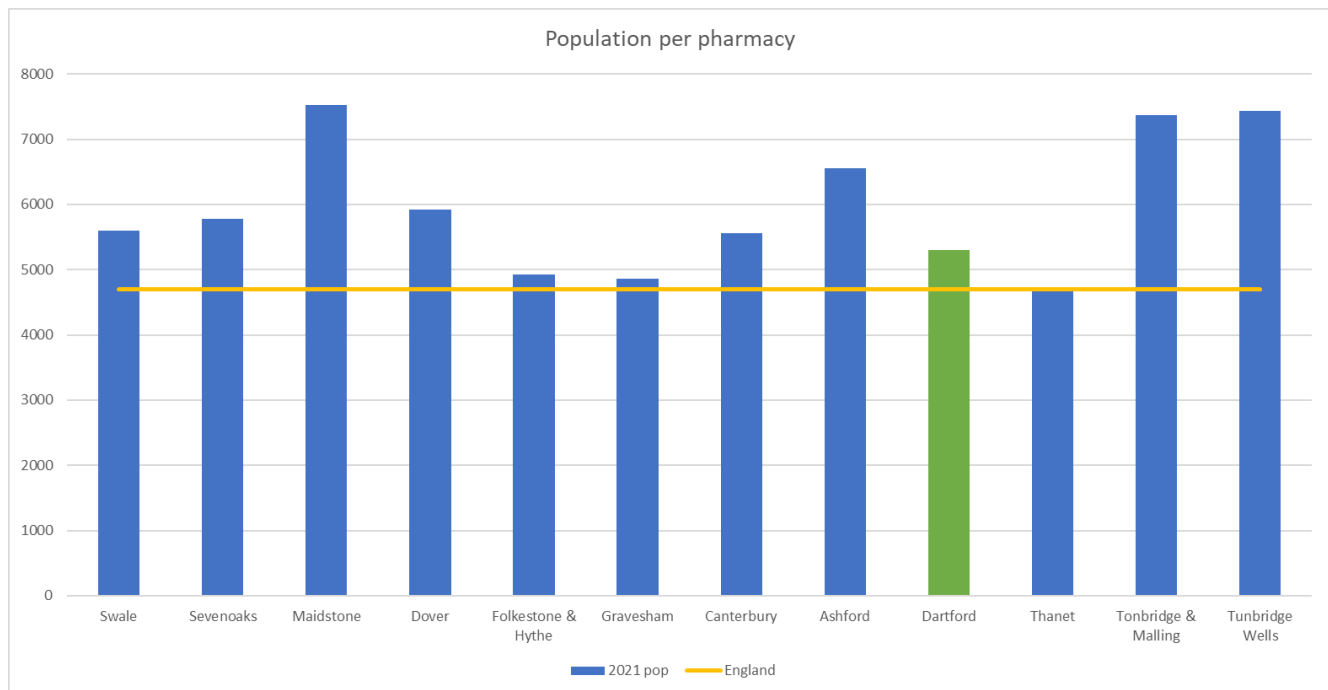
There are a considerable number of care homes in the Dartford locality. Patients who are looked after in a care home setting are often high users of medicines. However, because of the nature of their care, they rarely access pharmaceutical services individually, leaving this to be carried out by the care home staff. More recently care home organisations do not use local pharmacies for this service, favouring the large “hub” or “internet” pharmacies which specialise in this type of one-stop service. Therefore, there is not considered to be any relationship between the number of care homes and the need for local pharmaceutical services.

2. Necessary services: current provision within the locality

(All data presented in this section is for the financial year 2020/21 with the exception of lateral flow devices data which covers the 4 months from April 2021 to July 2021)

There are 20 Community pharmacies providing dispensing services in the Dartford locality. That is one 1 pharmacy per 5,300 people slightly higher than the England figure of 1 per 4,700. If 4 dispensing practices are included, then it 1 dispensary per 4,700 people. Figure 30 below shows how this compares with the other localities of Kent.

Figure 30. Number of people per pharmacy in each locality



18 of the pharmacies open at least one hour after 17:00 on weekdays. 17 are open on Saturdays and 4 open Saturday and Sunday. The weekly opening hours range from 42.5 to 96, with the average opening hours being 55.5 hours each week.

In addition, there are 4 dispensing GP practices and 1 dispensing compliance contractor in the Dartford locality.

The dispensing GP practices in the Dartford locality are:

- Devon Road Surgery, Dartford DA4 9AB
- Swanscombe Health Centre DA10 0BF
- Elmdene Surgery, Greenhithe DA9 9BA
- Bennett Way Surgery, Darenth DA2 7JT

The facts below indicate that the majority of prescriptions generated in the locality are dispensed in the locality. There are 26% of prescriptions generated in the area that are dispensed in neighbouring areas and 23% that are generated outside the locality and dispensed by Dartford locality community pharmacies⁽¹⁾. This is a greater proportion than the other Kent localities.

- 1,798 outside prescribers dispense in Dartford
 - 23% of all items dispensed in Dartford
- 15 prescribers in Dartford

- 77% of all items dispensed in Dartford
- 32 dispensers in Dartford
 - 74% of all items prescribed
- 1,302 dispensers outside of Dartford
 - 26% of all items prescribed in Dartford

Pharmacy locality: Maps 1 and 2 above show the locality of the community pharmacies and GP dispensing practices.

The tables below show the core and supplementary hours of each pharmacy ⁽⁶⁵⁾

Table 30. Opening times for all pharmacies

Pharmacy	Total core weekly hours	Total supplementary weekly hours	Total weekly hours	Max. hours open after 5pm at least 1 day/week	Saturday hours	Sunday Hours
Boots the Chemists	40	56	96	7	15	6
Asda Pharmacy	40	47	87	5	13.5	6
Lloydspharmacy (in Sainsbury)	40	43	83	4	12	6
Boots the Chemists	40	23	63	1	9.5	6
The Brent Pharmacy	40	20	60	3	8	0
S & S Chopra	40	18.50	58.50	2	6	0
LloydsPharmacy	40	16	56	1	8.5	0
Ackers Chemists	40	14	54	1	9	0
Paydens Pharmacy	40	14	54	2	4	0
Delmergate Ltd	42.50	11	53.50	1	8.50	0
Hodgson Pharmacy	40	13	53	2	8	0

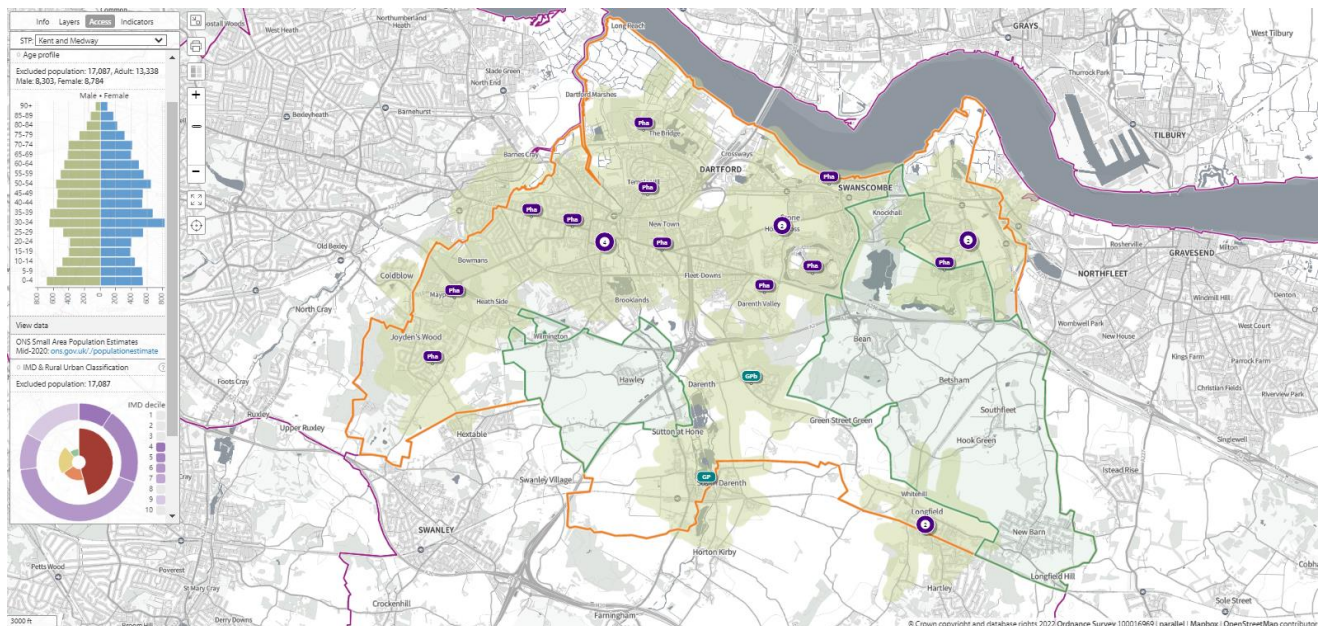
Table 30 continued

Pharmacy	Total core weekly hours	Total supplementary weekly hours	Total weekly hours	Max. hours open after 5pm at least 1 day/week	Saturday hours	Sunday Hours
Delmergate Ltd	40.5	11	51.5	1	4	0
McQueen's Pharmacy	40	11.5	51.5	1.5	4	0
Joydens Wood Pharmacy	40	10.5	50.5	1.5	8	0
Daysol Pharmacy	40	10	50	1	5	0
West Hill Pharmacy	40	10	50	1.5	0	0
M D Moore Pharmacy	40	9	49	1	4	0
MCT	40	8.75	48.75	1.25	0	0
Swan Valley Pharmacy	40	7.5	47.5	2.5	0	0
Stone Pharmacy	40	6.5	46.5	1.5	4	0
Homestyle Positive			42.5	0	0	0

Travel times

In **map 55**, below, the green shaded areas are within a **20-minute walk** of a community pharmacy/dispensing GP practice. 85.5% of people are not within a 20-minute walk. 20% of 65+ population is not within a 20-minute walk of a community pharmacy/dispensing GP.

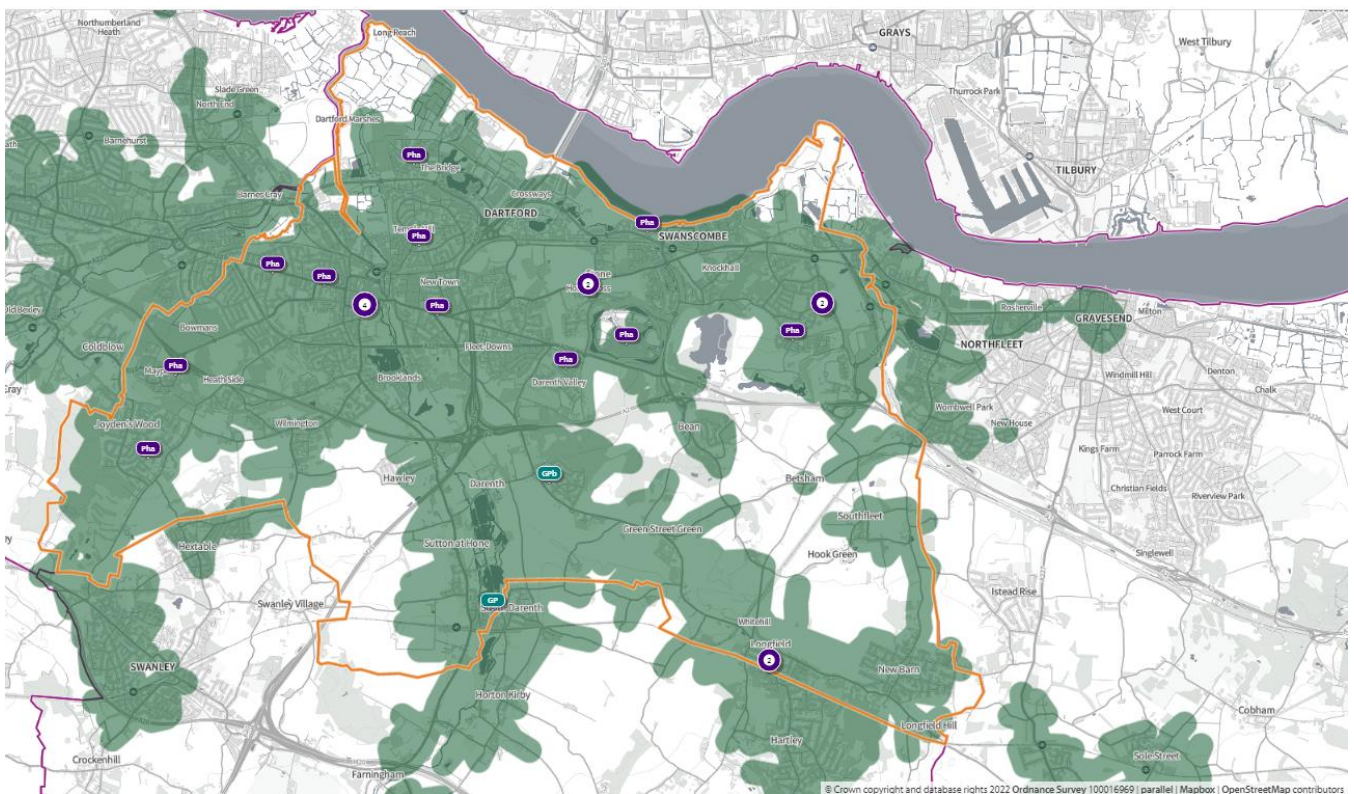
Map 55. Locations of community pharmacies/dispensing GPs and lower super output areas not within a 20-minute walk



Public Transport 20 minutes

In map 56, below, the green shaded areas are within 20-minutes by public transport of a community pharmacy/dispensing GP practice. The entire population (by LSOA) is within 20-minutes by public transport of a community pharmacy/dispensing GP practice.

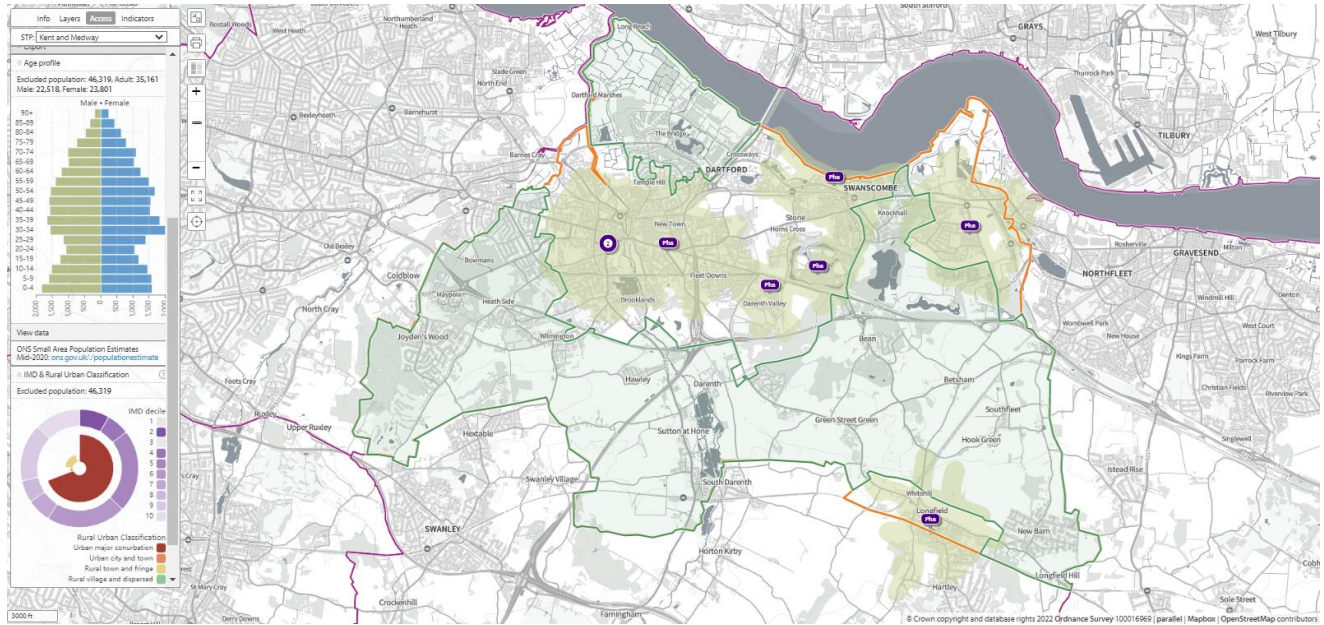
Map 56. Locations of community pharmacies/dispensing GPs and areas within 20-minutes by public transport on weekday mornings



After 7 pm weekdays walking

In map 57, below, the olive-green shaded areas are within a 20-minute walk of a community pharmacy that opens until at least 7pm on weekdays. 41,426 (36.3%) people are not within a 20-minute walk of a community pharmacy that opens until at least 7pm on weekdays. 44.2% (7,023) of 65+ population is not within a 20-minute walk of a community pharmacy that opens until at least 7pm on weekdays.

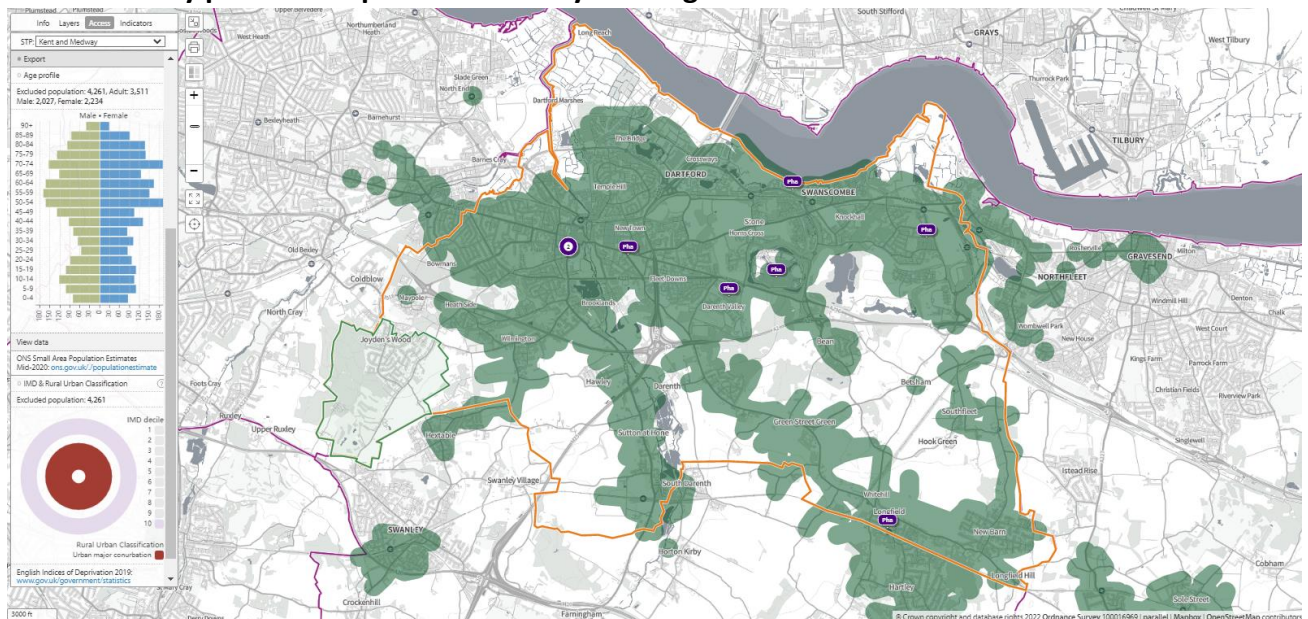
Map 57. Locations of community pharmacies open until at least 7pm and lower super output areas not within a 20-minute walk



After 7pm weekdays public transport

In **map 58**, below, the green shaded areas are within 20-minutes by public transport of a community pharmacy that opens past 7pm on weekdays. 4,261 (3.7%) people are not within 20-minutes by public transport that opens past 7pm on weekdays. 8.4% (1,336) of 65+ population is not within 20 minutes by public transport of a community pharmacy that opens past 7pm on weekdays.

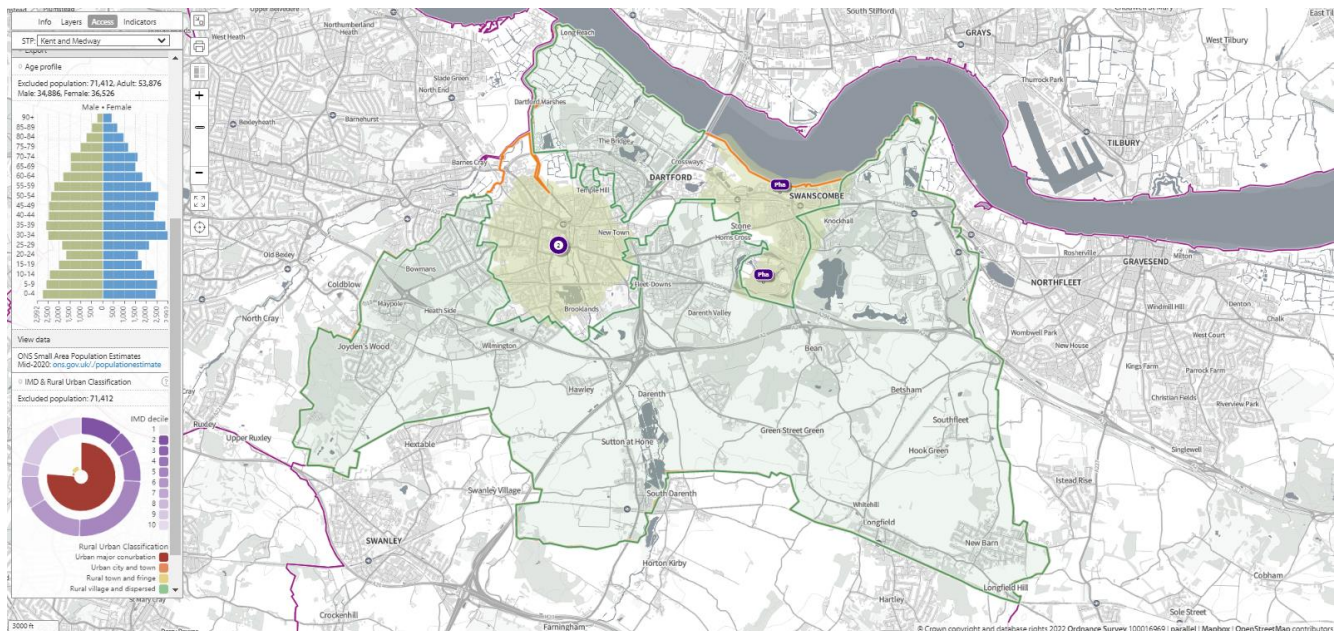
Map 58. Locations of community pharmacies open until at least 7pm on weekdays and areas within 20-minutes by public transport on weekday evenings



Access on Sundays

In **map 59**, below, the olive-green shaded areas are within a 20-minute walk of a community pharmacy that opens on Sundays. 69.7% (79,505) of the population is not within a 20-minute walk of a community pharmacy that opens on Sundays. 69.7% (12,370) of 65+ population is not within a 20-minute walk of a community pharmacy that opens on Sundays.

Map 59. Locations of community pharmacies open on Sundays and lower super output areas not within a 20-minute walk



In **map 60** below, access during **core opening hours, Saturdays and Sundays** is shown. The olive-green shaded areas are within a **20-minute drive** of a community pharmacy/dispensing GP practice. The entire population is within a 20-minute drive.

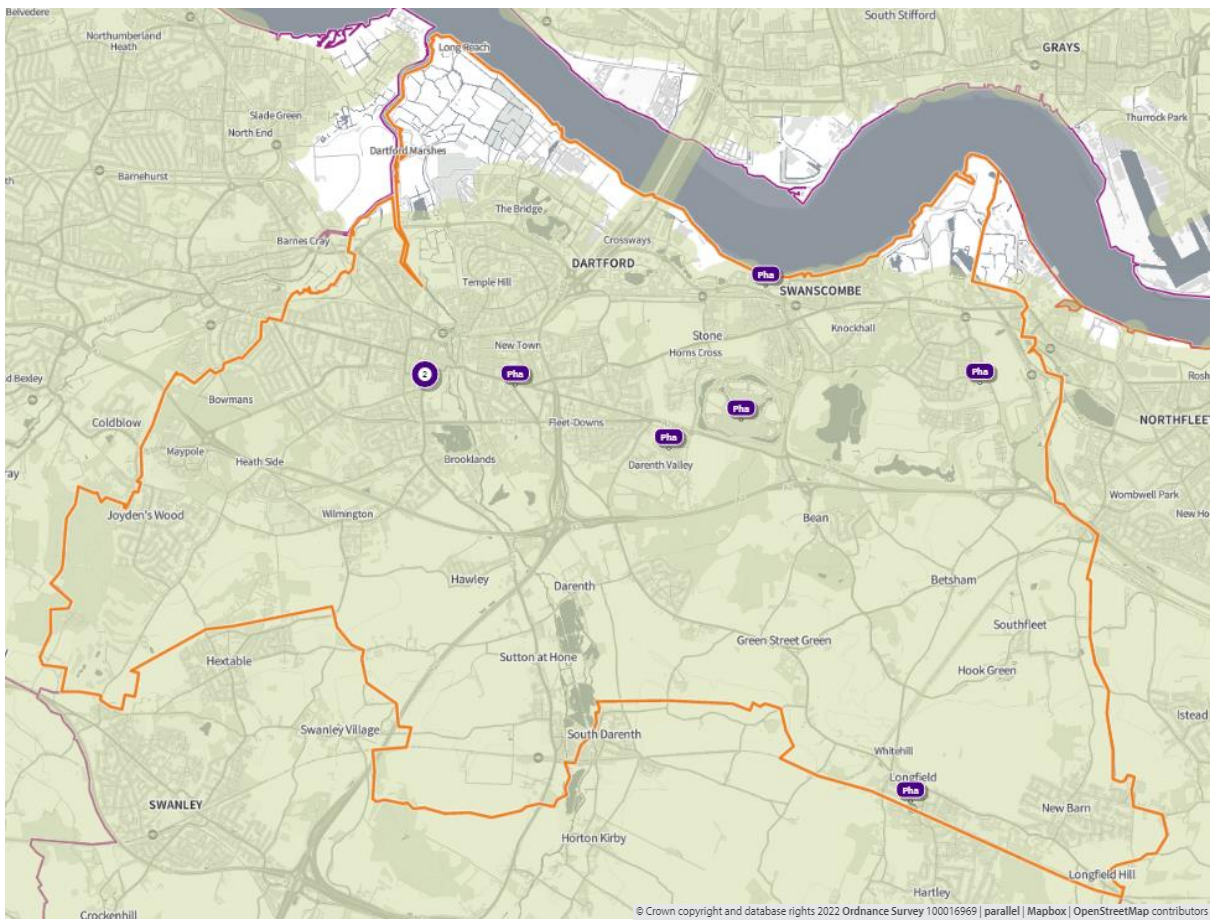
Map 60. Locations of community pharmacies/dispensing GPs and areas within 20-minutes by car



S = open Saturday N = open Sunday

In **map 61** below, the green shaded areas are within **20-minutes by car** of a community pharmacy that opens **until at least 7pm on weekdays**. The entire population is within a 20-minute drive.

Map 61. Locations of community pharmacies open until at least 7pm on weekdays and areas within 20-minutes by car



3. Necessary services: current provision outside the localities area ⁽¹⁾

The information below indicates the number of prescriptions dispensed in and outside the locality.

- 1.89 million items prescribed in Dartford
 - 1.4 million items dispensed in Dartford
 - 1.3 million (93%) via Electronic Prescription Service
 - 490,000 (26%) dispensed outside of the district (approximately 50% is due to prescriptions from branch surgeries outside of Dartford)
 - 240,000 in Sevenoaks
 - 102,183 in Bexley
 - 75,000 in Gravesham

- 1.81 million items dispensed in Dartford
 - 1.74 million items dispensed by community pharmacies in Dartford
 - 68,000 dispensed by 11 GP practices:
 - Swanscombe Health Centre – 28,068
 - Devon Road Surgery – 18,875
 - 410,000 items prescribed outside borough i.e. more coming in than going out

Some residents choose to access contractors outside both the locality and the Health and Wellbeing Board's area in order to access services:

- Offered by dispensing appliance contractors
- Offered by distance selling pharmacies
- Which are located near to where they work, shop or visit for leisure or other purposes.

Taking into account this choice of pharmacy outside of the locality, the majority of residents can access a pharmacy within the locality.

4. Other relevant services: current provision

The following advanced services were delivered by pharmacies in the Dartford locality in 2020/21.

Table 31. Number of pharmacies providing advanced services

Advanced service name	No. of pharmacies
New Medicine Service	17
Appliance Use Review	1
Hypertension Service [‡]	17
Stoma Appliance Customisation	2
Community Pharmacist Consultation Service (CPCS) [‡]	18
Hepatitis C Antibody Testing Service	2
Seasonal Influenza Vaccination Advances Service	19
Covid Vaccination Service*	1
Covid Home Delivery Service*	15
Covid lateral flow device distribution*	22

*Specific to the Covid-19 pandemic

[‡]Services introduced during the year of study

Please note that three services were specific to the Covid-19 pandemic (Covid vaccination, homedelivery and lateral flow device distribution services) and that others were new services (CPCS, Hypertension service) introduced within the year. There is, however, good participation and early adoption of new services from pharmacies in this locality.

5. Other NHS services

The Strategic Health Asset Planning and Evaluation (SHAPE) web application provides the following information:

- Devon Road Surgery opens until 7.30pm on Mondays, Tuesdays and Thursdays
- Downs Way Medical Practice: Summerhouse Surgery is open until 8.30 pm on Tuesdays
- Redwood Practice is open 9am-12pm on Saturdays
- Swanscombe and Bean Partnership: Bean Village Surgery is open until 7.30pm on Wednesdays
- Temple Hill Surgery is open 8am-8pm on Mondays and Tuesdays, and 7am-6.30pm on Wednesdays and Thursdays
- The orchard Practice is open 8am-12pm on Saturdays

There is an Accident and Emergency department situated in the Darent Valley Hospital at Pembury. It is open 24 hours a day every day of the year.

There are also drug and alcohol services, Kent and Medway NHS Hospital Trusts and Kent and Medway NHS and Social Care Partnership Trust and Kent Community Health NHS Foundation Trust with services that generate prescriptions that are dispensed by community pharmacies in this locality.

The number of prescriptions from these services is shown below:

- 13 pharmacies dispensed a total of 2,341 items (mean = 180, range = 1-902) from drug and alcohol services
- 20 pharmacies dispensed a total of 1,455 items from Kent and Medway NHS and Social Care Partnership Trust (secondary mental health services)
- 15 pharmacies dispensed a total of 135 items from KCHFT (paediatrics)
- 20 pharmacies and 2 GP practices dispensed a total of 4,403 items (mean = 200, range = 1-1,190) from Kent and Medway hospitals

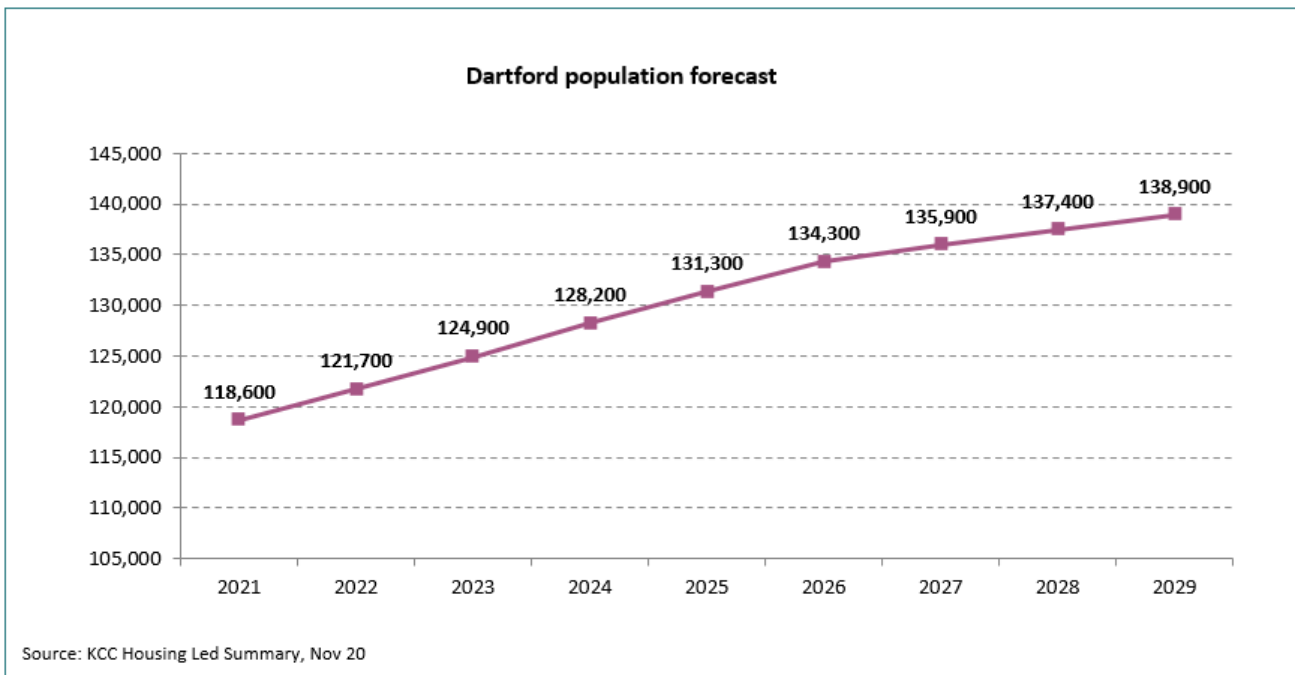
6. Choice with regard to obtaining pharmaceutical; services

As can be seen from sections 2 and 3, those living within the locality and registered with one of the GP practices generally choose to access one of the pharmacies in the locality in order to have their prescriptions dispensed or, if eligible, to be dispensed to by their practice. Those that look outside the locality usually do so either to access a neighbouring pharmacy, or a dispensing appliance contractor or distance selling premises outside of the Health and Wellbeing Board's area.

7. Developments

Most recently, the highest rates of population growth in the county have been in Dartford and the trend is forecast to continue (see graph below). KCC’s housing-led population forecast projects that the population of Dartford will increase by 10% to 131,300 by 2025. This is an increase of approximately 1,200 people per pharmacy from 2020.

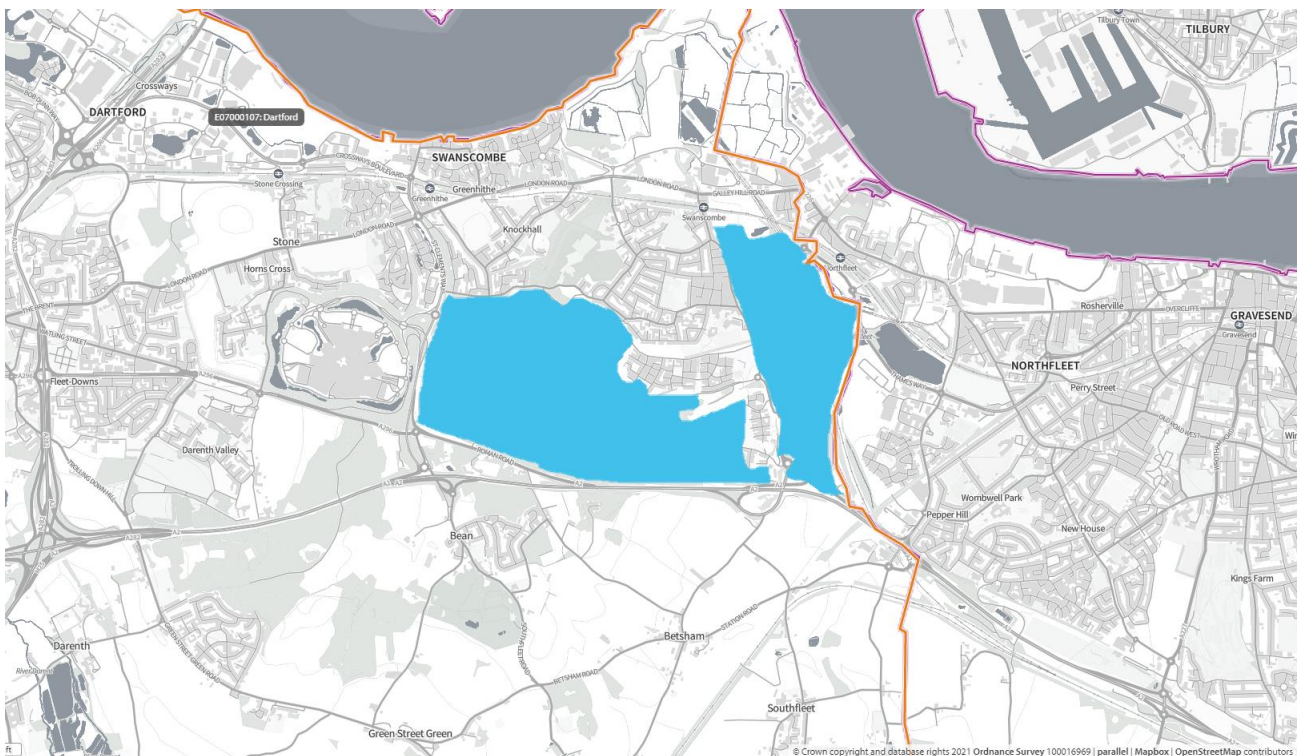
Figure 31 Dartford Population forecast



 **1 pharmacy per 6,945 people in 2025**

In **map 62**, below, in the two shaded areas, the Dartford Local Plan produced by Dartford Borough Council states between 2020/21 and 2029/2030 5676 new homes are planned for these 2 areas - 75% of all homes planned in Dartford in that period. Approx. 3000 planned to be completed by 2026 i.e. within the lifespan of this PNA. A number of smaller developments are planned across the borough but are very small in comparison – the majority with 5-9 proposed new dwellings.

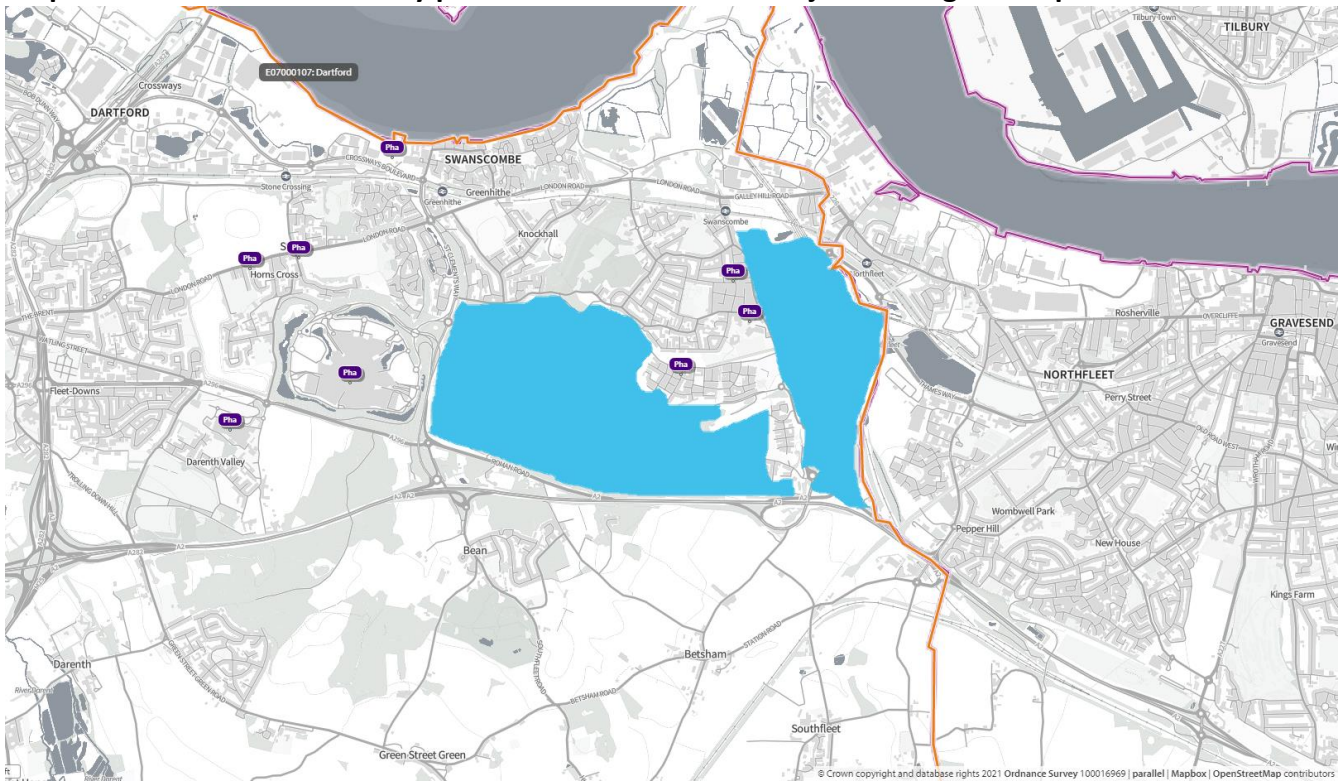
Map 62. Location of major housing developments



In **map 63**, below, by 2029/30 Approximately 14,000 (7,800 by 2026) new inhabitants to be served by 4/5 existing pharmacies.

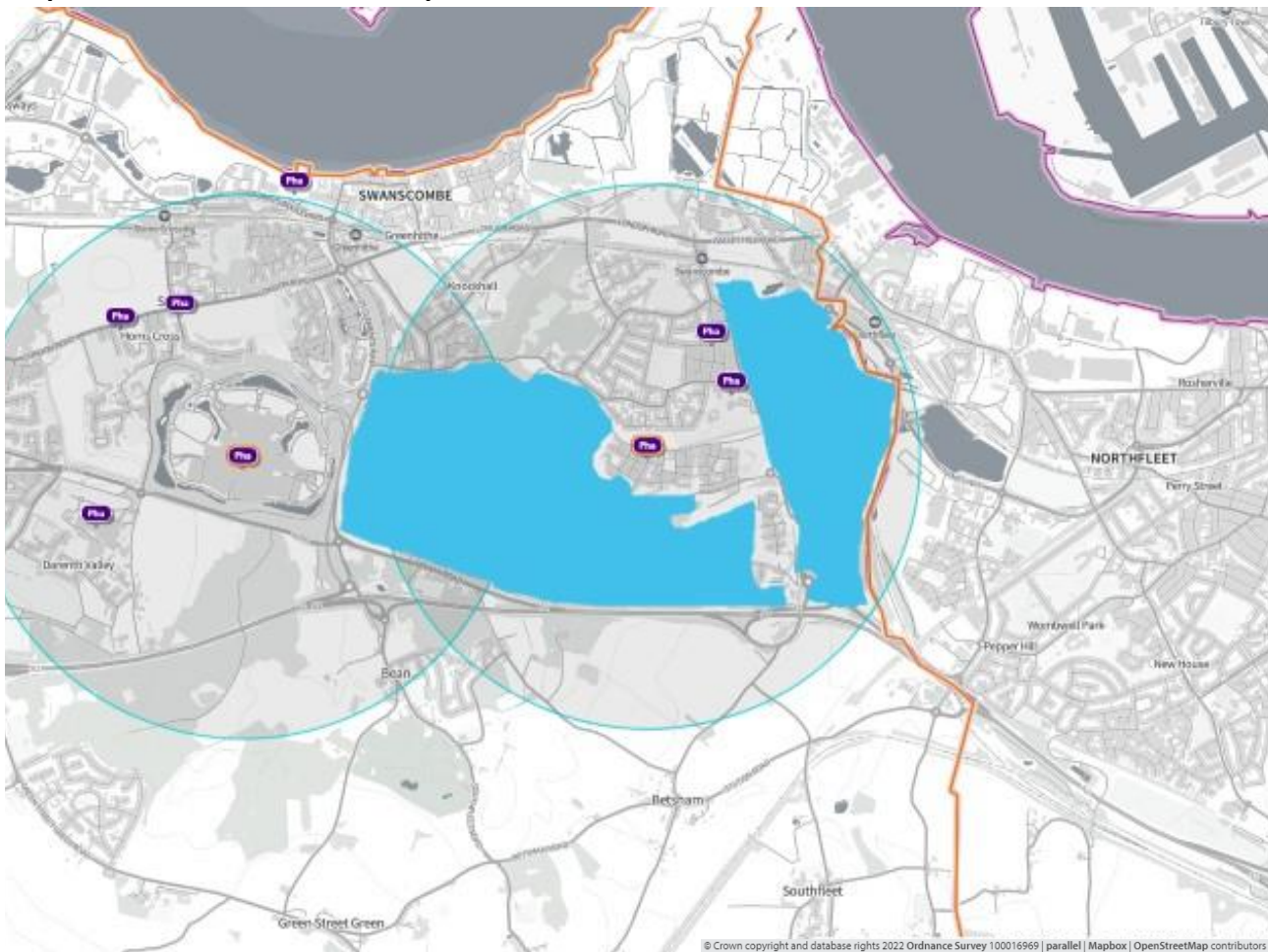
Also, a dispensing GP at Swanscombe Health Centre which houses Swan Valley Pharmacy.

Map 63. Location of community pharmacies and areas of major housing developments



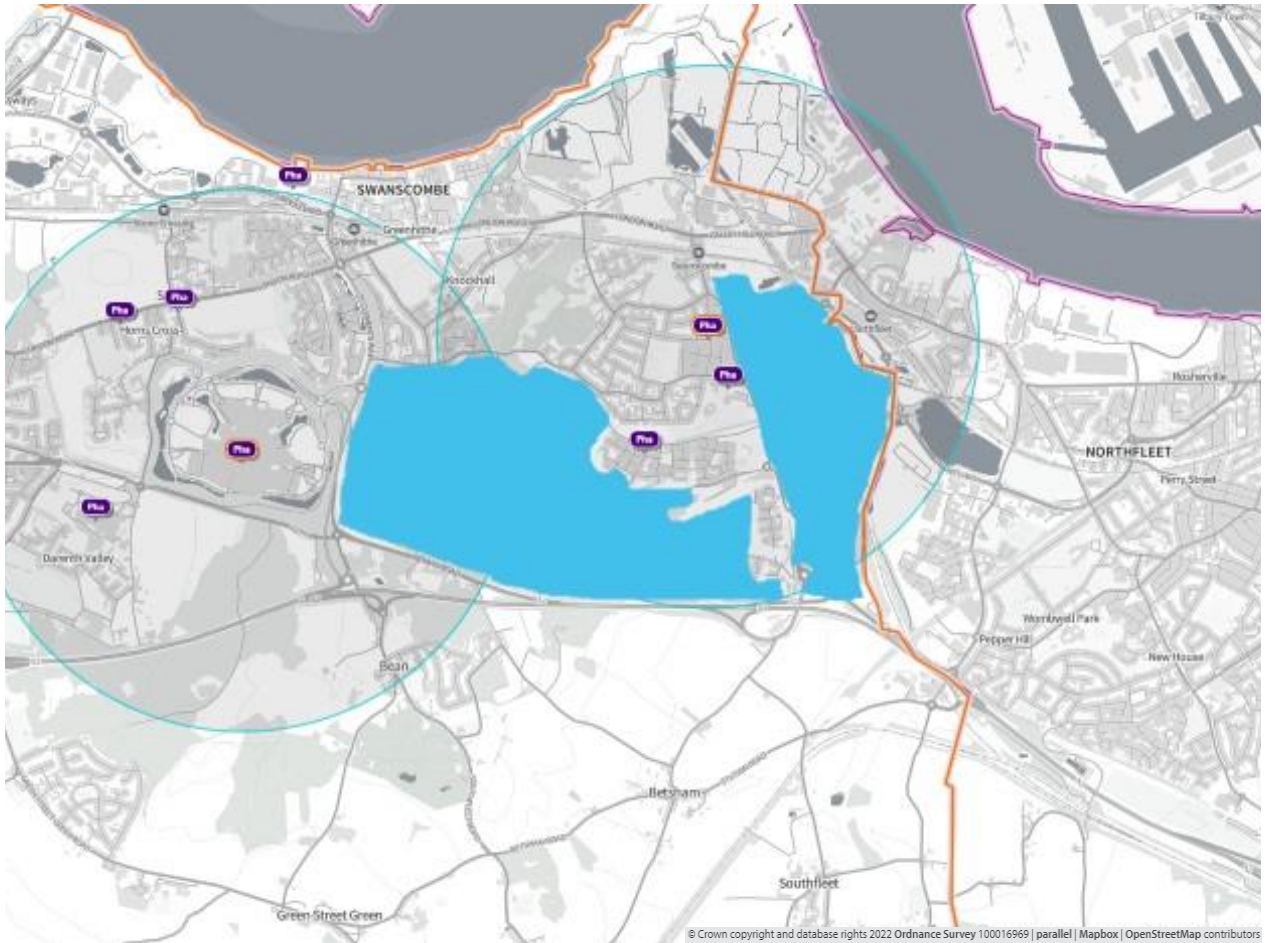
In **map 64**, below, A one mile radius from 2 pharmacies covers the entirety of the proposed developments.

Map 64. One mile radius from 2 pharmacies



In **map 65**, below, A one mile radius from pharmacies that open at least one day at the weekend covers the vast majority of the proposed developments.

Map 65. One mile radius from pharmacies that open at least one day at the weekend



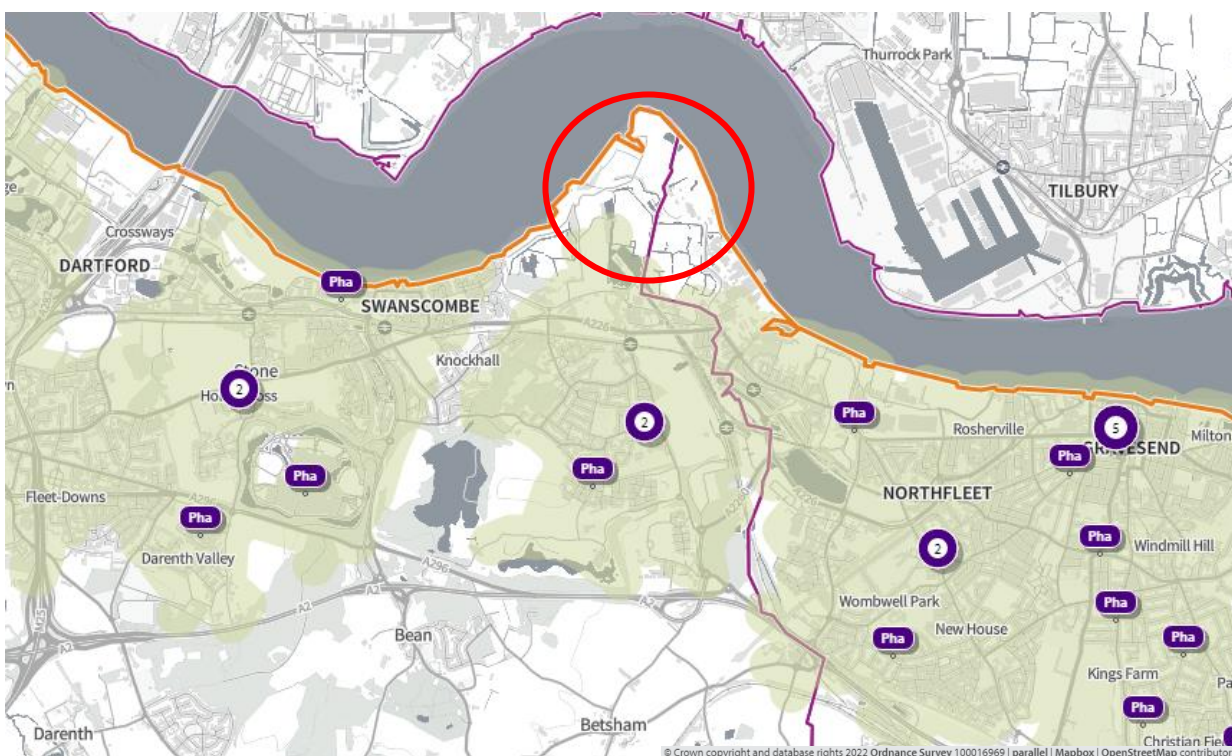
Necessary services: - Gaps in provision

The London Resort ⁽⁵⁸⁾

The construction of the London Resort will require a large workforce; up to 5,000 construction workers are expected on-site in the peak year of Gate One construction (2023). Of these, however, up to half are expected to live too far from the site to commute daily and will seek temporary accommodation close to the site. There are three preliminary options for the London Resort strategy: rely on existing accommodation options; purchase or rent a decommissioned cruise ship (likely with 1,000 to 2,000 room capacity); and/or locate mobile homes (500 – 700 rooms) on-site. There is estimated to be up to 3,100 construction workers seeking temporary accommodation in the area in 2023. *Please note at the time of writing (April 2022) a new planning submission has been made for the London Resort development so the time scales stated may alter.*

Map 67 below shows the proposed location of The London Resort. The green shaded areas are within a 20- minute walk of the pharmacies displayed on the map. Construction workers living on-site will be within a 20-minute walk of the nearest pharmacy. Two pharmacies in the Dartford locality are within a 20-minute walk of the site. Neither of these pharmacies responded to the contractor’s questionnaire so it is unknown whether these pharmacies feel they have capacity to meet increased demand for services or medicines.

Map 67. Location of community pharmacies, proposed location of The London Resort and areas within a 20 minute walk of a community pharmacy



Lloyds Pharmacy (FP204) has indicated that it does not have capacity for increased demand for services or medicines. However, there are another 7 pharmacies within a 1-mile radius of Lloyds Pharmacy (FP204) and no gaps in provision of necessary services have been identified.

8. Improvements or better access: Gaps in provision

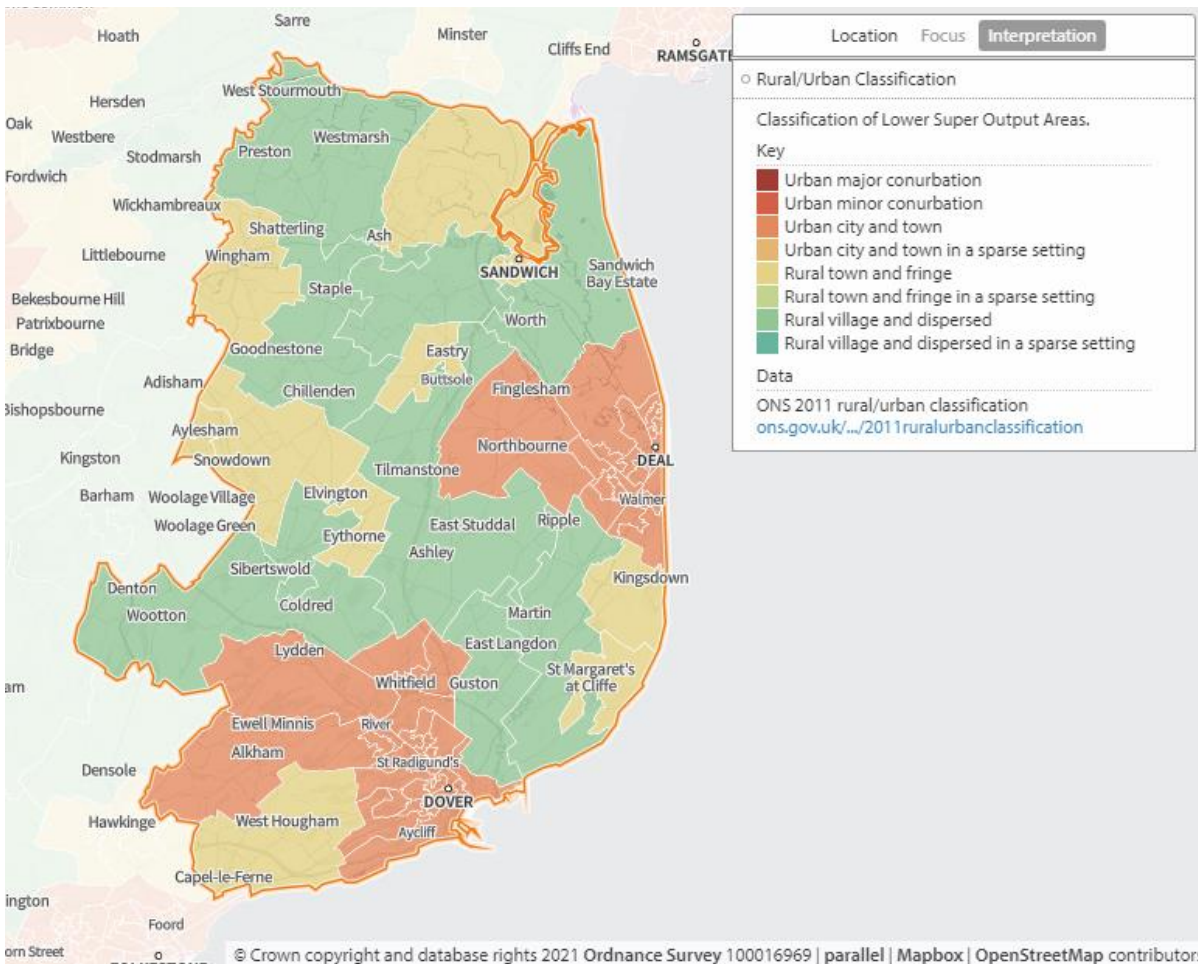
No improvements have been identified.

11 Dover Borough Council Locality

1. Key Facts

Dover is a local government district in the south-east of the county. It covers an area of 314.8 square km. Most of the population live 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. The east and south of the district are bordered by the sea while the west and north border rural areas of the Canterbury and Thanet districts.

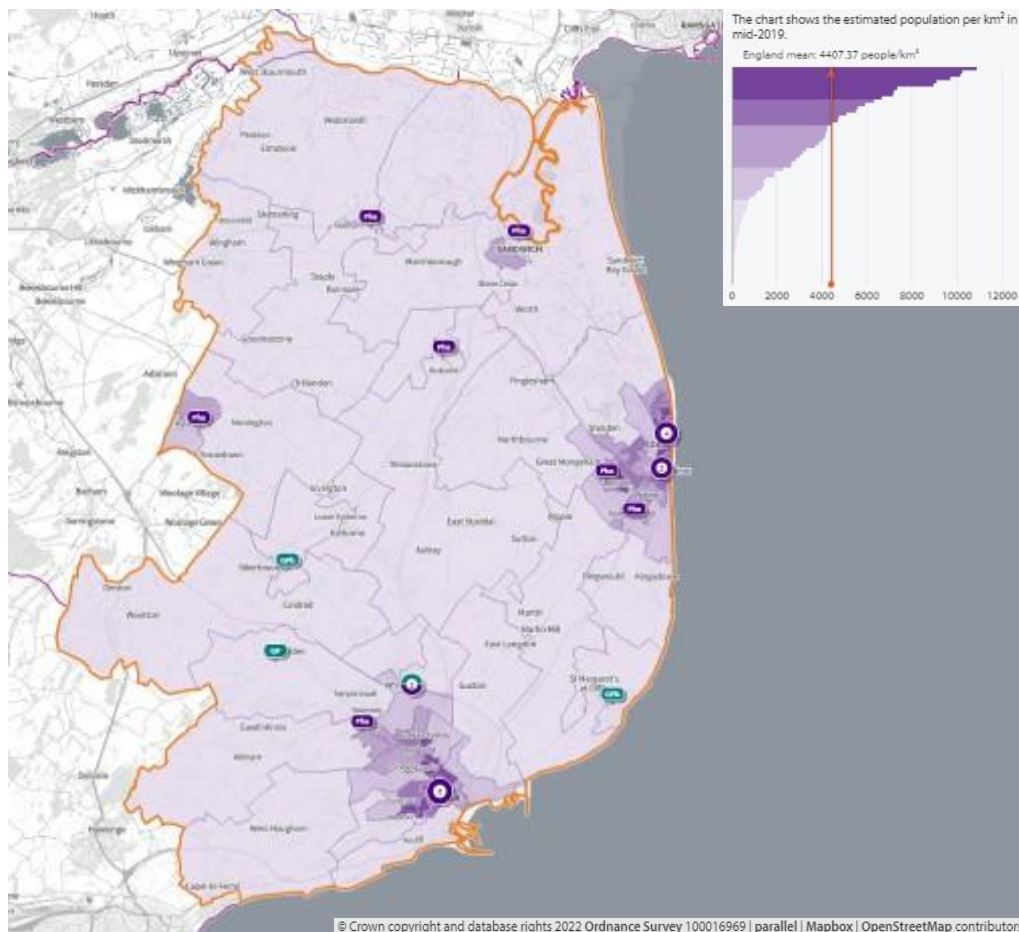
Map 68. Rural/urban classification of lower super output areas



Population

Dover has a population of 118,514. Map 69 shows that the majority of the population is split between the two largest towns of Dover and Deal. The remaining area of the district is very sparsely populated with the exceptions of a couple of small pockets of more densely populated areas at Sandwich and Aylesham.

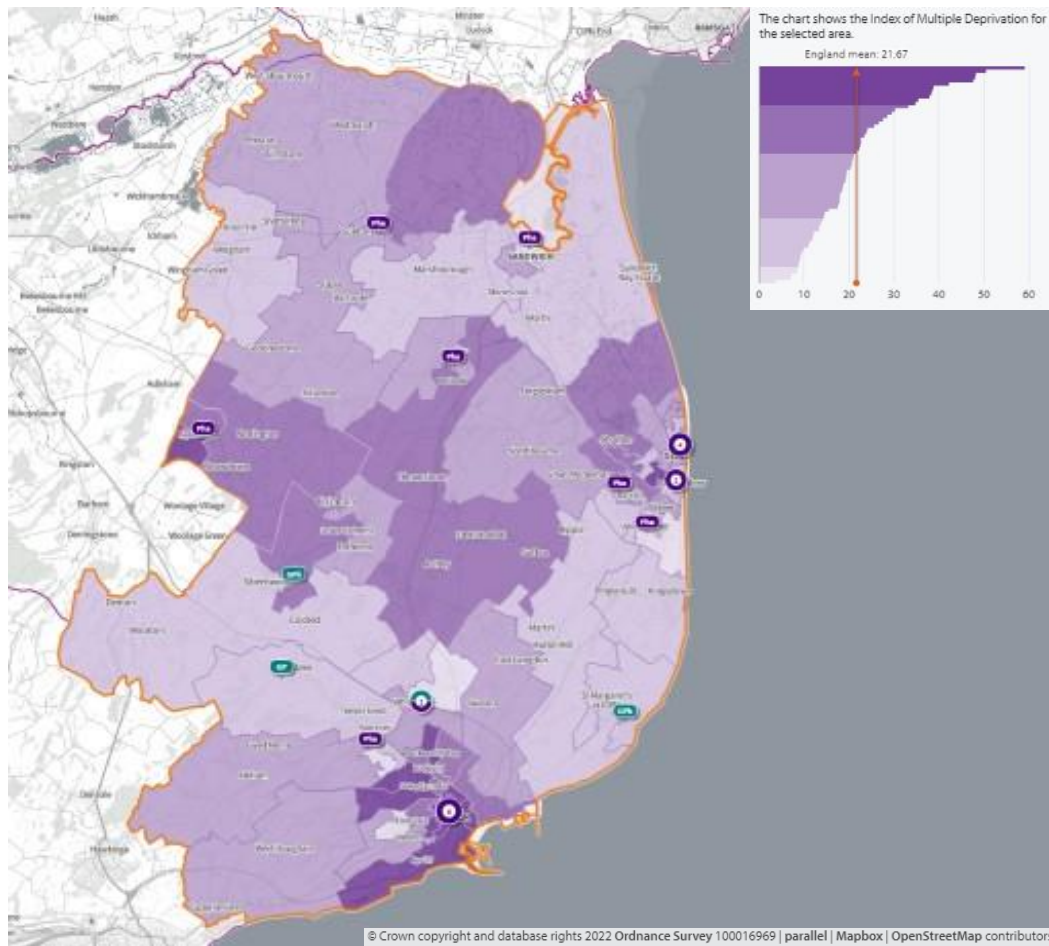
Map 69. Population density of lower super output areas overlaid with locations of pharmacies and dispensing doctors



Deprivation

Map 70 below shows the areas of deprivation in the Dover locality. Dover is ranked 4th out of Kent's 12 districts for deprivation and the most deprived areas are in and around the town of Dover. Five LSOAs in the district are within the top 10% most deprived areas in England. Employment rates are the second lowest of all Kent districts⁽⁶³⁾ and educational attainment is significantly lower than the Kent average⁽⁶⁴⁾.

Map 70. Deprivation of lower super output areas overlaid with locations of pharmacies and dispensing doctors



Language

English is the main language for all people aged 16 or over in 96.4% of households in the district. 1.8% of households have no people with English as the main language⁽²⁾.

Home ownership

66% of houses are owned either outright (35%) or with a mortgage (31%). The average number of occupants per household is 2.3, slightly lower than the Kent average of 2.4 ⁽²⁾.

Age Distribution

The average age of Dover district residents is 43.9, higher than the Kent average of 41.4 and the second highest of all Kent districts ⁽²⁾. 23.8% of the population is over 65 and 17.6% 0-15. Life expectancy at birth is 78.6 for males and 81.7 for females ⁽⁴⁶⁾.

Economy

By industry, the top three employers in the Dover district are wholesale and retail trade (12.7%), human health and social work activities (12.7%), and administrative and transportation and storage (10.4%) ⁽¹⁵⁾. Dover has a much higher proportion of employees working in transportation and storage compared to the Kent average (10.4% vs 5.4%) ⁽¹⁵⁾.

Car ownership

23% of households in Dover district do not have a car or van in the household, this is higher than the Kent average of 20% ⁽¹³⁾.

Care Homes

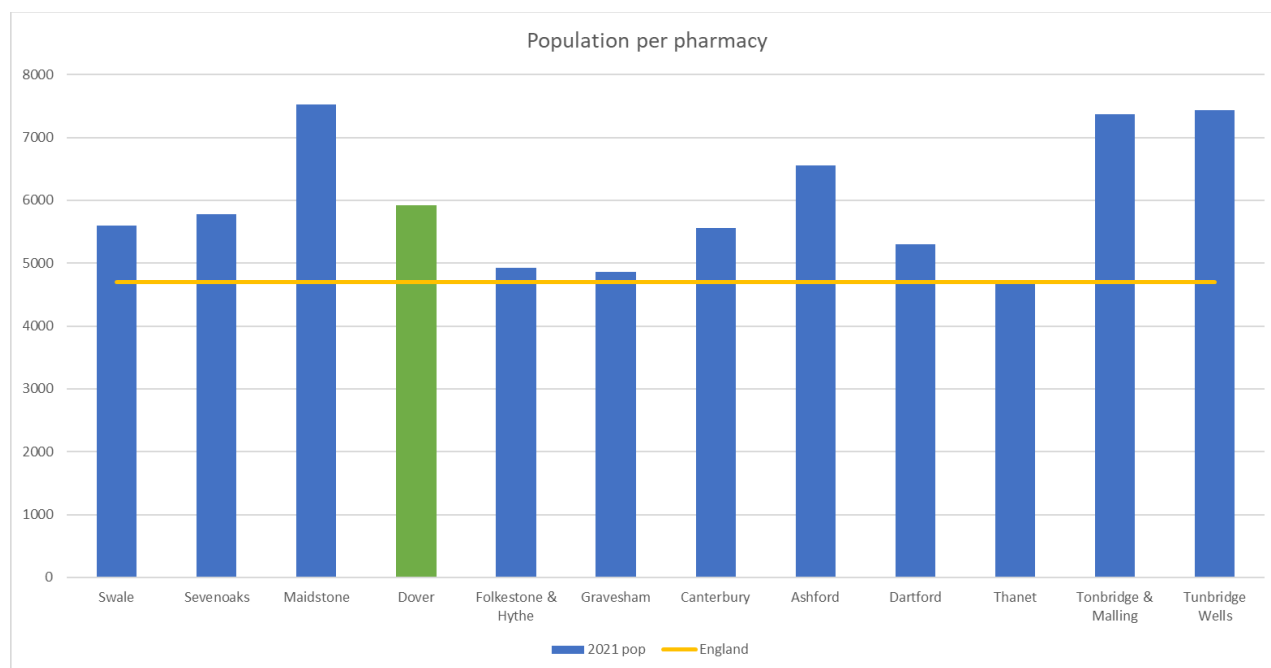
There are a considerable number of care homes in the Dover locality. Patients who are looked after in a care home setting are often high users of medicines. However, because of the nature of their care, they rarely access pharmaceutical services individually, leaving this to be carried out by the care home staff. More recently care home organisations do not use local pharmacies for this service, favouring the large “hub” or “internet” pharmacies which specialise in this type of one-stop service. Therefore, there is not considered to be any relationship between the number of care homes and the need for local pharmaceutical services.

2. Necessary services: current provision within the locality

(All data presented in this section is for the financial year 2020/21 with the exception of lateral flow devices data which covers the 4 months from April 2021 to July 2021)

There are 20 Community pharmacies providing dispensing services in the Dover locality. That is one pharmacy per 5,926 head of population. Figure 32 below shows how this compares with the other localities of Kent.

Figure 32 Number of people per pharmacy in each locality



15 of the pharmacies open at least one hour after 17:00 on weekdays. 19 are open on Saturdays and 3 open Saturday and Sunday. The weekly opening hours range from 40 to 102, with the average opening hours being 57 each week.

In addition, there are 4 dispensing GP practices in the locality.

The facts below indicate that the majority of prescriptions generated in the locality are dispensed in the locality. There are 7.4% of prescriptions generated in the area that are dispensed in neighbouring areas and a smaller percentage that are generated outside the locality and dispensed by Dover locality community pharmacies ⁽¹⁾.

- 1,072 outside prescribers dispense in Dover
 - 3.1% of all items dispensed in Dover
- 24 prescribers in Dover
 - 96.9% of items dispensed in Dover
- 35 dispensers in Dover
 - 92.6% of all items prescribed in Dover
- 978 dispensers outside of Dover
 - 7.4% of all items prescribed in Dover

Pharmacy locality: Maps 1 and 2 above show the locality of the community pharmacies and GP dispensing practices.

Opening times

All are open Monday to Friday, with 19 opening on Saturdays and 3 opening on Saturdays and Sundays. This gives a weekly opening hours range of 40 to 102 hours and an average of 57 hours of opening each week. Fifteen of these pharmacies open for at least one hour after 5pm on weekdays. The tables below show the core and supplementary hours of each pharmacy ⁽⁶⁵⁾.

Table 32. Opening times for all pharmacies

Pharmacy	Total weekly core hours	Total supplementary weekly hours	Total weekly hours	Max. hours open after 5pm at least 1 day/week	Saturday hours	Sunday Hours
White Cliffs Pharmacy	100	2	102	5	17	0
Paydens, Canada Rd., Deal	100	0	100	5	15	10
Tesco Pharmacy	48	30	78	3	12	6
Cairns Chemist	59	0	59	1.5	8.5	0
Paydens, St. Richards Road, Deal	41.5	12.5	54	1.5	4	0
Queen Street Pharmacy	40	13	53	0.5	4.25	0
Eastry Pharmacy	49	4	53	1	8	0
Paydens, High St., Dover	40	11.5	51.5	1.25	4	0
Grace Chemist	40	11.5	51.5	1	4	0
A A Beggs	40	11.5	51.5	1.25	4	0

Table 32 continued

Pharmacy	Total weekly core hours	Total supplementary weekly hours	Total weekly hours	Max. hours open after 5pm at least 1 day/week	Saturday hours	Sunday Hours
Boots the Chemists, Deal	40	11	51	0.5	8.5	0
Boots the Chemists, Dover	40	11	51	0.5	7.5	6
Golf Road Pharmacy	43	7.5	50.5	1	3	0
Boots Pharmacy, Sandwich	40	9.5	49.5	1.5	7	0
River Pharmacy	40	9	49	1	4	0
Strand Pharmacy	40	8.5	48.5	1	3.5	0
Clockwork Pharmacy	40	8.5	48.5	0.5	6	0
Boots Pharmacy, Aylesham	40	6.5	46.5	1	4	0
Boots Pharmacy, Ash	40	6	46	1	6	0
Walmer Pharmacy	40	0	40	0	0	0

The dispensing GP practices in the Dover locality are:

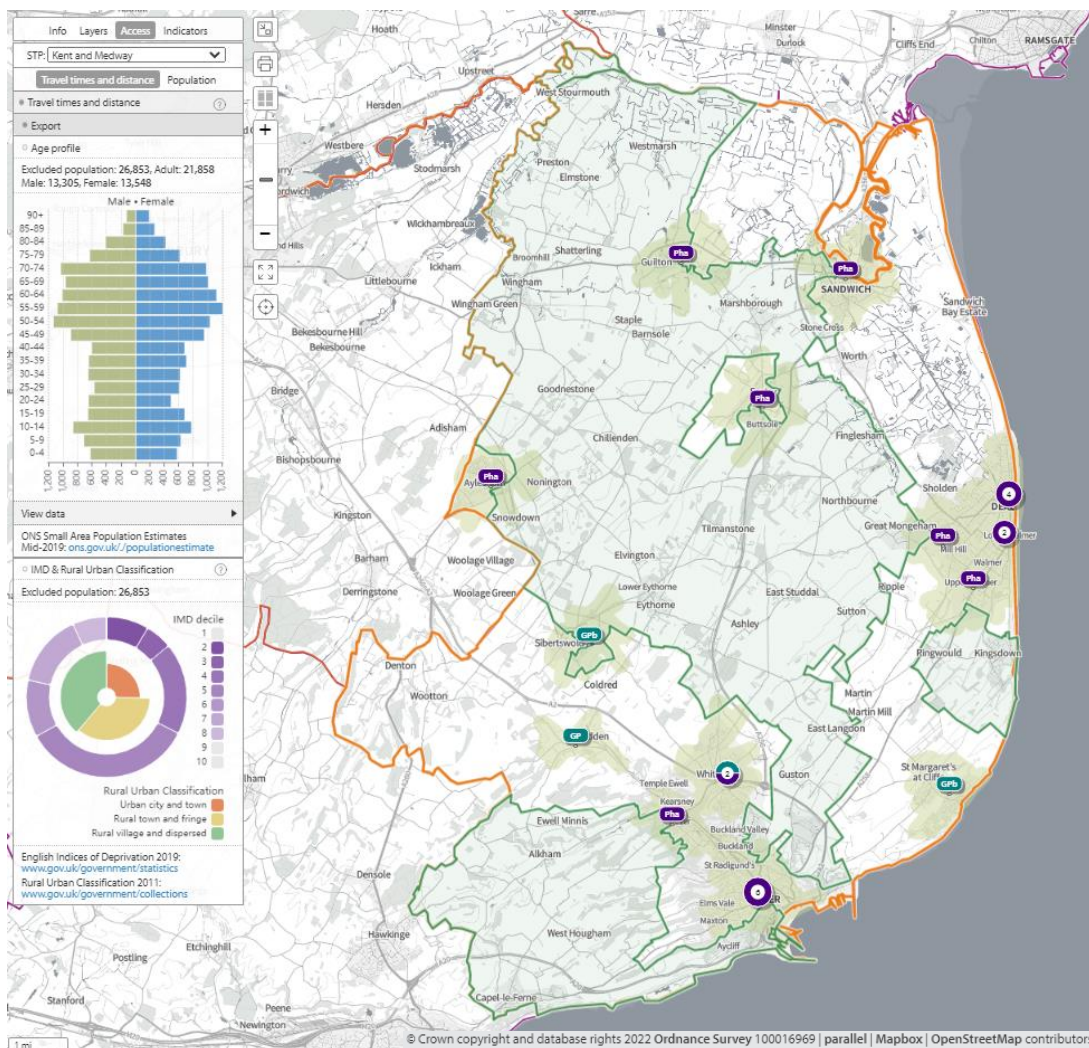
- Whitfield Surgery CT16 3LT
- Lydden Surgery CT15 7ET
- Tara, The Surgery, St Margarets Bay CT15 6BT

Travel times

Access during core opening times is shown in the maps (4-7) below.

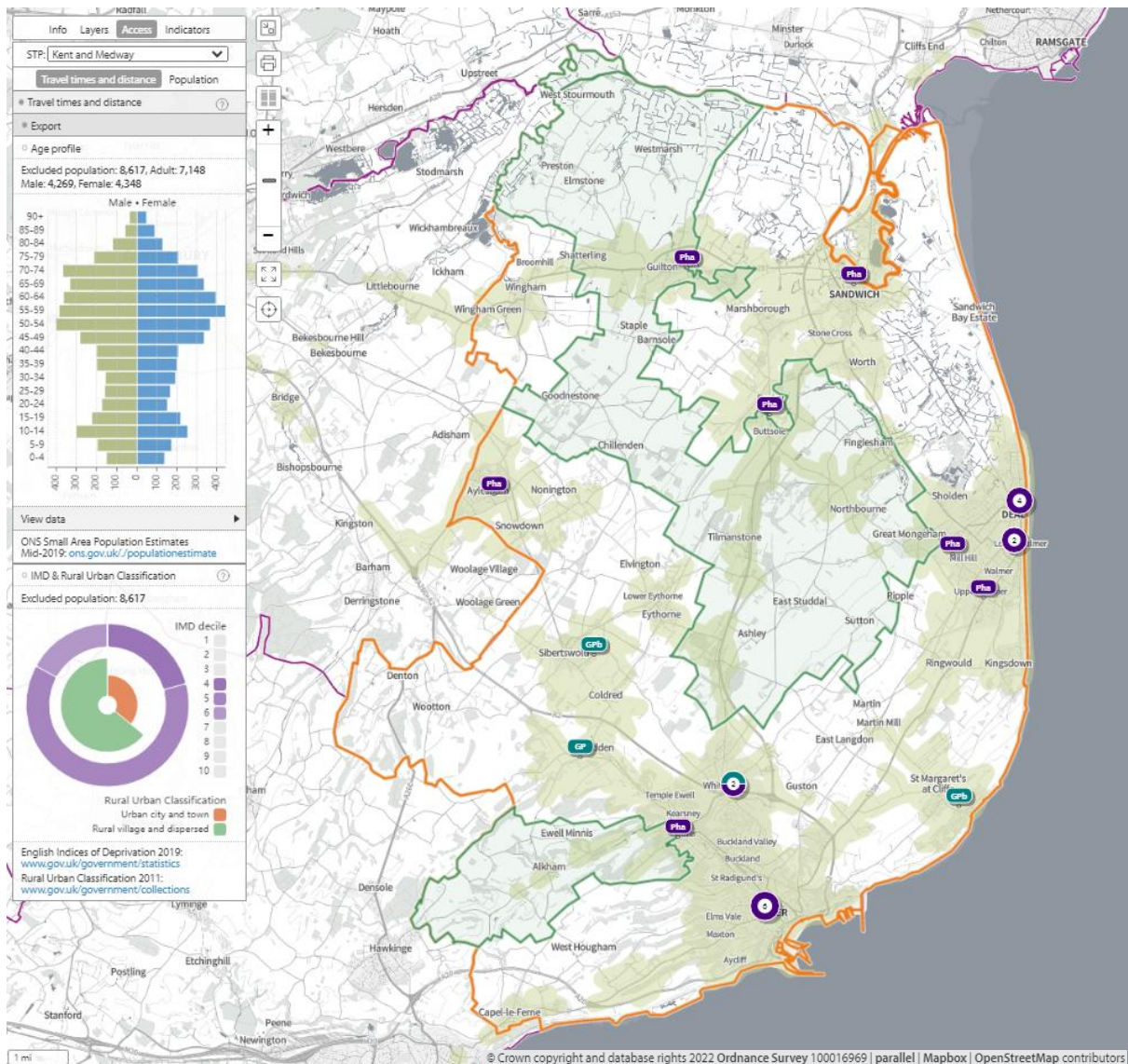
In **map 71**, below, the green shaded areas are within a **20-minute walk** of a community pharmacy/dispensing GP practice. The data indicates that 26,853 (22.7%) people are not within a 20-minute walk and 24.4% of 65+ population is not within a 20-minute walk of a community pharmacy or dispensing GP practice

Map 71. Locations of community pharmacies/dispensing GPs and lower super output areas not within a 20-minute walk



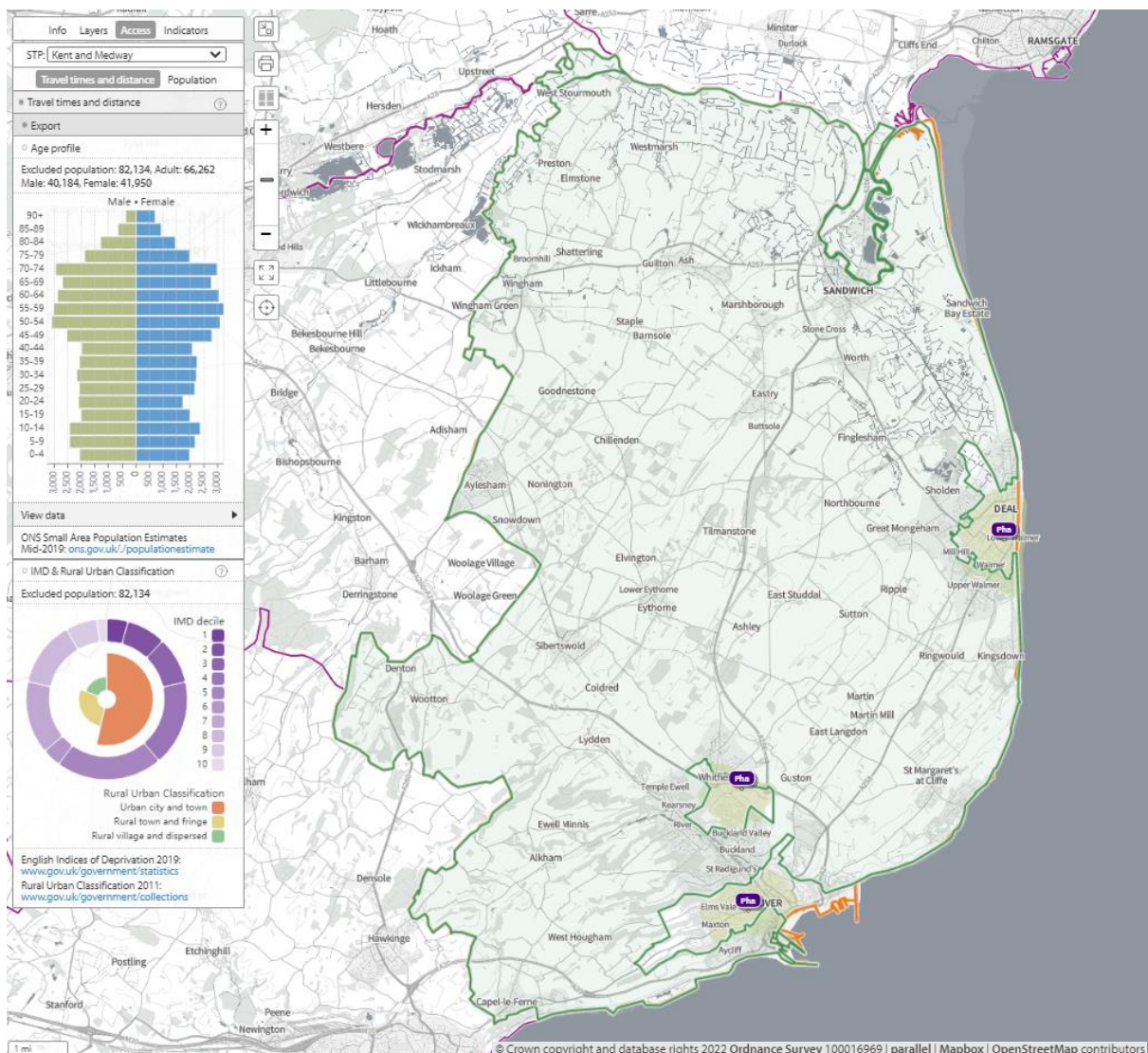
In **map 72**, below, the olive-green shaded areas indicate areas within 20-minutes by public transport of a community pharmacy/dispensing GP practice. 8,617 (7.3%) people are not within 20-minutes by public transport. 8% of 65+ population is not within 20 minutes by public transport of a community pharmacy or dispensing GP practice

Map 72. Locations of community pharmacies/dispensing GPs and lower super output areas not within 20-minutes by public transport on weekday mornings



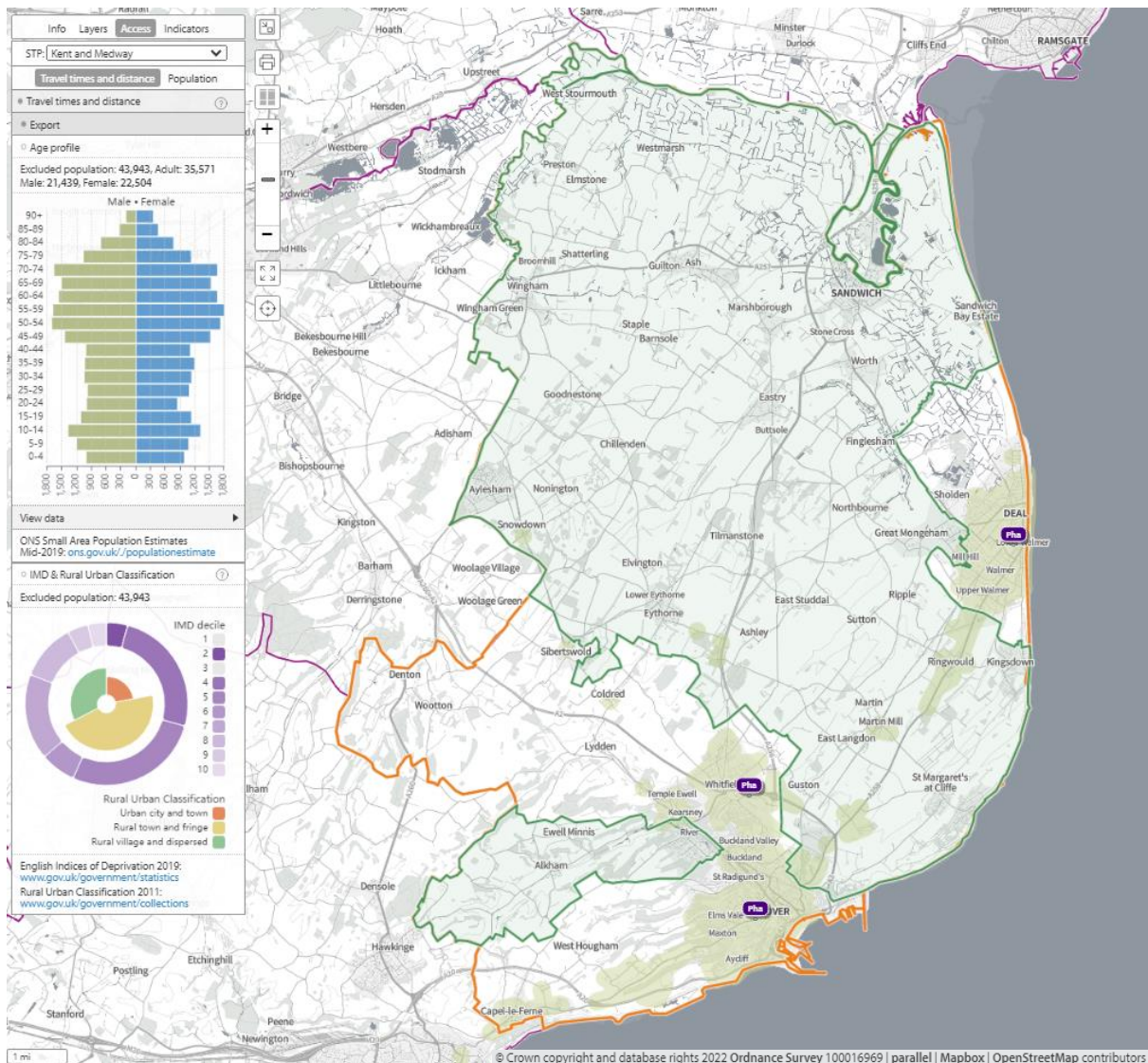
In **map 73**, below, shows **20 minutes walking** access as green shaded areas to community pharmacies that open until 8pm one day a week. 69.3% of the population is not within a 20-minute walk of a community pharmacy that opens until at least 8pm on one day a week

Map 73. Locations of community pharmacies open until at least until 8pm one day a week and lower super output areas not within a 20-minute walk



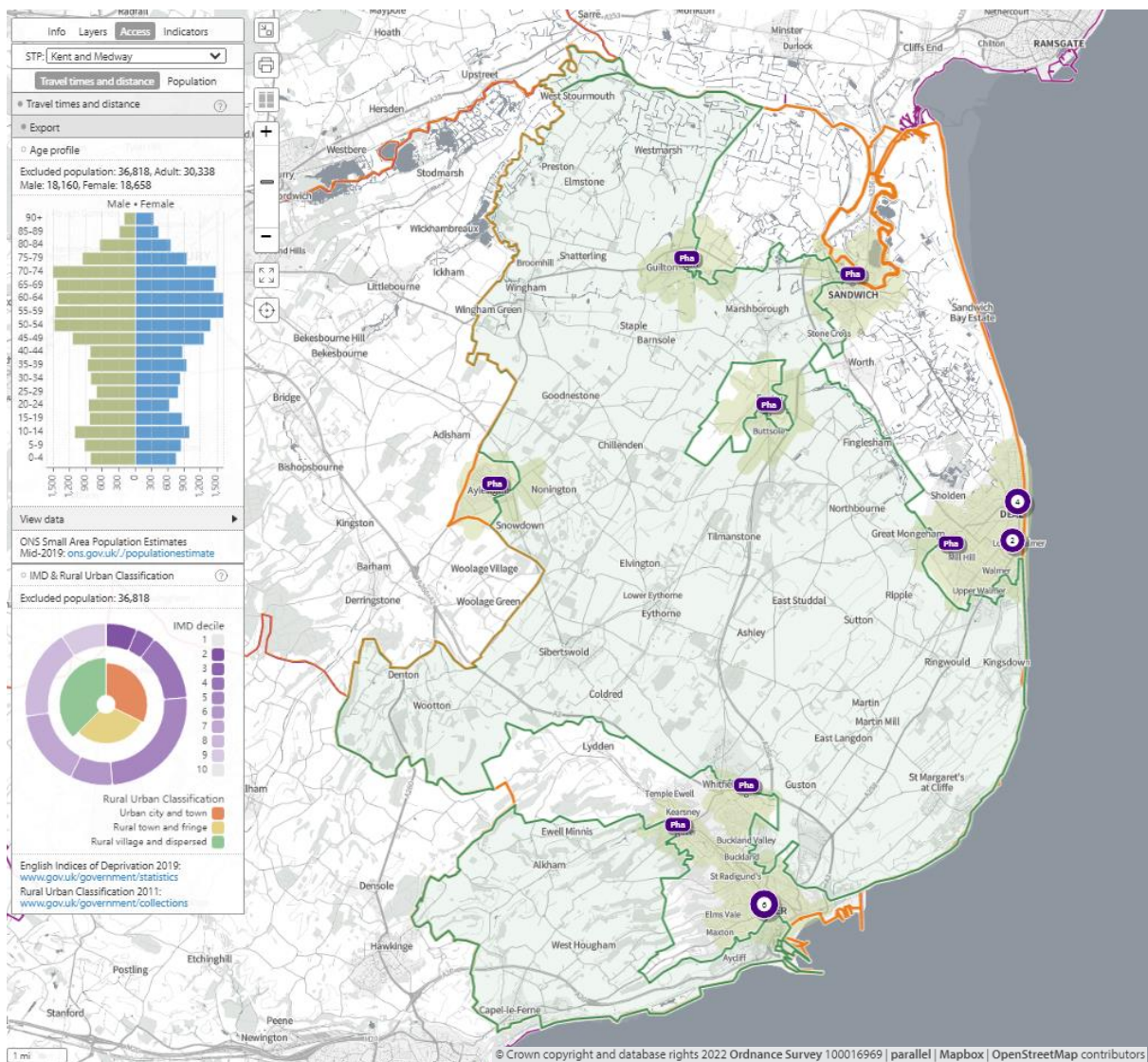
In **map 74**, below, shows **20 minutes public transport** access, as green shaded areas to community pharmacies/dispensing GP practices. The data reveals that 37.1% of the population is not within 20 minutes by public transport of a community pharmacy that opens until at least 8pm on one day a week

Map 74. Locations of community pharmacies open until at least until 8pm one day a week and lower super output areas not within 20-minutes by public transport on weekday evenings



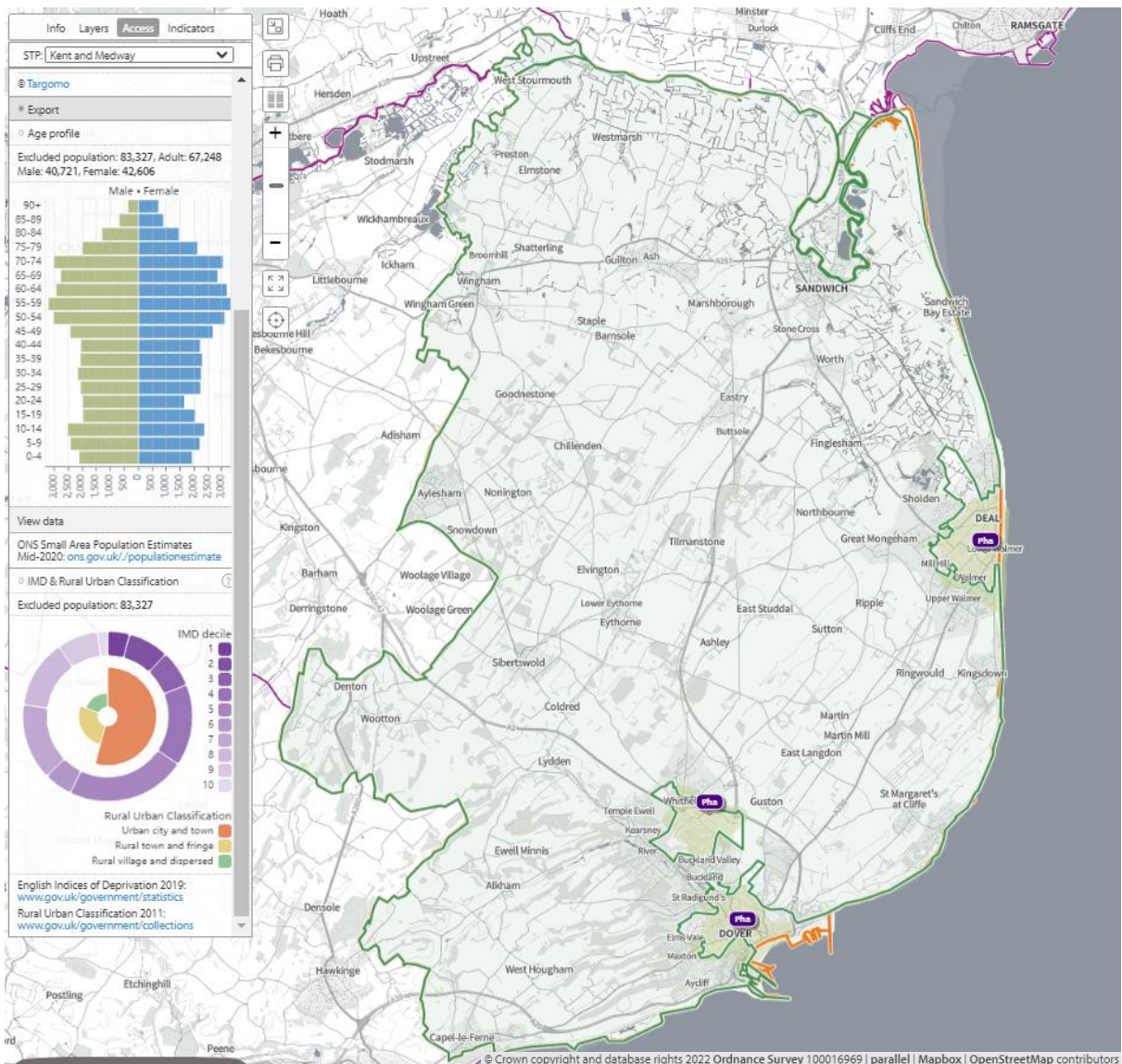
In **map 75**, below, 20-minute **walking access** to community pharmacies that are open at weekends. The data reveals that 31.1% of the population is not within a 20-minute walk of a community pharmacy that opens at the weekend.

Map 75. Locations of community pharmacies open at weekends and lower super output areas not within a 20-minute walk



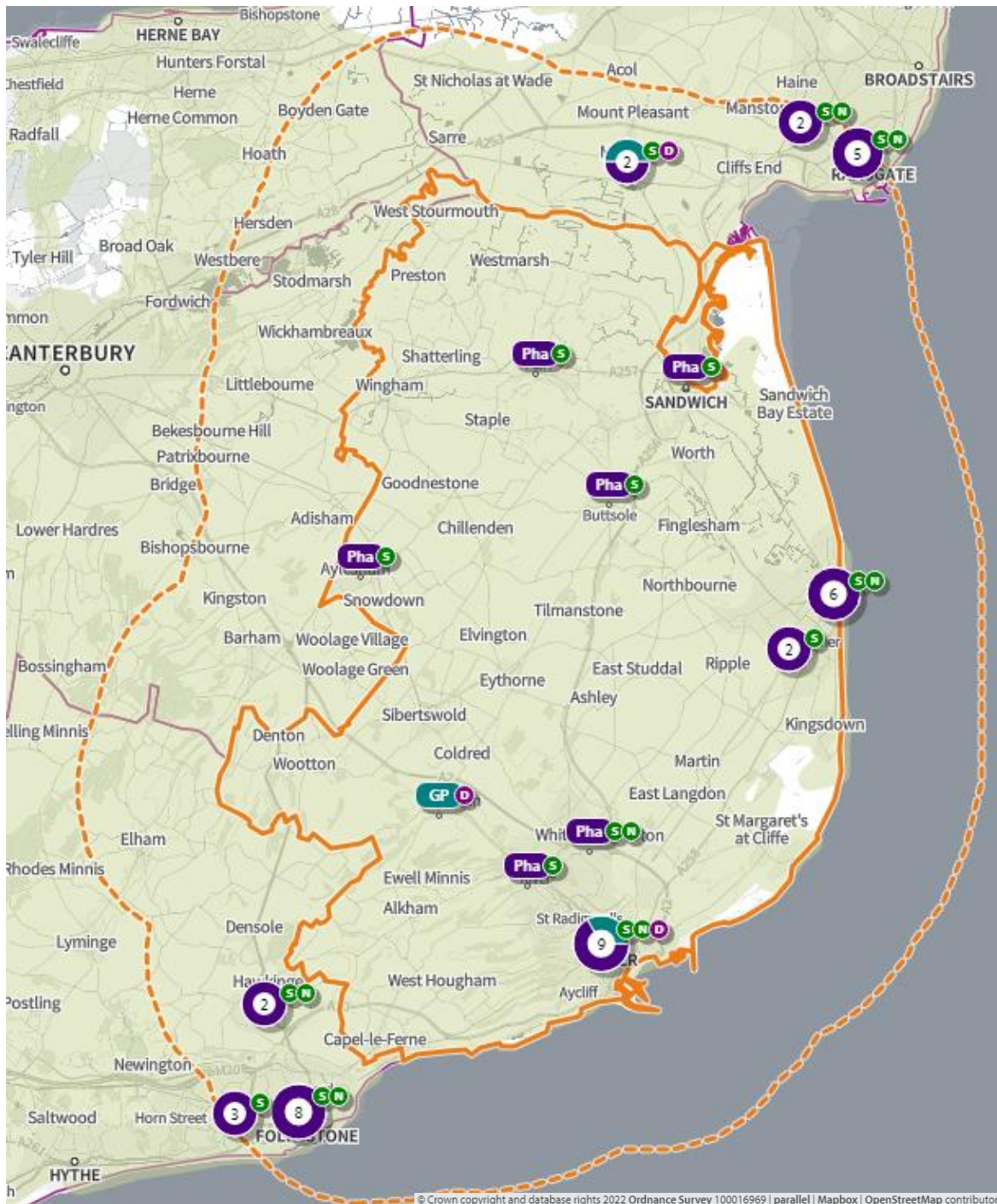
In **map 76**, below, 20-minute **walk** to community pharmacies that are **open on Sundays** is shown as green shaded areas. The information shows that 73.5% (8,327) of the population is not within a 20-minute walk of a community pharmacy that opens on Sundays and 75.3% (21,112) of the 65+ population is not within a 20 minute walk of a community pharmacy that opens on Sundays.

Map 76. Locations of community pharmacies open on Sundays and lower super output areas not within a 20-minute walk



In **map 77** below, access during **core opening hours, Saturdays and Sundays** is shown. The olive-green shaded areas are within a **20-minute drive** of a community pharmacy/dispensing GP practice. The entire population is within a 20-minute drive.

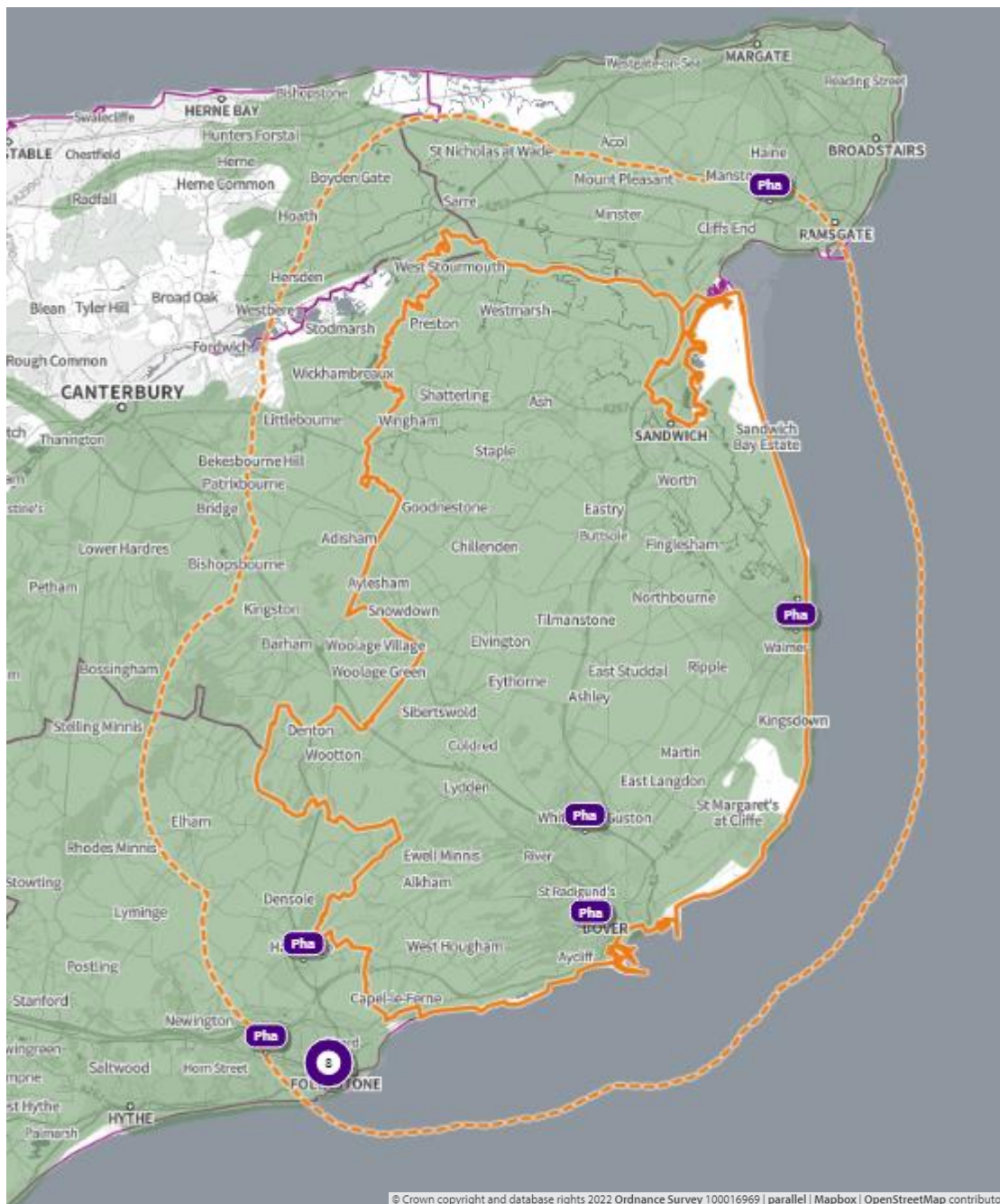
Map 77. Locations of community pharmacies/dispensing GPs and areas within 20-minutes by car



S = open Saturday N = open Sunday

In **map 78** below, the green shaded areas are within **20-minutes by car** of a community pharmacy that opens **until at least 7pm on weekdays**. The entire population is within a 20-minute drive.

Map 78. Locations of community pharmacies open until at least 7pm on weekdays and areas within 20-minutes by car



3. Necessary services: current provision outside the localities area ⁽¹⁾

The information below indicates the number of prescriptions dispensed in and outside the locality.

- 2.03 million items prescribed in Dover
 - 1.88 million items dispensed in Dover
 - 1.65 (87.8%) million via Electronic Prescription Service
 - 150,381 dispensed outside of the district
 - 68,869 distance selling
 - 33,504 dispensed in Folkestone and Hythe
 - 29, 164 dispensed in Canterbury

- 1.94 million items dispensed in Dover
 - 1.76 million items dispensed by community pharmacies in Dover
 - 175,920 dispensed by 14 GP practices:
 - Buckland Medical Practice – 54,445
 - Lydden Surgery – 42,448
 - White Cliffs Medical Centre – 37,402
 - 59,410 items prescribed outside borough i.e. more going out than coming in

Some residents choose to access contractors outside both the locality and the Health and Wellbeing Board's area in order to access services:

- Offered by dispensing appliance contractors
- Offered by distance selling premises
- Which are located near to where they work, shop or visit for leisure or other purposes.

Taking into account this choice of pharmacy outside of the locality, the majority of residents can access a pharmacy and do access pharmacy services within the locality.

4. Other relevant services: current provision

The following advanced services were delivered by pharmacies in the Dover locality in 2020/21.

Table 33. Opening times for all pharmacies

Advanced service name	No. of pharmacies
New Medicine Service	17
Appliance Use Review	0
Hypertension Service [‡]	20
Stoma Appliance Customisation	0
Community Pharmacist Consultation Service (CPCS) [‡]	20
Hepatitis C Antibody Testing Service	0
Seasonal Influenza Vaccination Advances Service	19
Covid Vaccination Service*	1
Covid Home Delivery Service*	16
Covid lateral flow device distribution*	21

*Specific to the Covid-19 pandemic

[‡]Services introduced during the year of study

Please note that three services were specific to the Covid-19 pandemic (Covid vaccination, homedelivery and lateral flow device distribution services) and that others were new services (CPCS, Hypertension service) introduced within the year. There is, however, good participation and early adoption of new services from pharmacies in this locality.

5. Other NHS services

The Strategic Health Asset Planning and Evaluation (SHAPE) web application provides the following information:

- High Street Surgery open until 7.30pm on Mondays
- Manor Road Surgery open until 7.30pm on Tuesdays
- St Richards Road Surgery open Saturdays 8.30am – 12pm

There are urgent treatment centres situated in the Buckland Hospital in Dover and Victoria Memorial Hospital, Deal. Both are open 8am to 8pm every day of the year.

There are also drug and alcohol services, Kent and Medway NHS Hospital Trusts and Kent and Medway NHS and Social Care Partnership Trust and Kent Community Health NHS Foundation Trust with services that generate prescriptions that are dispensed by community pharmacies in this locality.

The number of prescriptions from these services is shown below:

- 12 pharmacies dispensed a total of 3,484 items (mean = 290, range = 2-1,035) from drug and alcohol services
- 20 pharmacies dispensed a total of 2,146 items (mean = 107, range = 17-246) from Kent and Medway NHS and Social Care Partnership Trust (secondary mental health services)
- 15 pharmacies dispensed a total of 103 items (mean = 7, range = 1-36) from KCHFT
- 21* pharmacies and 1 GP practice dispensed a total of 16,856 items (mean = 766, range = 61-2,567)

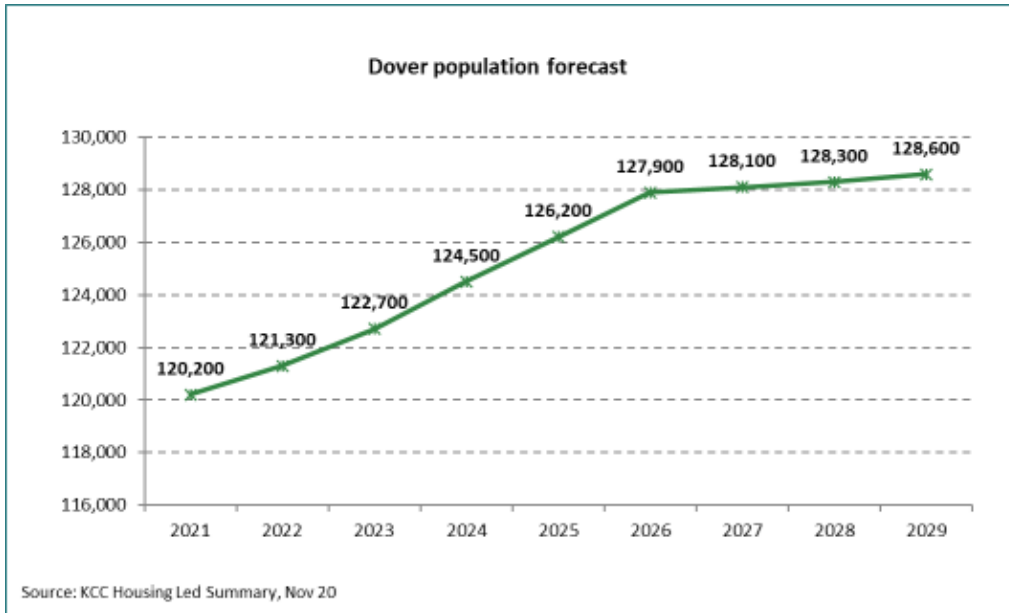
6. Choice with regard to obtaining pharmaceutical; services

As can be seen from sections 2 and 3, those living within the locality and registered with one of the GP practices generally choose to access one of the pharmacies in the locality in order to have their prescriptions dispensed or, if eligible, to be dispensed to by their practice. Those that look outside the locality usually do so either to access a neighbouring pharmacy, or a dispensing appliance contractor or distance selling premises outside of the Health and Wellbeing Board's area.

7. Developments

Figure 33 below shows the predicted increase in the population of the Dover locality continuing to grow over the lifetime of this PNA. By 2025 it is estimated that each pharmacy will serve a population of 6,310.

Figure 33 Dover Population Forecast



 **1 pharmacy per 6,310 people in 2025**

The population of Dover district is projected to increase by 5% to 126,200 in 2025. This is an increase of approximately 400 people per pharmacy from 2020. As stated in the community pharmacy contracts survey one pharmacy in the Dover locality does not have the capacity to meet an increased demand for services. However, only 90 new houses are proposed in the catchment area of the pharmacy.

The next map below shows where there are major housing developments planned in the coming years and the table indicates the number of dwellings planned for each site. With an average of 2.4 people per proposed dwelling, by 2025 these sites will provide accommodation for approximately 4,600 people.

Map 79. Location of housing developments

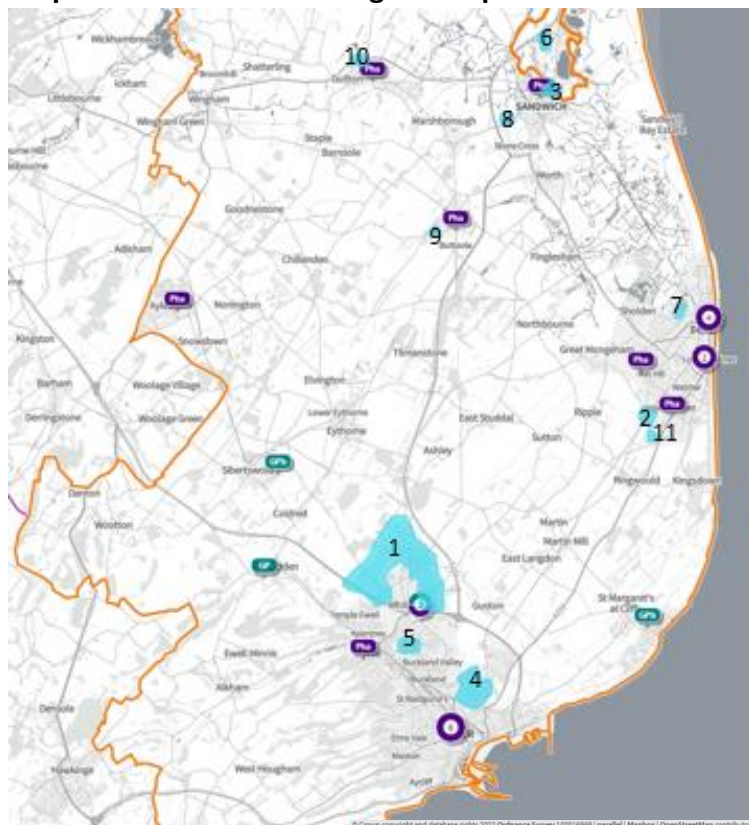
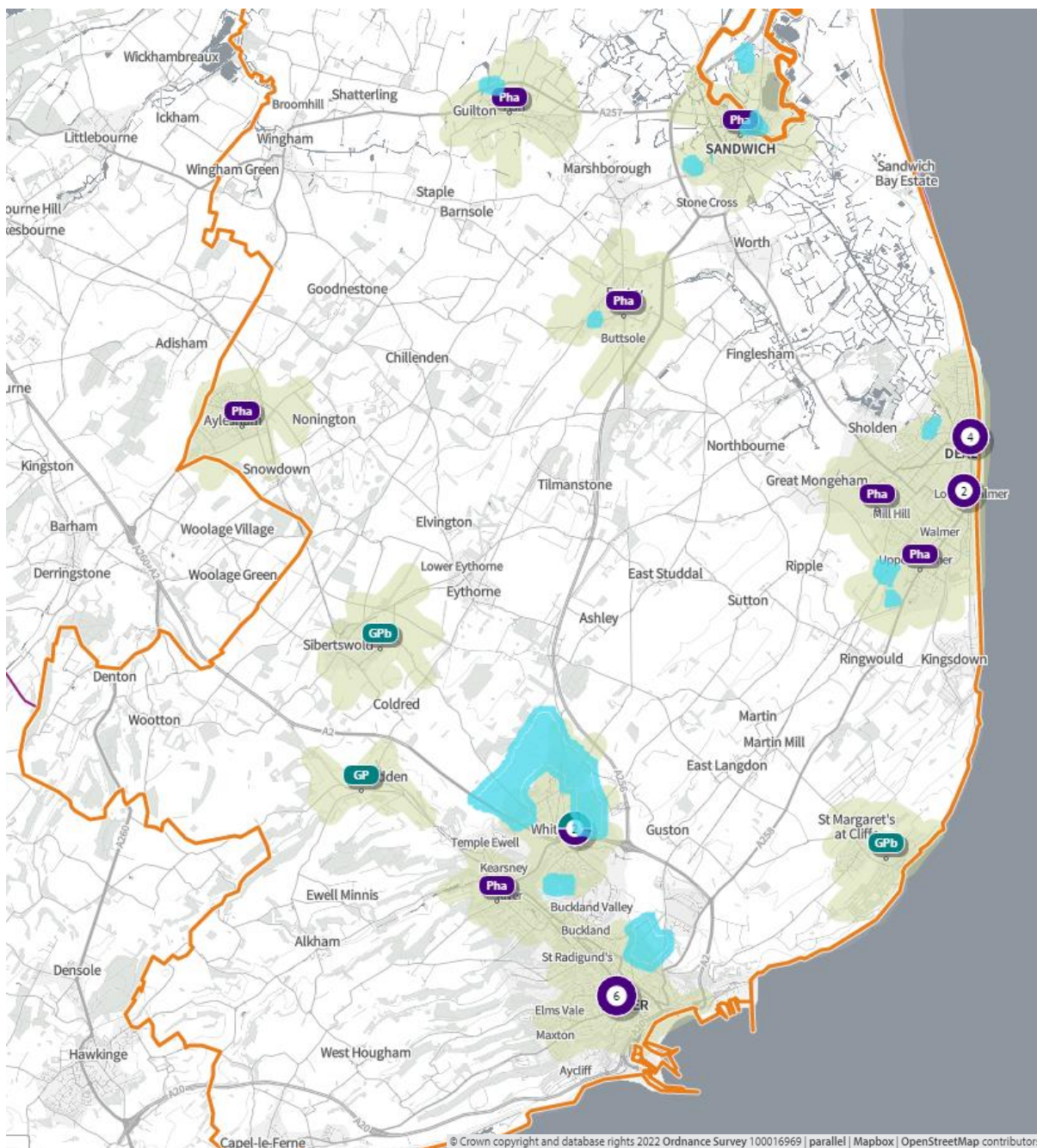


Table 34. Proposed housing developments – number of dwellings per year at each development

Site Name	20/21	21/22	22/23	23/24	24/25	25/26	26/27	27/28	28/29	29/30	2025	2030
1. Whitfield Urban Extension	25	121	98	71	35	0	0	0	0	0	350	350
2. Land off Station Road, Walmer	35	71	71	46							223	223
3. Sandwich Ind Estate, Ramsgate Road	38	38	38	38	38	39					190	229
4. Connaught Barracks	0	30	120	0	100	0	100	14	0	0	250	364
5. Buckland Paper Mill	25	44	67	50	50	0	0	0	0	0	236	236
6. Discovery Park, Ramsgate Road, Sandwich				71	71	71	71	71	71	71	142	497
7. Land on the West side of Albert Road, Deal	15	42	42	43							142	142
8. Land east of Woodnesborough Road, Sandwich		60	60								120	120
9. Eastry Hospital, Mill Lane, Eastry		60	40								100	100
10. Land off Chequer Lane, Ash		20	50	20							90	90
11. Land Opposite 423-459 Dover Road, Walmer			35	50							85	85

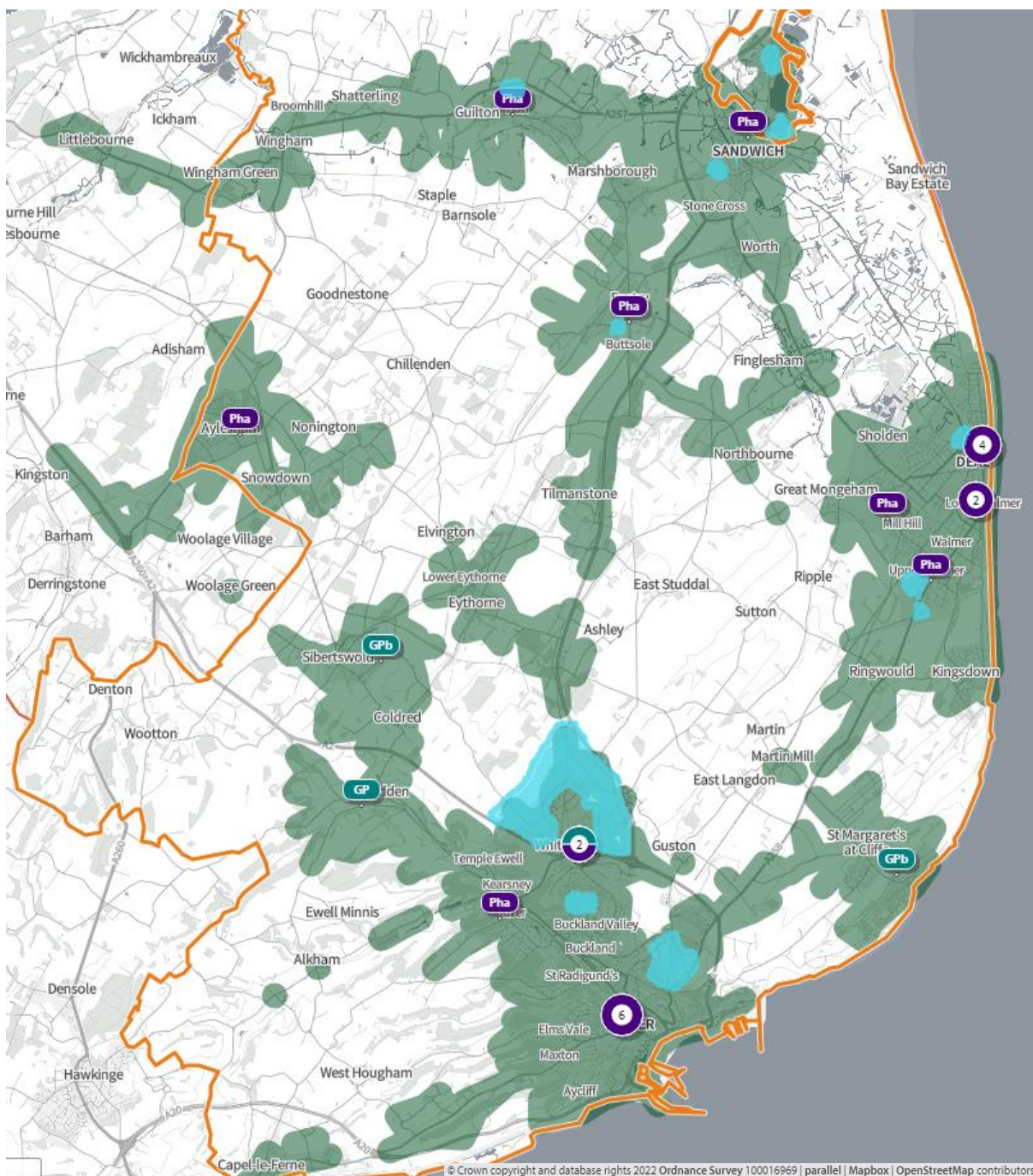
In **map 80**, below, the green shaded areas are within a **20-minute walk** of a community pharmacy/dispensing GP practice during core opening hours and the blue shaded areas are locations of major housing developments

Map 80. Location of community pharmacies, proposed housing developments, and areas within a 20 minute walk of a community pharmacy/dispensing GP



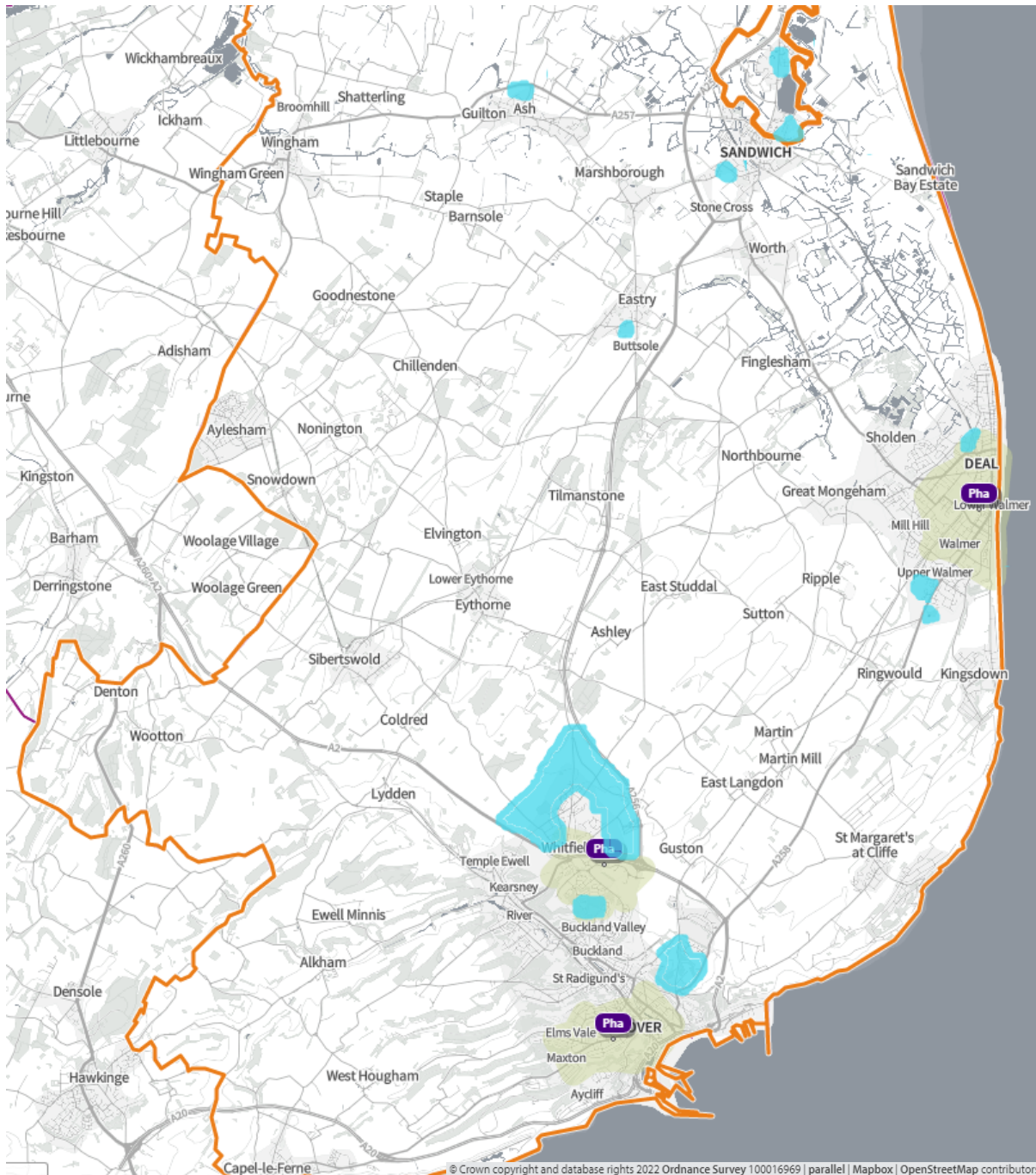
In **map 81**, below, the green shaded areas are within **20-minutes by public transport** of a community pharmacy/dispensing GP practice and the blue shaded areas are locations of major housing developments

Map 81. Location of community pharmacies, proposed housing developments, and areas within 20 minutes of a community pharmacy by public transport on weekday mornings



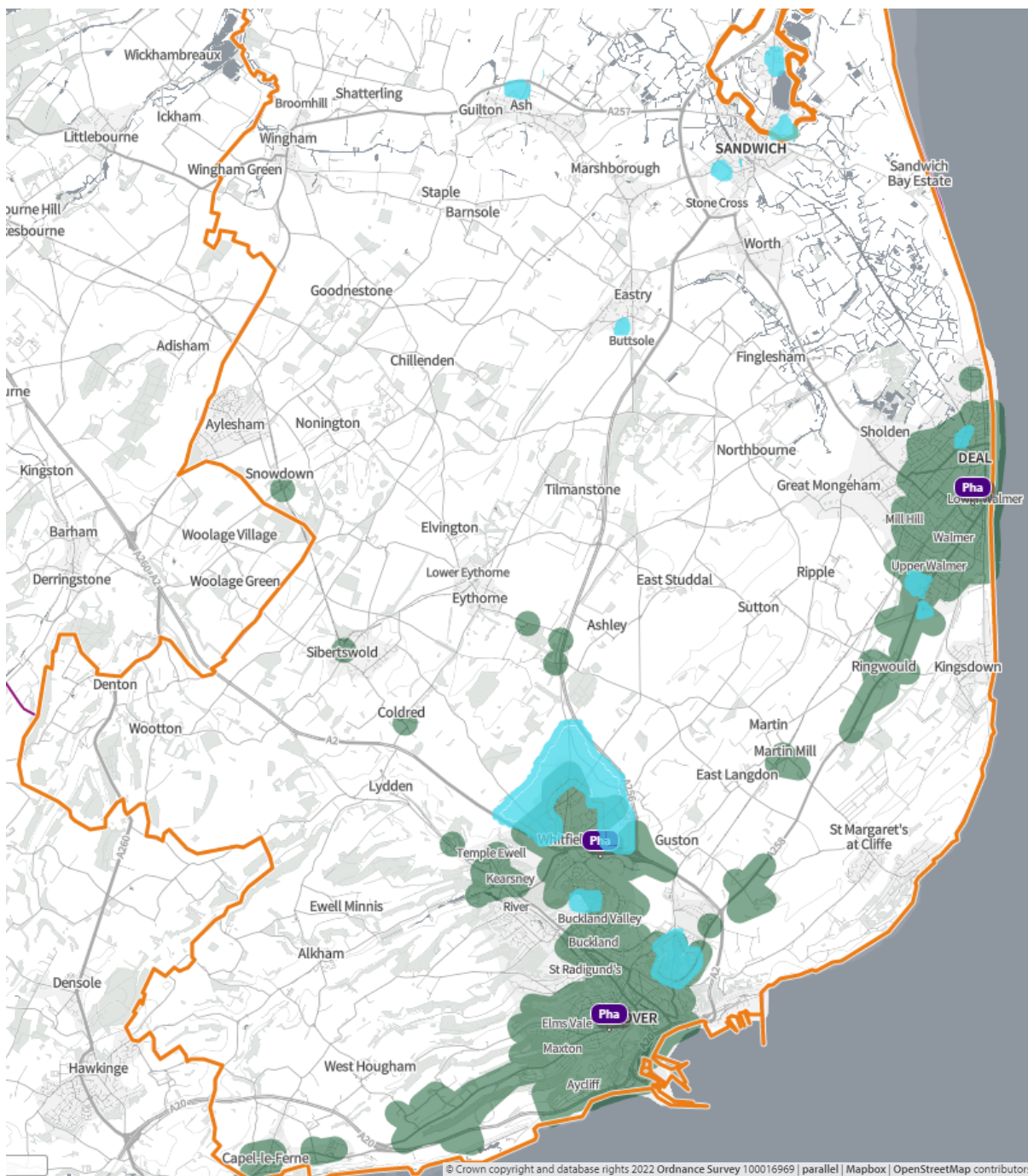
In **map 82**, below, the green shaded areas are within a **20-minute walk** of a community pharmacy that is **open until at least 8pm** and the blue shaded areas are locations of major housing developments

Map 82. Location of community pharmacies, proposed housing developments, and areas within a 20 minute walk of a community pharmacy open until at least 8pm



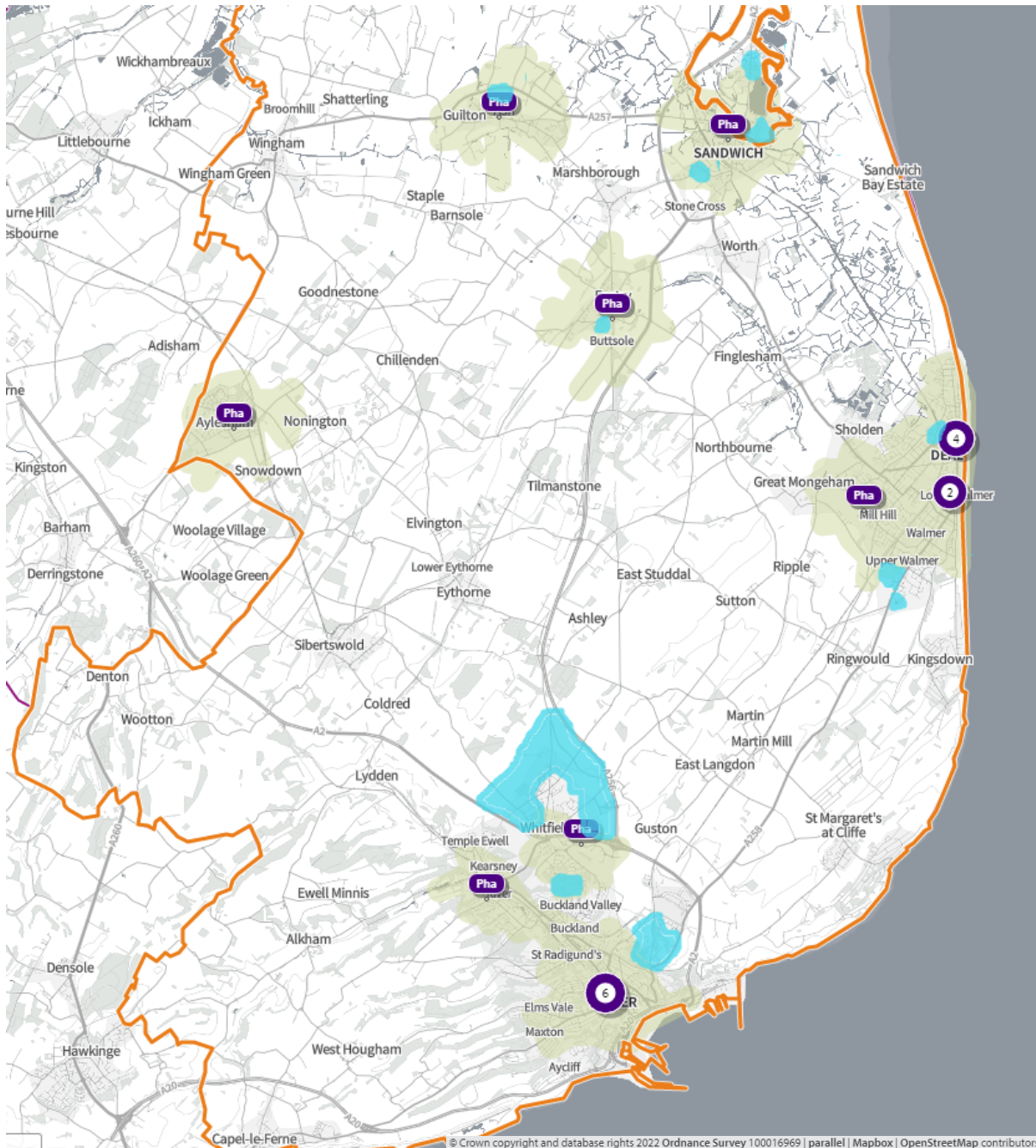
In **map 83**, below, the green shaded areas are within **20-minutes by public transport** of a community pharmacy that is **open to at least 8pm** and the blue shaded areas are locations of major housing.

Map 83. Location of community pharmacies, proposed housing developments, and areas within 20 minutes of a community pharmacy open until at least 8pm by public transport on weekday evenings



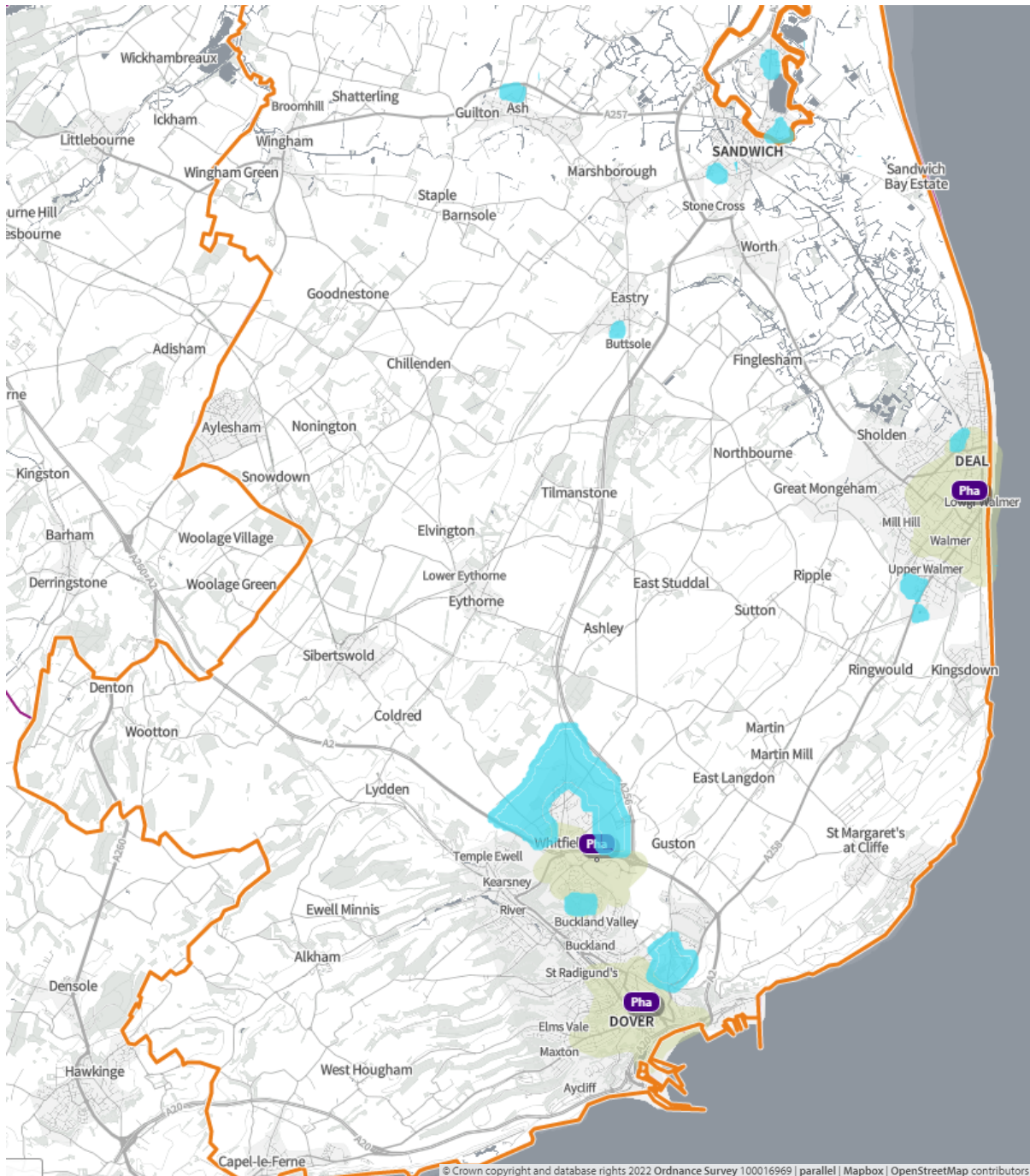
In **map 84**, below, the green shaded areas are within **20-minute walk** of a community pharmacy that is open on a **Saturday** and the blue shaded areas are locations of major housing.

Map 84. Location of community pharmacies, proposed housing developments, and areas within a 20-minute walk of a community pharmacy that is open on Saturdays



In **map 85**, below, the green shaded areas are within a **20-minute walk** of a community pharmacy that is open on a **Sunday** and the blue shaded areas are locations of major housing developments.

Map 84. Location of community pharmacies, proposed housing developments, and areas within a 20-minute walk of a community pharmacy that is open on Sundays



8. Necessary services: - Gaps in provision

There are no gaps in provision of necessary services

9. Improvements or better access: Gaps in provision

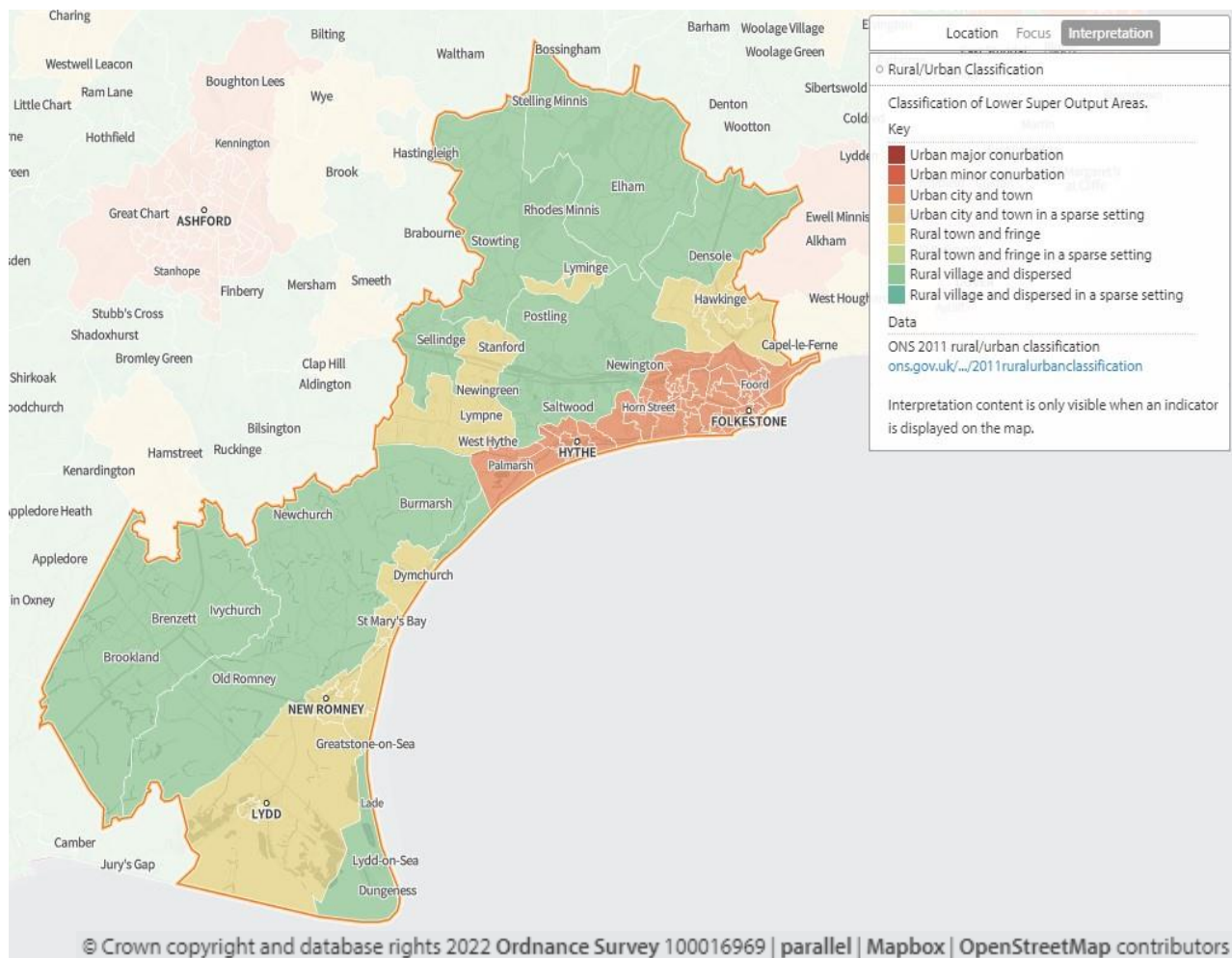
New medicine service not available at Eastry Pharmacy. Approximately 2,000 more people would be able to access a pharmacy by public transport or on foot within 20 minutes if Eastry Pharmacy provided the new medicine service.

12 Folkestone and Hythe Locality

1. Key Facts

Folkestone and Hythe is a local government district in the south-east of the county. It covers an area of 356.6 square km. Most of the population live in the coastal towns of Hythe and Folkestone. The north of the district consists of villages situated amongst farmland of the North Downs. The south features a coastal expanse of lower lying reclaimed land including Romney Marsh.

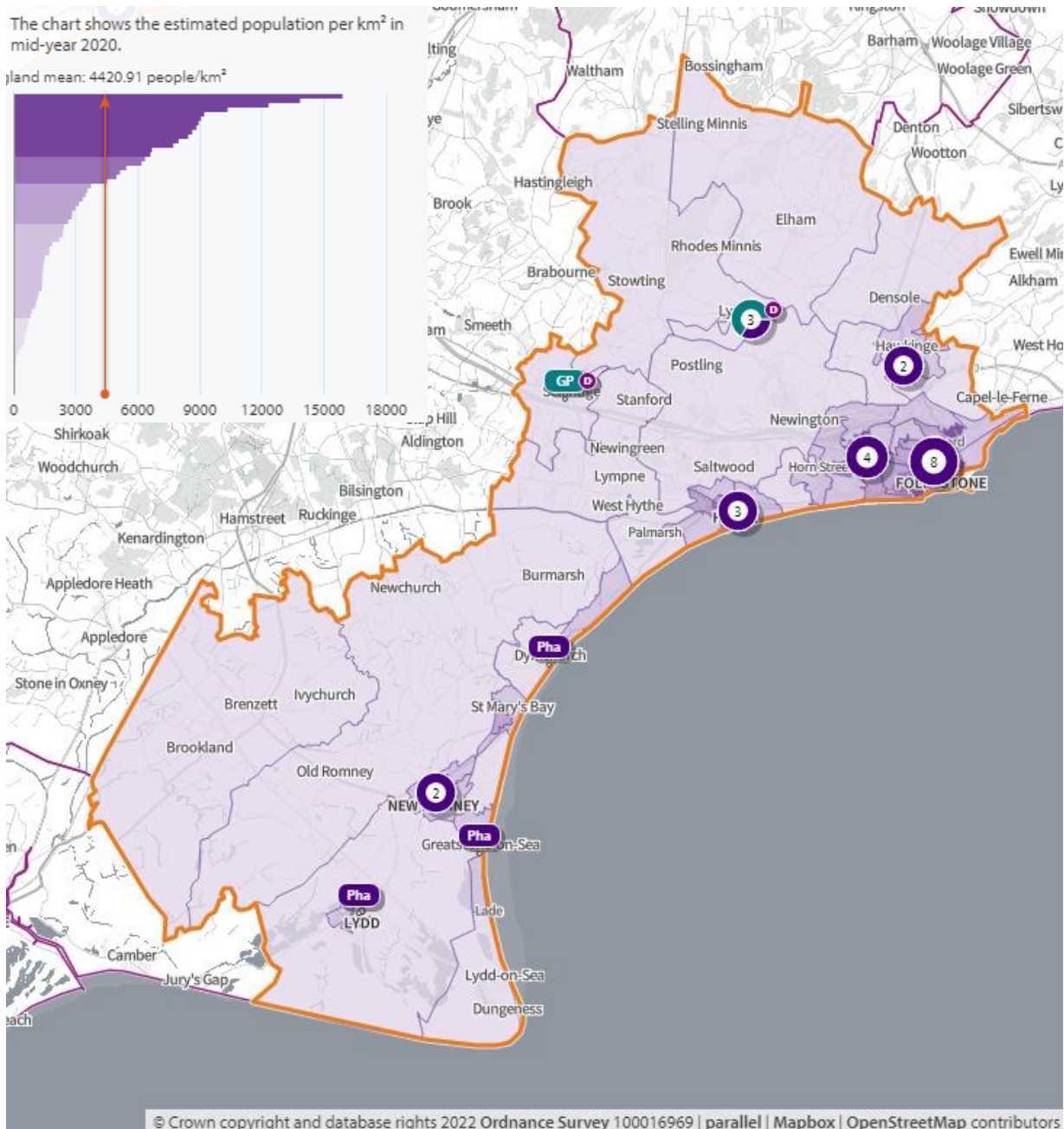
Map 86. Rural/urban classification of lower super output areas



Population

Map 87 shows the distribution of the population in the locality. The population density is greatest in the coastal towns of Folkestone, Hythe, Dymchurch and New Romney. Much of the locality is rural in nature. Sheep farming being the predominant form of agriculture in both the downs and marsh areas.

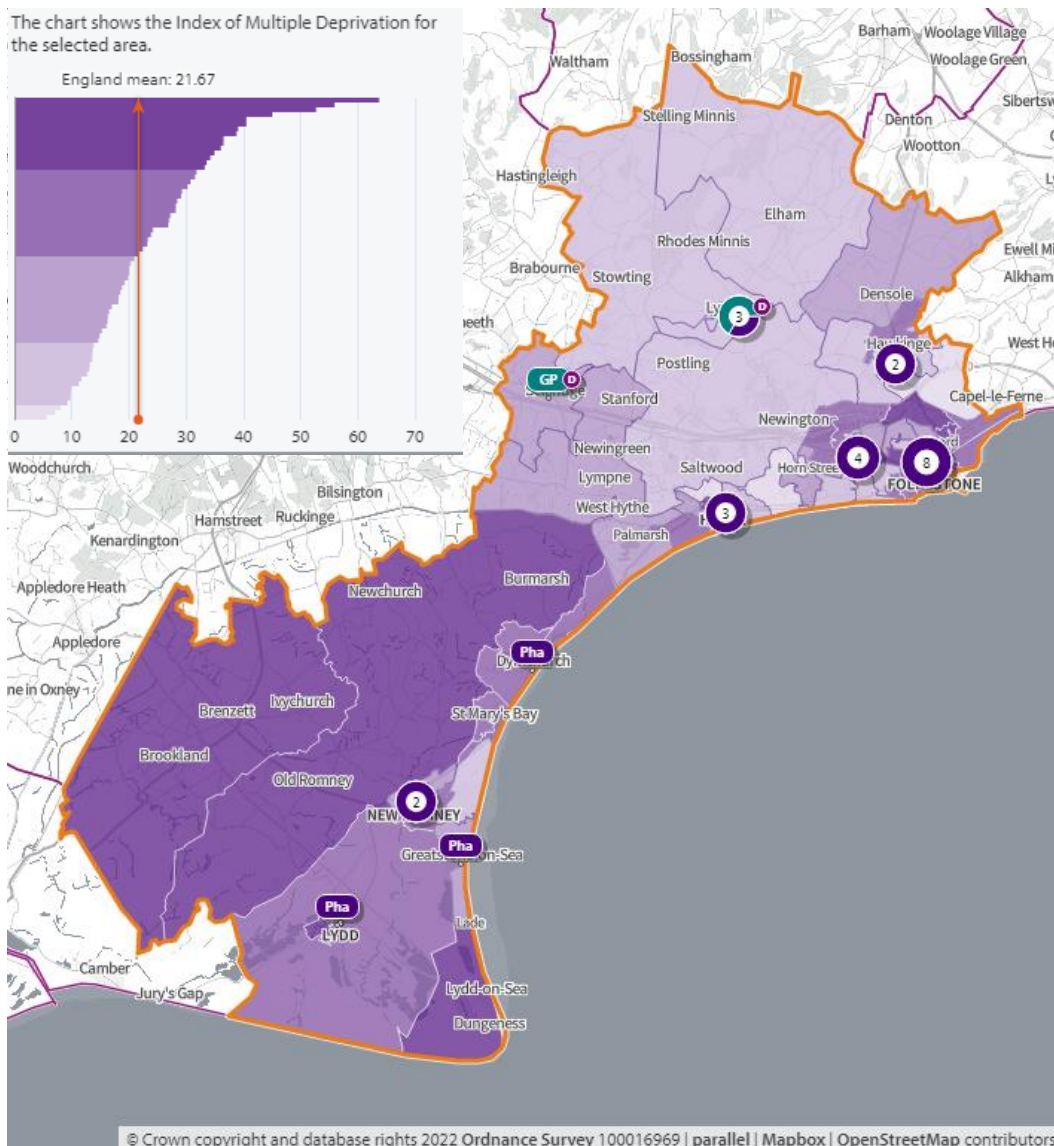
Map 87. Population density of lower super output areas overlaid with locations of pharmacies and dispensing doctors



Deprivation

Map 88 shows the areas of high deprivation in the Folkestone and Hythe District locality. In economic terms, Folkestone and Hythe is the third most deprived area in Kent, after Thanet and Swale. It has a high rate of unemployment ⁽⁶³⁾; poor educational attainment figures ⁽⁶⁴⁾; and with most businesses being small operations. The major source of economy is, however, tourism.

Map 88. Deprivation of lower super output areas overlaid with locations of pharmacies and dispensing doctors



Language

English is the main language for all people aged 16 or over in 95.1% of households in the district. 2.8% of households have no people with English as the main language ⁽²⁾.

Home ownership

64% of houses are owned either outright (35%) or with a mortgage (29%). The average number of occupants per household is 2.2, lower than the Kent average of 2.4 ⁽²⁾.

Age distribution

The average age of Folkestone and Hythe district residents is 44.6, higher than the Kent average of 41.4 and the highest of all Kent districts ⁽²⁾. 25% of the population is over 65 (the highest proportion of all Kent districts) and 16.8% 0-15 ⁽²⁾. Life expectancy at birth is 78.1 for males and 82.6 for females ⁽⁴⁶⁾.

Economy

By industry, the top three employers in the Folkestone and Hythe district are wholesale and retail trade (13.3%), human health and social work activities (13.3%), and administrative and support service activities (10.7%) ⁽¹⁵⁾. By industrial grouping, tourism is the highest employer – 16% of employee jobs are in tourism compared to the Kent average of 10.5% ⁽¹⁵⁾. Folkestone and Hythe district has the highest proportion of jobs in tourism of all Kent districts ⁽¹⁵⁾.

Car ownership

24% of households in Folkestone and Hythe district do not have a car or van in the household ⁽¹³⁾.

Care Homes

There are a considerable number of care homes in the Folkestone and Hythe locality. Patients who are looked after in a care home setting are often high users of medicines. However, because of the nature of their care, they rarely access pharmaceutical services individually, leaving this to be carried out by the care home staff. More recently care home organisations do not use local pharmacies for this service, favouring the large “hub” or “internet” pharmacies which specialise in this type of one-stop service. Therefore, there is not considered to be any relationship between the number of care homes and the need for local pharmaceutical services

2. Necessary services: current provision within the locality

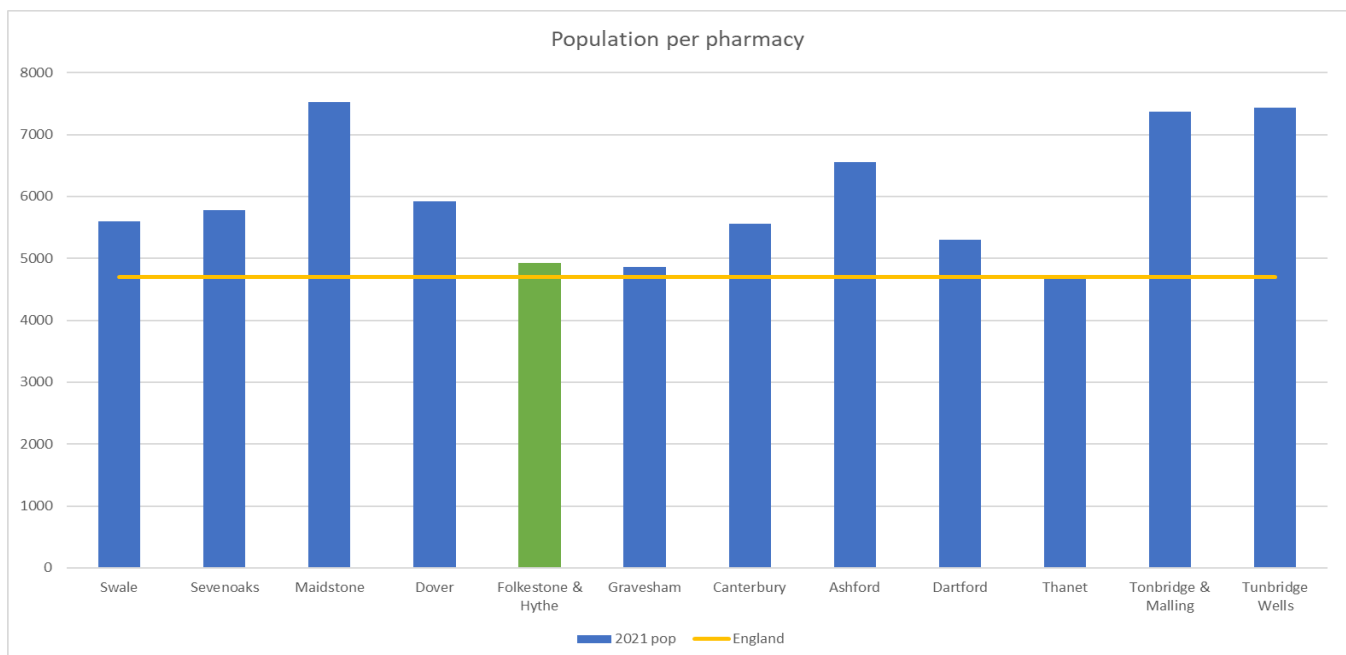
(All data presented in this section is for the financial year 2020/21 with the exception of lateral flow devices data which covers the 4 months from April 2021 to July 2021)

There are 23 Community pharmacies providing dispensing services in the Folkestone and Hythe locality.

In addition, there are three dispensing GP practices in the locality.

Each pharmacy provides on average, services for 4,927 of the area’s population. Figure 34 below shows how this compares with the other localities of Kent.

Figure 34. Number of people per pharmacy in each locality



The facts below indicate that the majority of prescriptions generated in the locality are dispensed in the locality. There is a small percentage of prescriptions generated in the area that are dispensed in neighbouring areas and an even smaller percentage that are generated outside the locality and dispensed by Folkestone and Hythe community pharmacies ⁽¹⁾.

- 1,277 outside prescribers dispense in Folkestone & Hythe
 - 3.2% of all items dispensed in Folkestone & Hythe
- 36 prescribers in Folkestone & Hythe
 - 96.7% of all items dispensed in Folkestone & Hythe
- 40 dispensers in Folkestone & Hythe
 - 93.2% of all items prescribed in Folkestone & Hythe
- 956 dispensers outside of Folkestone & Hythe
 - 6.8% of all items prescribed in Folkestone & Hythe

Pharmacy locality

Maps 1 and 2 above show the locality of the community pharmacies and GP dispensing practices.

Opening times

All are open Monday to Friday, with 21 opening on Saturdays only and 5 opening on Saturday and Sundays. This gives a weekly opening hours range of 44 to 106 hours and an average of 61 hours of opening each week. Twenty of these pharmacies open for at least one hour after 5pm on weekdays.

Table 35 below shows the core and supplementary hours of each pharmacy ⁽⁶⁵⁾.

Table 35. Opening times for all pharmacies

Pharmacy	Total core weekly hours	Total supplementary weekly hours	Total weekly hours	Max. hours open after 5pm at least 1 day/week	Saturday hours	Sunday Hours
Lloyds Pharmacy, Folkestone Sainsbury	101	5	106	5	15	6
Vision Pharmacy, Hawkinge	100	2	102	6	16	6
Tesco Pharmacy, Cheriton	100	2	102	5.5	16	6
New Romney Pharmacy	100	0	100	6	14	6
Asda Pharmacy, Folkestone	100	0	100	6	15	6
Lloyds Pharmacy, New Romney	40	18.5	58.50	2	8.5	0
Eakins Chemist, Hythe	40	15.5	55.50	1.5	8	0
Paydens Pharmacy, Cheriton	40	13	53	1	8	0
Paydens Pharmacy, Hawkinge	40	12.75	52.75	1.5	4	0
Mistvale Chemist, Folkestone	40	11	51	2	6	0
Boots the Chemists, Folkestone	40	11	51	0.5	7.5	6
Ferris Pharmacy, Dymchurch	40	9	49	1	4	0

Table 35 continued

Pharmacy	Total weekly core hours	Total supplementary weekly hours	Total weekly hours	Max. hours open after 5pm at least 1 day/week	Saturday hours	Sunday Hours
Well, Greatstone	40	9	49	1	4	0
Well, Lydd	40	9	49	1	4	0
Central Pharmacy, Folkestone	40	9	49	1	4	0
Taylor's Pharmacy, Folkestone	40	9	49	1	4	0
Guildhall Pharmacy, Folkestone	40	6.5	46.5	1.5	4	0
Lyminge Pharmacy	40	6.5	46.5	1.5	4	0
McArdle Pharmacy, Folkestone	40	6.5	46.5	1.5	4	0
Boots the Chemists, Hythe	40	5	45	0.5	7.5	0
Superdrug Pharmacy, Folkestone	40	5	45	0.5	0	0
Lloyds Pharmacy, Folkestone	40	5	45	2	0	0
Paydens Pharmacy, Hythe	40	4	44	1	4	0

The Dispensing GP Surgeries in this locality are:

- Church Road Surgery Lyminge CT18 8HY
- Sellinge Surgery TN25 6JX
- New Lyminge Surgery CT18 8NJ

Access to Community Pharmacies

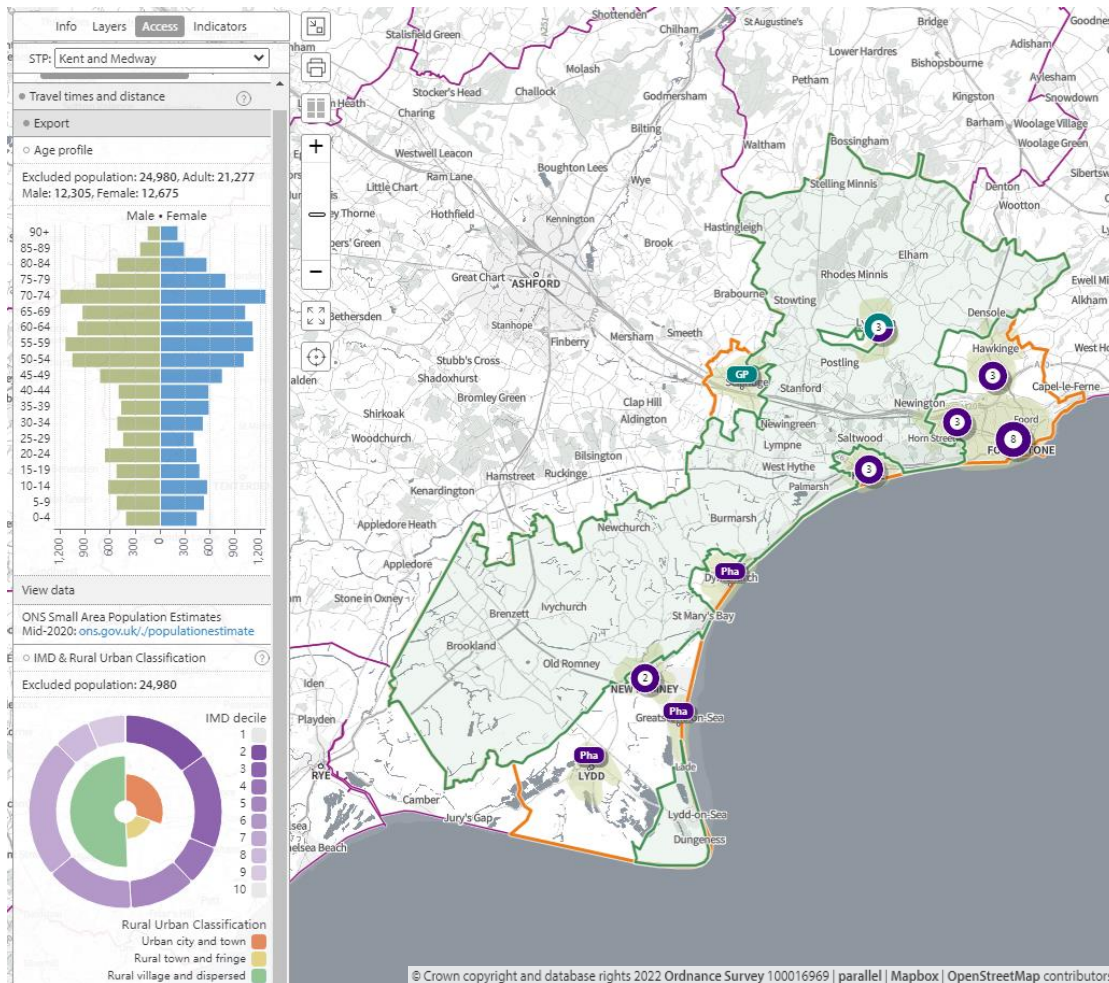
Travel times

In **Map 89**, below, access during core opening hours is shown. The olive-green shaded areas are within a 20-minute walk of a community pharmacy/dispensing GP practice. 24,980 (22%) people are not within a 20-minute walk.

2 pharmacies do not open on Saturday, but this does not affect the population within a 20-minute walk on a Saturday.

28.3% (7,922) of 65+ population is not within a 20 -minute walk of a community pharmacy or dispensing GP practice.

Map 89. Locations of community pharmacies/dispensing GPs and lower super output areas not within a 20-minute walk



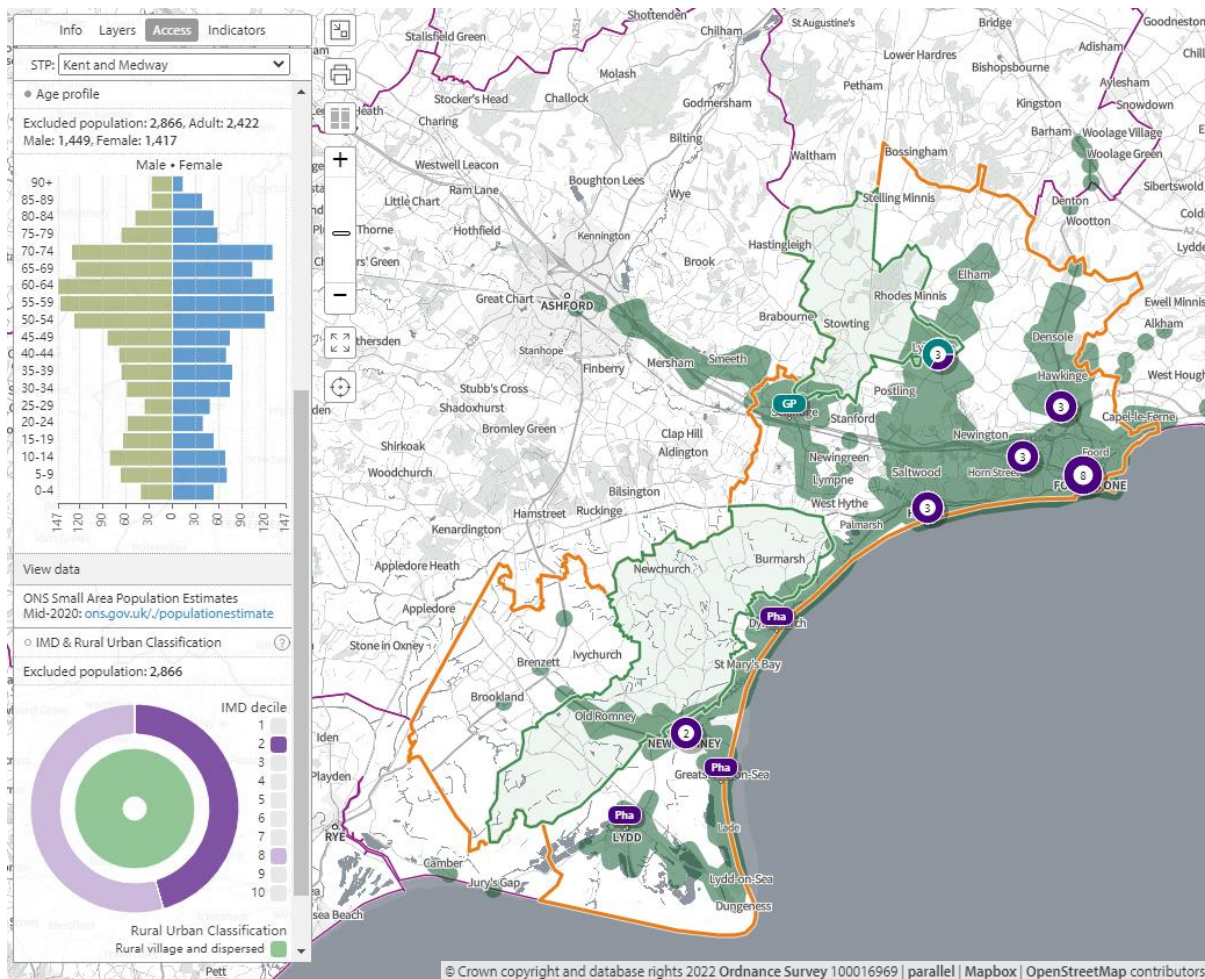
In **map 90**, below, the green-shaded areas are **within 20-minutes by public transport** of a community pharmacy/dispensing GP practice.

2,866 (2.5%) people are not within 20-minutes by public transport.

All pharmacies are open for at least 3 hours on a Saturday.

2.9% of 65+ population is not within 20 minutes by public transport of a community pharmacy or dispensing GP practice.

Map 90. Locations of community pharmacies/dispensing GPs and lower super output areas not within 20-minutes by public transport

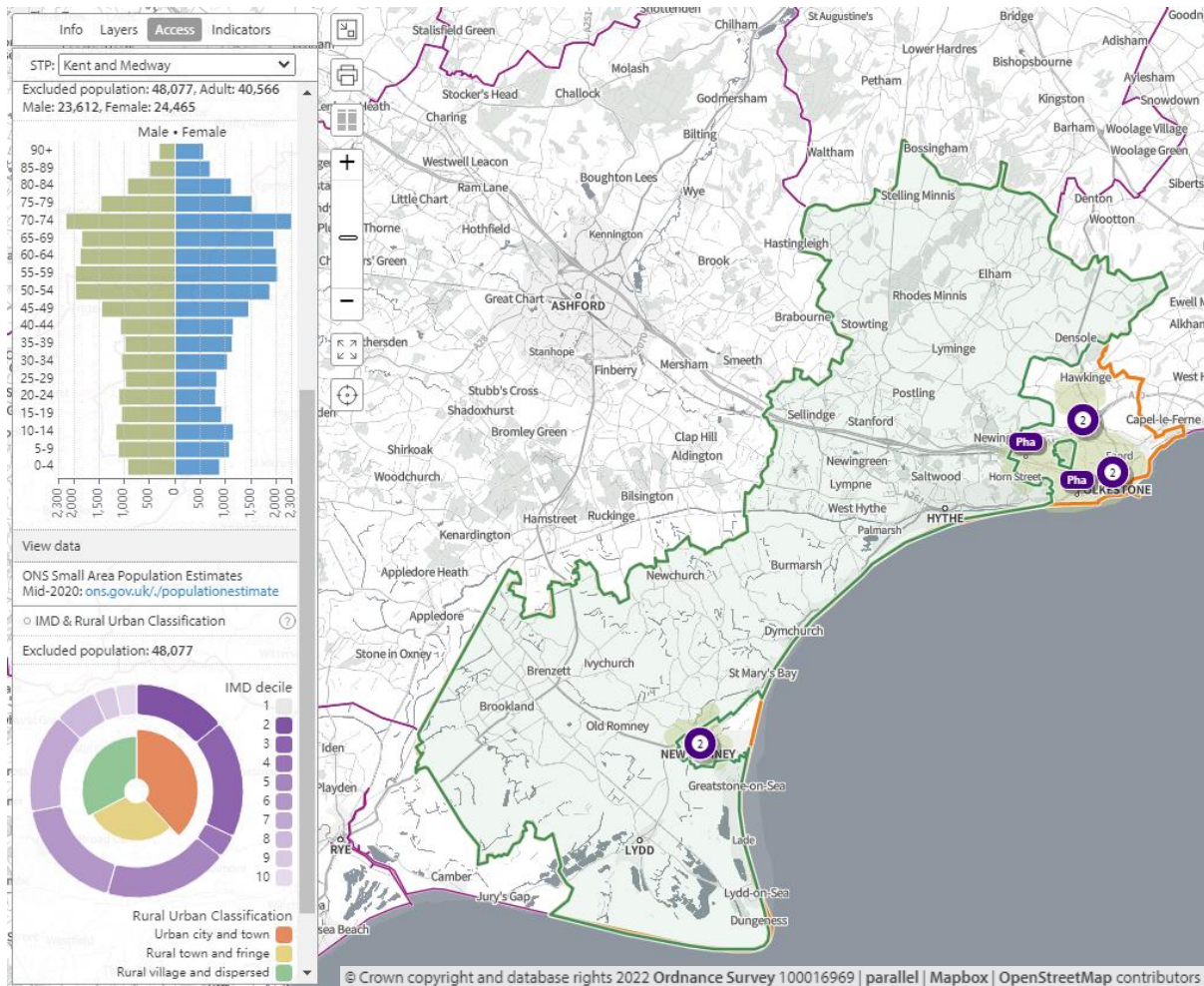


In **map 91**, below, the olive-green shaded areas are **within a 20-minute walk of a community pharmacy that opens until at least 7pm on weekdays**.

48,077 (42.4%) people are not within a 20-minute walk of a community pharmacy that opens until at least 7pm on weekdays.

54.4% (15,252) of 65+ population is not within a 20-minute walk of a community pharmacy that opens until at least 7pm on weekdays.

Map 91. Locations of community pharmacies open until at least 7pm and lower super output areas not within a 20-minute walk

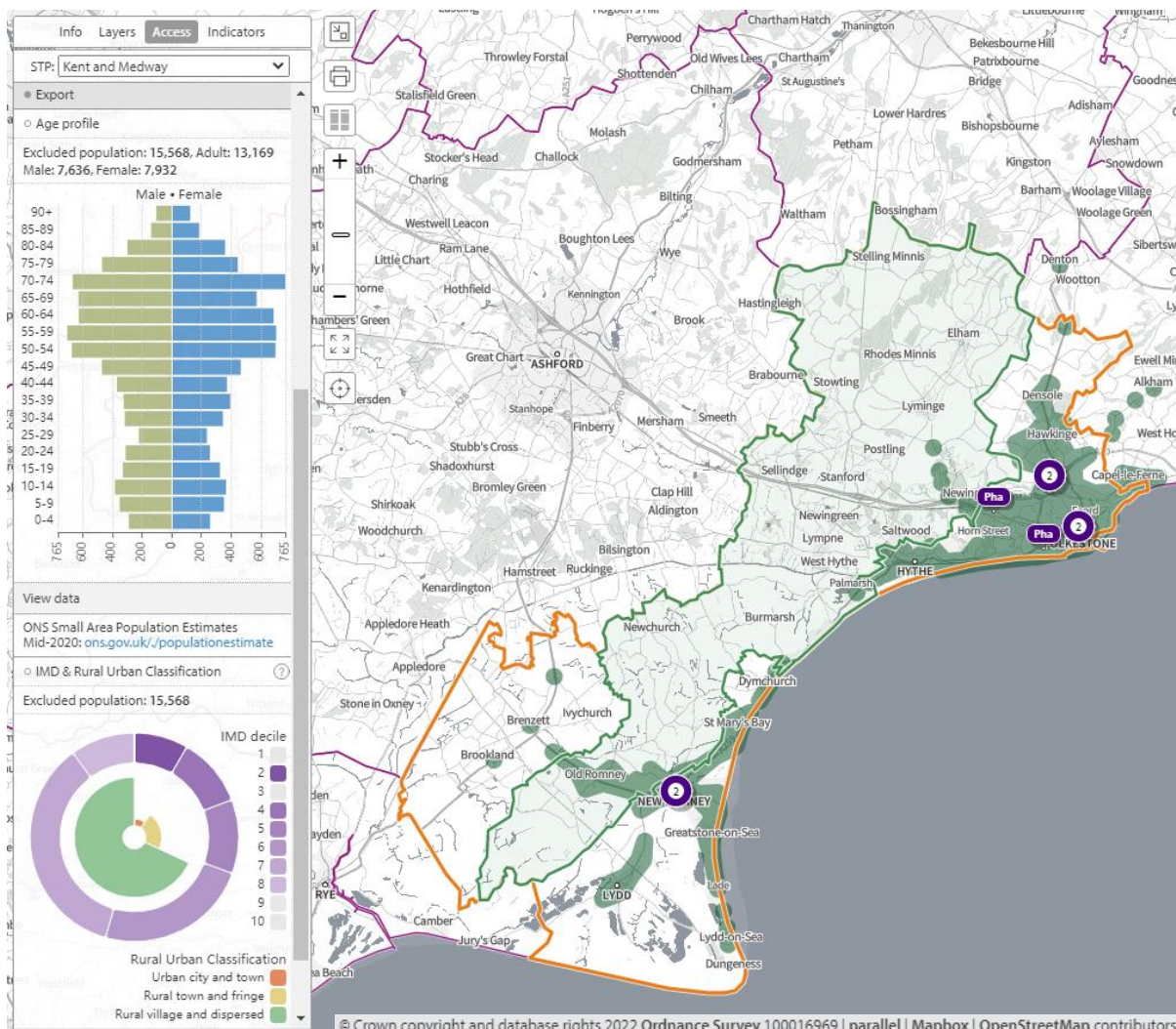


In **map 92**, below, the green shaded areas are within **20-minutes by public transport of a community pharmacy that opens until at least 7pm on weekdays**.

15,568 (13.7%) people are not within 20-minutes by public transport that until at least past 7pm on weekdays.

17% (4,752) of 65+ population is not within 20 minutes by public transport of a community pharmacy that opens until at least 7pm on weekdays.

Map 92. Locations of community pharmacies open until at least 7pm and lower super output areas not within 20-minutes by public transport on weekday evenings

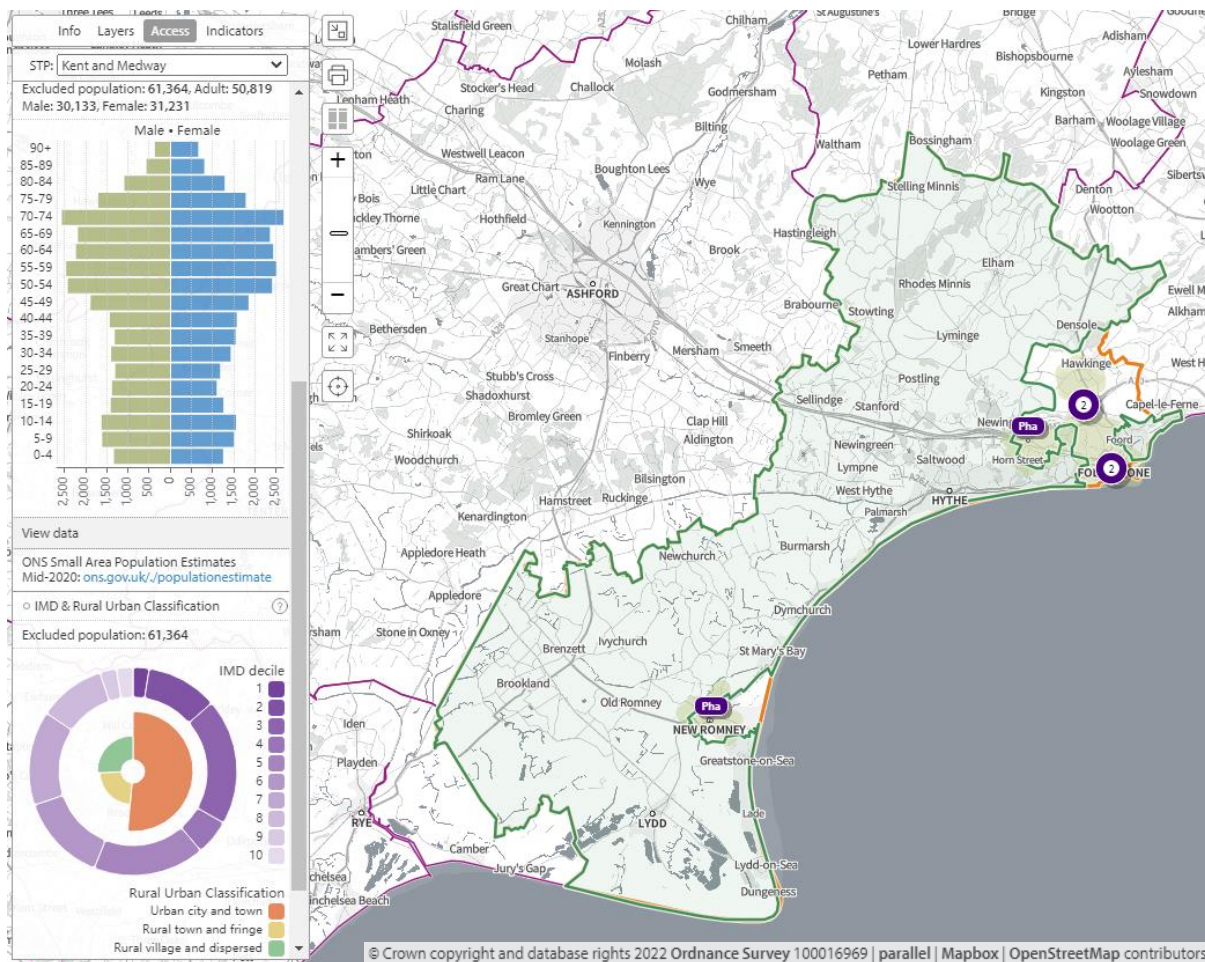


In **map 93**, below, the olive-green shaded areas are within a **20-minute walk of a community pharmacy that opens on Sundays**.

54.2% (61,364) of the population is not within a 20-minute walk of a community pharmacy that opens on Sundays.

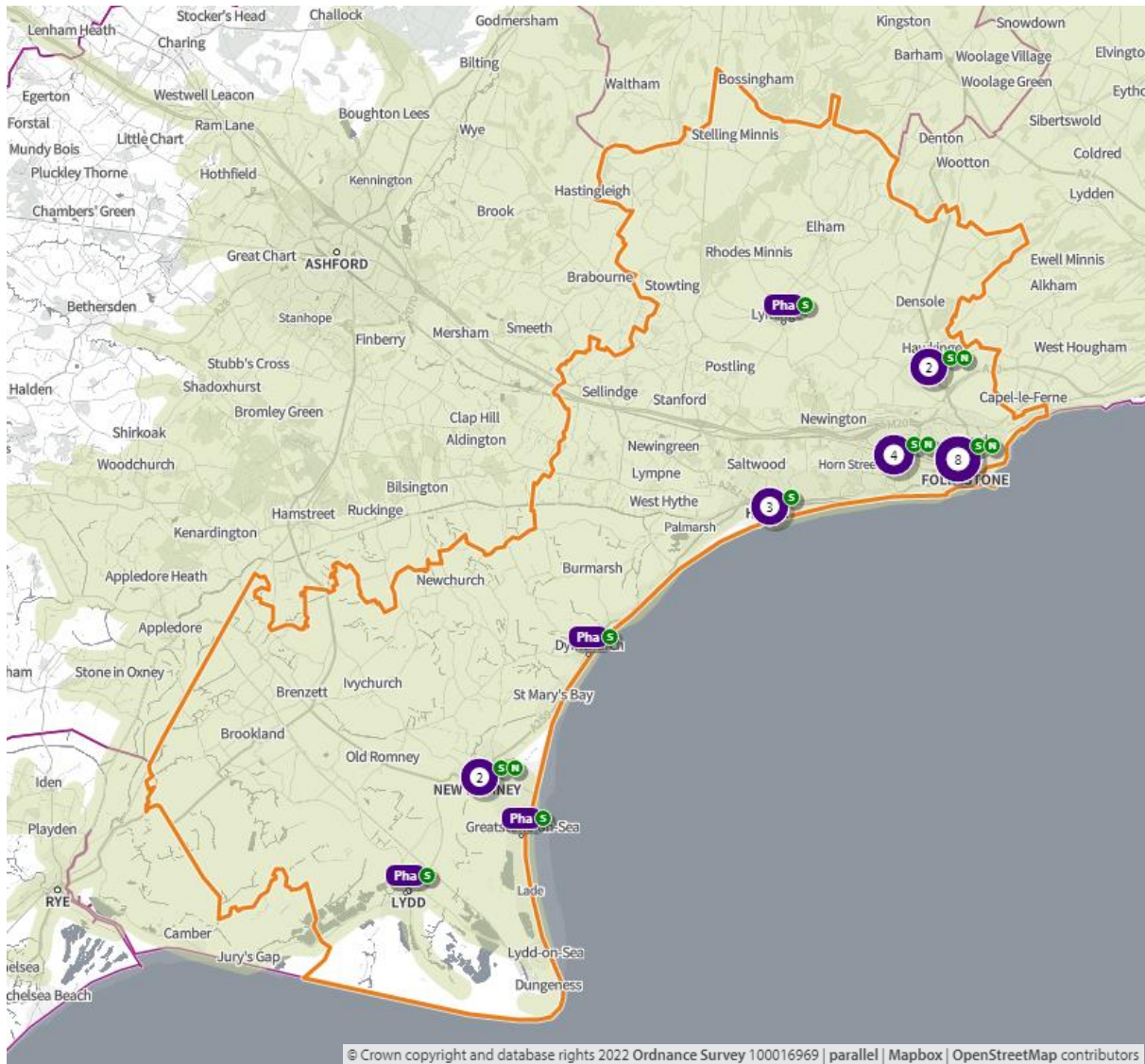
64.3% (18,012) of 65+ population is not within a 20-minute walk of a community pharmacy that opens on Sundays.

Map 93. Locations of community pharmacies open on Sundays and lower super output areas not within a 20-minute walk



In **map 94**, below, access during **core opening hours, Saturdays and Sundays** is shown. The olive-green shaded areas are **within a 20-minute drive** of a community pharmacy/dispensing GP practice. The entire population is within a 20-minute drive.

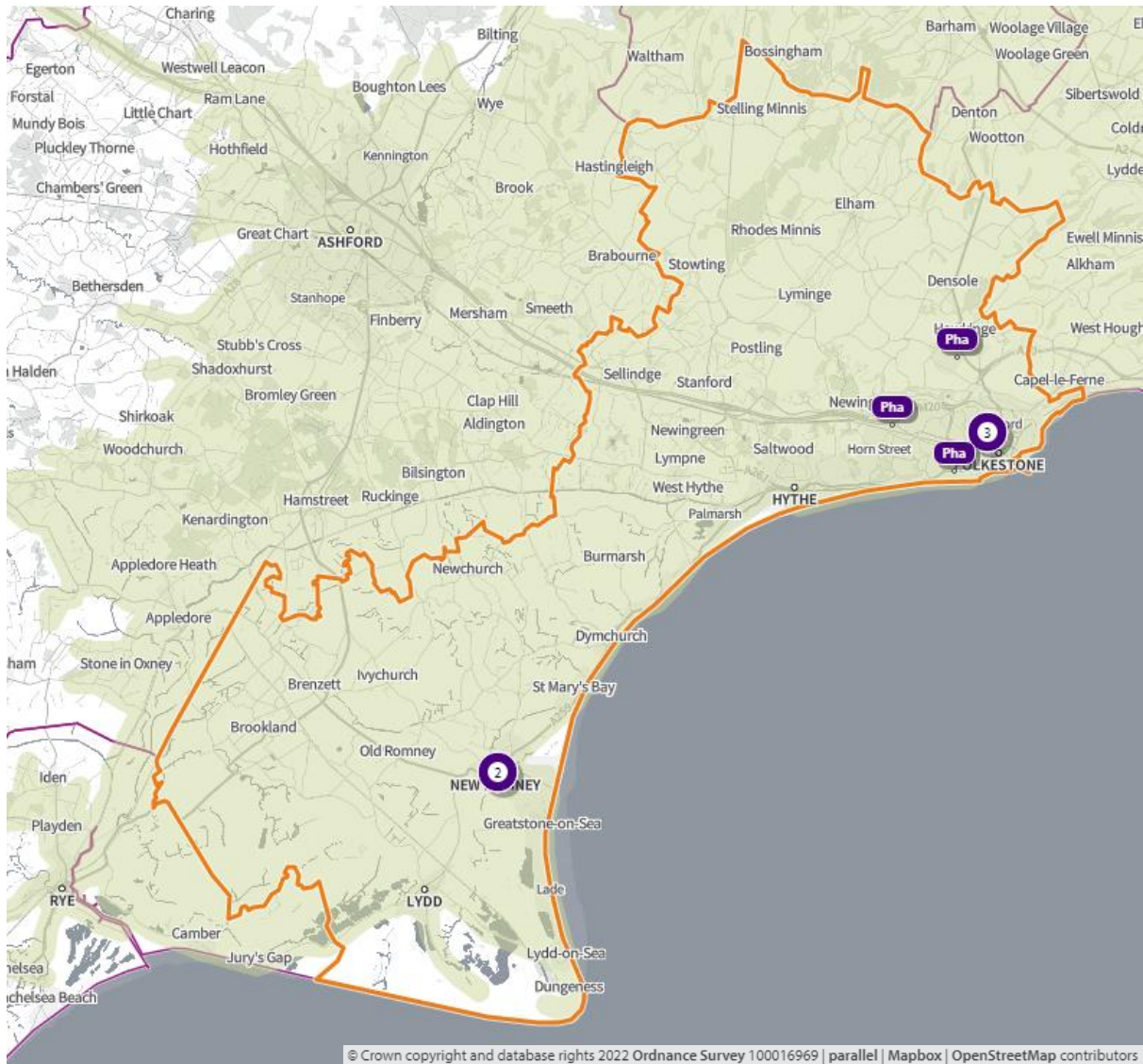
Map 94. Locations of community pharmacies and areas within 20-minutes by car



S = Saturday opening N = Sunday opening

In **map 95**, below, the green shaded areas are **within 20-minutes by car** of a community pharmacy that opens until **at least 7pm on weekdays**. The entire population is within a 20-minute drive.

Map 44. Locations of community pharmacies open until at least 7pm on weekdays and areas within 20-minutes by car



3. Necessary services: current provision outside the localities area ⁽¹⁾

The information below indicates the number of prescriptions dispensed in and outside of the locality.

- 2.32 million items prescribed in Folkestone
 - 2.16 million items dispensed in Folkestone
 - 1.9 million (88%) via Electronic Prescription Service
 - 158,403 (6.8%) dispensed outside of the district
 - 89,000 distance selling
 - 23,000 Ashford
 - 14,000 Canterbury
 - 12,000 Dover

- 2.23 million items dispensed in Folkestone
 - 2.04 million items dispensed by community pharmacies in Folkestone
 - 194,000 dispensed by 16 GP practices:
 - Sellindge Surgery – 104,515
 - New Lyminge Surgery – 37,768
 - Church Road Surgery – 16,672
 - 72,184 items prescribed outside borough i.e. more going out than coming in

Some residents choose to access contractors outside both the locality and the Health and Wellbeing Board's area in order to access services:

- Offered by dispensing appliance contractors
- Offered by distance selling premises
- Which are located near to where they work, shop or visit for leisure or other purposes.

Considering this choice of pharmacy outside of the locality, the majority of residents can access a pharmacy and do access pharmacy services within the locality.

4. Other relevant services: current provision

The following advanced services were delivered by pharmacies in the Folkestone and Hythe locality in 2020/21.

Table 36. Number of pharmacies providing advanced services

Advanced service name	No. of pharmacies
New Medicine Service	22
Appliance Use Review	0
Hypertension Service [‡]	22
Stoma Appliance Customisation	4
Community Pharmacist Consultation Service (CPCS) [‡]	23
Hepatitis C Antibody Testing Service	0
Seasonal Influenza Vaccination Advances Service	22
*Covid Vaccination Service	1
*Covid Home Delivery Service	20
*Covid lateral flow device distribution	23

*Specific to the Covid-19 pandemic

[‡]Services introduced during the year of study

Please note that three services were specific to the Covid-19 pandemic (*Covid Vaccination, *Home Delivery, and *lateral flow device distribution) and that others were new services introduced within the year (CPCS and Hypertension service). There is, however, good participation and early adoption of new services from pharmacies in this locality.

5. Other NHS services

The Strategic Health Asset Planning and Evaluation (SHAPE) web application provides the following information:

- Hawkinge Health Centre is open 8.30am – 1pm on Saturdays
- Lyminge Surgery is open 6.30pm – 8pm on Thursdays
- Manor Clinic is open until 7pm on weekdays and 8.30am – 12.30pm on Saturdays
- Martello Health Centre is open until 8pm on Mondays
- New Lyminge Surgery is open until 8pm on Tuesdays
- Oak Hall Surgery is open 7pm on Tuesdays, Wednesdays and Fridays
- Oaklands Health Centre is open until 8pm on Mondays and Tuesdays
- Sandgate Road Surgery is open 9am – 1pm on Saturdays

There is a minor Injury unit situated in the Royal Victoria Hospital in Folkestone. It is open 8am to 8pm every day of the year.

There are also drug and alcohol services, Kent and Medway NHS Hospital Trusts and Kent and Medway NHS and Social Care Partnership Trust and Kent Community Health NHS Foundation Trust with services that generate prescriptions that are dispensed by community pharmacies in this locality.

The number of prescriptions from these services is shown below:

- 13 pharmacies dispensed a total of 4,344 (mean = 334, range = 1-2,051) items from drug and alcohol services
- 24* pharmacies and 2 GP practices dispensed a total of 2,522 (mean = 97, range = 2-295) items from Kent and Medway NHS and Social Care Partnership Trust (secondary mental health services)
- 20 pharmacies dispensed a total of 102 items (mean = 5, range = 1-17) from KCHFT
- 24* pharmacies and 2 GP practices dispensed a total of 15,965 items (mean = 614, range = 42-1,217) from Kent and Medway hospitals

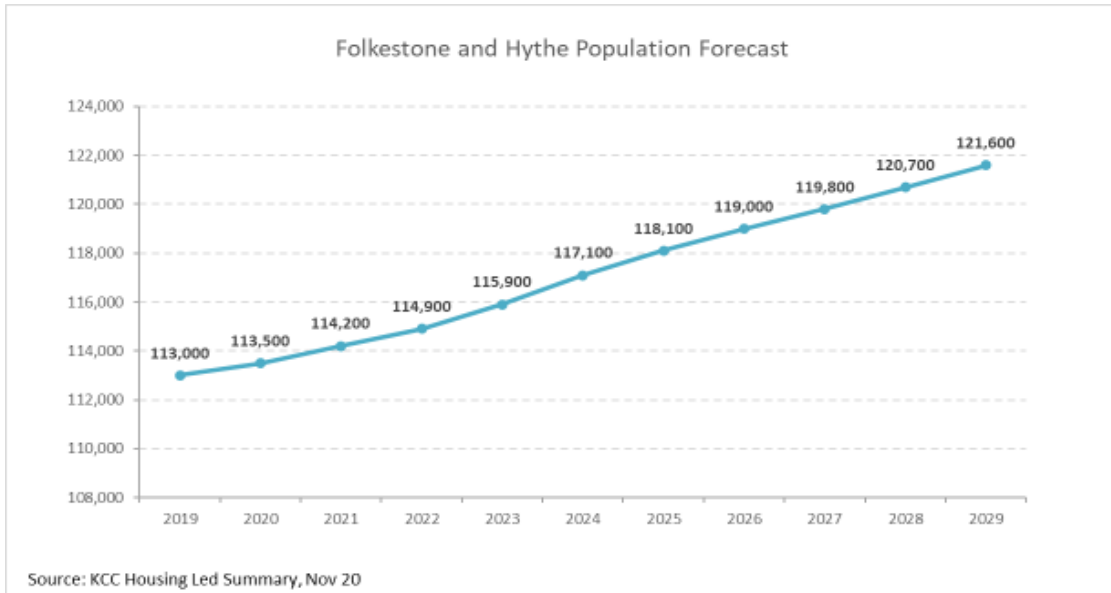
6. Choice with regard to obtaining pharmaceutical services

As can be seen from sections 2 and 3, those living within the locality and registered with one of the GP practices generally choose to access one of the pharmacies in the locality in order to have their prescriptions dispensed or, if eligible, to be dispensed to by their practice. Those that look outside the locality usually do so either to access a neighbouring pharmacy, or a dispensing appliance contractor or distance selling premises outside of the Health and Wellbeing Board's area.

7. Developments

Figure 35 below shows the predicted increase in the population of the Folkestone and Hythe locality continuing to grow over the lifetime of this PNA. By 2025 it is estimated that each pharmacy will serve a population of 5,287.

Figure 35. Folkestone & Hythe population forecast



 **1 pharmacy per 5,287 people in 2025**

This is an increase of 360 people per pharmacy from 2022. As stated in the community pharmacy contractors survey 16 pharmacies in the Folkestone and Hythe locality do have capacity to increase their services and 1 stated it did not. A total of 17 out of 23 pharmacies responded to the survey.

Map 96 shows where there are major housing developments planned in the coming years and table 37 indicates the number of dwellings planned for each site. With an average of 2.4 people per proposed dwelling, by 2025 these sites will increase the population by approximately 6,000 people

Map 96. Location of housing developments

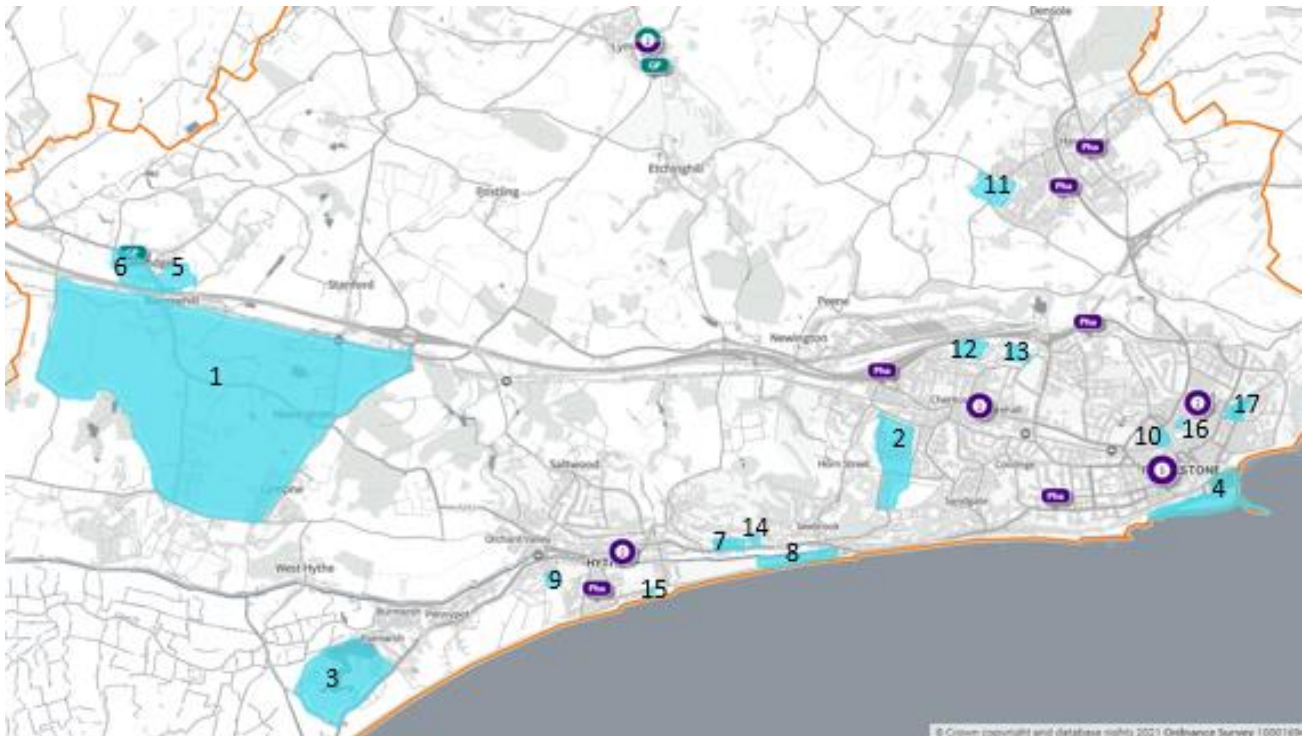


Table 37. Proposed housing developments – number of dwellings per year at each development

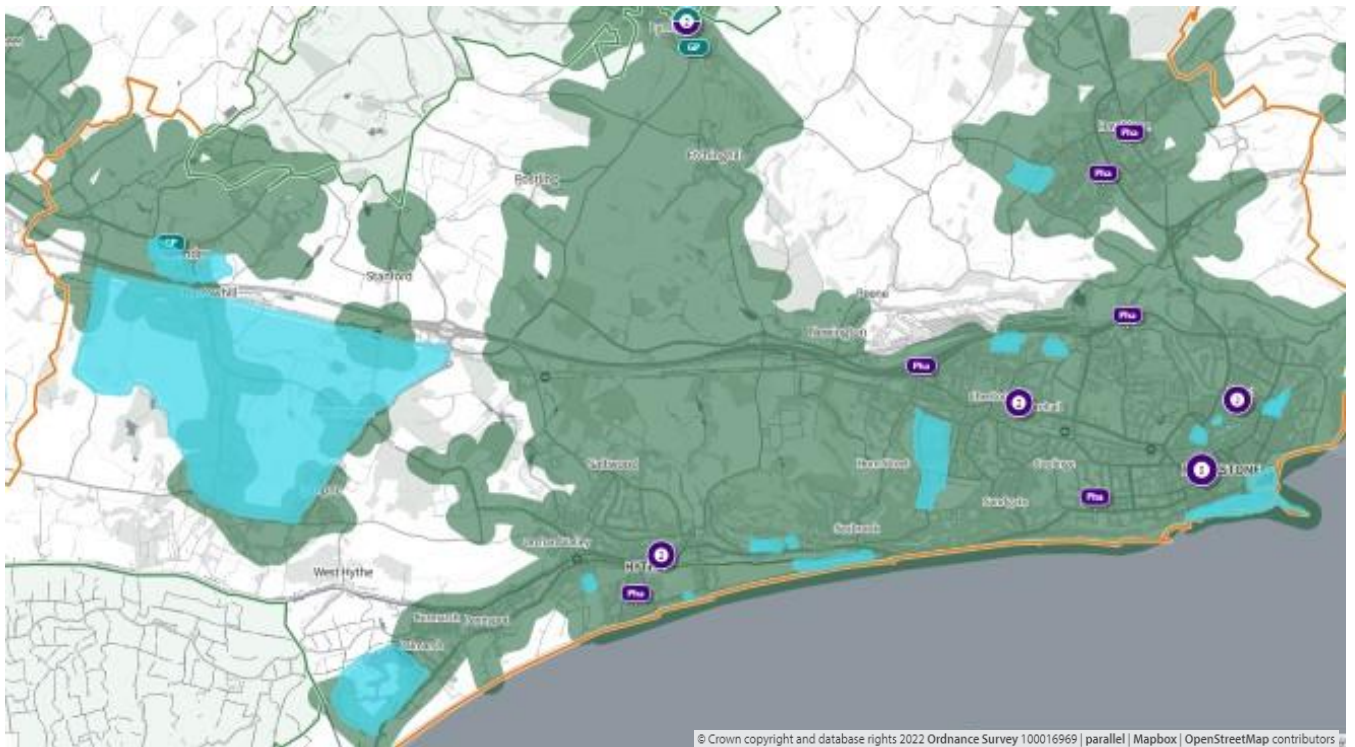
Site Name	20/21	21/22	22/23	23/24	24/25	25/26	26/27	27/28	28/29	29/30	2025	2030
1. Otterpool Park	-	-	-	121	264	331	350	423	423	528	385	2440
2. The Stadium, Church Road, Folkestone	117	109	95	103	85	95	95	95	95	17	509	906
3. Nickolls Quarry, Hythe	40	60	92	132	129	111	168	138	5	-	453	875
4. Former Rotunda Amusement Park, Folkestone	-	84	40	40	100	40	40	40	40	135	264	559
5. Main Road, Sellindge	65	65	60	-	-	-	-	-	-	-	190	190
6. Sellindge Strategy (Phase 2 Site B)	-	-	50	70	42	-	-	-	-	-	162	162
7. Foxwood School, Seabrook Road, Hythe	-	-	-	20	40	40	40	10	-	-	60	150
8. Princes Parade, Hythe	-	-	-	20	40	40	40	10	-	-	60	150
9. Smiths Medical, Hythe	-	-	20	30	30	17	37	-	-	-	80	134
10. Former Gas Works, Ship Street, Folkestone	-	-	-	-	20	20	20	20	20	-	20	100
11. Aerodrome Road, Hawkinge	-	-	20	40	16	-	20	40	40	-	76	176
12. Caesars Way, Folkestone	-	20	30	27	-	-	-	-	-	-	77	77
13. Shearway Road, Cheriton	-	-	-	-	20	30	20	-	-	-	20	70
14. St Saviours Hospital, Seabrook Road, Hythe	-	4	-	15	32	-	-	-	-	-	51	51
15. Hythe Swimming Pool	-	-	-	-	25	25	-	-	-	-	25	50
16. Shepway Close, Folkestone	-	-	17	15	15	-	-	-	-	-	47	47
17. East Station Goods Yard, Folkestone	-	-	-	20	21	-	-	-	-	-	41	41

In the following maps: access within 20 minutes by walking, public transport and driving from these new developments to community pharmacies is shown with access on different days and times of the week.

Map 97. Location of community pharmacies/dispensing GPs, proposed housing developments, and areas within a 20 minute walk of a community pharmacy/dispensing GP



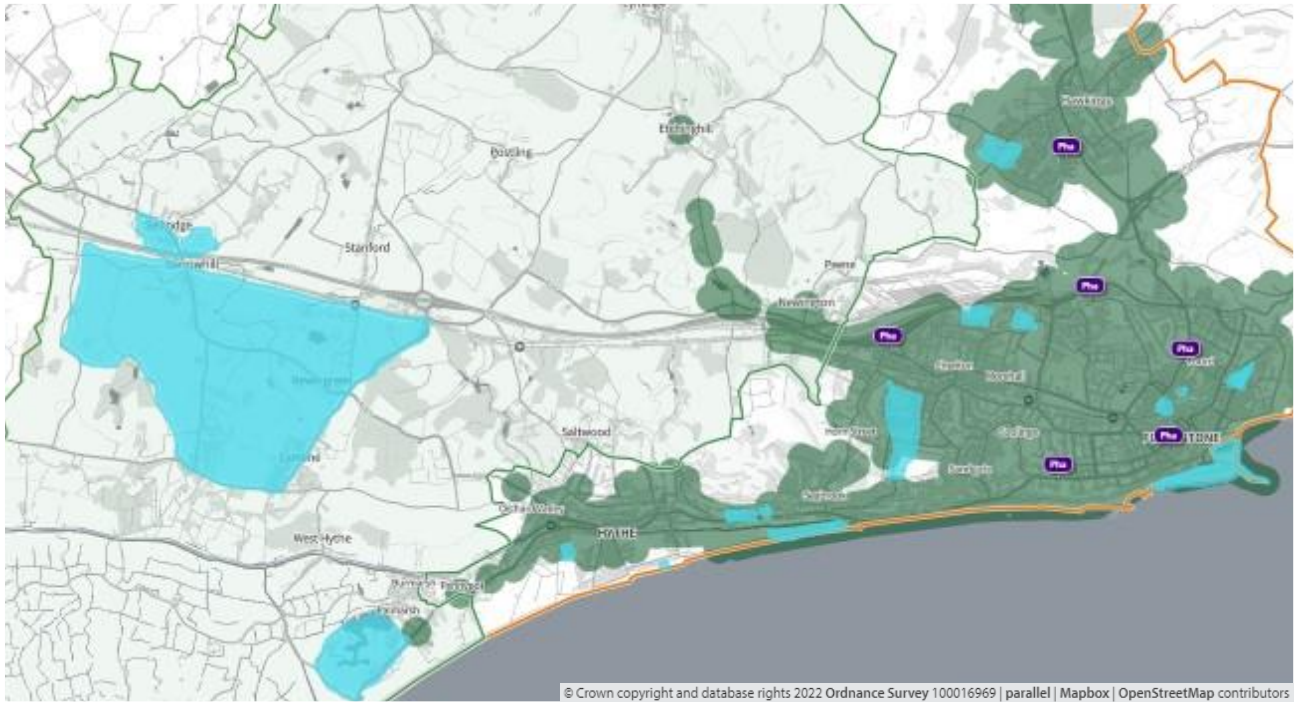
Map 98. Location of community pharmacies, proposed housing developments, and areas within 20 minutes of a community pharmacy by public transport on weekday mornings



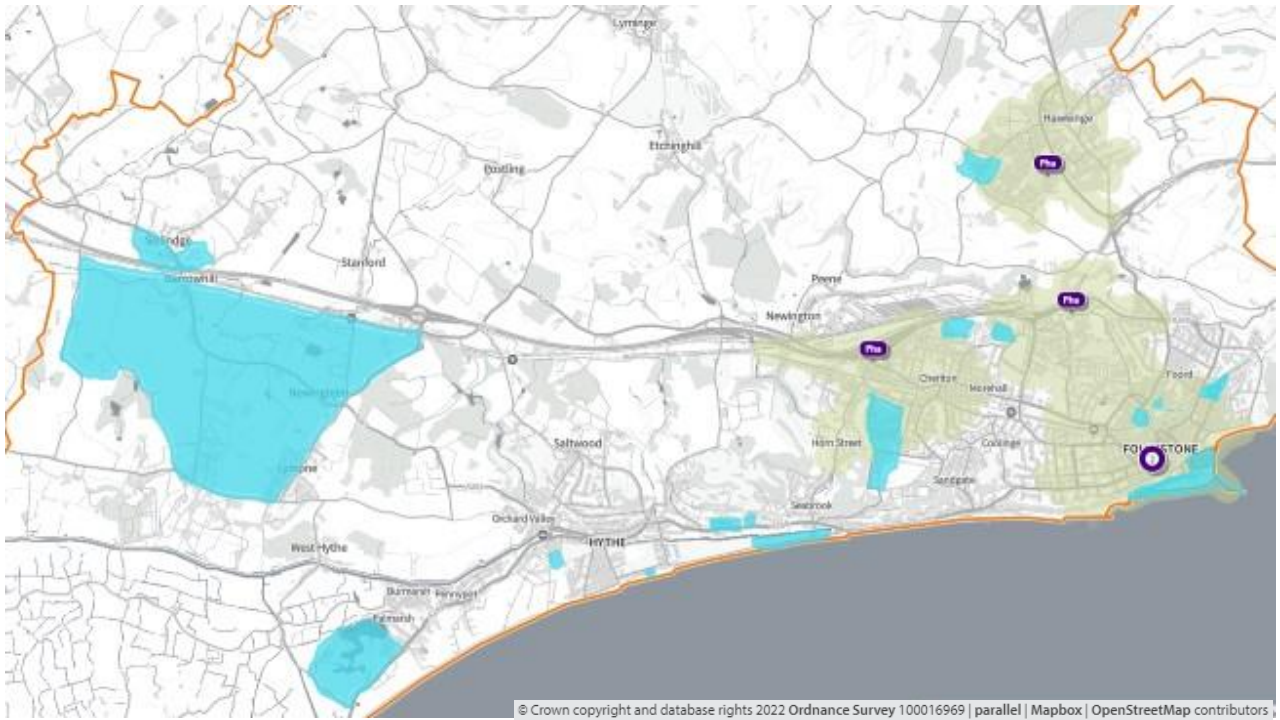
Map 99. Location of community pharmacies, proposed housing developments, and areas within a 20 minute walk of a community pharmacy that is open until at least 7pm



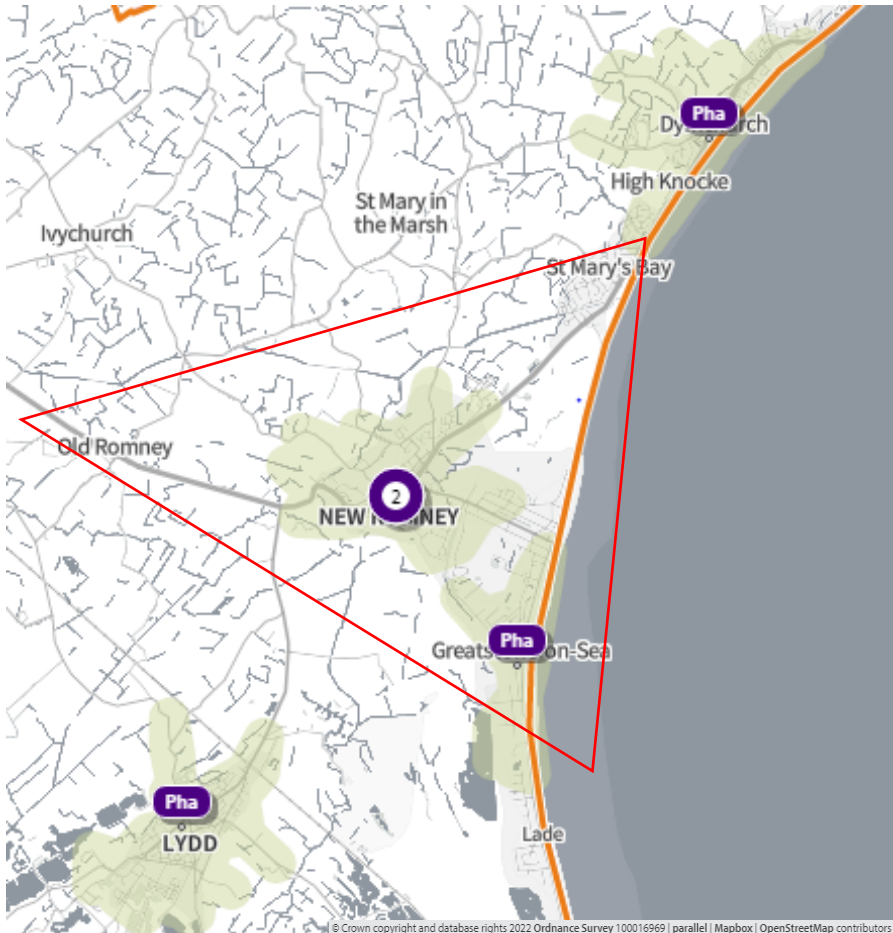
Map 100. Location of community pharmacies open until at least 7pm, proposed housing developments, and areas within 20 minutes of a community pharmacy by public transport on weekday evenings



Map 101. Location of community pharmacies, proposed housing developments, and areas within a 20-minute walk of a community pharmacy that is open on Sundays



There is additional significant housing development in the area highlighted by the red triangle. Around 450 dwellings are proposed in the area marked by the red triangle.



8. Necessary services: - Gaps in provision

The developments at (1) Otterpool Park, (5) Main Road, Sellinge and (6) Sellinge phase 2 site B do not have access to a pharmacy within 20 minutes walking or public transport. By 2025/26 it is estimated that the population will have grown by 2,063.

The Otterpool development is predicted to see an increase in population of 1600 by 2025/26, if building goes ahead as predicted. At present there is no access by walking or public transport to a community pharmacy at any day of the week or time.

9. Improvements or better access: Gaps in provision

There will be a future need for a pharmacy providing necessary (essential) services and a selection of advanced services pertinent to the population in 2025/26, if the three developments occur as planned. It is noted that there is a dispensing GP practice in Sellindge on the edge of the proposed Sellindge developments. Those patients that live over 1.6km from a community pharmacy and are registered with the practice would be eligible to have their prescriptions dispensed by the practice.

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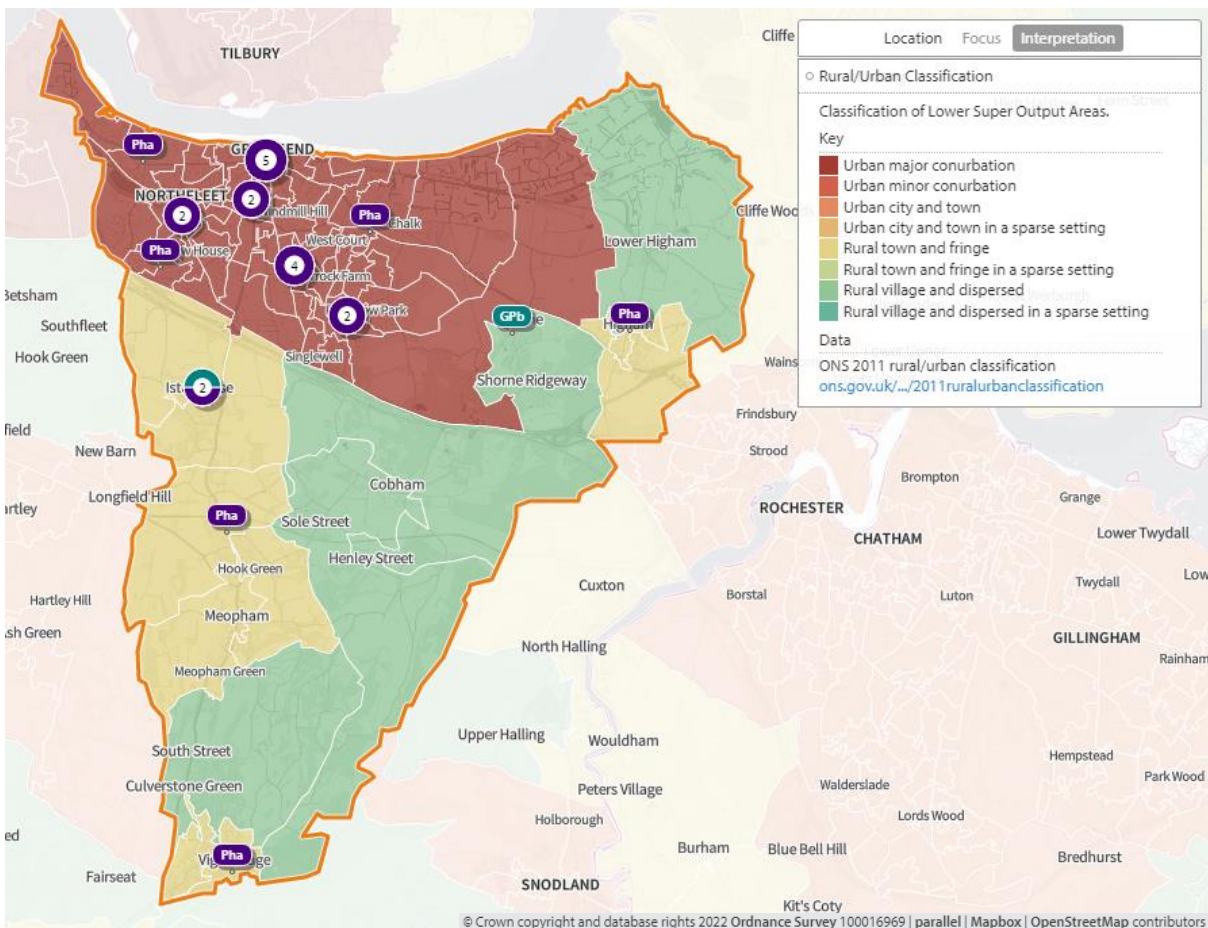
13 Gravesham Council Locality

PNA Gravesham Locality

1. Key Facts

Gravesham is a local government district in the north-west of the county. It covers an area of 99 square km. Most of the population live in the Thames riverside town of Gravesend and within its urban sprawl. Map 102 shows that approximately one-third of the district is classified as urban, the remainder of the district is dotted with villages. The villages of Vigo and Higham are relatively densely populated amongst the more rural areas of the district.

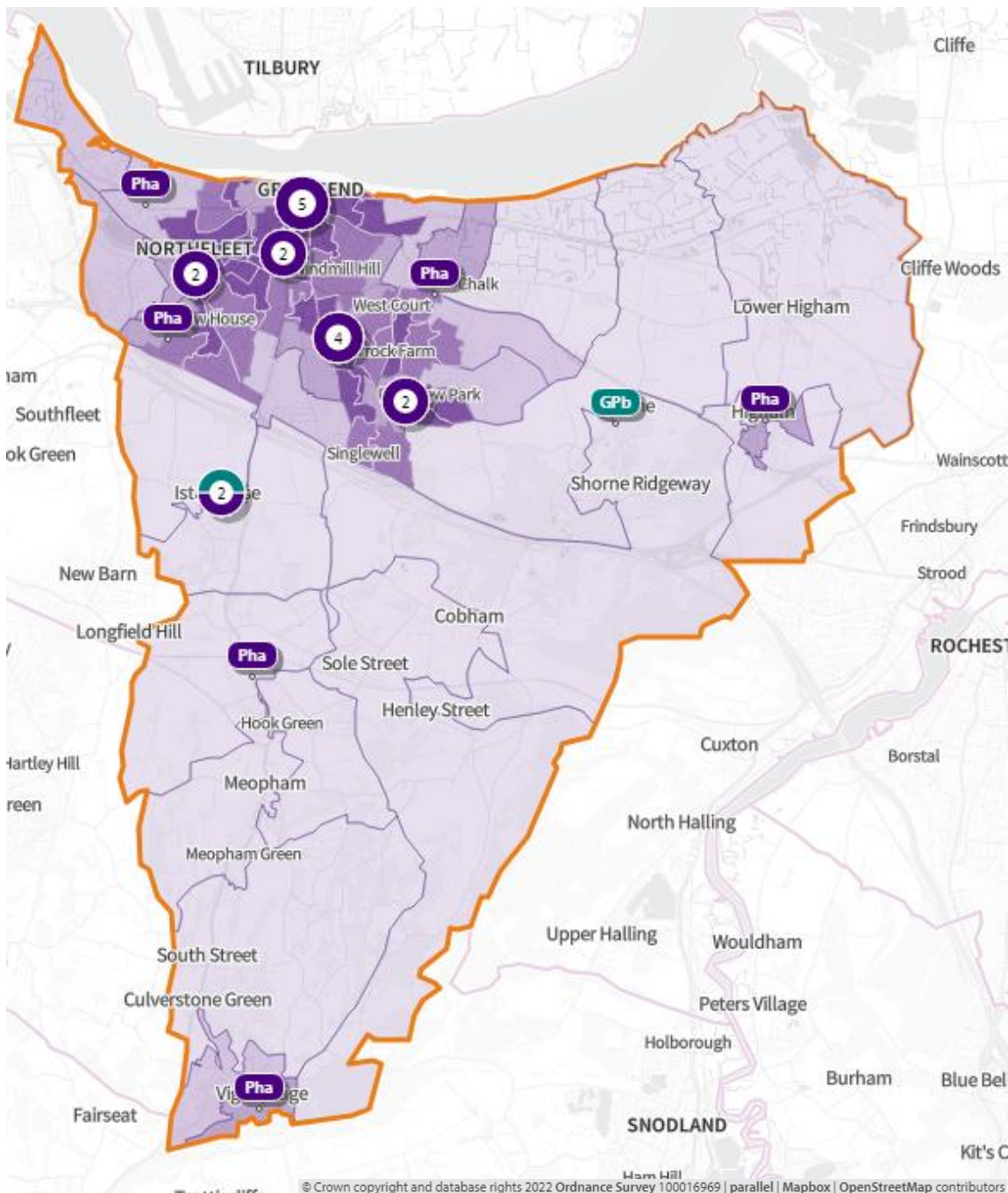
Map 102. Rural/urban classification of lower super output areas



Population

Map 103 below shows the distribution of the population in the locality. Gravesend has a population of 106,890. The population density is greatest in the town of Gravesend and surrounding area. This highly densely populated area covers a large area of the district, approximately one quarter.

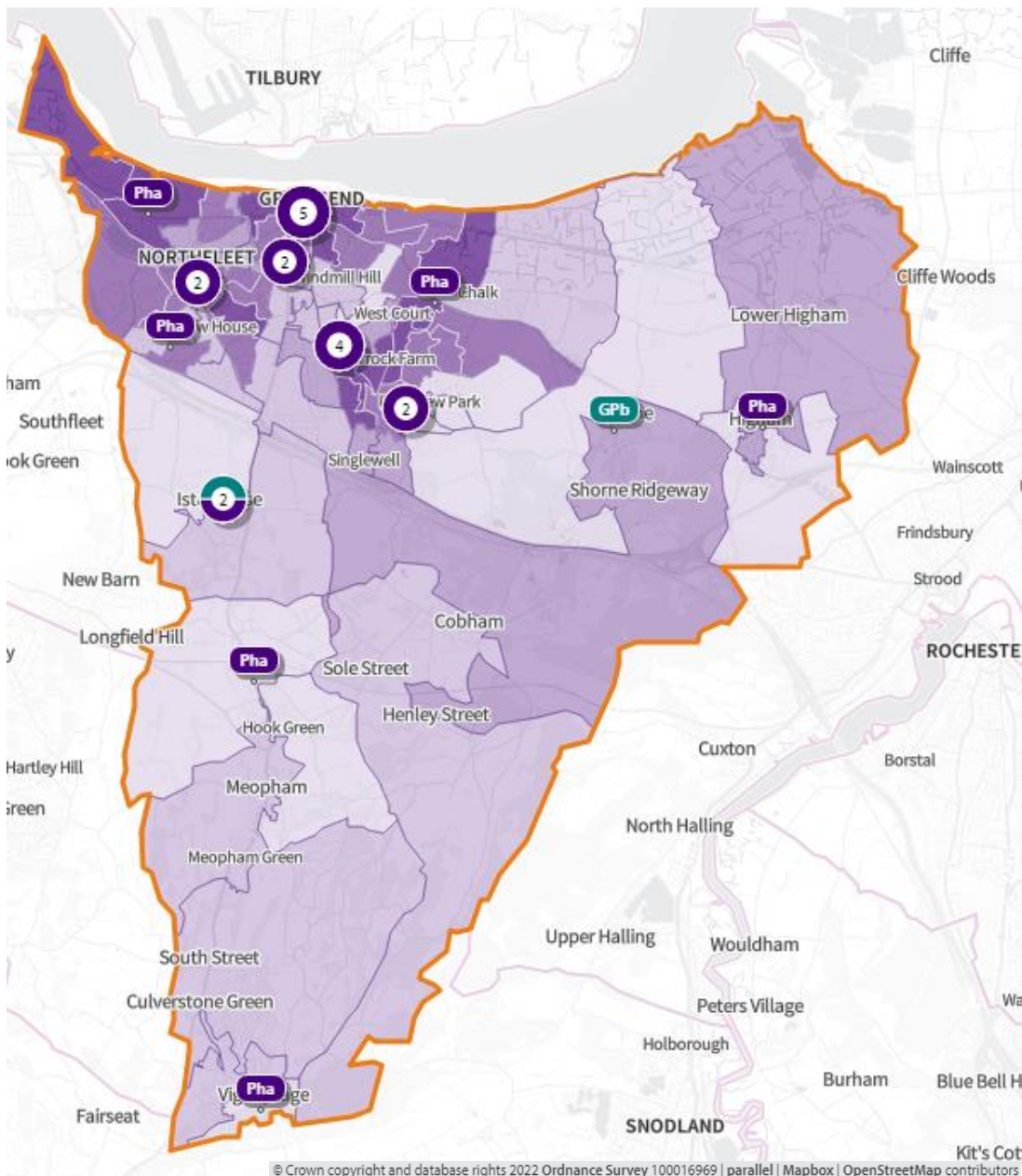
Map 103. Population density of lower super output areas overlayed with locations of pharmacies and dispensing doctors



Deprivation

Map 104 below shows the areas of deprivation in the Gravesham locality. Gravesham is ranked 5th out of Kent's 12 districts for deprivation. Deprivation is relatively low or average across the majority of the districts area, however there is a concentration of higher deprivation in the densely populated areas in and around Gravesham. Two LSOAs are within the top 10% most deprived areas in England. Employment rates are third lowest in Kent⁽⁶³⁾ but educational attainment is slightly higher than the Kent average⁽⁶⁴⁾.

Map 104. Deprivation of lower super output areas overlayed with locations of pharmacies and dispensing doctors



Language

English is the main language for all people aged 16 or over in 89.6% of households in the district. 5% of households have no people with English as the main language, this is the highest of all Kent districts ⁽²⁾.

Home ownership

65% of houses are owned either outright (31%) or with a mortgage (34%). The average number of occupants per household is 2.5, slightly higher than the Kent average of 2.4 ⁽²⁾.

Age Distribution

The average age of Gravesham district residents is 39.6, lower than the Kent average of 41.4 and second lowest of all Kent districts. 17.4% of the population is over 65 (the lowest proportion of 65+ of all Kent districts) and 21.5% 0-15 ⁽²⁾. Life expectancy at birth is 78.2 for males and 82.2 for females ⁽⁴⁶⁾.

Economy

By industry, the top three employers in the Gravesham district are administrative and support service activities (14.6%), wholesale and retail trade (13.8%) and education (11.5%) ⁽¹⁵⁾. Gravesham has a much higher proportion of employees working in administrative and support service activities compared to the Kent average (14.6% vs 8.6%) ⁽¹⁵⁾.

Car ownership

23% of households in Gravesham district do not have a car or van in the household ⁽¹³⁾.

Care Homes

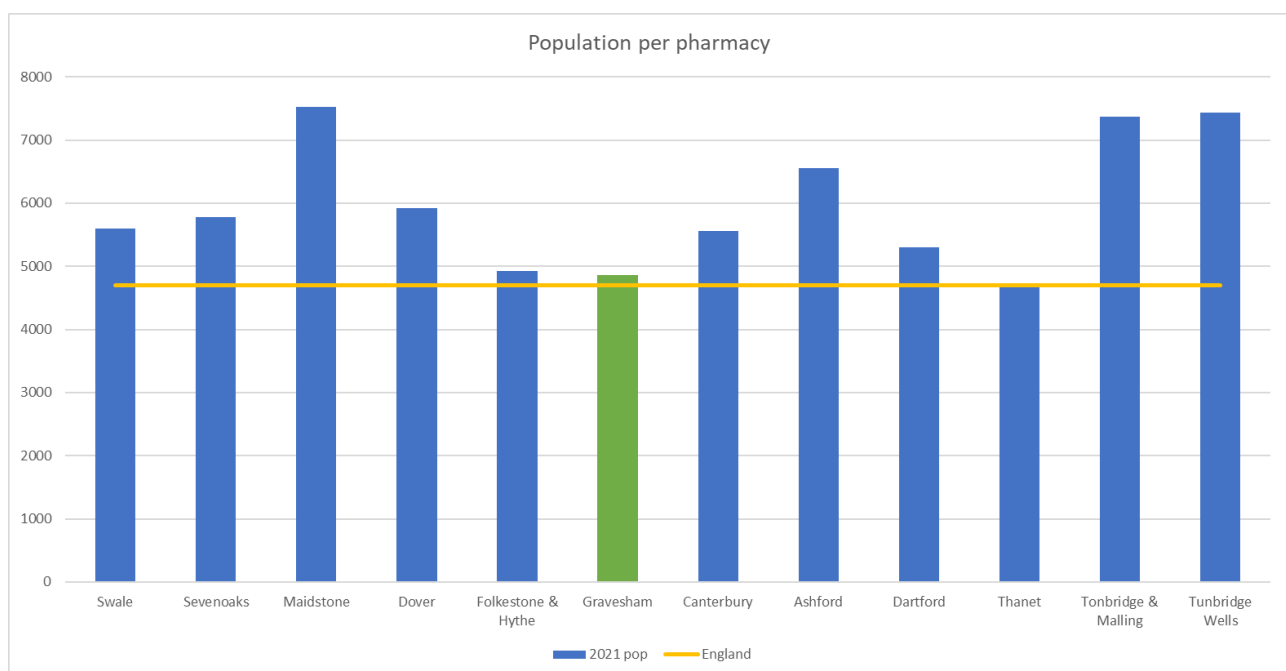
There are a considerable number of care homes in the Gravesham locality. Patients who are looked after in a care home setting are often high users of medicines. However, because of the nature of their care, they rarely access pharmaceutical services individually, leaving this to be carried out by the care home staff. More recently care home organisations do not use local pharmacies for this service, favouring the large “hub” or “internet” pharmacies which specialise in this type of one-stop service. Therefore, there is not considered to be any relationship between the number of care homes and the need for local pharmaceutical services.

2. Necessary services: current provision within the locality

(All data presented in this section is for the financial year 2020/21 with the exception of lateral flow devices data which covers the 4 months from April 2021 to July 2021)

There are 22 Community pharmacies providing dispensing services in the Gravesham locality. That is one pharmacy per 4,858 head of population. Figure 36 below shows how this compares with the other localities of Kent.

Figure 36 Number of people per pharmacy in each locality



In addition, there are 2 dispensing GP practices in the locality.

The facts below indicate that the majority of prescriptions generated in the locality are dispensed in the locality. There are 13.8% of prescriptions generated in the area that are dispensed in neighbouring areas and a slightly smaller percentage that are generated outside the locality and dispensed by Gravesham locality community pharmacies.

- 943 outside prescribers dispense in Gravesham
 - 10% of all items dispensed in Gravesham
- 18 prescribers in Gravesham
 - 90% of all items dispensed in Gravesham
- 32 dispensers in Gravesham
 - 86.2% of all items prescribed in Gravesham
- 1,137 dispensers outside of Gravesham
 - 13.8% of all items prescribed in Gravesham

Pharmacy locality: Maps 1 and 2 above show the locality of the community pharmacies and GP dispensing practices.

Opening times

All pharmacies are open Monday to Friday. 18 of the pharmacies open at least one hour after 17:00 on weekdays. 17 are open on Saturdays and 3 open Saturday and Sunday. The weekly opening hours range from 40 to 100, with the average opening hours being 52 each week.

Table 38 below show the core and supplementary hours of each pharmacy ⁽⁶⁵⁾.

Table 38. Opening times for all pharmacies

Pharmacy	Total core weekly hours	Total supplementary weekly hours	Total weekly hours	Max. hours open after 5pm at least 1 day/week	Saturday hours	Sunday Hours
Kings Pharmacy	100	0	100	5.5	15	10
Asda Pharmacy	100	0	100	6	15	6
LloydsPharmacy	59.75	0	59.75	1.75	8.5	0
Boots the Chemists	40	17	57	0.5	8.5	6
Lloyds Pharmacy	40	16.5	56.5	1.5	4	0
Pender Pharmacy	40	13.5	53.5	1	8.5	0
Regent Pharmacy	40	13.5	53.5	1	8.5	0
Hill Pharmacy	39.5	12	51.5	1.5	4	0
Singlewell Pharmacy	40	10	50	2	5	0
Darnley Pharmacy	40	10	50	2	0	0
Lion Pharmacy	40	9	49	1	4	0

Table 38 continued

Pharmacy	Total core weekly hours	Total supplementary weekly hours	Total weekly hours	Max. hours open after 5pm at least 1 day/week	Saturday hours	Sunday Hours
Lawsat Pharm Ltd	43.5	3.5	47	1	4.5	0
Istead Rise Pharmacy	40	6	46	1	6	0
Williams Chemists	40	5.75	45.75	1.25	5.75	0
Echo Pharmacy	40	5	45	2	0	0
Pender Chemist	40	3.5	43.5	0.5	6	0
R S Bains	40	2.75	42.75	1	4	0
Vigo Pharmacy	42.75	0	42.75	0.5	4	0
Meopham Pharmacy	40	1.5	41.5	0.5	4	0
NB Pharmacy Ltd	40	0	40	1	0	0
Gravesend Medical Centre Pharmacy	40	0	40	1	0	0
Nicholson & Keep	40	0	40	1	0	0

The dispensing GP practices Gravesham locality are:

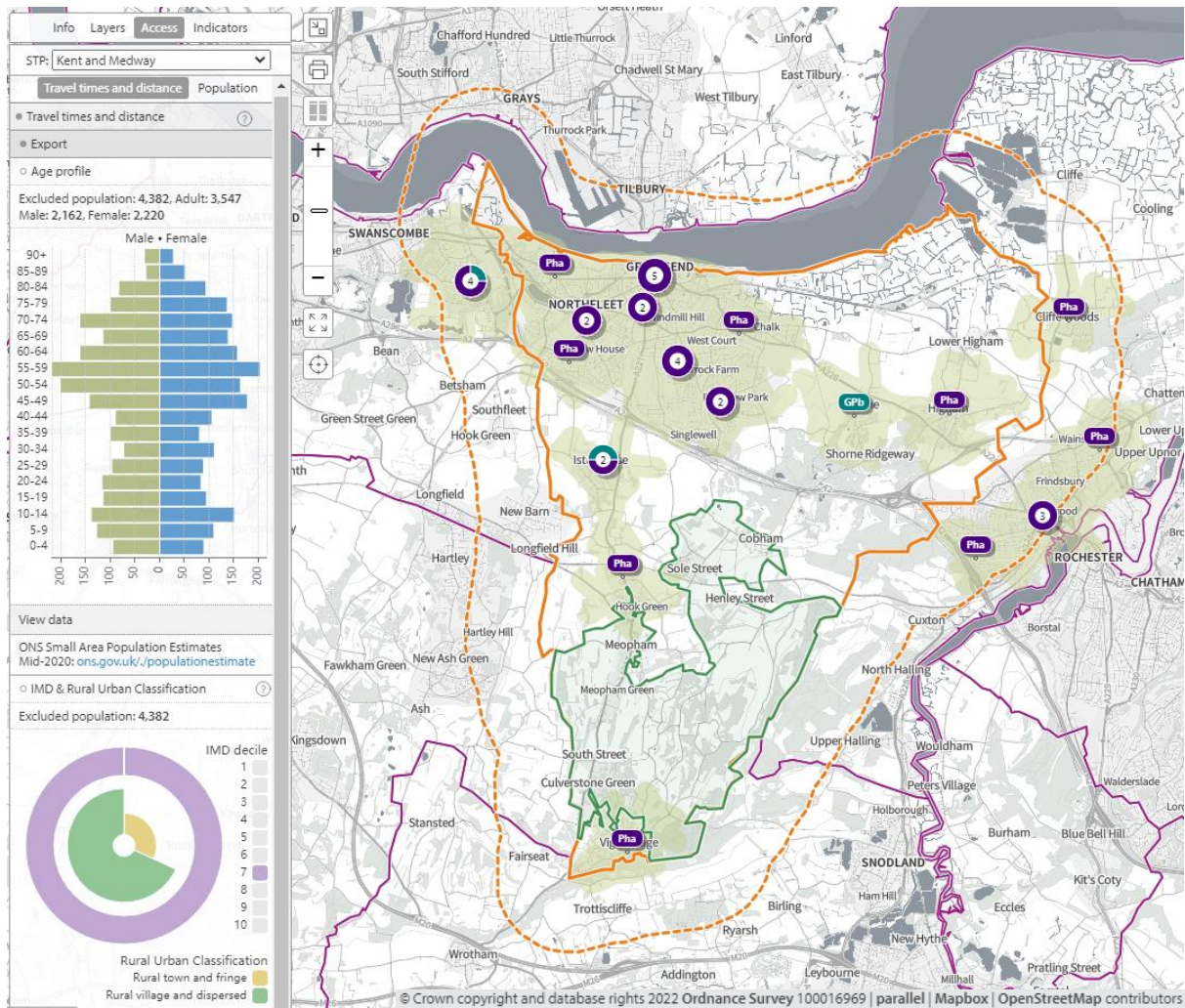
- Instead Rise surgery DA13 9BL
- Shorne Village Surgery DA12 3DY

Travel times

Access during core opening times is shown in the maps (4-7) below.

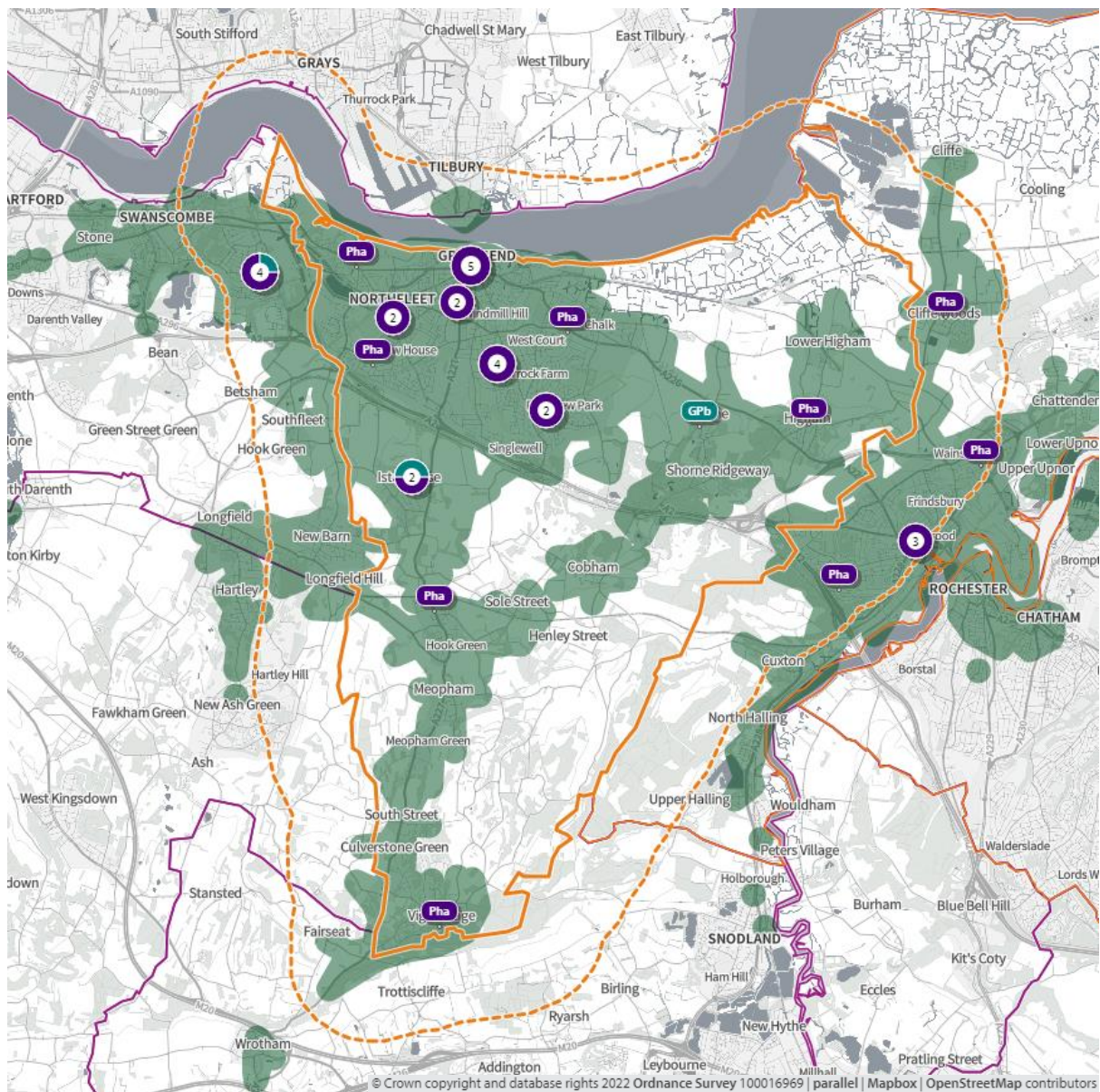
In **map 105**, below, the olive-green shaded areas are within a 20-minute walk of a community pharmacy/dispensing GP practice. 4,382 (4.1%) people are not within a 20-minute walk. 5 pharmacies do not open on Saturdays but this does not affect the population within a 20-minute walk on a Saturday. 6% (1,105) of 65+ population is not within a 20-minute walk of a community pharmacy or dispensing GP practice

Map 105. Locations of community pharmacies/dispensing GPs and lower super output areas not within a 20-minute walk



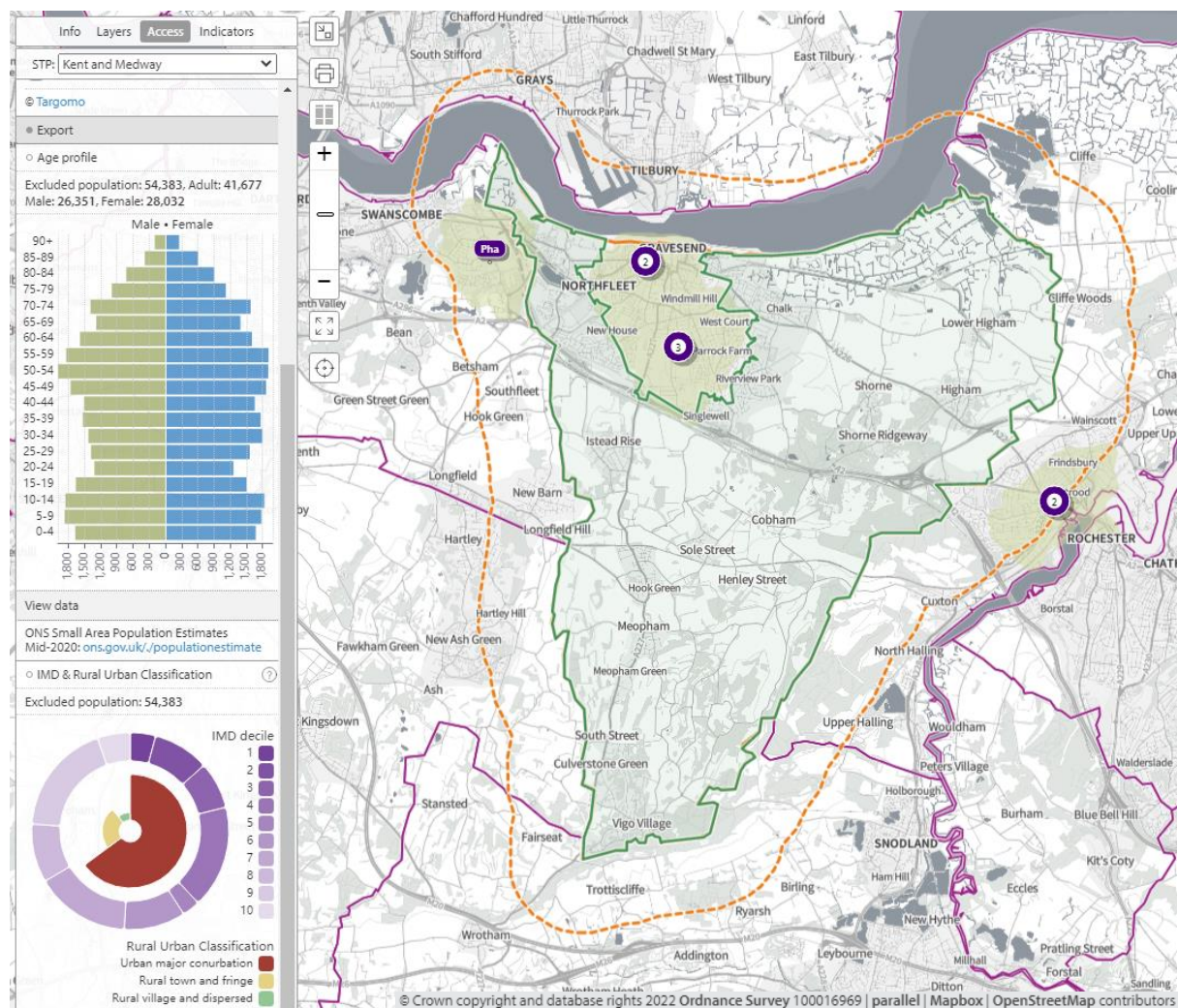
In **map 106**, below, the green shaded areas are within 20-minutes by public transport of a community pharmacy/dispensing GP practice. The entire population (by LSOA) is within 20-minutes by public transport of a community pharmacy/dispensing GP practice.

Map 106. Locations of community pharmacies/dispensing GPs and areas within 20-minutes by public transport on weekday mornings



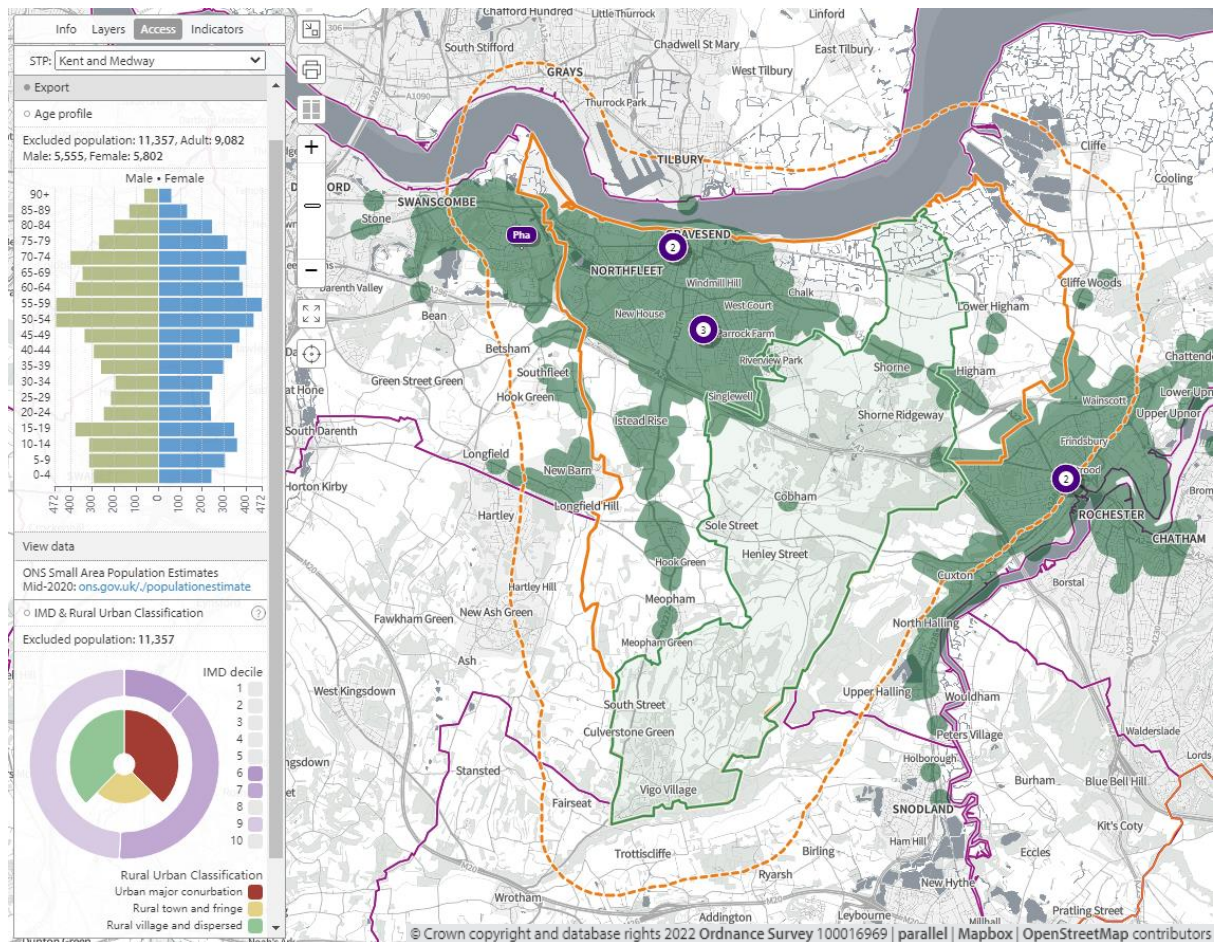
In **map 107, below**, the olive-green shaded areas are within a 20-minute walk of a community pharmacy that opens until at least 7pm on weekdays. 54,383 (48%) people are not within a 20-minute walk of a community pharmacy that opens until at least 7pm on weekdays. 38.7% (10,834) of 65+ population is not within a 20-minute walk of a community pharmacy that opens until at least 7pm on weekdays.

Map 107. Locations of community pharmacies open until at least 7pm and lower super output areas not within a 20-minute walk



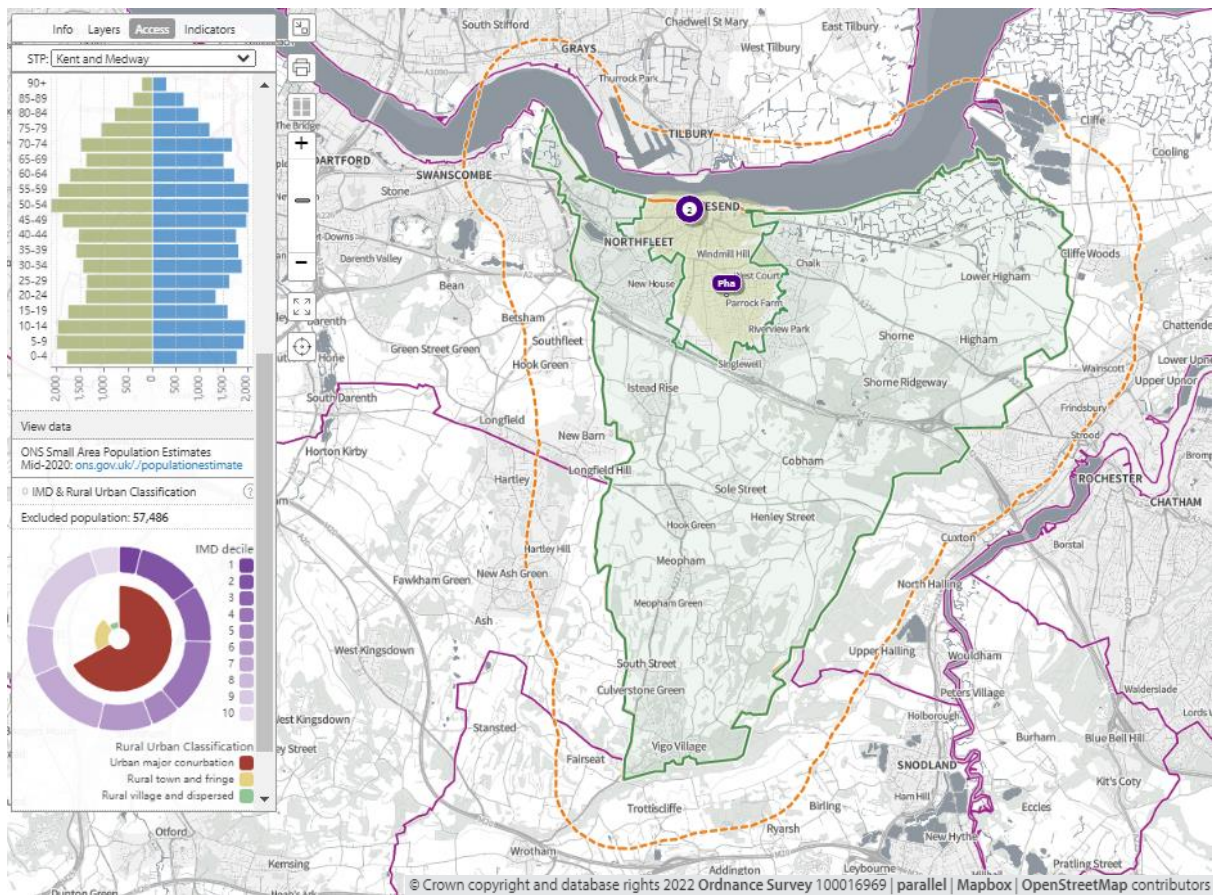
In **map 108**, below, the green shaded areas are within 20-minutes by public transport of a community pharmacy that opens past 7pm on weekdays. 11,357 (10.6%) people are not within 20-minutes by public transport that opens past 7pm on weekdays. 15.8% (2,935) of 65+ population is not within 20 minutes by public transport of a community pharmacy that opens past 7pm on weekdays.

Map 108. Locations of community pharmacies open until at least 7pm and lower super output areas not within 20-minutes by public transport on weekday evenings



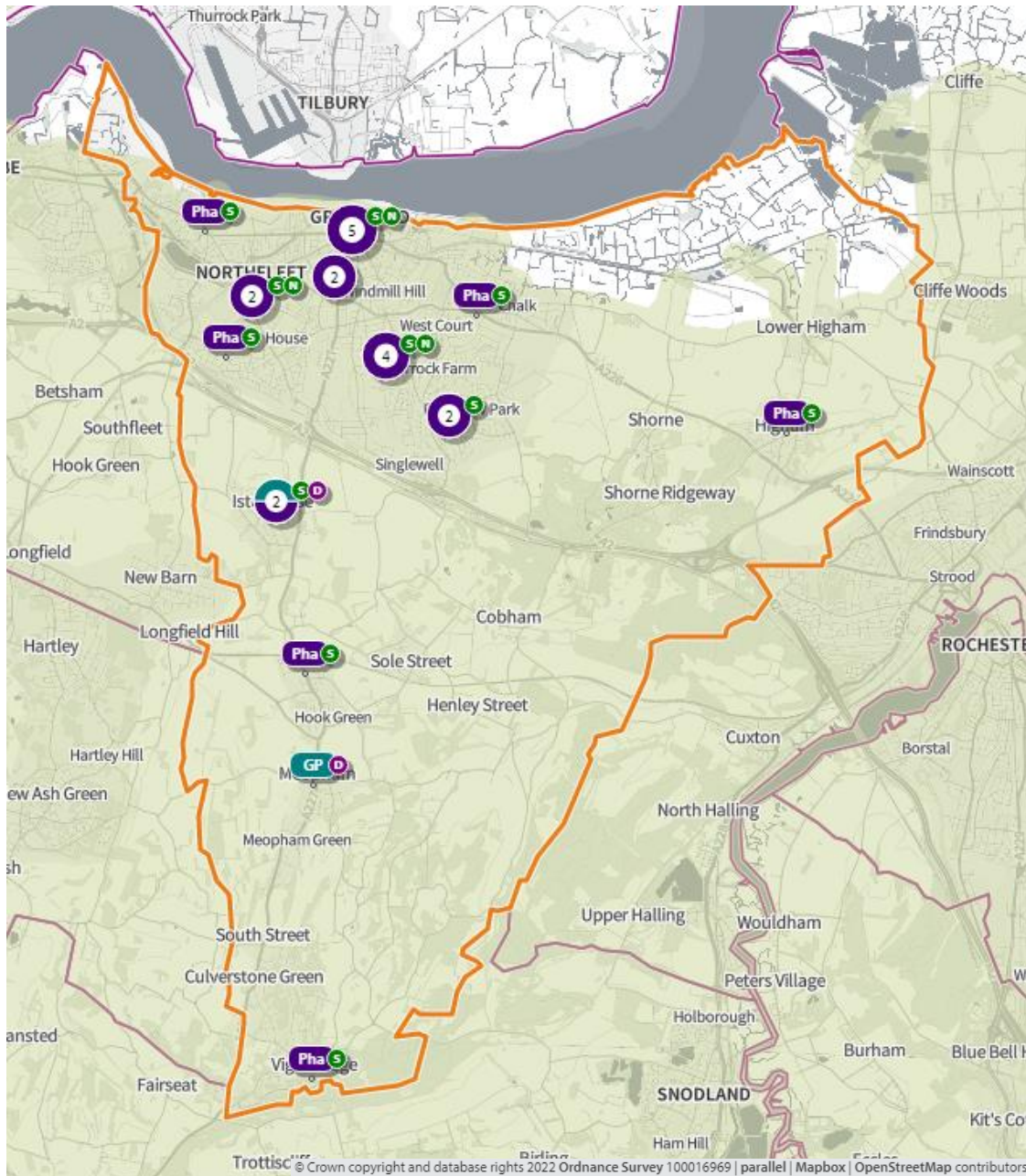
In **map 109**, below, the olive-green shaded areas are within a 20-minute walk of a community pharmacy that opens on Sundays. 53.8% (57,486) of the population is not within a 20-minute walk of a community pharmacy that opens on Sundays. 62.6% (11,618) of 65+ population is not within a 20-minute walk of a community pharmacy that opens on Sundays

Map 109. Locations of community pharmacies open on Sundays and lower super output areas not within a 20-minute walk



In **map 111** below, access during **core opening hours, Saturdays and Sundays** is shown. The olive-green shaded areas are within a **20-minute drive** of a community pharmacy/dispensing GP practice. The entire population is within a 20-minute drive.

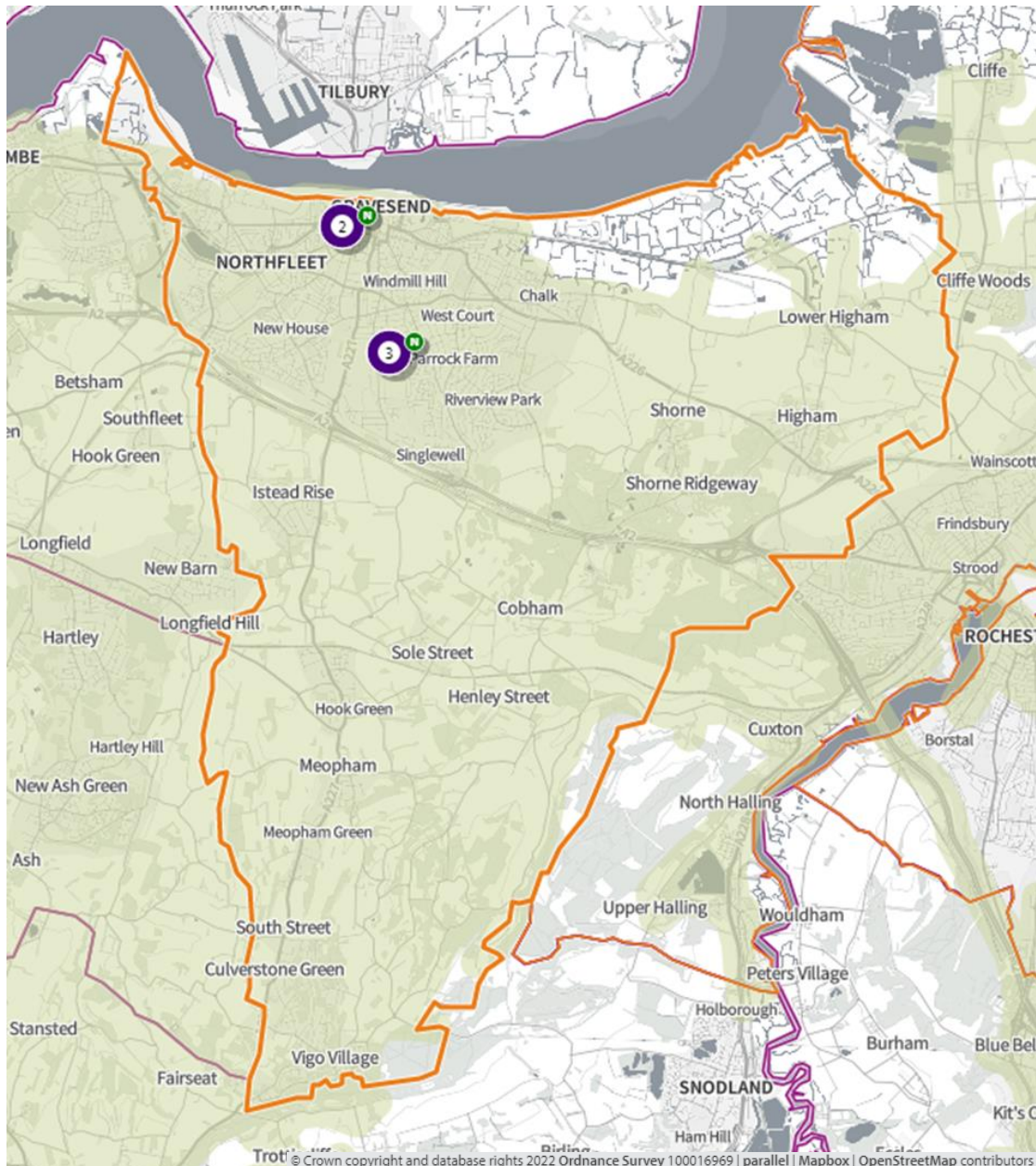
Map 111. Locations of community pharmacies, dispensing GPs and areas within 20-minutes by car



S = open Saturday N = open Sunday

In **map 112** below, the green shaded areas are within **20-minutes by car** of a community pharmacy that opens **until at least 7pm on weekdays**. The entire population is within a 20-minute drive.

Map 112. Locations of community pharmacies open until at least 7pm on weekdays and areas within 20-minutes by car



3. Necessary services: current provision outside the localities area ⁽¹⁾

The information below indicates the number of prescriptions dispensed in and outside of the locality.

- 1.99 million items prescribed in Gravesham
 - 1.7 million items dispensed in Gravesham
 - 1.47 (86%) million via Electronic Prescription Service
 - 274,809 (13.8%) dispensed outside of the district
 - 154,688 Dartford
 - 56,500 distance selling
 - 22,274 Bexley
 - 16,698 Medway

- 1.9 million items dispensed in Gravesham
 - 1.77 million items dispensed by community pharmacies in Gravesham
 - 131,124 dispensed by 10 GP practices:
 - Meopham Medical Centre – 60,930
 - Downs Way Medical Practice – 52,985
 - 190,874 items prescribed outside borough i.e. more going out than coming in

Some residents choose to access contractors outside both the locality and the Health and Wellbeing Board's area in order to access services:

- Offered by dispensing appliance contractors
- Offered by distance selling premises
- Which are located near to where they work, shop or visit for leisure or other purposes.

Taking into account this choice of pharmacy outside of the locality, the majority of residents can access a pharmacy within the locality

4. Other relevant services: current provision

The following advanced services were delivered by pharmacies in the Gravesham locality in 2020/21.

Table 39. Number of pharmacies providing advanced services

Advanced service name	No. of pharmacies
New Medicine Service	16
Appliance Use Review	0
Hypertension Service [‡]	18
Stoma Appliance Customisation	2
Community Pharmacist Consultation Service (CPCS) [‡]	21
Hepatitis C Antibody Testing Service	0
Seasonal Influenza Vaccination Advances Service	20
Covid Vaccination Service*	0
Covid Home Delivery Service*	20
Covid lateral flow device distribution*	22

*Specific to the Covid-19 pandemic

[‡]Services introduced during the year of study

Please note that three services were specific to the Covid-19 pandemic (Covid vaccination, homedelivery and lateral flow device distribution services) and that others were new services (CPCS, Hypertension service) introduced within the year. There is, however, good participation and early adoption of new services from pharmacies in this locality.

5. Other NHS services

The Strategic Health Asset Planning and Evaluation (SHAPE) web application provides the following information:

- Downs Way Medical Practice, Gravesend is open until 8.30pm on Wednesdays and Thursdays
- Parrock Street Surgery is open until 8pm on Tuesdays and Wednesdays
- Pelham Medical Practice: St. Gregory's Crescent Surgery is open until 8pm on Tuesdays and Wednesdays
- Shrubbery Surgery is open until 8pm on Mondays and Tuesdays
- Springhead Health opens from 3pm until 6.30pm but on Tuesdays and Thursdays remains open until 8pm

There is an urgent treatment centre situated in the Gravesham Community Hospital. It is open 8am to 8pm every day of the year.

There is a walk-in centre at The White Horse Surgery which is open 8am-8pm every day.

There are also drug and alcohol services, Kent and Medway NHS Hospital Trusts and Kent and Medway NHS and Social Care Partnership Trust and Kent Community Health NHS Foundation Trust with services that generate prescriptions that are dispensed by community pharmacies in this locality.

The number of prescriptions from these services is shown below:

- 12 pharmacies dispensed a total of 3,663 (mean = 305, range = 2-1,309) items from drug and alcohol services
- 22 pharmacies and 1 GP practices dispensed a total of 1,013 (mean = 44, range = 1-90) items from Kent and Medway NHS and Social Care Partnership Trust (secondary mental health services)
- 19 pharmacies dispensed a total of 68 items (mean = 3.6, range = 1-12) from KCHFT
- 22 pharmacies and 1 GP practices dispensed a total of 3,414 items (mean = 148, range = 13-411) from Kent and Medway hospitals

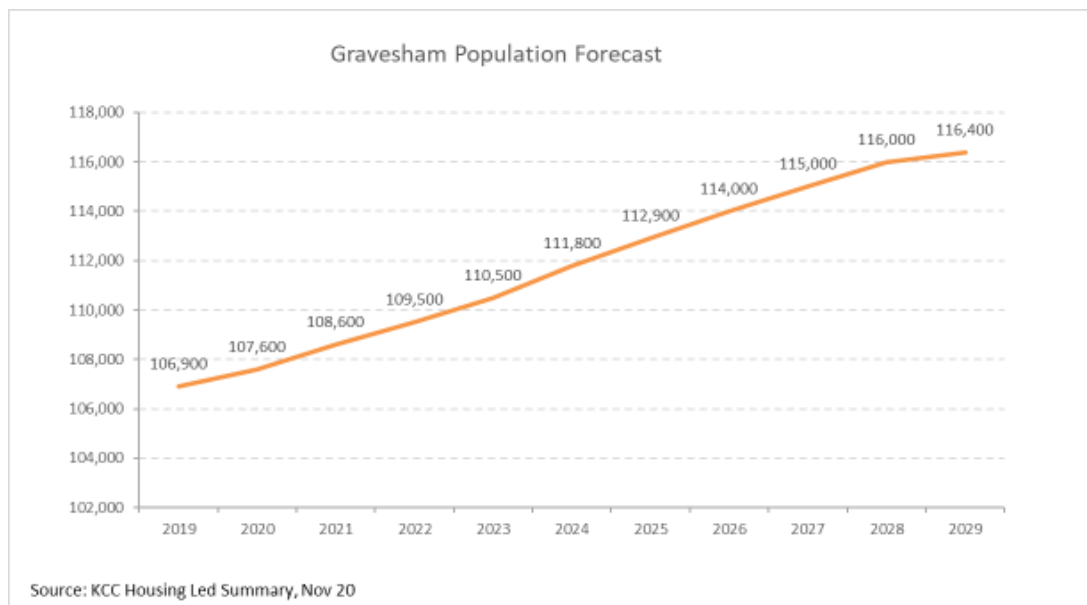
6. Choice with regard to obtaining pharmaceutical services

As can be seen from sections 2 and 3, those living within the locality and registered with one of the GP practices generally choose to access one of the pharmacies in the locality in order to have their prescriptions dispensed or, if eligible, to be dispensed to by their practice. Those that look outside the locality usually do so either to access a neighbouring pharmacy, or a dispensing appliance contractor or distance selling premises outside of the Health and Wellbeing Board's area.

7. Developments

Figure 37 below shows the predicted increase in the population of the Gravesham locality continuing to grow over the lifetime of this PNA. By 2025 it is estimated that each pharmacy will serve a population of 5,131.

Figure 37. Gravesham population forecast



 **1 pharmacy per 5,131 people in 2025**

The population of Gravesham district is projected to increase by 6% to 112,900 in 2025. This is an increase of approximately 300 people per pharmacy from 2020.

Map 113 below shows where there are major housing developments planned in the coming years and the table indicates the number of dwellings planned for each site.

Map 113. Location of housing developments

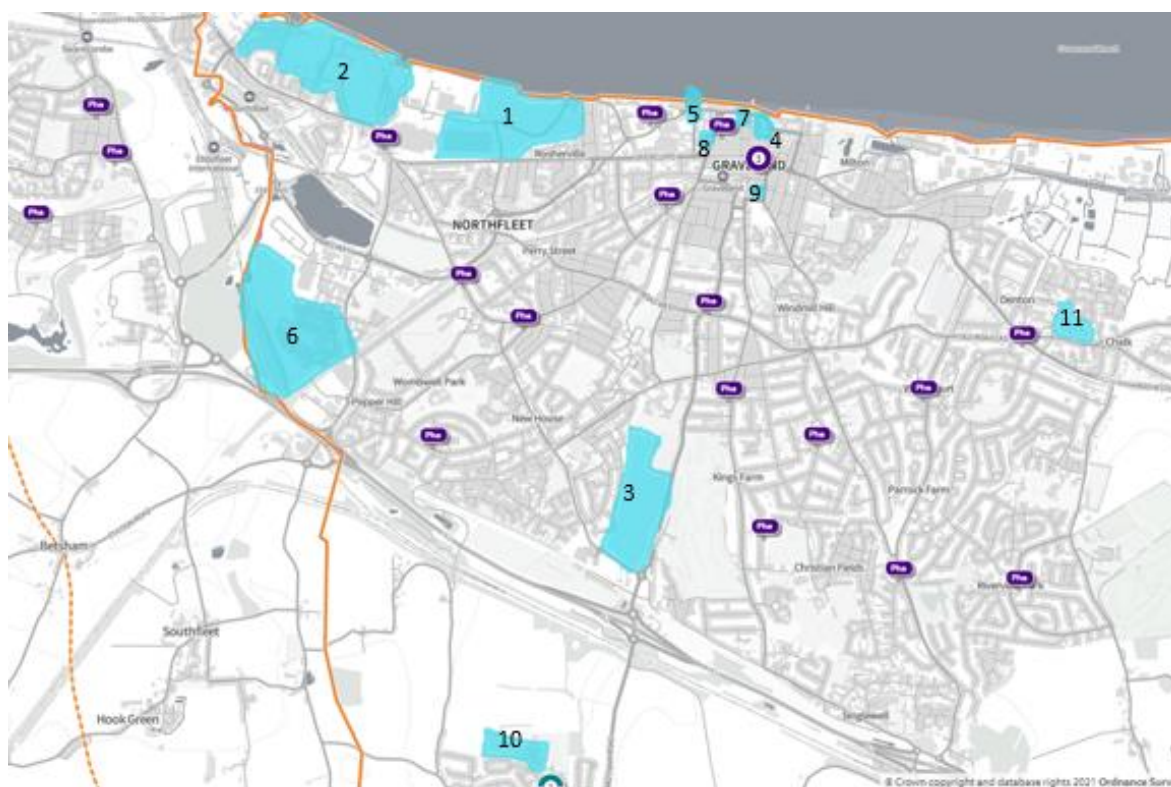
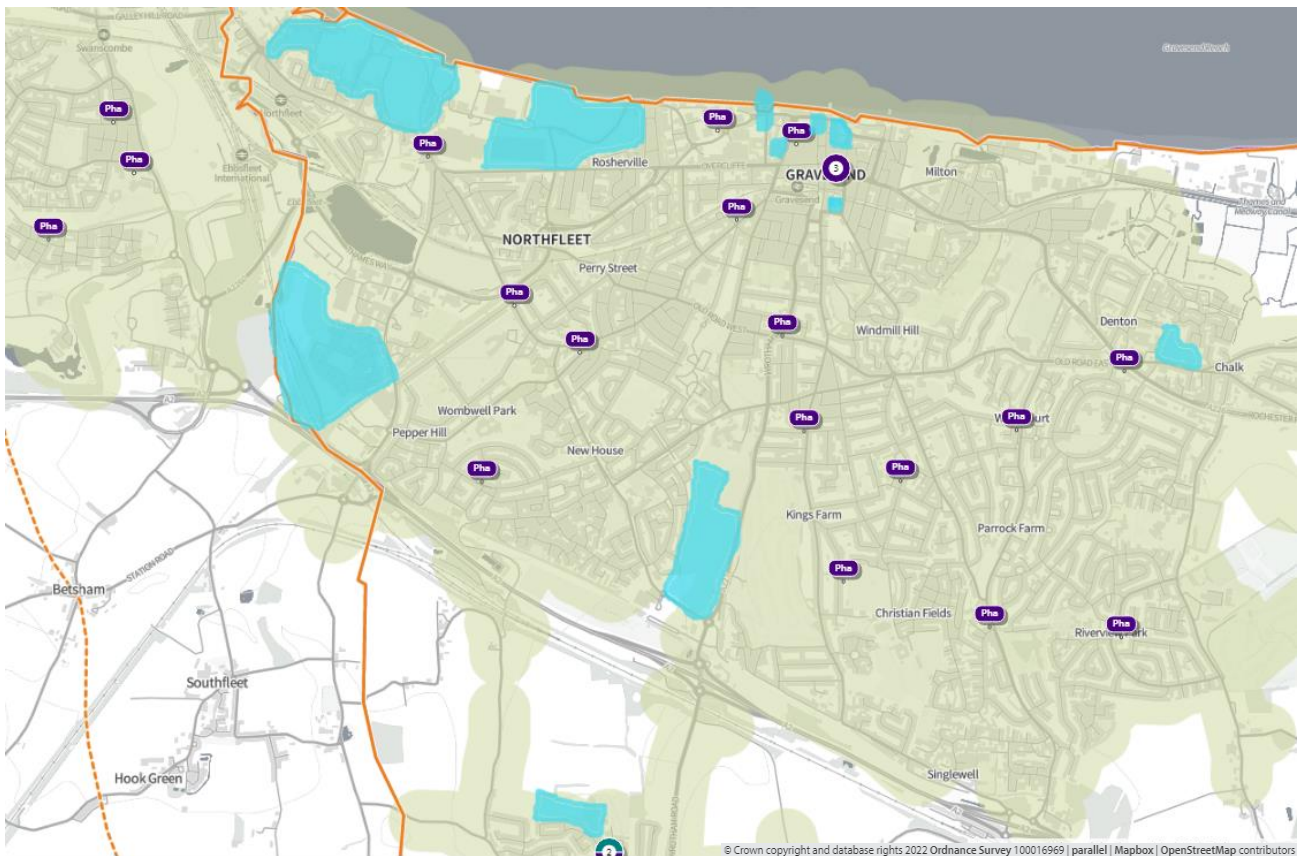


Table 40. Proposed housing developments – number of dwellings per year at each development

Site Name	20/21	21/22	22/23	23/24	24/25	25/26	26/27	27/28	28/29	29/30	2025	2030
1. Northfleet Embankment East	0	140	73	128	158	99	0	0	0	0	499	598
2. Northfleet Embankment West	0	50	50	50	100	100	100	82	0	0	250	532
3. Land At Coldharbour Road Northfleet	50	50	50	50	50	50	50	45	0	0	250	395
4. The Charter	0	0	242	0	0	0	0	0	0	0	242	242
5. Clifton Slipways West Street	0	0	106	0	121	0	0	0	0	0	227	2276.
6. Springhead (Ebbsfleet)	50	50	50	50	16	0	0	0	0	0	216	216
7. St Georges Phase 2	0	0	0	0	150	0	0	0	0	0	150	150
8. Former Gravesend & North Kent Hospital	0	0	0	115	0	0	0	0	0	0	115	115
9. Former Lord Street Car Park	0	106	0	0	0	0	0	0	0	0	106	106
10. Land north of The Drove Way, Istead Rise	0	0	0	0	75	0	0	0	0	0	75	75
11. Land at North Kent College, Lower Higham Road	0	0	0	0	75	0	0	0	0	0	75	75

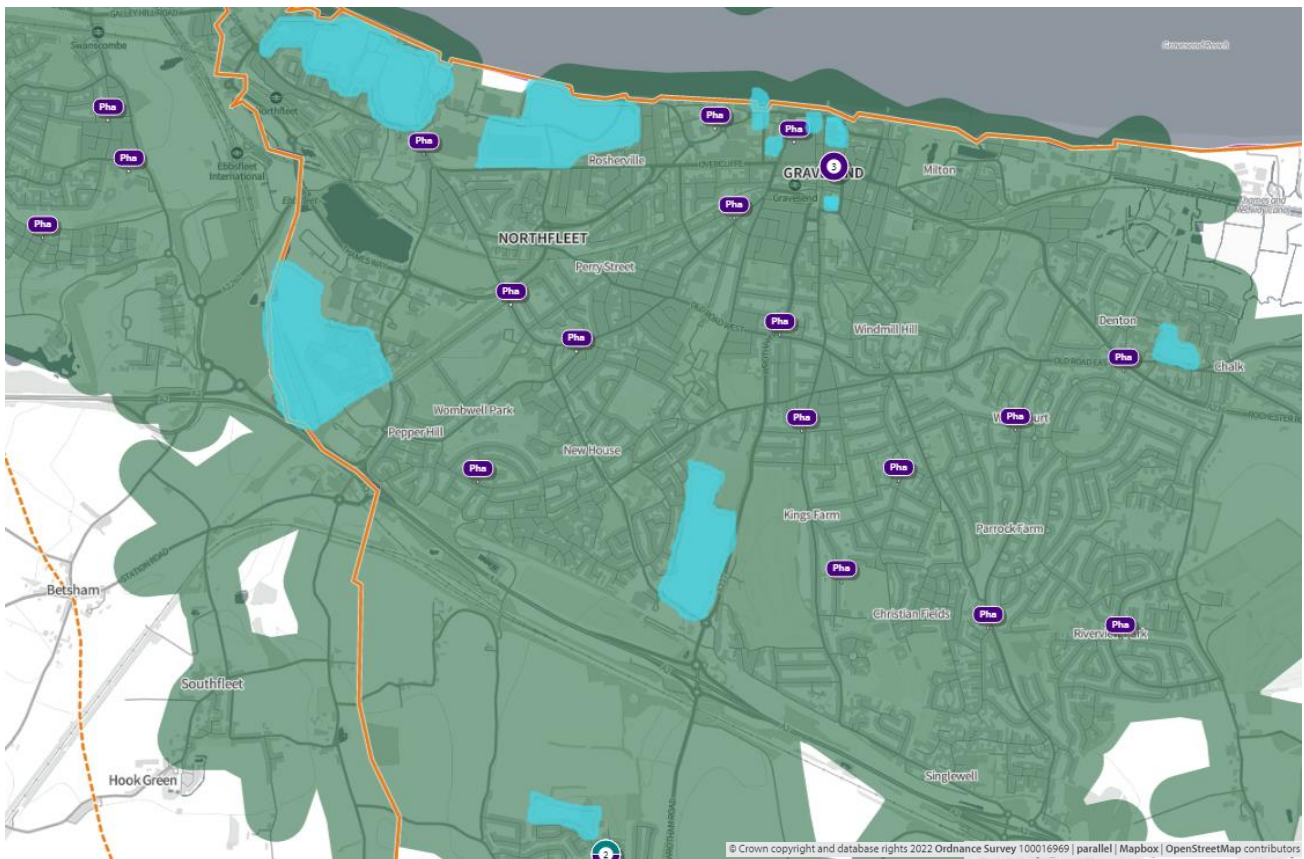
In **map 114**, below, the green shaded areas are within a 20-minute walk of a community pharmacy/dispensing GP practice and the blue shaded areas are locations of major housing developments.

Map 46. Location of community pharmacies/dispensing GPs, proposed housing developments, and areas within a 20-minute walk of a community pharmacy/dispensing GP



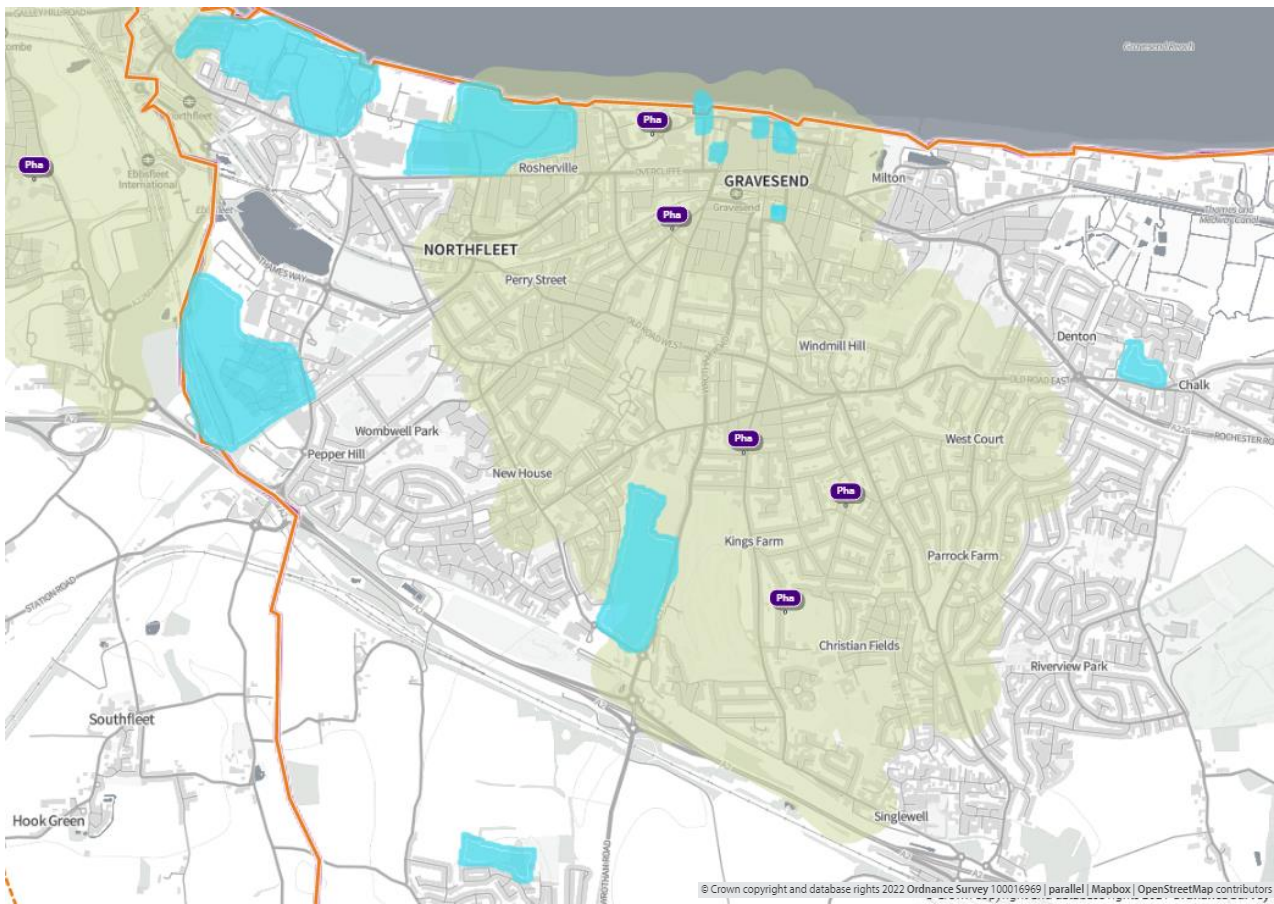
In **map 115, below**, the green shaded areas are within 20-minutes by public transport of a community pharmacy/dispensing GP practice and the blue shaded areas are locations of major housing developments.

Map 115. Location of community pharmacies, proposed housing developments, and areas within 20 minutes of a community pharmacy by public transport on weekday mornings



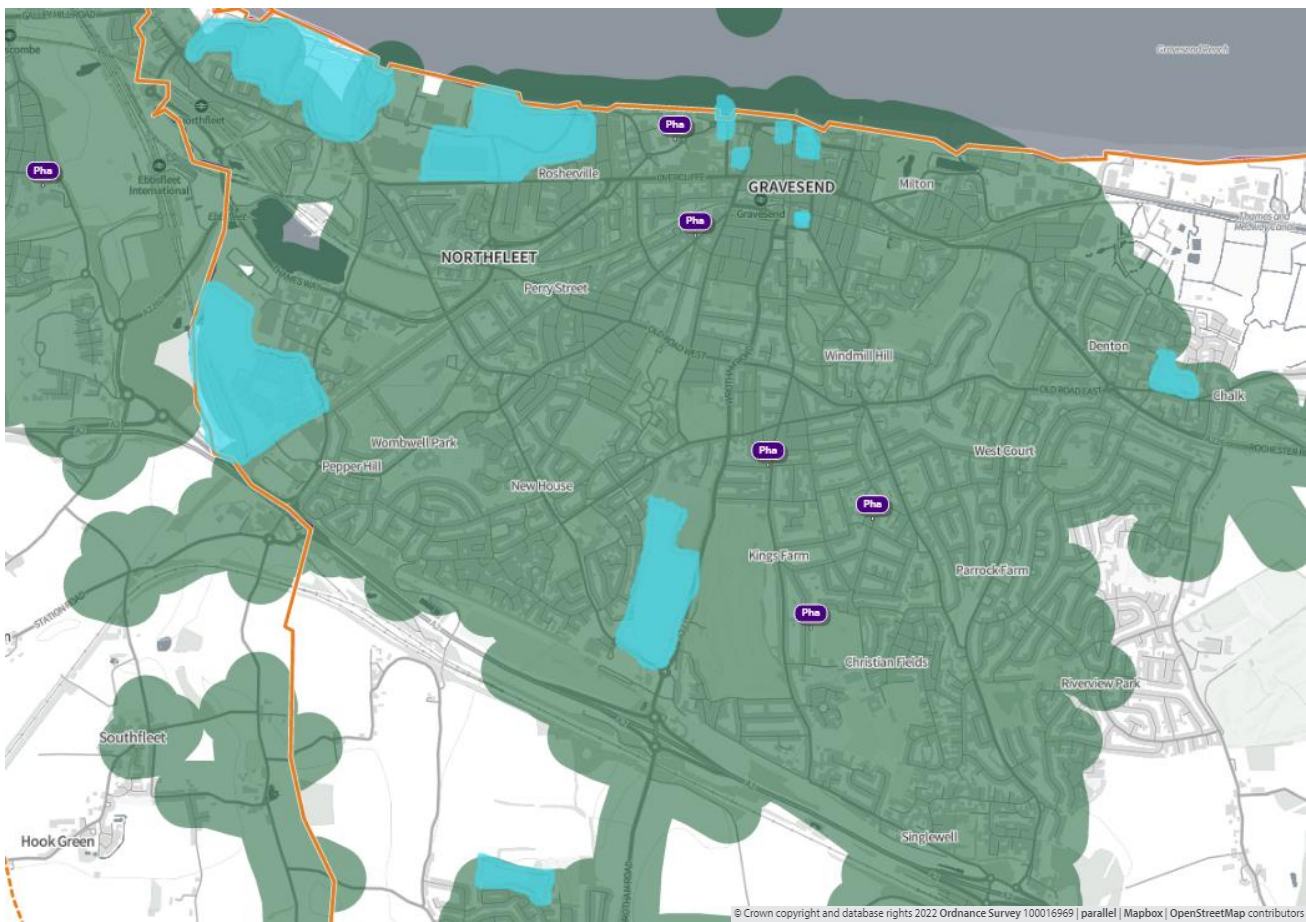
In **map 116**, below, the green shaded areas are within a 20-minute walk of a community pharmacy that is open until at least 7pm and the blue shaded areas are locations of major housing developments.

Map 116. Location of community pharmacies open until at least 7pm, proposed housing developments, and areas within 20 minute walk of a community pharmacy



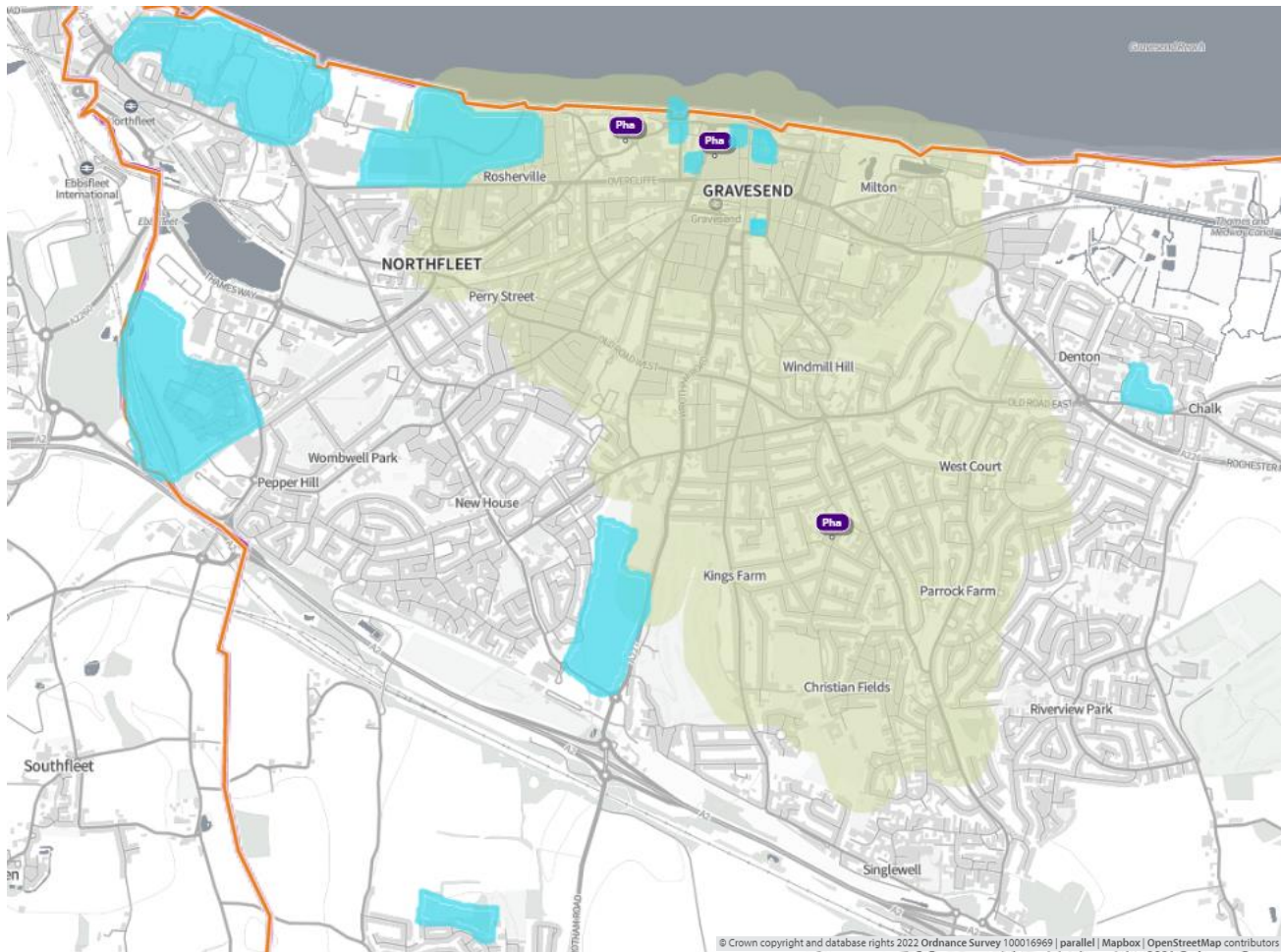
In **map 117**, below, the green shaded areas are within 20-minutes by public transport of a community pharmacy that is open until at least 7pm and the blue shaded areas are locations of major housing developments.

Map 117. Location of community pharmacies open until at least 7pm, proposed housing developments, and areas within 20 minutes of a community pharmacy by public transport on weekday evenings



In **map 118**, below, the green shaded areas are within 20-minutes' walk of a community pharmacy that is open on Sundays. Blue shaded areas are locations of major housing developments.

Map 118. Location of community pharmacies, proposed housing developments, and areas within a 20-minute walk of a community pharmacy that is open on Sundays

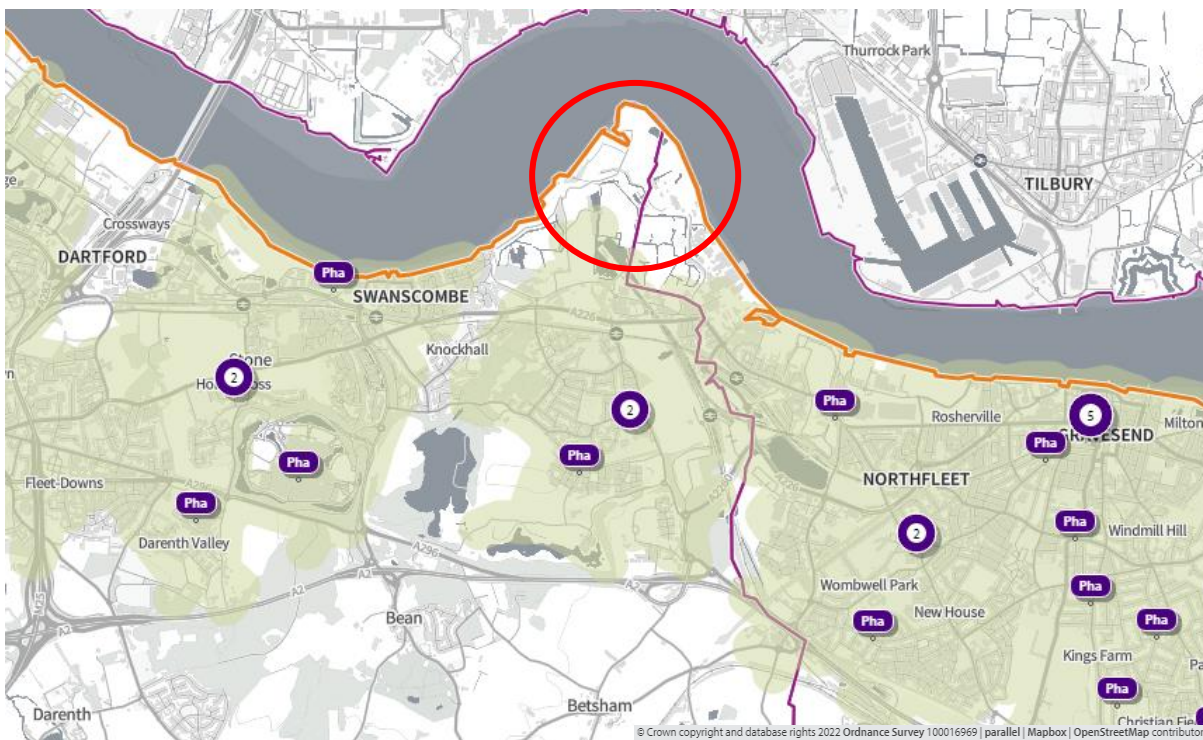


The London Resort ⁽⁵⁸⁾

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

Map 119 below shows the proposed location of The London Resort. The green shaded areas are within a 20-minute walk of the pharmacies displayed on the map. Construction workers living on-site will be within a 20-minute walk of the nearest pharmacy. Two pharmacies in the Dartford locality are within a 20-minute walk of the site. Neither of these pharmacies responded to the contractors questionnaire so it is unknown whether these pharmacies feel they have capacity to meet increased demand for services or medicines. There is a pharmacy in the Gravesend locality that is just beyond a 20-minute walk of The London Resort site so it is likely that this pharmacy will meet some of the demand from the temporary increase in local population. *Please note at the time of writing (April 2022) a new planning submission has been made for the London Resort development so the time scales stated may alter.*

Map 119. Proposed location of The London Resort



8. Necessary services: - Gaps in provision

No gaps in the provision of necessary services have been identified.

9. Improvements or better access: Gaps in provision

Neither Meopham nor Vigo pharmacy provide the new medicine service. Approximately 4% are not within 20 minutes by public transport of a pharmacy providing new medicine service.

Hill pharmacy is nearest to the majority of new housing development and The London Resort but has indicated that it has capacity to meet an increased demand for services and medicines

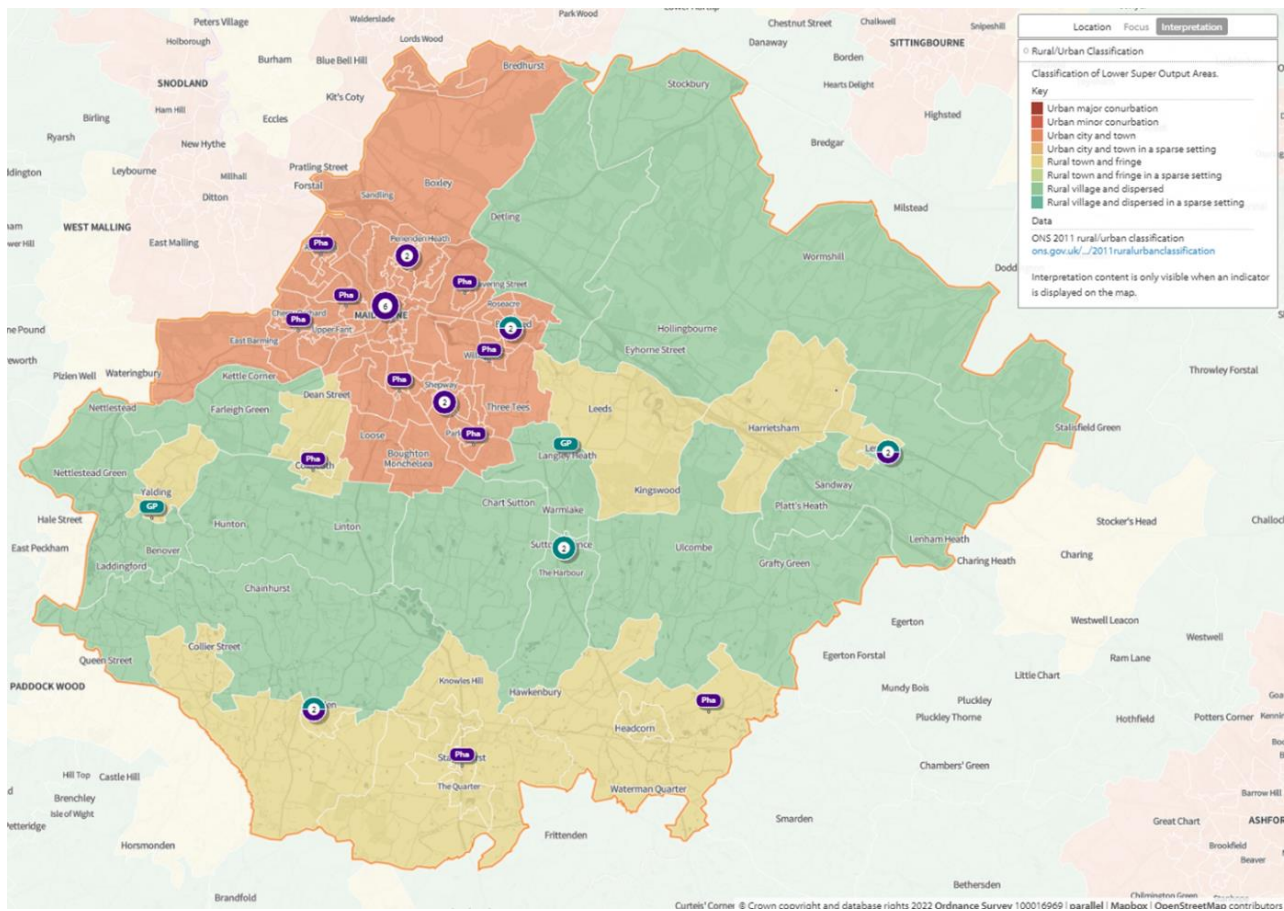
There are no pharmacies that provide Hep C. Only 5.3% of people within the locality are with 20 minutes by public transport of a pharmacy providing Hep C. however, by car 99% are within 20 minutes

14 Maidstone Borough Council Locality

1. Key Facts

Maidstone is a local government district in the mid-west of the county. It covers an area of 393.3 square km. Most of the population lives in the county town of Maidstone. 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 with associated facilities.

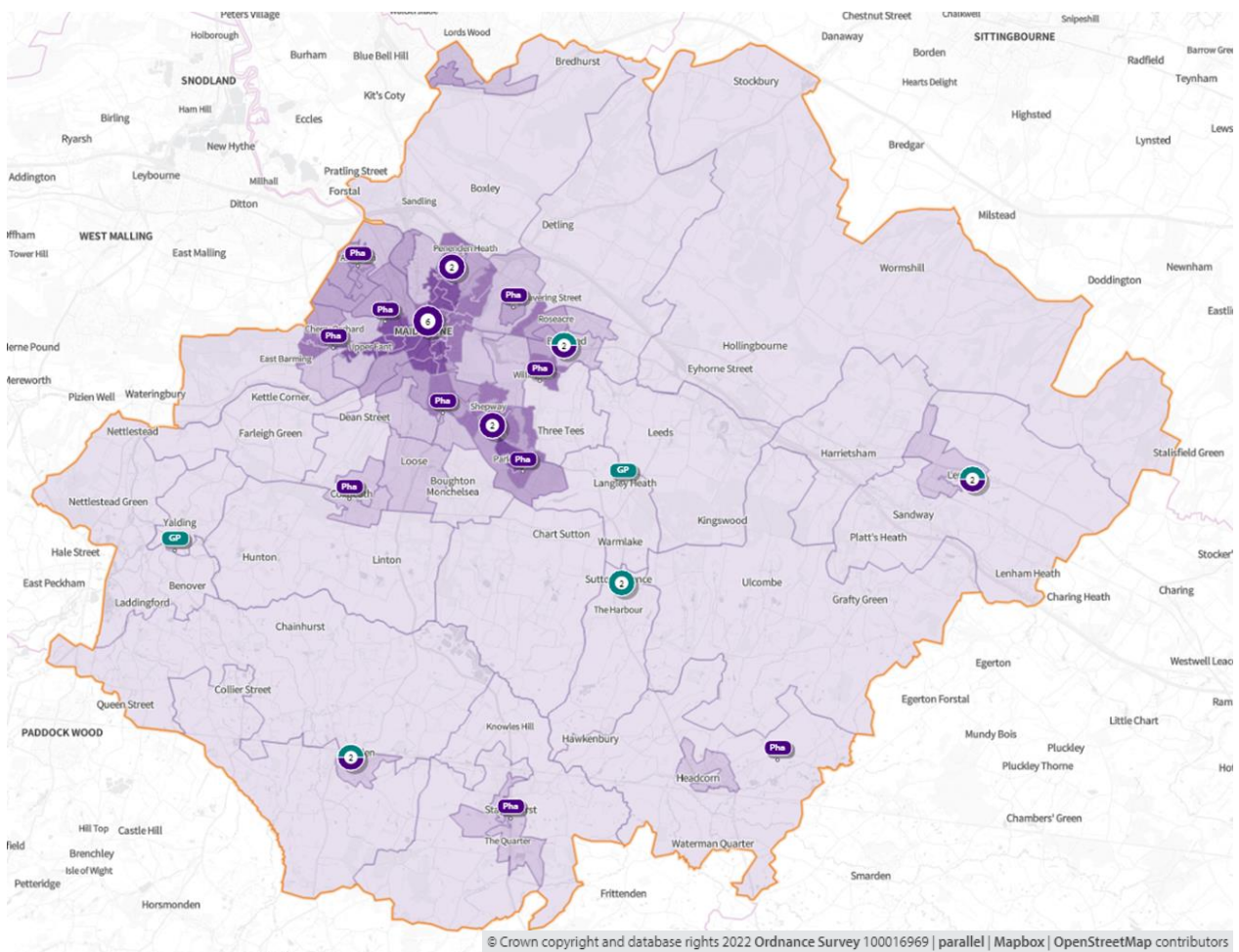
Map 120. Rural/urban classification of lower super output areas



Population

Map 121 below shows the distribution of the population in the locality. The greatest density is in and around the county town of Maidstone, with the majority of the rest of the locality having a low population density. The villages of Staplehurst, Headcorn and Lenham are relatively densely populated amongst the more rural areas of the district.

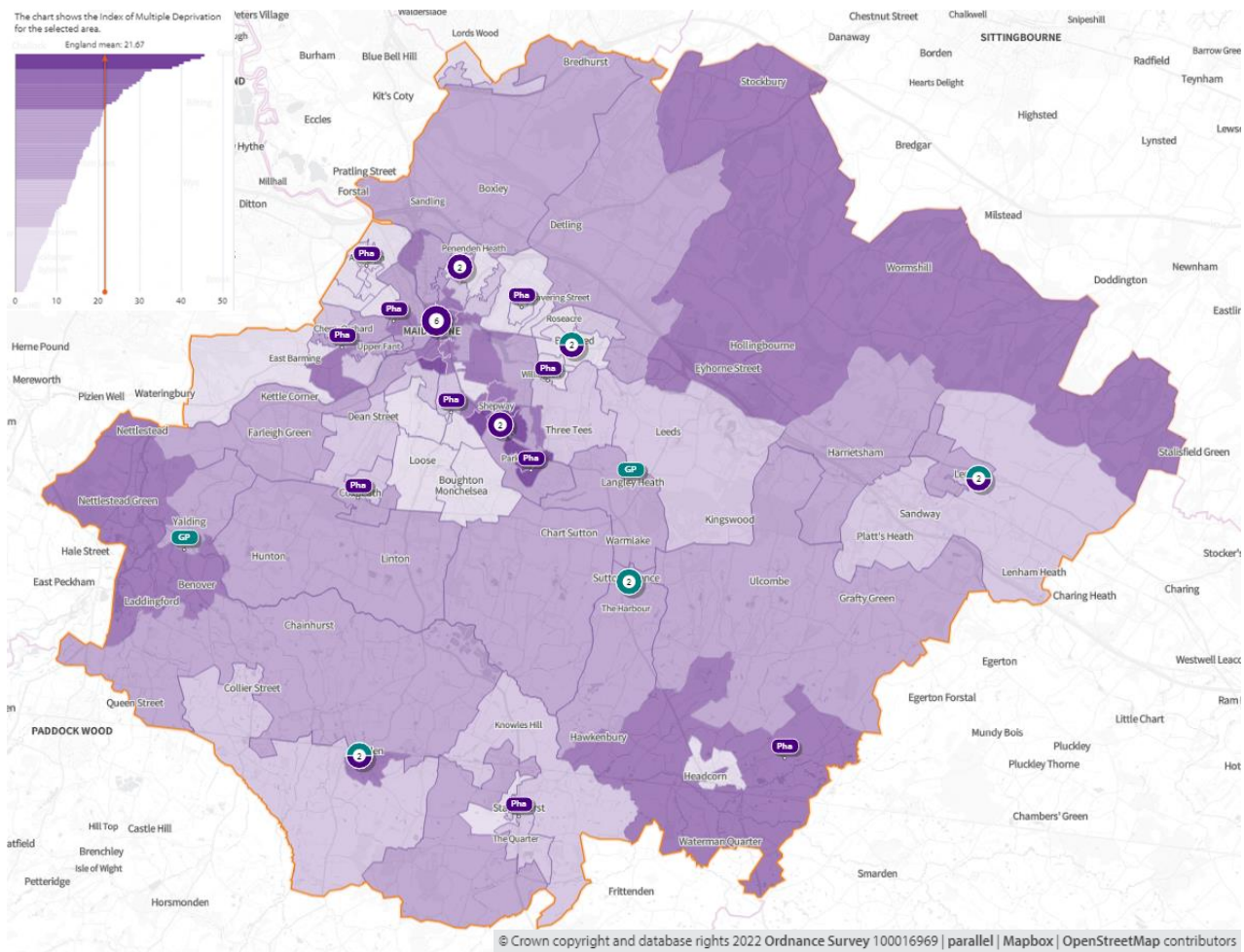
Map 121. Population density of lower super output areas overlaid with locations of pharmacies and dispensing doctors



Deprivation

Map 122 below shows the areas of deprivation in the Maidstone District locality. 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. Maidstone district is similar to the Kent average for rates of unemployment and educational attainment ⁽⁶³⁾ ⁽⁶⁴⁾.

Map 122. Deprivation of lower super output areas overlaid with locations of pharmacies and dispensing doctors



Language

English is the main language for all people aged 16 or over in 94.5% of households in the district. 2.9% of households have no people with English as the main language ⁽²⁾.

Home ownership

71% of houses are owned either outright (33%) or with a mortgage (38%). The average number of occupants per household is 2.4, the same as the Kent average ⁽²⁾.

Age Distribution

The average age of Maidstone district residents is 40.9, slightly lower than the Kent average of 41.4. 19.3% of the population is over 65 and 20% 0-15⁽²⁾. Life expectancy at birth is 79.9 for males and 83 for females⁽⁴⁶⁾.

Economy

By industry, the top three employers in the Maidstone district are wholesale and retail trade (14.7%), human health and social work activities (13.3%), and construction (9.3%)⁽¹⁵⁾. In comparison to Kent as a whole, the district has a much higher proportion of public administration jobs, perhaps due to Maidstone being the location of the County Council headquarters⁽¹⁵⁾.

Car ownership

16% of households in Maidstone district do not have a car or van in the household, this is lower than the Kent average of 20%⁽¹³⁾.

Care Homes

There are a considerable number of care homes in the Maidstone locality. Patients who are looked after in a care home setting are often high users of medicines. However, because of the nature of their care, they rarely access pharmaceutical services individually, leaving this to be carried out by the care home staff. More recently care home organisations do not use local pharmacies for this service, favouring the large “hub” or “internet” pharmacies which specialise in this type of one-stop service. Therefore, there is not considered to be any relationship between the number of care homes and the need for local pharmaceutical services.

2. Necessary services: current provision within the locality

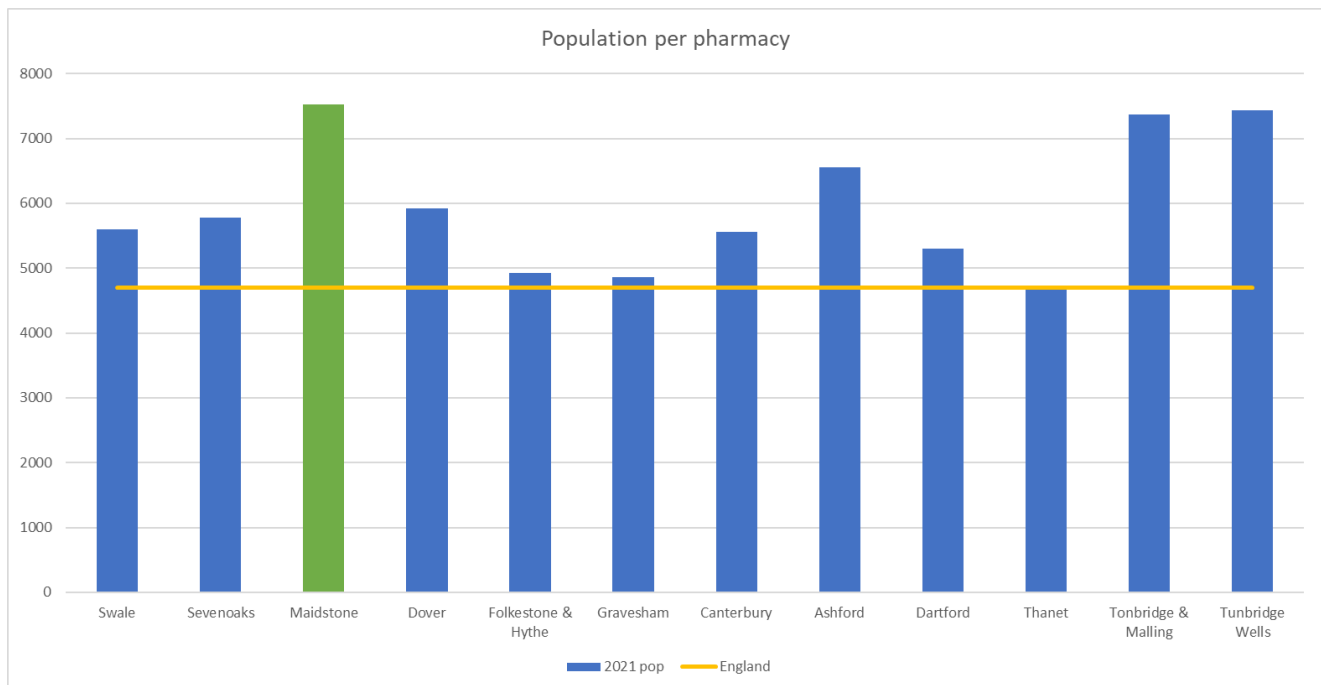
(All data presented in this section is for the financial year 2020/21 with the exception of lateral flow devices data which covers the 4 months from April 2021 to July 2021)

There are 23 Community pharmacies providing dispensing services in the Maidstone locality.

In addition, there are seven dispensing GP practices in the locality.

Each pharmacy provides on average services for 7,528 of the area’s population. Figure38 below shows how this compares with the other localities of Kent.

Figure 38 Number of people per pharmacy in each locality



The facts below indicate that the majority of prescriptions generated in the locality are dispensed in the locality. There is a small percentage of prescriptions generated in the area that are dispensed in neighbouring areas and an even smaller percentage that are generated outside the locality and dispensed by Maidstone community pharmacies ⁽¹⁾.

- 1,286 outside prescribers dispense in Maidstone
 - 2.6% of all items dispensed in Maidstone
- 30 prescribers in Maidstone
 - 97.4% of all items dispensed in Maidstone
- 42 dispensers in Maidstone
 - 89.3% of all items prescribed in Maidstone
- 1,332 dispensers outside of Maidstone
 - 10.7% of all items prescribed in Maidstone

Pharmacy locality: Maps 1 and 2 above show the locality of the community pharmacies and GP dispensing practices.

Opening times: All are open Monday to Friday, with 21 opening on Saturdays and 4 opening on Saturdays and Sundays. This gives a weekly opening hours range of 40 to 100 hours and an average of 56 hours of opening each week. Eighteen of these pharmacies open for at least one hour after 5pm on weekdays.

Table 50 below shows the core and supplementary hours of each pharmacy ⁽⁶⁵⁾.

Table 50. Opening times for all pharmacies

Pharmacy	Total core weekly hours	Total supplementary weekly hours	Total weekly hours	Max. hours open after 5pm at least 1 day/week	Saturday hours	Sunday Hours
Headcorn Pharmacy	40	13.5	53.5	1	8.5	0
Boots, Fremlin Walk	40.5	22.5	63	3	9.5	6
Boots, Albion Place	40	11	51	1	3.5	0
Boots, King Street	40	26	66	1	10	6
Paydens, Bearsted	40	13.5	53.5	1	8.5	0
Penenden Heath Pharmacy	40	5	45	1	0	0
Lloyds Pharmacy, Grove Green	40	14	54	1.5	8	0
Lloyds Pharmacy, Allington	40	10.5	50.5	0.5	8	0
Saxon Warrior Pharmacy	40	6.5	46.5	0.5	4	0
Lloyds Pharmacy, Coxheath	40	15	55	1.5	7.5	0
Lloyds Pharmacy, Tonbridge Rd.	40	13	53	1	8	0
Hobbs Pharmacy	40	0	40	1	0	0

Table 50 continued

Pharmacy	Total core weekly hours	Total supplementary weekly hours	Total weekly hours	Max. hours open after 5pm at least 1 day/week	Saturday hours	Sunday Hours
Link Pharmacy	100	0	100	6	15	0
Morrisons Pharmacy	40	33.5	73.5	3	10	6
Spires Pharmacy	44	0	44	1	4	0
Marden Pharmacy	40	4	44	1	4	0
Your Local Boots Pharmacy	40	13.5	53.5	2	3.5	0
Lloyds Pharmacy, Parkwood	40	10.25	50.25	0.5	7.75	0
Lloyds Pharmacy, Shepway	40	6.25	46.25	1	6.75	0
Paydens Pharmacy	40	10.5	50.5	0.5	8	0
Lloyds Pharmacy, Staplehurst	39	15	54	2	4	0
Mediparmacy	100	0	100	6	13	7
Paydens Pharmacy	40	9	49	0.5	4	0

The dispensing practices in the Maidstone locality are as follows:

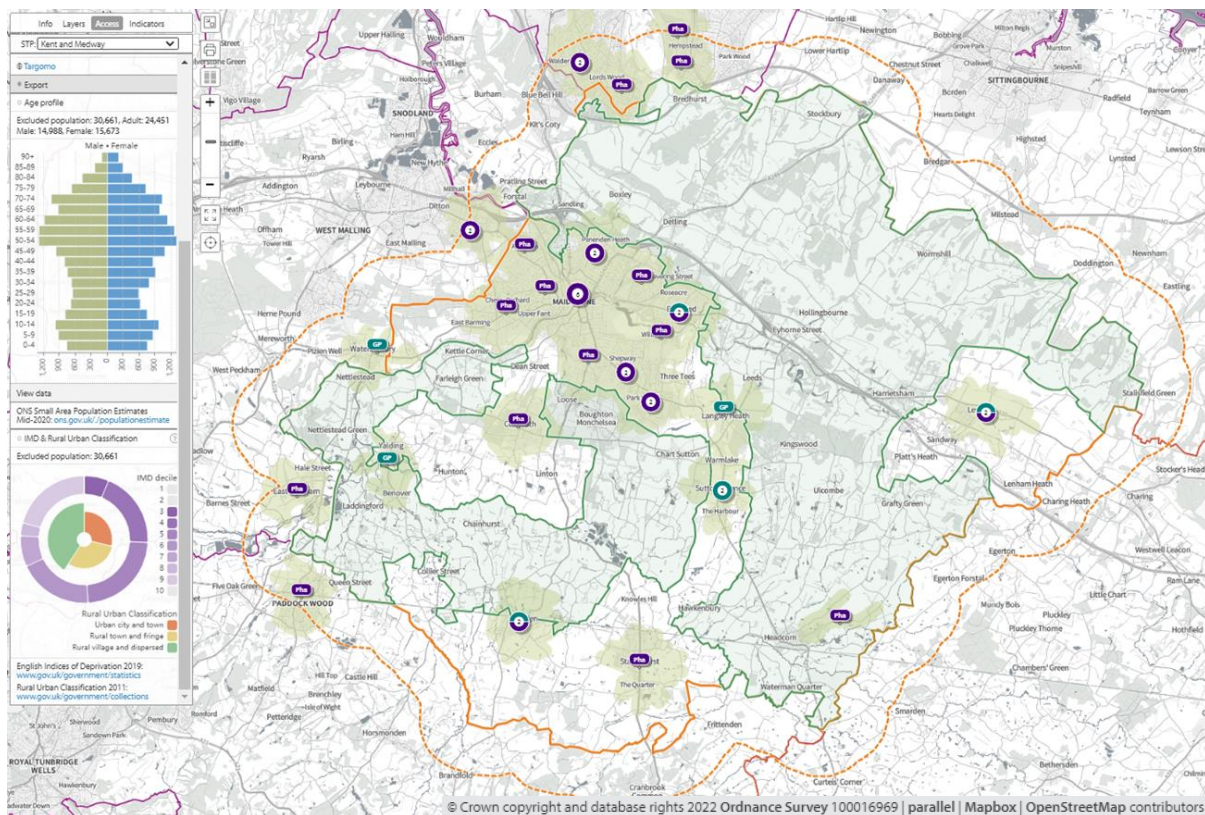
- Bearstead medical Practice ME14 4DS
- Len Valley practice ME17 2 QF
- Yalding Surgery ME18 6ES
- Marden Medical Centre TN12 9HP
- Sutton Valence Surgery ME14 5UY
- The Orchard Surgery ME17 3JY
- Cobtree Medical Practice, Sutton Valence ME17 3HT

Access to community pharmacies

Travel times

In **map 123**, below, the olive-green shaded areas are within a **20-minute walk** of a community pharmacy /dispensing GP practice during core opening hours. 30,661 (17.7%) people are not within a 20-minute walk

Map 123. Locations of community pharmacies/dispensing GPs and lower super output areas not within a 20-minute walk



2 pharmacies do not open on Saturday but this does not affect the population within a 20-minute walk on a Saturday

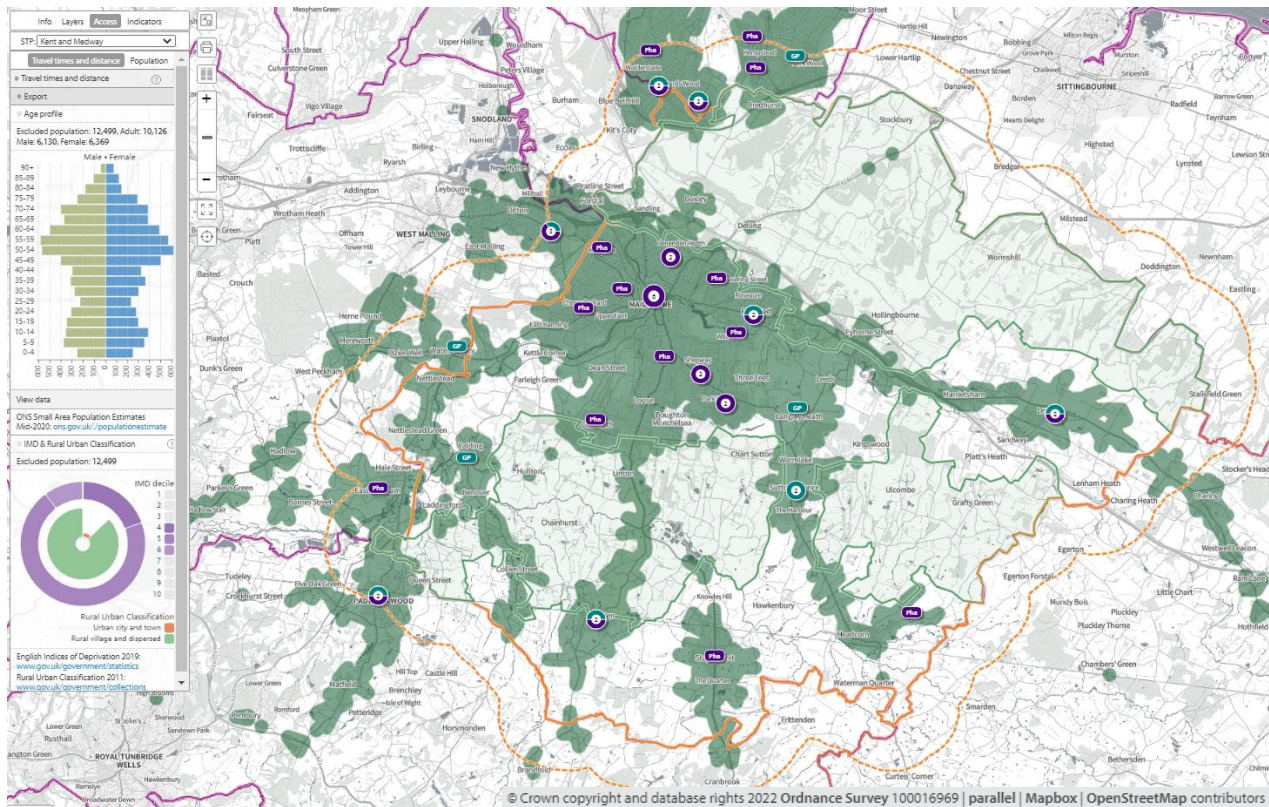
21.6% (7,131) of 65+ population is not within a 20-minute walk of a community pharmacy or dispensing GP practice

In **map 124** the green shaded areas are within **20-minutes by public transport** of a community pharmacy/dispensing GP practice on weekdays.

12,449 (7.2%) people are not within 20-minutes by public transport of a community pharmacy/dispensing GP practice.

8.3% (2,750) of 65+ population is not within a 20-minute walk of a community pharmacy or dispensing GP practice

Map 124. Locations of community pharmacies/dispensing GPs and lower super output areas not within 20-minutes by public transport on weekday mornings

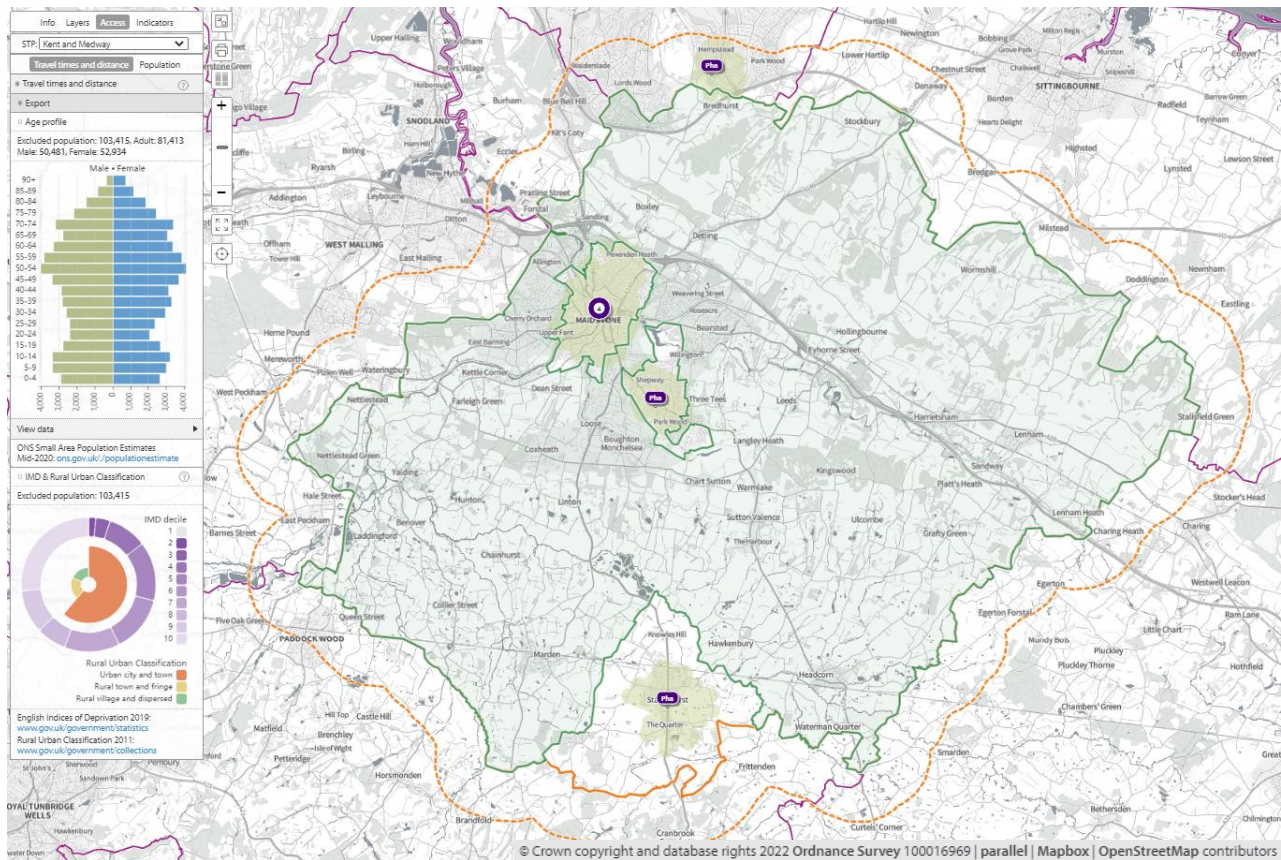


In **map 125** the **olive-green** shaded areas are within a 20-minute walk of a community pharmacy that opens until at least 7pm on weekdays.

103,415 (83.1%) people are not within a 20-minute walk of a community pharmacy that opens until at least 7pm on weekdays.

32.8% (10,834) of 65+ population is not within a 20-minute walk of a community pharmacy that opens until at least 7pm on weekdays.

Map 125. Locations of community pharmacies open until at least 7pm and lower super output areas not within a 20-minute walk



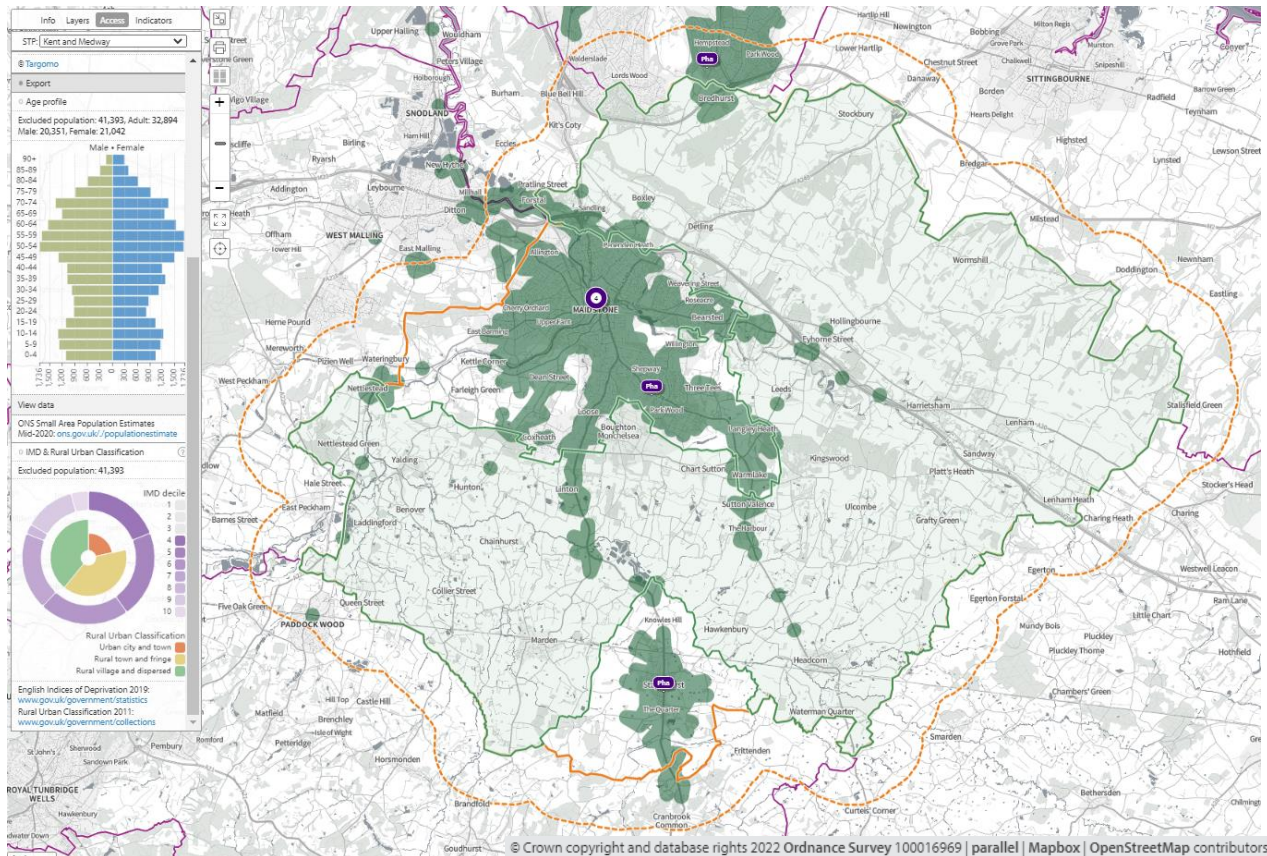
After 7pm weekdays public transport

In **map 126**, below, the green shaded areas are within 20-minutes by public transport of a community pharmacy that opens past 7pm on weekdays.

41,393 (23.9%) people are not within 20-minutes by public transport that opens past 7pm on weekdays.

28% (9,253) of 65+ population is not within 20 minutes by public transport of a community pharmacy that opens past 7pm on weekdays.

Map 126. Locations of community pharmacies open until at least 7pm and lower super output areas not within 20-minutes by public transport on weekday evenings



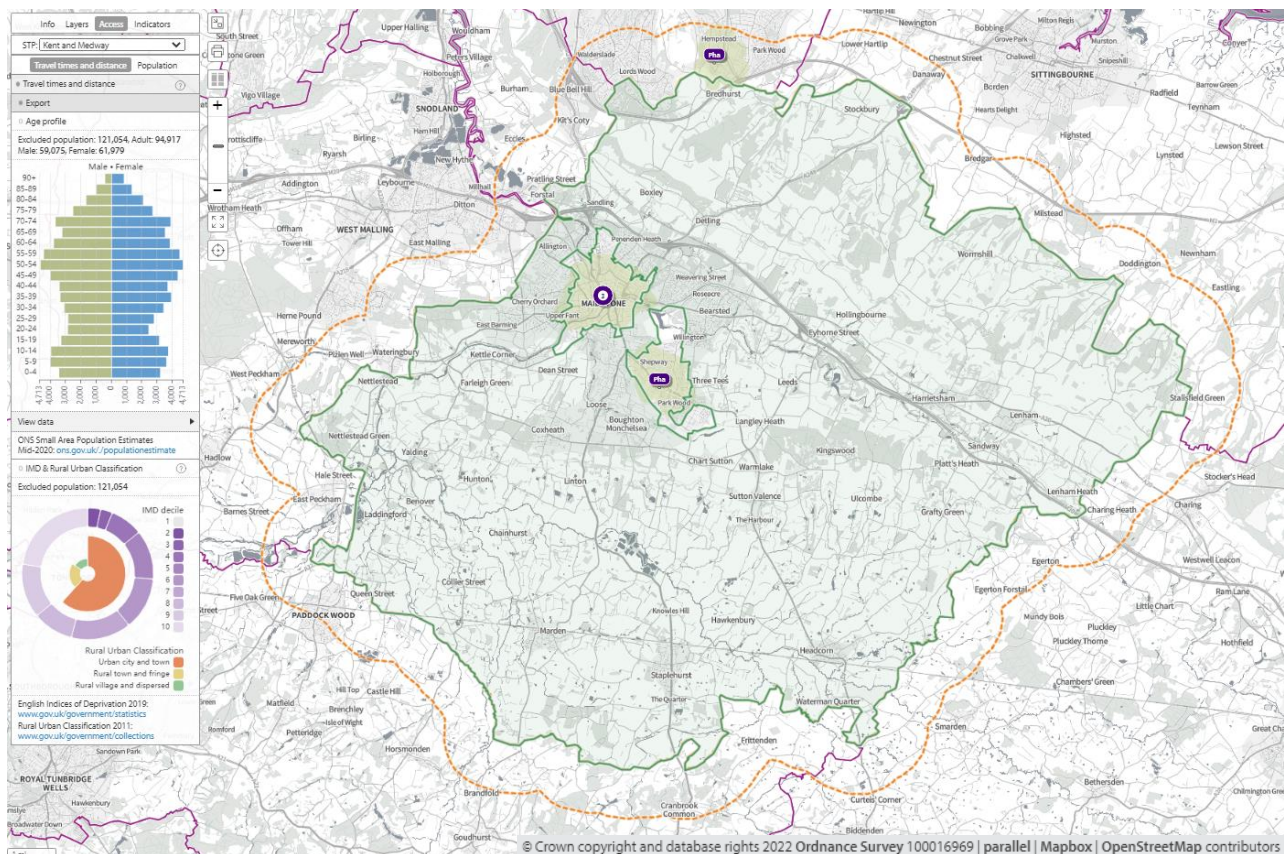
Access on Sundays

In **map 127**, below, the olive-green shaded areas are within a 20-minute walk of a community pharmacy that opens on Sundays

69.9% (121,054) of the population is not within a 20-minute walk of a community pharmacy that opens on Sundays

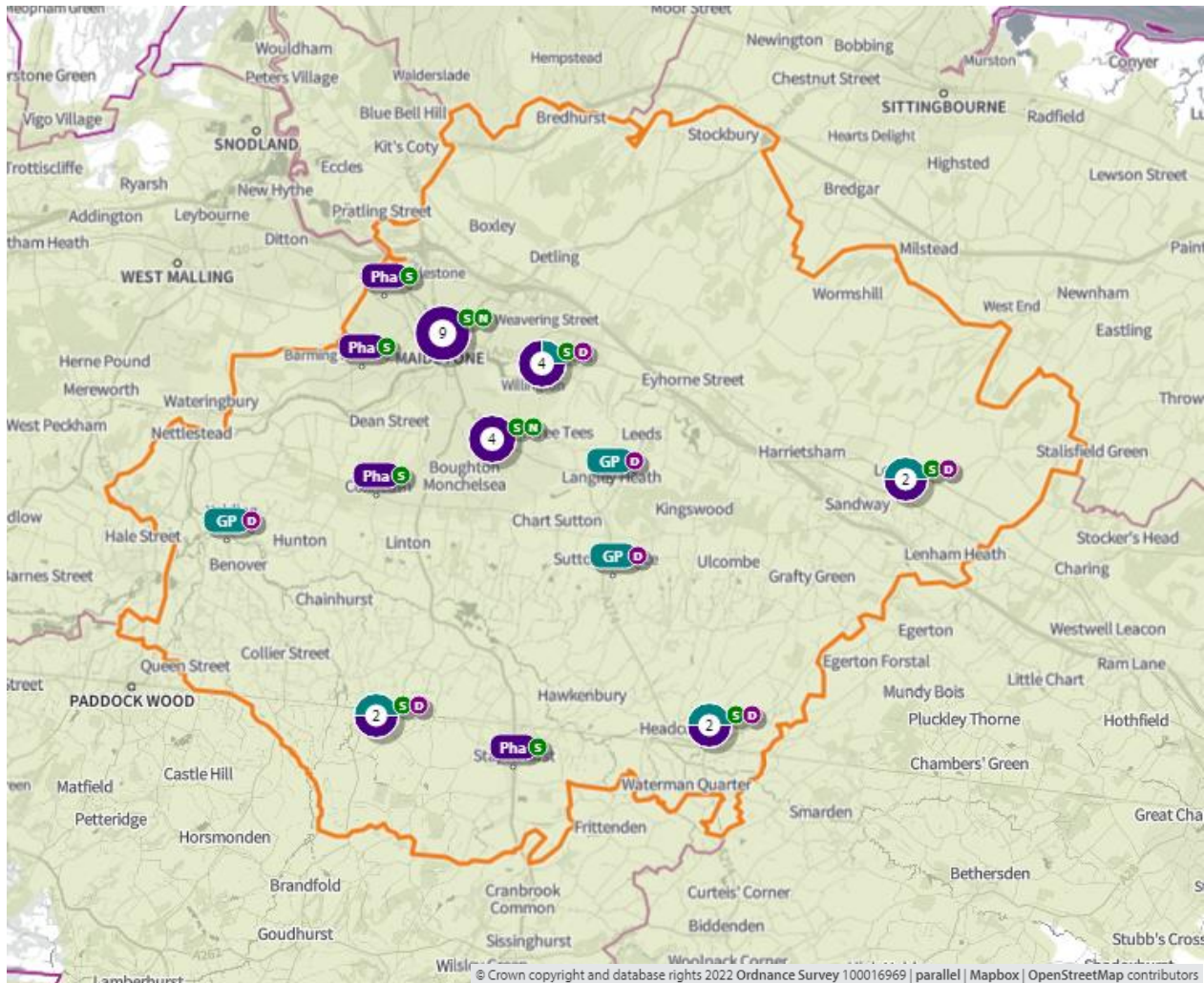
81% (26,743) of 65+ population is not within a 20-minute walk of a community pharmacy that opens on Sundays

Map 127. Locations of community pharmacies open on Sundays and lower super output areas not within a 20-minute walk



In **map 128**, below, access during **core opening hours, Saturdays and Sundays** is shown. The olive-green shaded areas are within a **20-minute drive** of a community pharmacy/dispensing GP practice. The entire population is within a 20-minute drive.

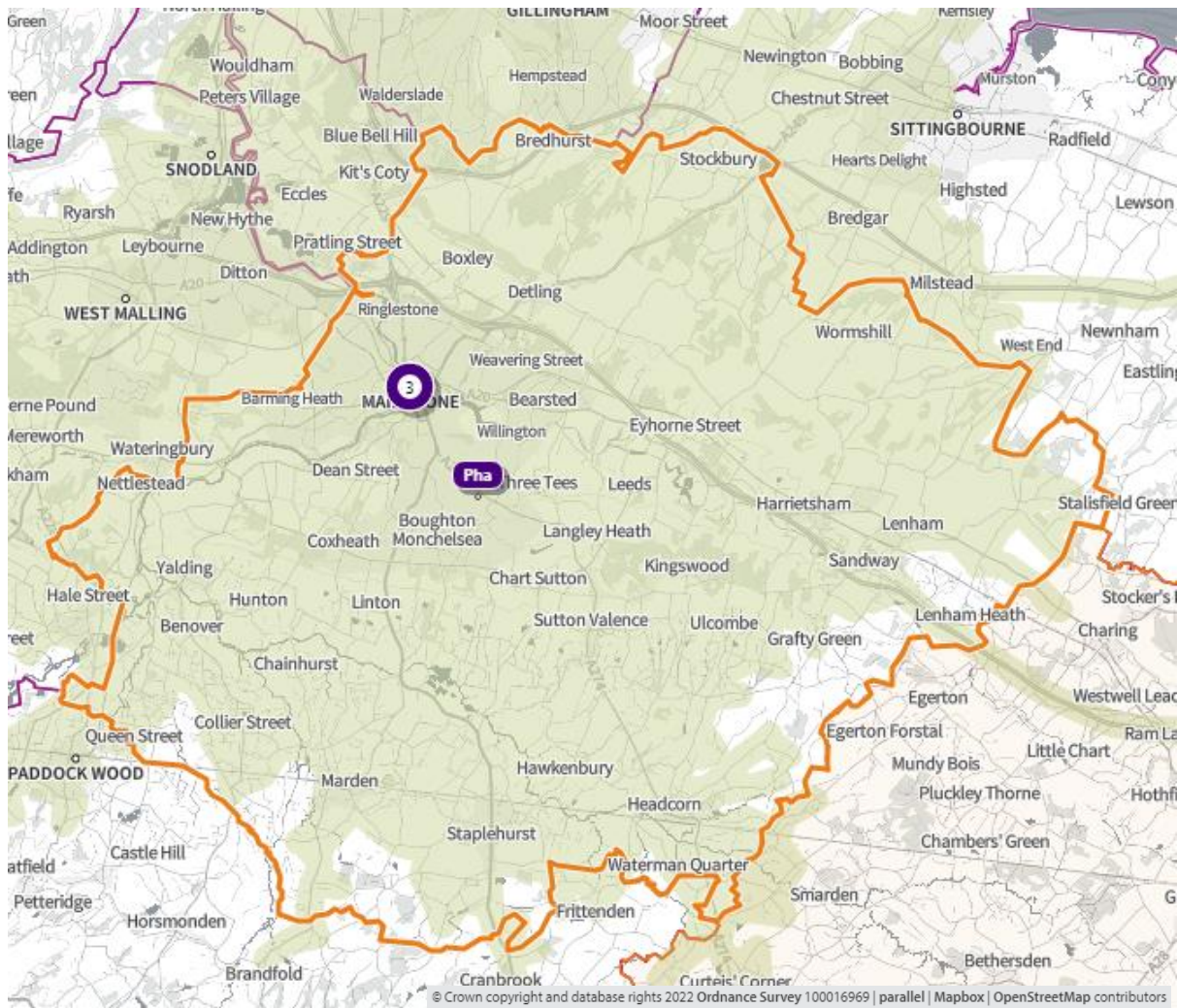
Map 128. Locations of community pharmacies, dispensing GPs and areas within 20-minutes by car



S = open Saturday N = open Sunday

In **map 129**, below, the green shaded areas are within **20-minutes by car** of a community pharmacy that opens **until at least 7pm on weekdays**. The entire population is within a 20-minute drive.

Map 129. Locations of community pharmacies open until at least 7pm and areas within 20-minutes by car



3. Necessary services: current provision outside the localities area ⁽¹⁾

The information below indicates the number of prescriptions dispensed in and outside of the locality.

- 3.37 million items prescribed in Maidstone
 - 3.01 million items dispensed in Maidstone
 - 2.13 million (71%) via Electronic Prescription Service
 - 361,867 dispensed outside of the district
 - 200,000 distance selling
 - 70, 288 Tonbridge & Malling
 - 24,149 Medway

- 3.09 million items dispensed in Maidstone
 - 2.54 million items dispensed by community pharmacies in Maidstone
 - 549,923 dispensed by 18 GP practices:
 - Len Valley Practice – 155,146
 - Sutton Valence Group Practice – 127,451
 - Yalding Surgery – 99,405
 - 80,890 items prescribed outside borough i.e. more going out than coming in

Some residents choose to access contractors outside both the locality and the Health and Wellbeing Board's area in order to access services:

- Offered by dispensing appliance contractors
- Offered by distance selling premises
- Which are located near to where they work, shop or visit for leisure or other purposes.

Taking into account this choice of pharmacy outside of the locality, the majority of residents can access a pharmacy and do access pharmacy services within the locality.

4. Other relevant services: current provision

The following advanced services were delivered by pharmacies in the Maidstone locality in 2020/21.

Table 51. Number of pharmacies providing advanced services

Advanced service name	No. of pharmacies
New Medicine Service	19
Appliance Use Review	1
Hypertension Service [‡]	3
Stoma Appliance Customisation	5
Community Pharmacist Consultation Service (CPCS) [‡]	22
Hepatitis C Antibody Testing Service	3
Seasonal Influenza Vaccination Advances Service	23
Covid Vaccination Service*	0
Covid Home Delivery Service*	22
Covid lateral flow device distribution*	24

*Specific to the Covid-19 pandemic

[‡]Services introduced during the year of study

Please note that three of these services were specific to the Covid-19 pandemic and that others were new services introduced within the year. There is, however, good participation and early adoption of new services from pharmacies in this locality.

5. Other NHS services

The Strategic Health Asset Planning and Evaluation (SHAPE) web application provides the following information:

- Albion Place Medical Practice is open from 7am 4 days a week and open until 8pm on Wednesdays. It is also open 9am-1pm on Saturdays.
- Blackthorn Medical Practice is open from 7.30am 4 days a week.
- College Practice is open 8.30am-11am on Saturdays
- Greensands Health Centre provides an evening surgery 6.30pm-7pm Monday-Thursday
- Len Valley Practice is open from 7am on Mondays and until 8pm on Fridays
- Malling Health Four is open until 8pm on Wednesdays and from 7.30am on Tuesdays and Thursdays
- Marden Medical Centre provides an evening surgery 6.30pm-8pm on Mondays
- Sutton Valence Group practice provides a morning surgery 7am-8am on Thursdays
- Shepway Medical Centre is open 9am-1pm on Saturdays
- The Orchard Surgery provides an evening surgery 6.30pm-7.45pm on Tuesdays
- The Vine Medical Centre provides a morning surgery 7am-8am on Tuesdays and Fridays
- Yalding Surgery is open until 7.45pm on Thursdays

Maidstone Hospital has an urgent care service between 8.30am and 6.30pm. There is also an emergency department situated at Maidstone Hospital which is open 24 hours a day.

There are also drug and alcohol services, Kent and Medway NHS Hospital Trusts and Kent and Medway NHS and Social Care Partnership Trust and Kent Community Health NHS Foundation Trust with services that generate prescriptions that are dispensed by community pharmacies in this locality.

- 20 pharmacies dispensed a total of 4,077 (mean = 204, range = 1-2,104) items from drug and alcohol services
- All 23 pharmacies, 2 GP practices dispensed a total of 1,325 (mean = 53, range = 1-232) items from Kent and Medway NHS and Social Care Partnership Trust (secondary mental health services)
- 19 pharmacies and 1 GP practice dispensed a total of 373 items (mean = 19, range = 1-122) from KCHFT
- 24 pharmacies and 4 GP practices dispensed a total of 5,349 items (mean = 191, range = 1-566) from Kent and Medway hospitals

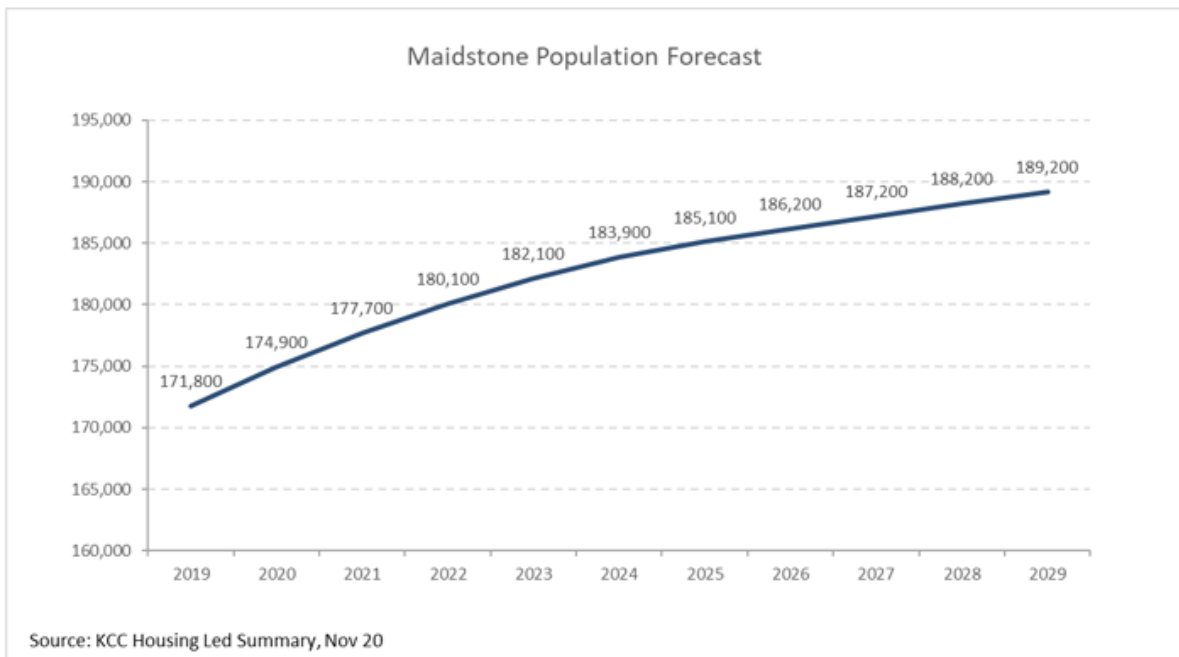
6. Choice with regard to obtaining pharmaceutical; services

As can be seen from sections 2 and 3, those living within the locality and registered with one of the GP practices generally choose to access one of the pharmacies in the locality in order to have their prescriptions dispensed or, if eligible, to be dispensed to by their practice. Those that look outside the locality usually do so either to access a neighbouring pharmacy, or a dispensing appliance contractor or distance selling premises outside of the Health and Wellbeing Board's area.

7. Developments

Figure 39 below shows the predicted increase in the population of the Maidstone locality continuing to grow over the lifetime of this PNA.

Figure 39 Maidstone population forecast



 **1 pharmacy per 8,047 people in 2025**

The population of Maidstone district is projected to increase by 6% to 185,100 in 2025. This is an increase of 500 people per pharmacy from 2020. As stated in the community pharmacy contracts survey 16 responding pharmacies have capacity to increase dispensing and 15 are willing and able to increase delivery of other services the Maidstone locality.

In map 130 below the blue shaded areas are locations of major housing developments that are planned in the coming years and the table indicates the number of dwellings planned for each site year by year.

Map 130. Location of housing developments

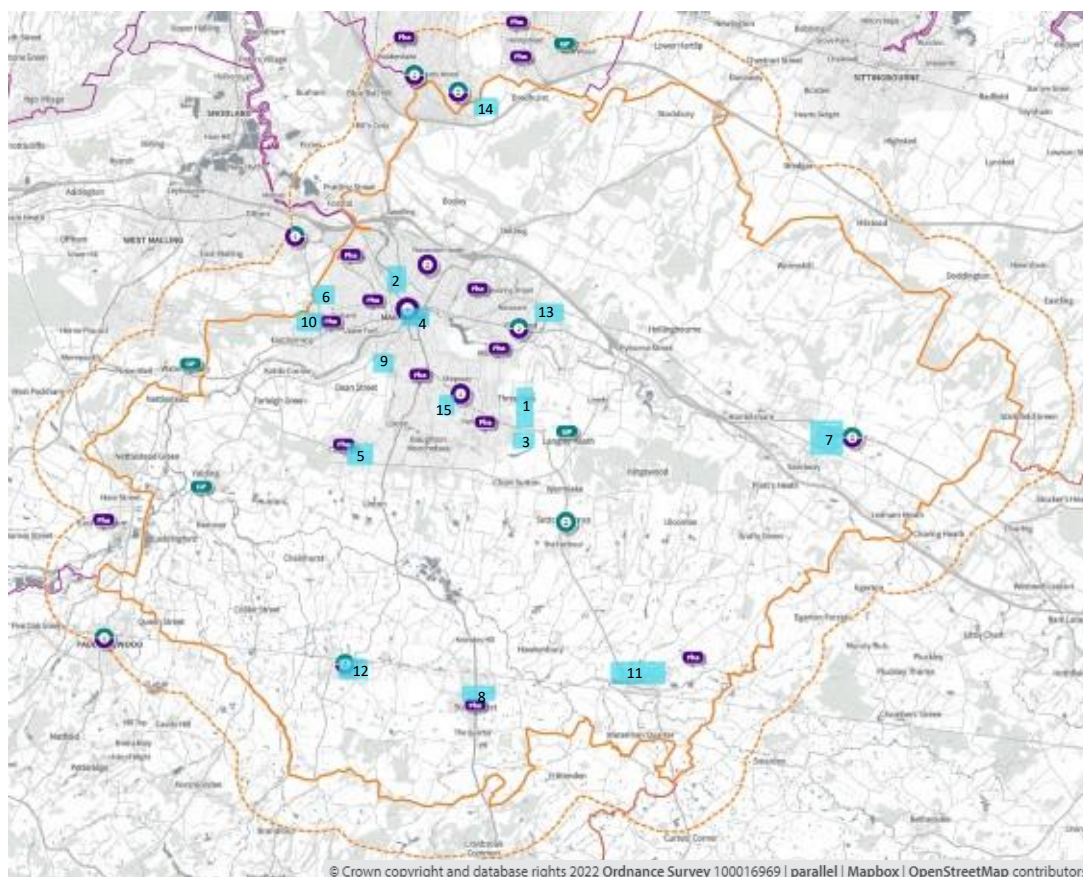


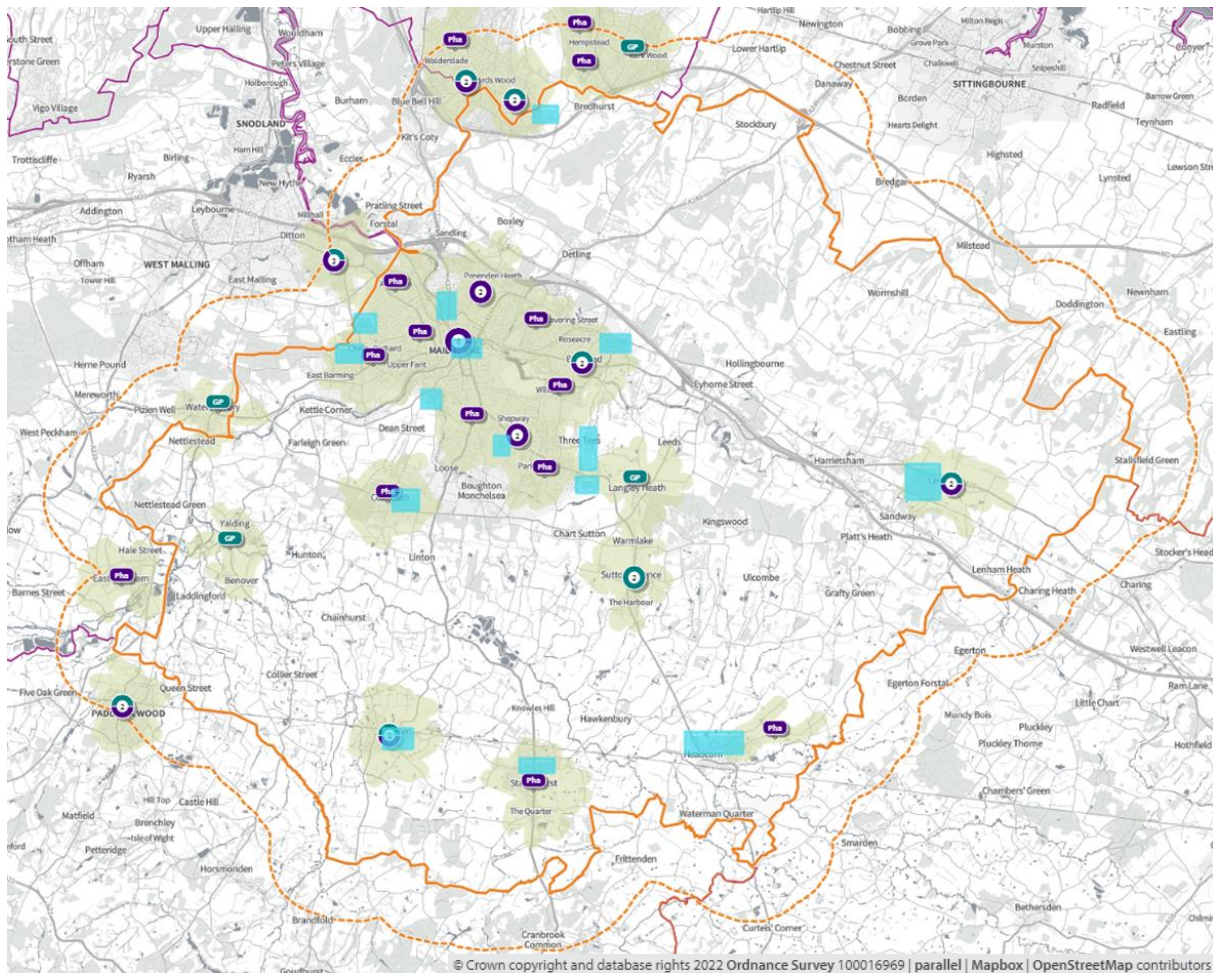
Table 52. Proposed housing developments – number of dwellings per year at each development

Site Name	21/22	22/23	23/24	24/25	25/26	26/27	27/28	28/29	29/30	30/31	2025	2030
1. Downswood and Otham	120	120	91	145	145	146	146	97	75		621	1085
2. North	80	120	107	80	80	72	40	30			467	609
3. Park Wood	80	109	80	80	68	149	80	96	96	96	348	934
4. High Street	54	94	191								339	339
5. Coxheath and Hunton	153	80	40	9							282	282
6. Allington	120	82	40	7							249	249
7. Harrietsham and Lenham	135	104	10								249	249
8. Staplehurst	120	84	80	73	51	10					408	418
9. South	40	40	28	40	49	49	49	49	36		197	380
10. Barming	70	20	7	40	40	49	49	9			177	284
11. Headcorn	69	40	15	6							130	130
12. Marden and Yalding	73	40	3								116	116
13. Bearsted	80	36									116	116
14. Boxley		40	40	9							89	89
15. Shepway South				40	98	138	64				49	340

With an average of 2.4 people per proposed dwelling, by 2025 these sites will provide accommodation for approximately 13,600 people.

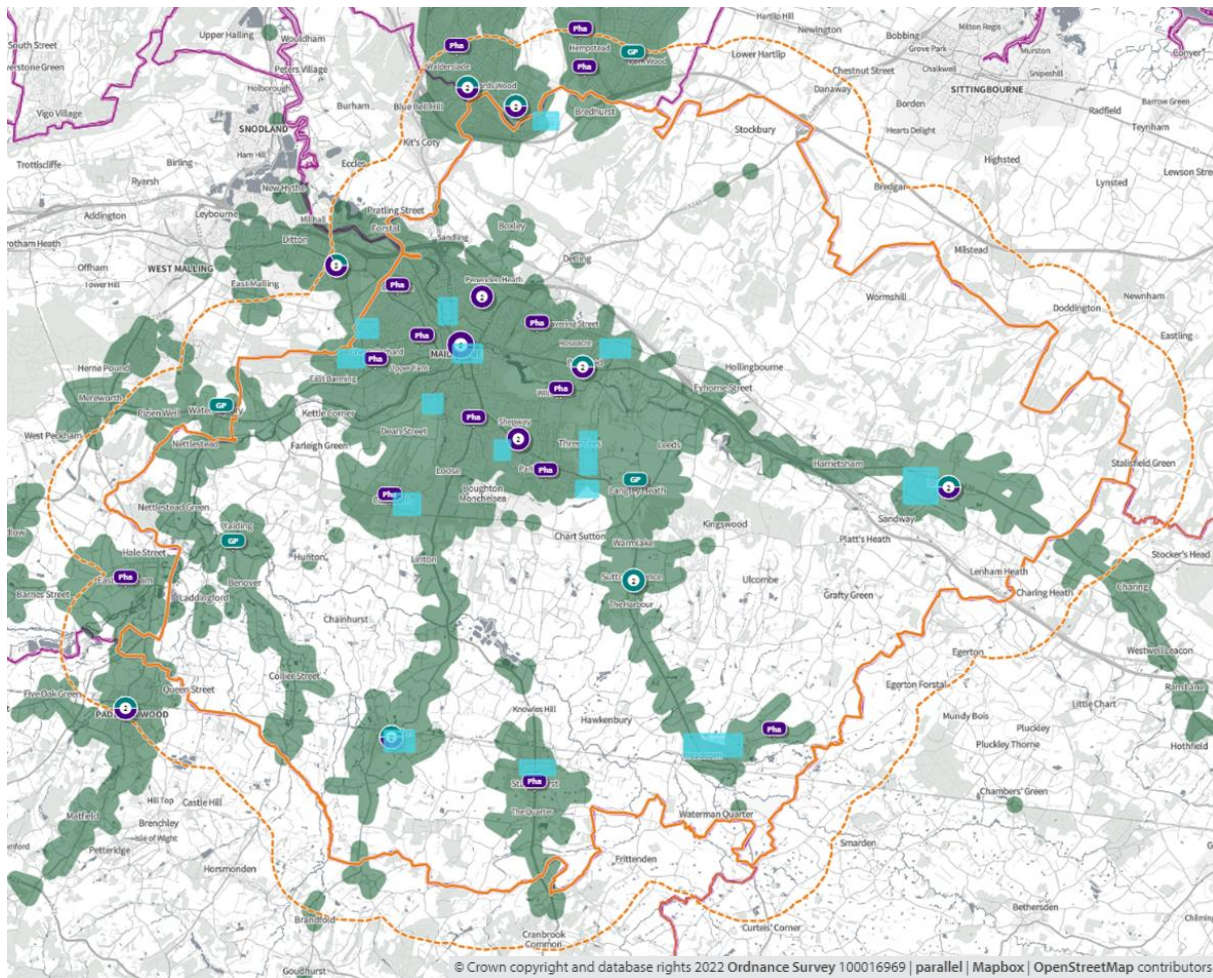
In **map 131** the green shaded areas are within a **20-minute walk** of a community pharmacy/dispensing GP practice and the blue shaded areas are locations of major housing developments

Map 131. Location of community pharmacies/dispensing GPs, proposed housing developments, and areas within a 20-minute walk of a community pharmacy/dispensing GP



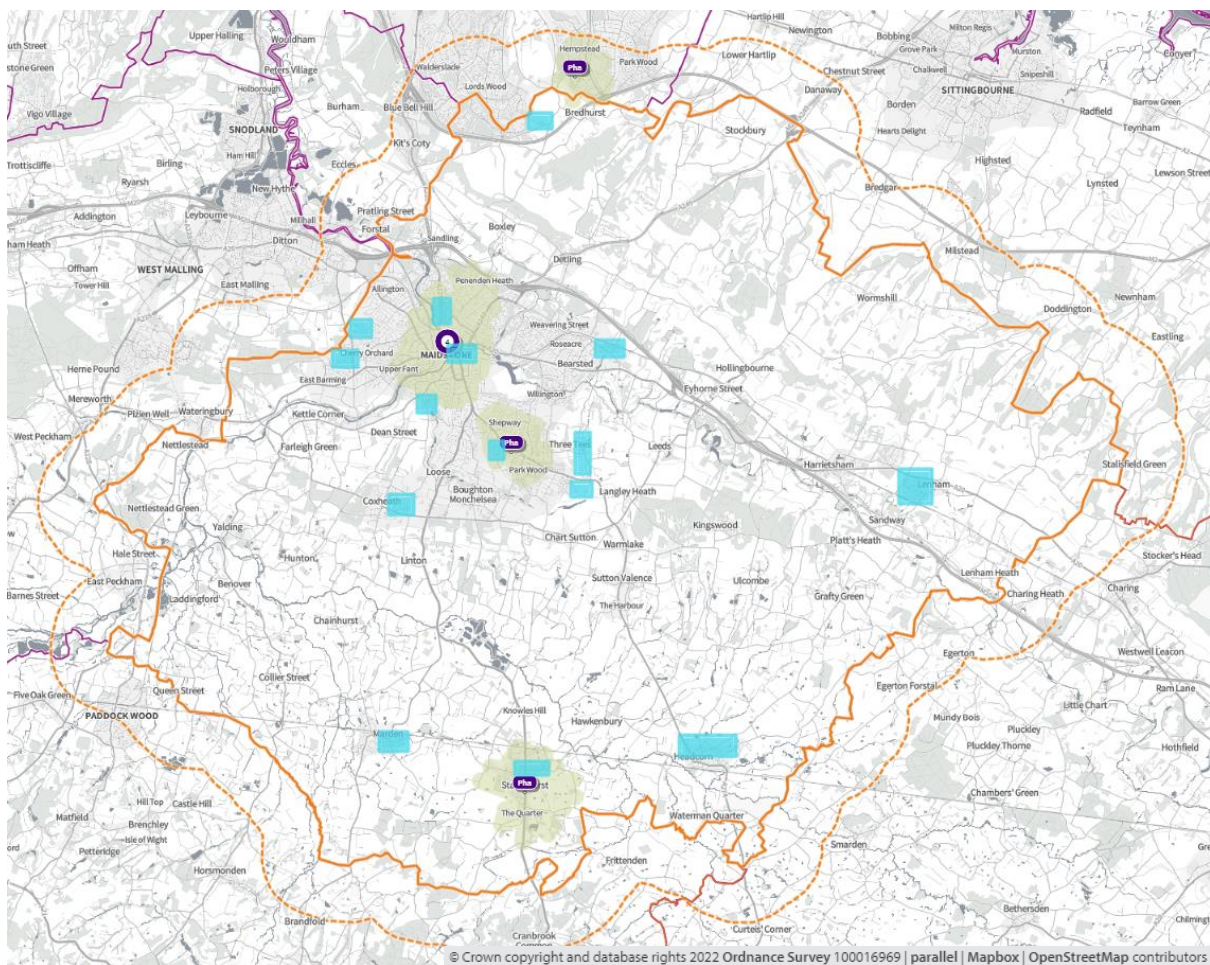
In **map 132**, below, the green shaded areas are within **20-minutes by public transport** of a community pharmacy/dispensing GP practice and the blue shaded areas are locations of major housing developments

Map 132. Location of community pharmacies/dispensing GPs, proposed housing developments, and areas within 20 minutes by public transport on weekday mornings



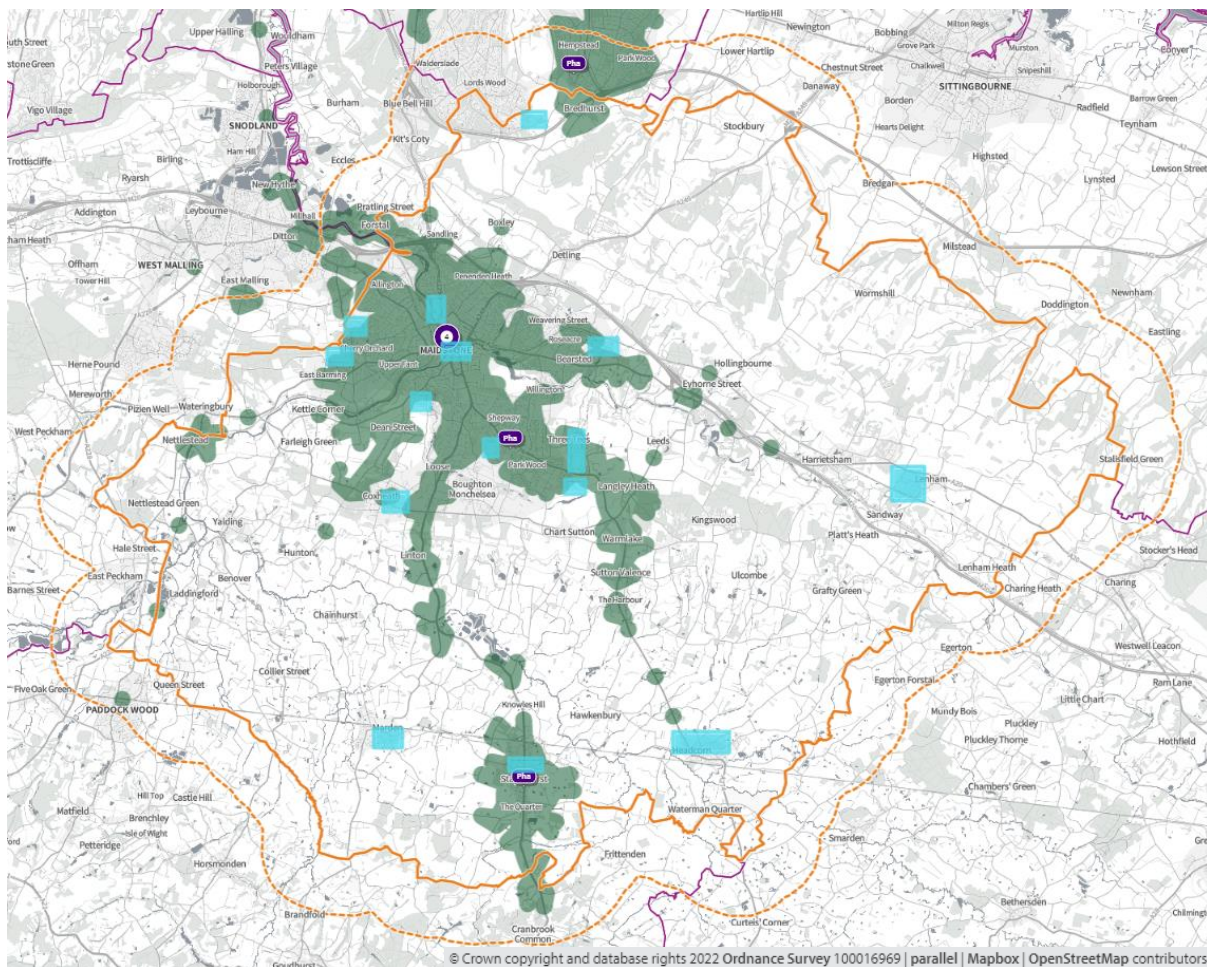
In **map 133**, below, the green shaded areas are within a **20-minute walk** of a community pharmacy that is open until at least **7pm opening Monday to Friday** and the blue shaded areas are locations of major housing developments

Map 133. Location of community pharmacies, proposed housing developments, and areas within a 20-minute walk of a community pharmacy that is open until at least 7pm on weekdays



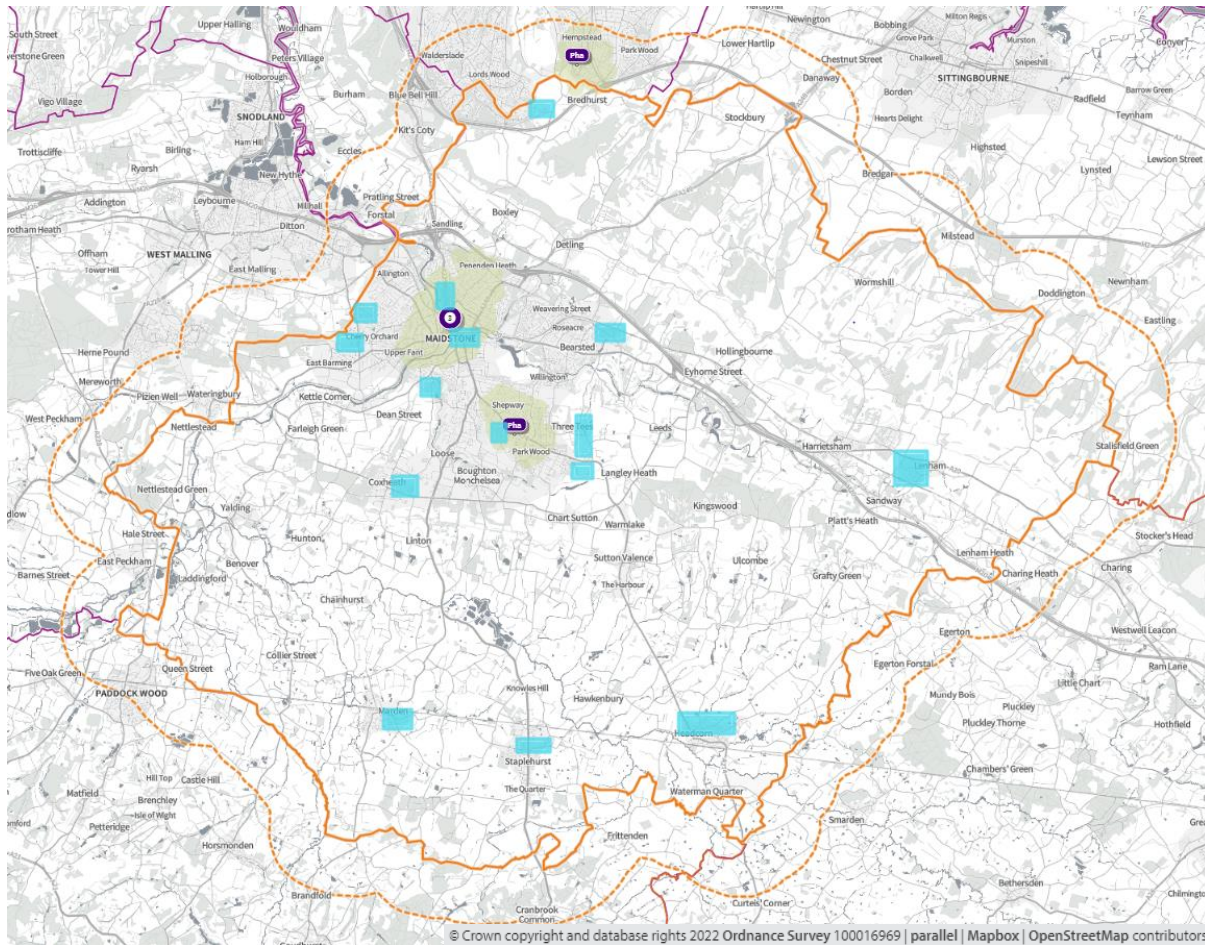
In **map 134**, below, the green shaded areas are within 20-minutes by **public transport** of a community pharmacy that is open until at **least 7pm opening Monday to Friday** and the blue shaded areas are locations of major housing developments

Map 134. Locations of community pharmacies open until at least 7pm on weekdays, proposed housing developments, and areas within 20 minutes of a community pharmacy by public transport on weekday evenings



In **map 135**, below, the green shaded areas are within **20-minutes' walk** of a community pharmacy that is open on **Sundays** and the blue shaded areas are locations of major housing developments

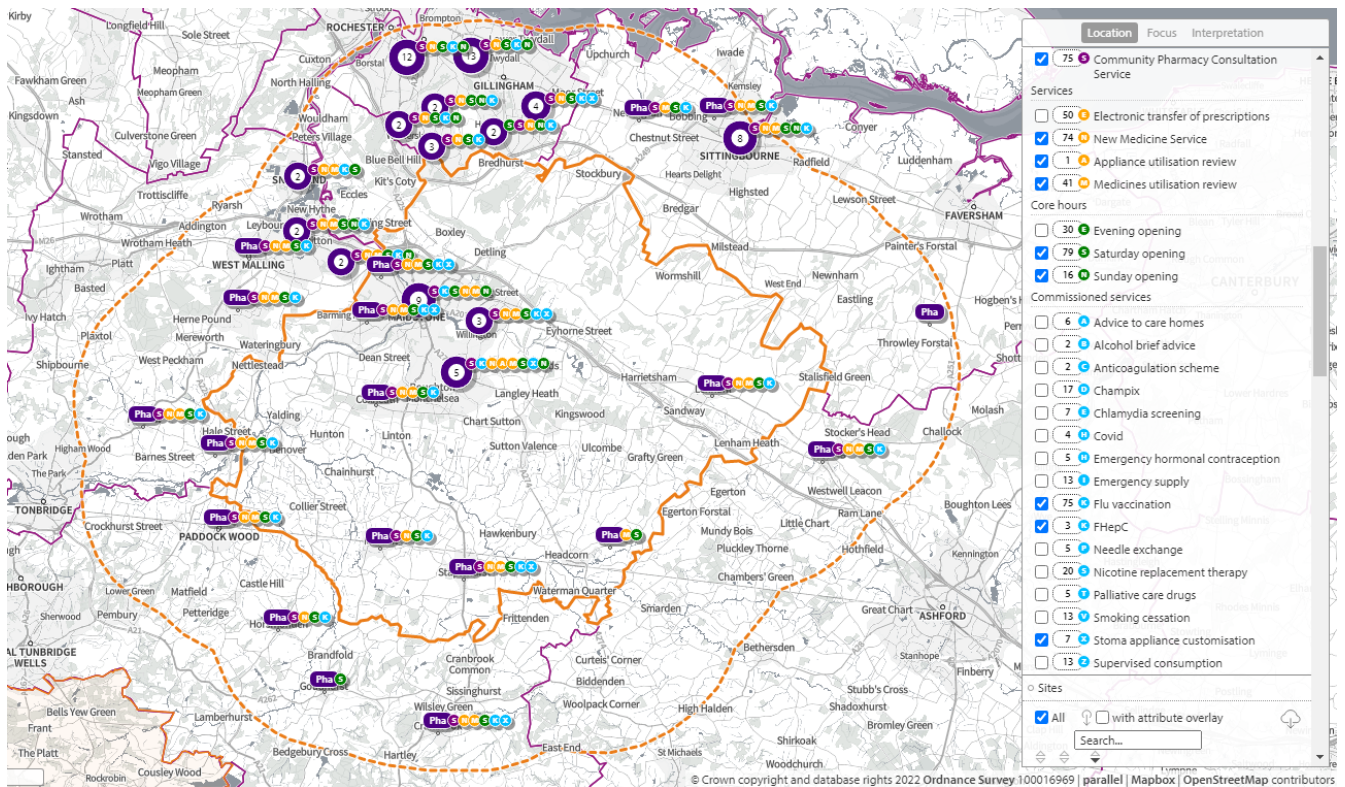
Map 135. Location of community pharmacies, proposed housing developments, and areas within a 20-minute walk of a community pharmacy that is open on Sundays



8. Necessary services: - Gaps in provision

Maidstone has the highest number of prescriptions dispensed per head of population of all districts. Good access in urban areas to pharmacy services but not as good in rural areas, although the dispensing practices provide for this rural population.

Map 136. Pharmacy locations and services provided



9. Improvements or better access: Gaps in provision

Access could be improved to essential and advanced services on a Sunday in south of district - no pharmacies open on a Sunday. However, this part of the district is within a 20-minute drive of a Sunday opening pharmacy.

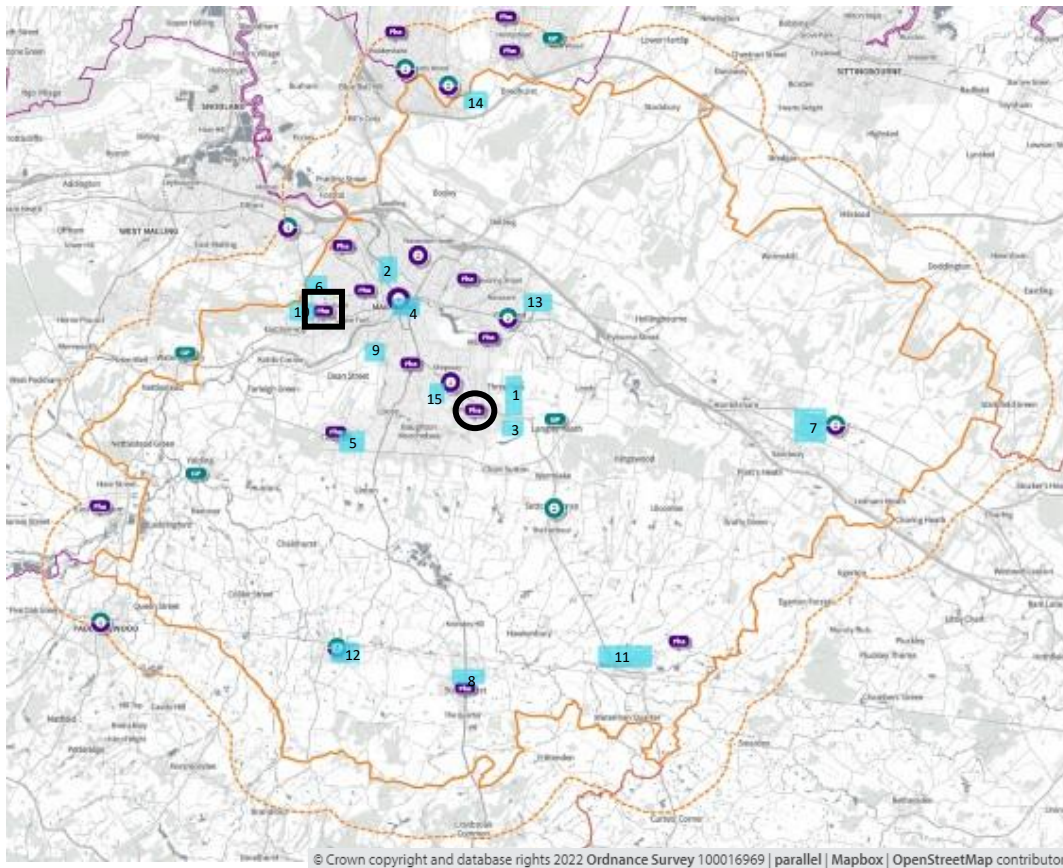
Map 137 shows that Hep C only offered at 3 pharmacies in or on outskirts of Maidstone.

Map 137. Location of pharmacies providing hepatitis C service



Flu vaccine not provided by Headcorn pharmacy. 2 LSOAs primarily served by this pharmacy have a relatively high proportion of over 50s, ranked 9th and 14th out of 95 Maidstone LSOAs. However, majority of the population of these LSOAs are within 20 minutes by public transport of a pharmacy that provides flu vaccine.

Map 138. Location of pharmacies, dispensing GPs, housing developments. Pharmacies circled do not have the capacity to meet an increase in demand for the services currently provided



Pharmacies marked out by shapes have stated that they do not have the capacity to meet an increase in demand for the services currently provided. The pharmacy within the square has stated that it also does not have capacity to meet an increase in demand for dispensing of medication. Significant development near to both of these pharmacies could increase demand. Table 53 below shows the time scales for these developments.

Table 53. Numbers of dwellings per year at selected housing developments

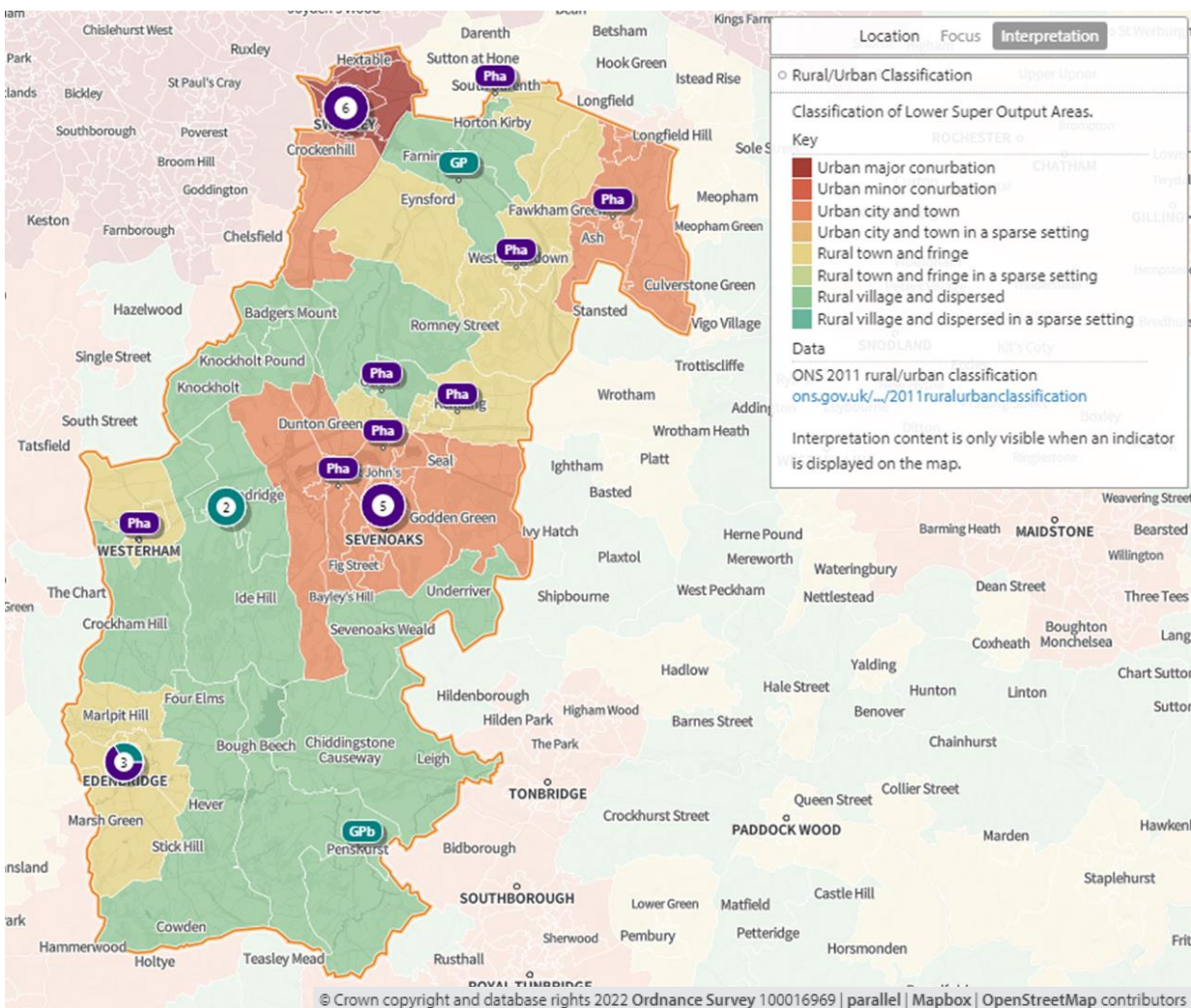
Site Name	20/21	21/22	22/23	23/24	24/25	25/26	26/27	27/28	28/29	29/30	2025	2030
1. Downswood and Otham	120	120	91	145	145	146	146	97	75		621	1085
3. Park Wood	80	109	80	80	68	149	80	96	96	96	348	934
6. Allington	120	82	40	7							249	249
10. Barming	70	20	7	40	40	49	49	9			177	284

15 Sevenoaks Locality

1. Key Facts

Sevenoaks is a local government district in the west of the county. It covers an area of 370.4 square km. The district is relatively sparsely populated with 3.3 persons per hectare, second only to Ashford district (2.3 persons per hectare)⁽³⁾. Map 139 shows that there are two main urban centres, Sevenoaks and Swanley, 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. The north of the district borders London's urban sprawl.

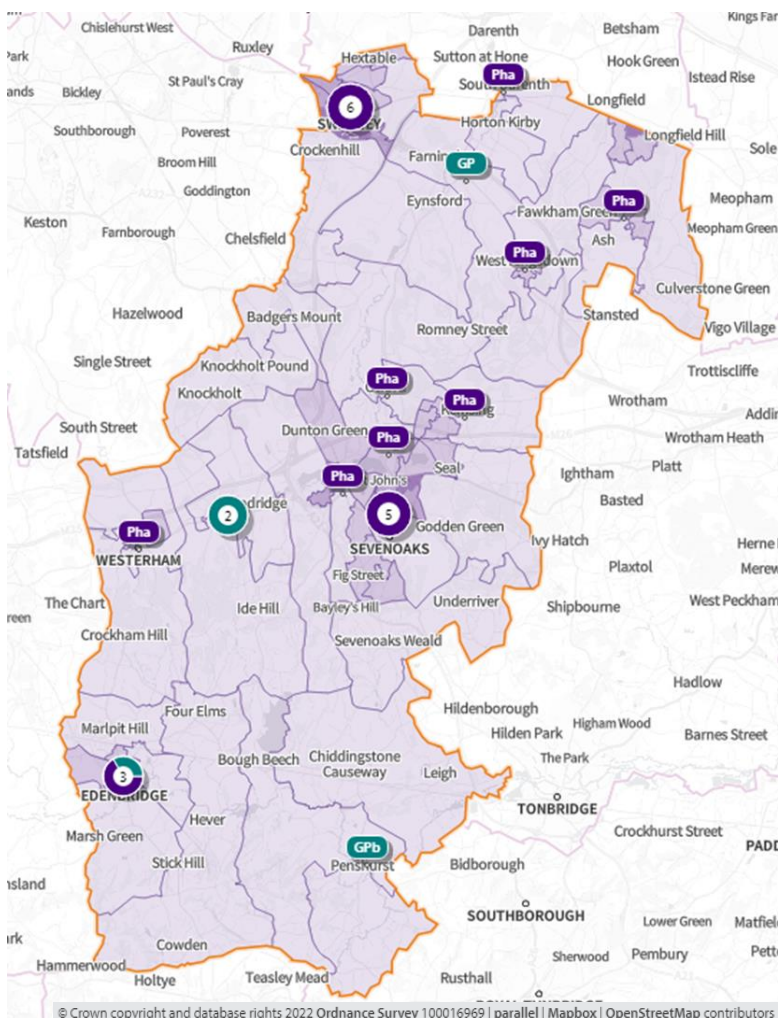
Map 139. Rural/urban classification of lower super output areas



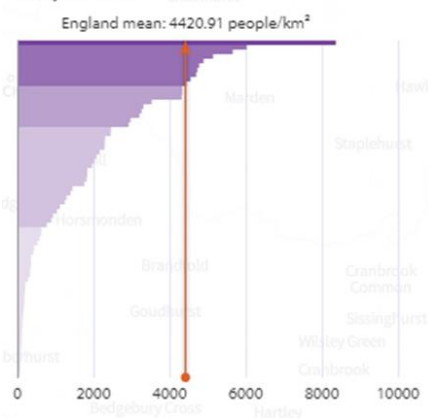
Population

Map 140 below shows the distribution of the population in the locality. Sevenoaks has a population of 121,387. The areas in and around the main town of Sevenoaks are the most densely populated, however the borough has a relatively low number of highly densely populated areas. Areas in the north of the borough are more densely populated with the town of Swanley having small highly densely populated urban areas.

Map 140. Population density of lower super output areas overlaid with locations of pharmacies and dispensing doctors



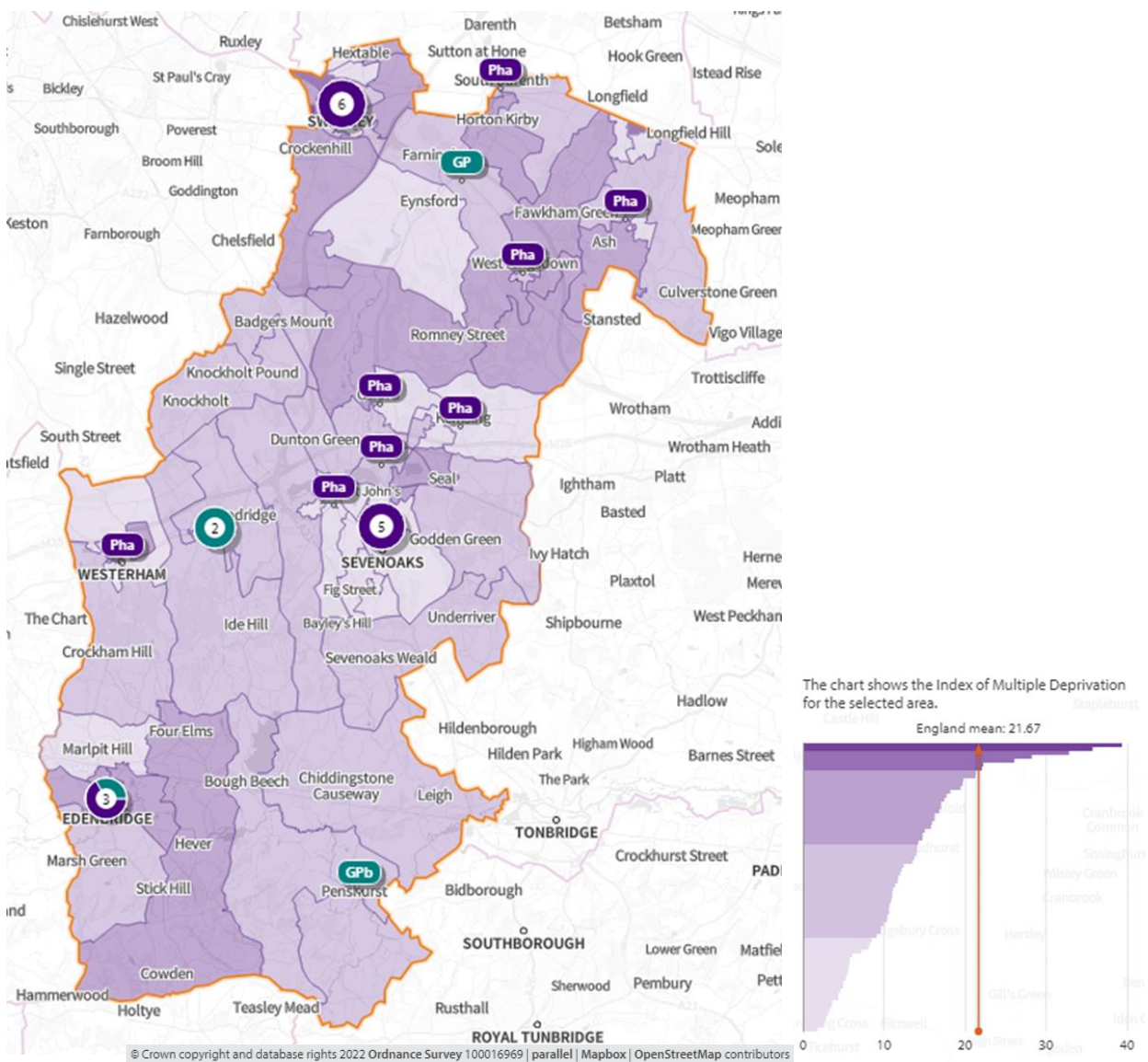
The chart shows the estimated population per km² in mid-year 2020.



Deprivation

Map 141 below shows the areas of deprivation in the Sevenoaks District locality. Deprivation is low across the district and average deprivation is the second lowest in Kent. Employment rates are the highest in Kent⁽⁶³⁾ and educational attainment are second highest⁽⁶⁴⁾.

Map 141. Deprivation of lower super output areas overlaid with locations of pharmacies and dispensing doctors



Language

English is the main language for all people aged 16 or over in 96.4% of households in the district. 1.2% of households have no people with English as the main language⁽²⁾.

Home ownership

73% of houses are owned either outright (38%) or with a mortgage (35%). The average number of occupants per household is 2.4, the same as the Kent average ⁽²⁾.

Age Distribution

The average age of Sevenoaks district residents is 42.3, slightly higher than the Kent average of 41.4. 21.6% of the population is over 65 and 20.3% 0-15 ⁽²⁾. Life expectancy at birth is 81 for males and 84.2 for females ⁽⁴⁶⁾.

Economy

By industry, the top three employers in the Sevenoaks district are wholesale and retail trade (13.5%), construction (12.5%), and human health and social work activities (9.9%) ⁽¹⁵⁾. In comparison to Kent as a whole, the district has a much higher proportion of construction and professional, scientific jobs ⁽¹⁵⁾.

Car Ownership

13% of households in Sevenoaks district do not have a car or van in the household, this is the lowest in Kent ⁽¹³⁾.

Care Homes

There are a thirteen of care homes in the Sevenoaks locality. Patients who are looked after in a care home setting are often high users of medicines. However, because of the nature of their care, they rarely access pharmaceutical services individually, leaving this to be carried out by the care home staff. More recently care home organisations do not use local pharmacies for this service, favouring the large “hub” or “internet” pharmacies which specialise in this type of one-stop service. Therefore, there is not considered to be any relationship between the number of care homes and the need for local pharmaceutical services.

2. Necessary services: current provision within the locality

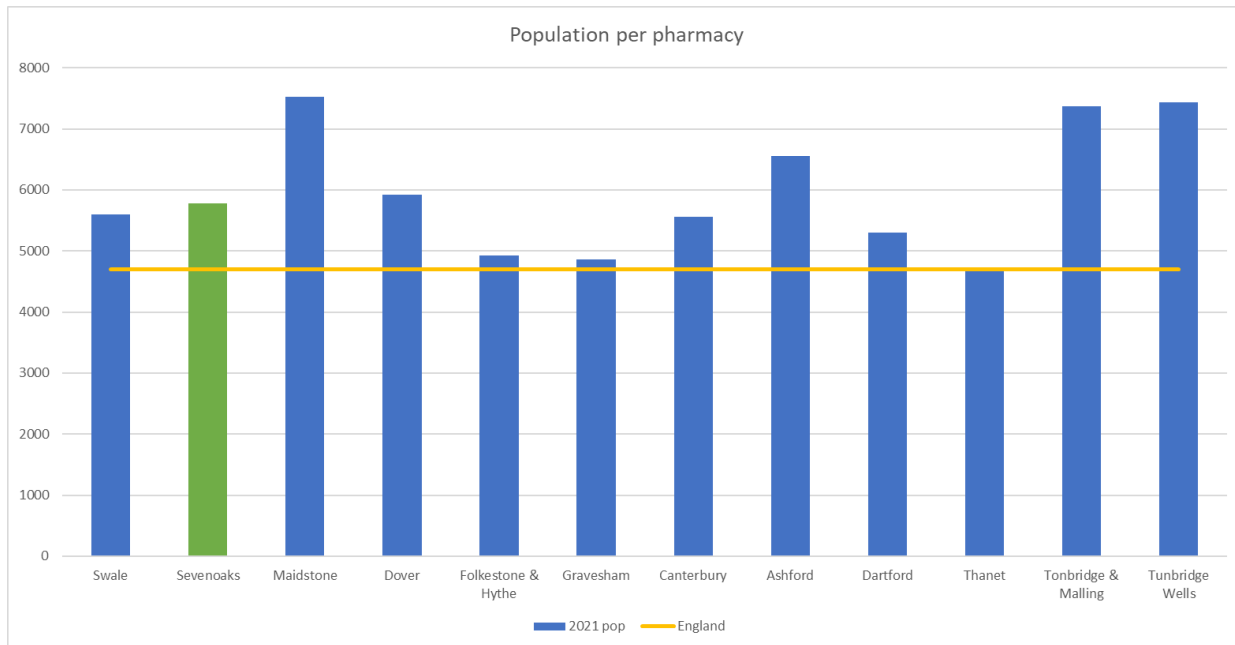
(All data presented in this section is for the financial year 2020/21 with the exception of lateral flow devices data which covers the 4 months from April 2021 to July 2021)

There are 21 Community pharmacies providing dispensing services in the Sevenoaks locality.

In addition, there are five dispensing GP practices in the locality.

Each pharmacy provides on average services for 5,780 of the area’s population. Figure 40 below shows how this compares with the other localities of Kent.

Figure 40 Number of people per pharmacy in each locality



The facts below indicate that the majority of prescriptions generated in the locality are dispensed in the locality. There is a small percentage of prescriptions generated in the area that are dispensed in neighbouring areas and an even smaller percentage that are generated outside the locality and dispensed by Sevenoaks community pharmacies ⁽¹⁾.

- 1,219 outside prescribers dispense in Sevenoaks
 - 4.3% of all items dispensed in Sevenoaks
- 12 prescribers in Sevenoaks
 - 95.7% of all items dispensed in Sevenoaks
- 32 dispensers in Sevenoaks
 - 90.4% of all items prescribed in Sevenoaks
- 1,262 dispensers outside of Sevenoaks
 - 9.6% of all items prescribed in Sevenoaks

Pharmacy locality: Maps 1 and 2 above show the locality of the community pharmacies and GP dispensing practices.

Opening times:

All are open Monday to Friday, with 21 opening on Saturdays and 4 opening on Saturdays and Sundays. This gives a weekly opening hours range of 41.5 to 101 hours and an average of 58 hours of opening each week. Sixteen of these pharmacies open for at least one hour after 5pm on weekdays.

Table 54 below show the core and supplementary hours of each pharmacy ⁽⁶⁵⁾.

Table 54. Opening times for all pharmacies

Pharmacy	Total core weekly hours	Total supplementary weekly hours	Total weekly hours	Max. hours open after 5pm at least 1 day/week	Saturday hours	Sunday Hours
Lloyds Sainsbury's	101	0	101	5.5	15	6
Asda Pharmacy	100	0	100	6	15	6
Thales Pharmacy	100	0	100	6	15	5
Boots, High St., Sevenoaks	40	23	63	1	9.5	6
Well	40	19	59	2	4	0
Boots, London Rd., Sevenoaks	40	18	58	2	8	0
Otford Pharmacy	40	16.75	56.75	1.5	6.75	0
Lloyds, West Kingsdown	40	13.5	53.5	1	8.5	0
Boots, Swanley	40	10.5	50.5	0.5	8	0
Boots, Edenbridge	40	5	45	0.5	7.5	0
Paydens, London Rd., Sevenoaks	40	13.5	53.5	1	8.5	0

Table 54 continued

Pharmacy	Total core weekly hours	Total supplementary weekly hours	Total weekly hours	Max. hours open after 5pm at least 1 day/week	Saturday hours	Sunday Hours
Swanley Pharmacy	40	13	53	2	8	0
Paydens, Edenbridge	40	10.5	50.5	0.5	8	0
Village Pharmacy, Dartford	40	13	53	1	8	0
Kemsing Pharmacy	40	9	49	1	4	0
Day Lewis Pharmacy	40	9	49	1	4	0
Village Pharmacy, Hextable	40	8.5	48.5	1.5	4	0
Day Lewis Chemist	40	4	44	1	4	0
Sevenoaks Pharmacy	40	1.5	41.5	0.5	4	0
Hobbs Pharmacy	40	6	46	0.5	3.5	0
Bat & Ball Pharmacy	40	4	44	1	4	0

There are the following dispensing GP practices in the Sevenoaks locality:

- Brasted Practice TN16 1HU
- Edenbridge Medical Practice TN8 5ND
- The Surgery, Penhurst TN11 8BP
- The Medical Practice (Sundridge) TN14 6EH
- Braeside Surgery, Farringham DA4 0JH

Access to pharmacies

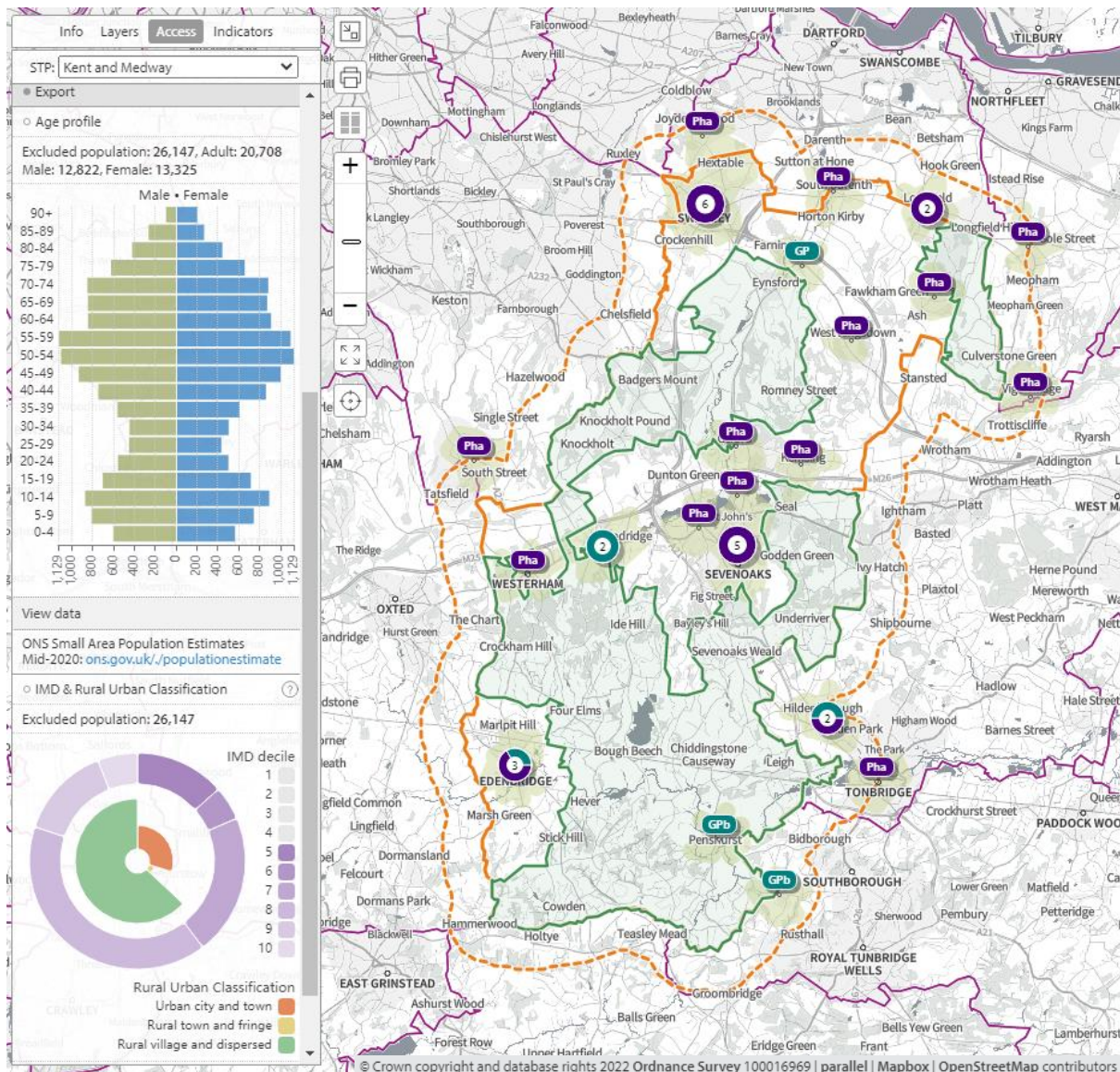
Travel times

In **map 142**, below, the olive-green shaded areas are within a **20-minute walk of a community pharmacy/dispensing GP practice during core hours.**

26,147 (21.5%) people are not within a 20-minute walk

24.6% (6,432) of 65+ population is not within a 20-minute walk of a community pharmacy or dispensing GP practice

Map 142. Locations of community pharmacies/dispensing GPs and lower super output areas not within a 20-minute walk

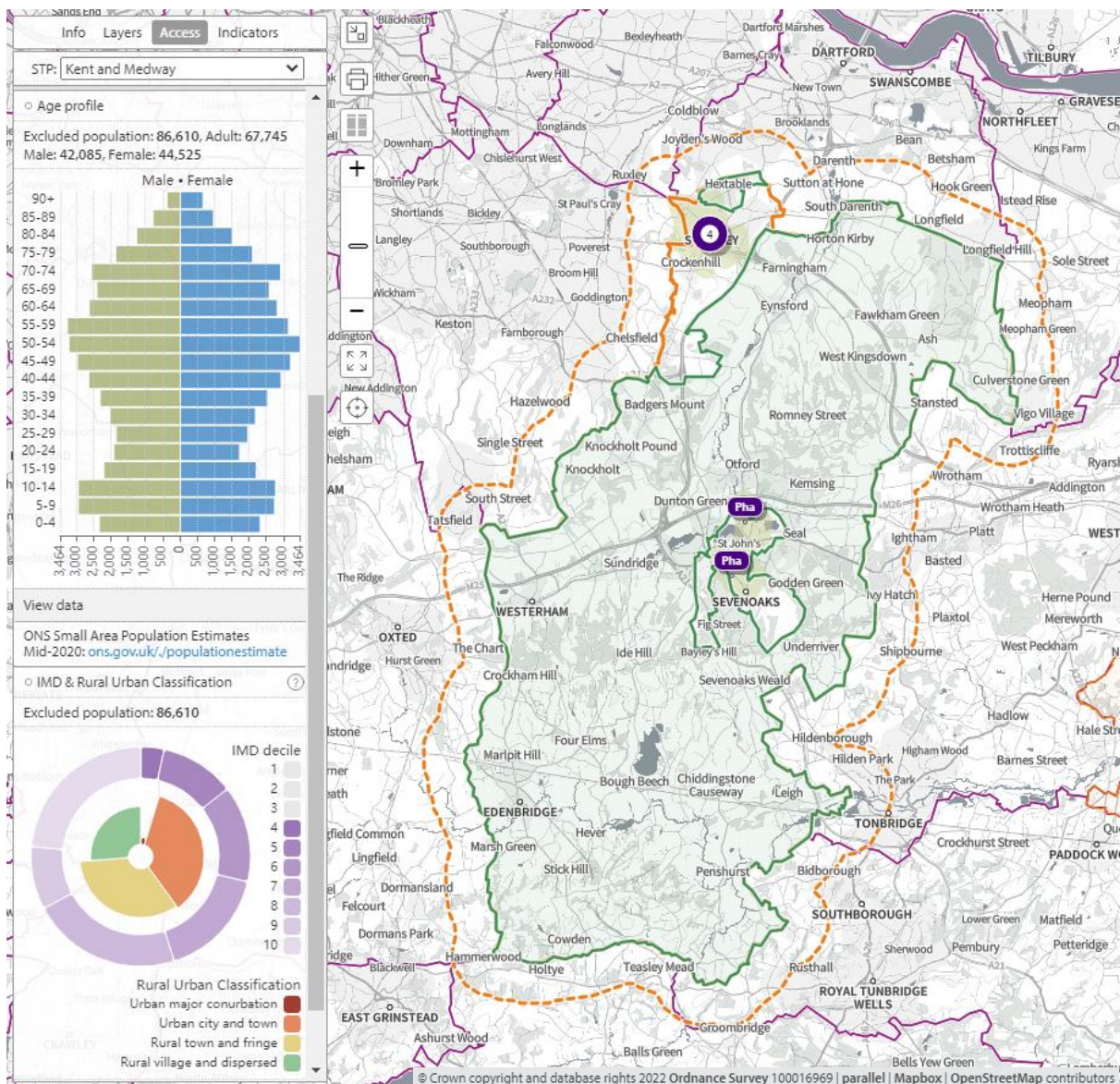


In **map 144**, below, the olive-green shaded areas are within a **20-minute walk** of a community pharmacy that opens until **at least 7pm on weekdays**.

86,610 (71.4%) people are not within a 20-minute walk of a community pharmacy that opens until at least 7pm on weekdays.

75.8% (19,788) of 65+ population is not within a 20-minute walk of a community pharmacy that opens until at least 7pm on weekdays.

Map 144. Locations of community pharmacies open until at least 7pm and lower super output areas not within a 20-minute walk

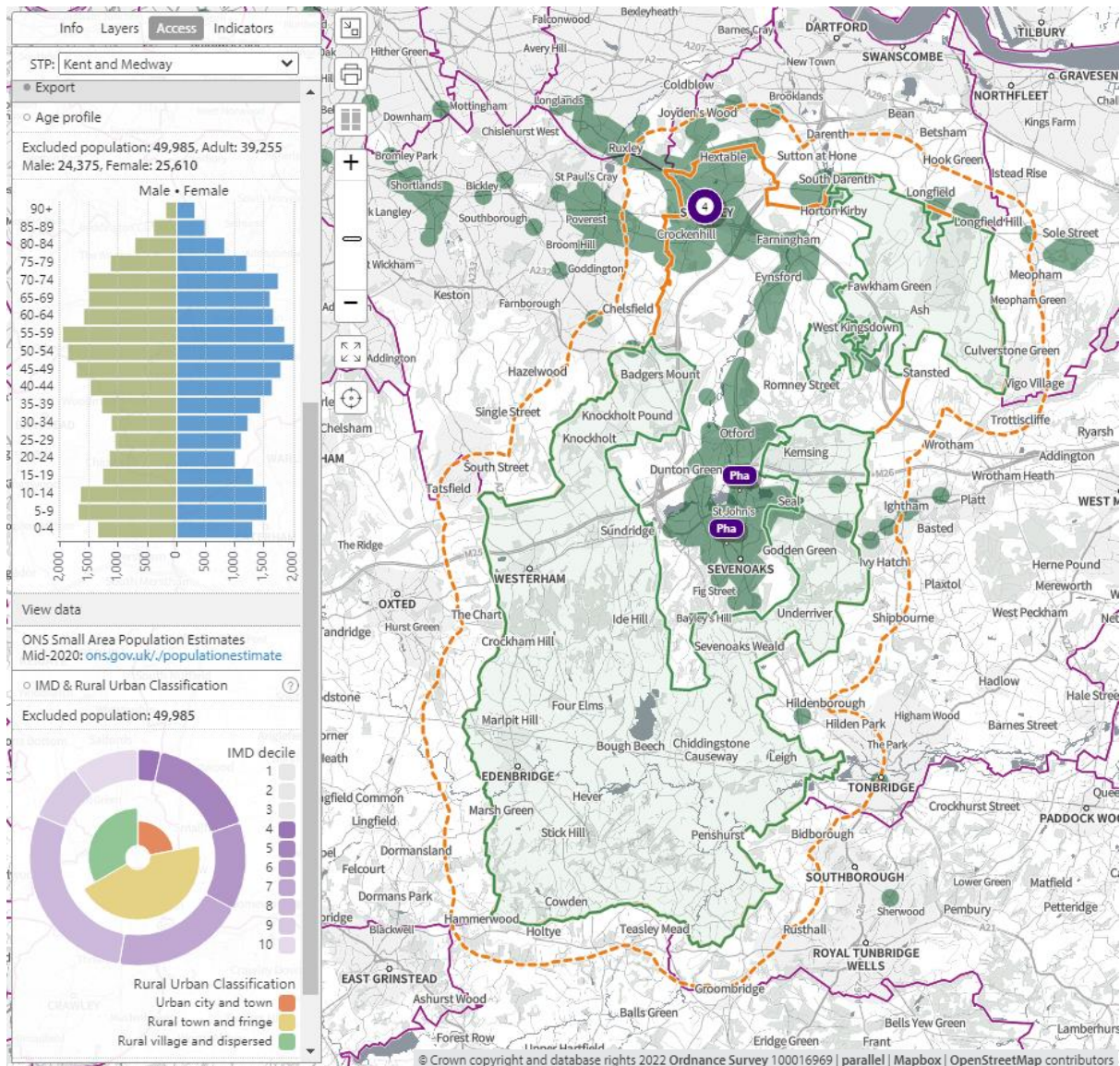


In **map 145**, below, the green shaded areas are within **20-minutes by public transport** of a community pharmacy that **opens past 7pm on weekdays**.

49,985 (41.2%) people are not within 20-minutes by public transport that opens past 7pm on weekdays.

44.2% (11,544) of 65+ population is not within 20 minutes by public transport of a community pharmacy that opens past 7pm on weekdays.

Map 145. Locations of community pharmacies open until at least 7pm and lower super output areas not within 20-minutes by public transport on weekday evenings



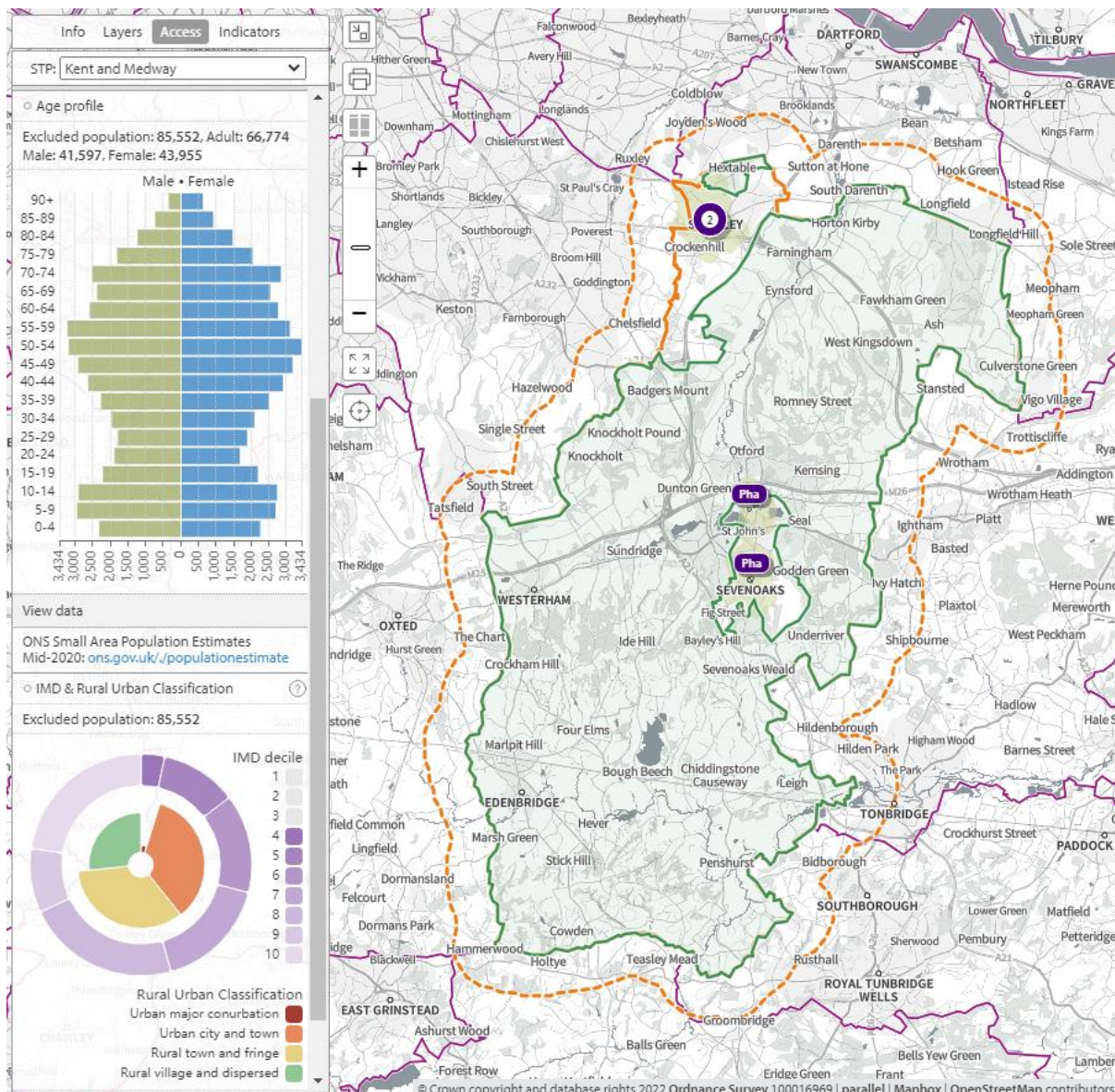
Access on Sundays

In map 146, below, the olive-green shaded areas are within a **20-minute walk** of a community pharmacy that **opens on Sundays**

70.5% (85,552) of the population is not within a 20-minute walk of a community pharmacy that opens on Sundays

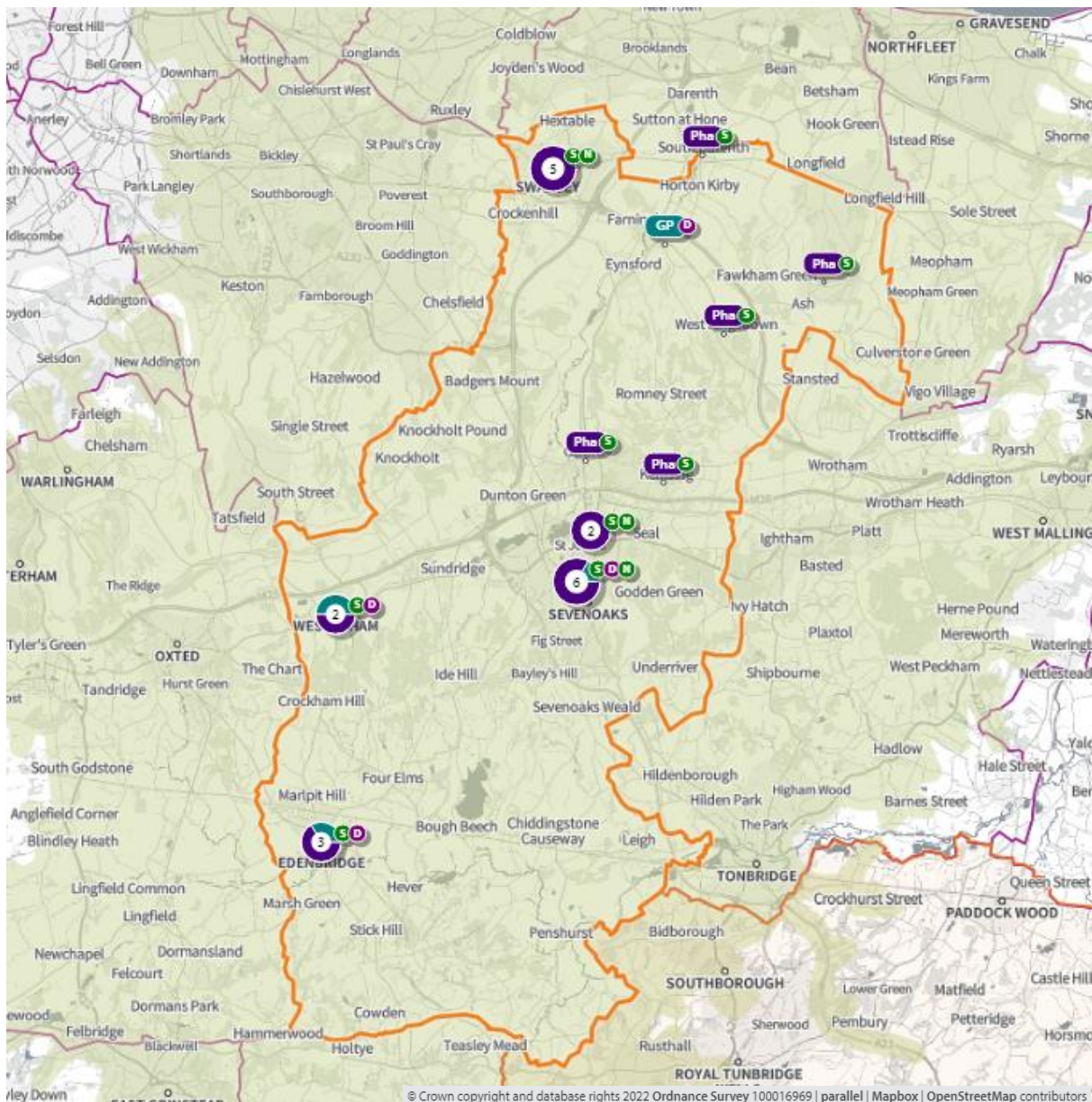
74.4% (19,412) of 65+ population is not within a 20-minute walk of a community pharmacy that opens on Sundays

Map 146. Locations of community pharmacies open on Sundays and lower super output areas not within a 20-minute walk



In **map 147**, below, access during **core opening hours, Saturdays and Sundays** is shown. The olive-green shaded areas are within a **20-minute drive** of a community pharmacy/dispensing GP practice. The entire population is within a 20-minute drive.

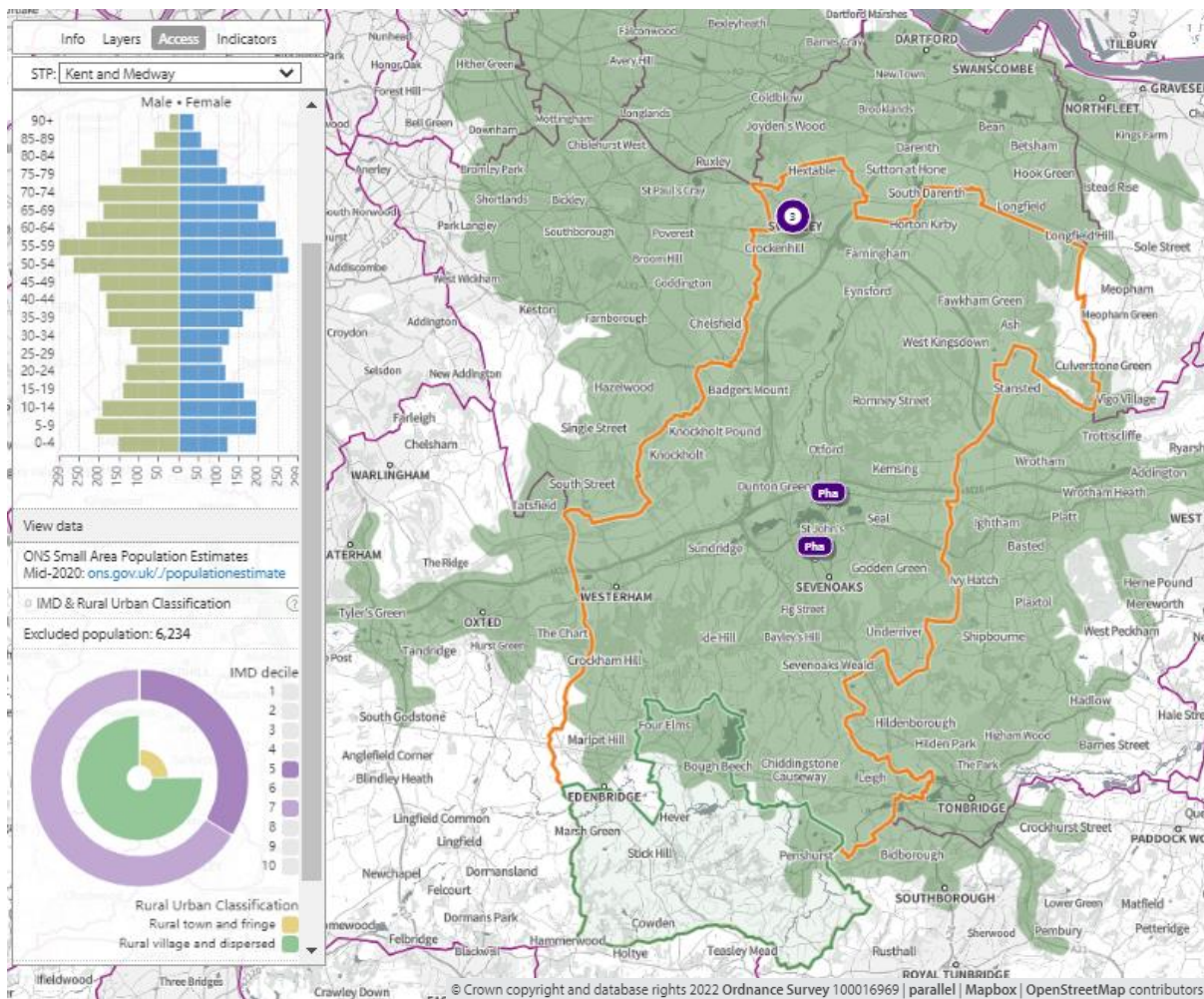
Map 147. Locations of community pharmacies, dispensing GPs and areas within 20-minutes by car



S = open Saturday N = open Sunday

In **map 148**, below, the green shaded areas are within 20-minutes by car of a community pharmacy that opens until at least 7pm on weekdays. 5.1% of the population (5.5% of 65+) is not within a 20-minute drive.

Map 148. Locations of community pharmacies open until at least 7pm and lower super output areas not within 20-minutes by car



3. Necessary services: current provision outside the localities area ⁽¹⁾

The information below indicates the number of prescriptions dispensed in and outside of the locality.

- 1.6 million items prescribed in Sevenoaks
 - 1.45 million items dispensed in Sevenoaks
 - 1.2 million (68%) via Electronic Prescription Service
 - 152,981 dispensed outside of the district
 - 57,000 distance selling
 - 22,568 Tunbridge Wells
 - 19,976 Dartford

- 1.76 million items dispensed in Sevenoaks
 - 1.57 million items dispensed by community pharmacies in Sevenoaks
 - 190,528 dispensed by 10 GP practices:
 - 67,468 Braeside Surgery
 - 50,708 Edenbridge Medical Practice
 - 33,595 Amherst Medical Practice
 - 74,820* items prescribed outside borough i.e. more coming in than going out

* Branch surgeries mean that this figure is not entirely accurate

Some residents choose to access contractors outside both the locality and the Health and Wellbeing Board's area in order to access services:

- Offered by dispensing appliance contractors
- Offered by distance selling premises
- Which are located near to where they work, shop or visit for leisure or other purposes.

Taking into account this choice of pharmacy outside of the locality, the majority of residents can access a pharmacy and do access pharmacy services within the locality.

4. Other relevant services: current provision

The following advanced services were delivered by pharmacies in the Sevenoaks locality in 2020/21.

Table 55. Number of pharmacies providing advanced services

Advanced service name	No. of pharmacies
New Medicine Service	16
Appliance Use Review	0
Hypertension Service [‡]	19
Stoma Appliance Customisation	2
Community Pharmacist Consultation Service (CPCS) [‡]	19
Hepatitis C Antibody Testing Service	0
Seasonal Influenza Vaccination Advances Service	19
Covid Vaccination Service*	1
Covid Home Delivery Service*	17
Covid lateral flow device distribution*	21

*Specific to the Covid-19 pandemic

[‡]Services introduced during the year of study

Please note that three services (Covid Vaccination, Home Delivery and lateral flow devices) were specific to the Covid-19 pandemic and that others were new services (CPCS and hypertension service) introduced within the year. There is, however, good participation and early adoption of new services from pharmacies in this locality.

5. Other NHS services

The Strategic Health Asset Planning and Evaluation (SHAPE) web application provides the following information:

- Amherst Medical Practice is open until 8pm on Mondays and Fridays and until 7.30pm on Wednesdays, and open from 7.15am on Tuesdays and 7am on Thursdays
- Braeside Surgery is open until 8pm on Mondays and Wednesdays
- Edenbridge Medical Practice is open until 8pm on Mondays, Tuesdays and Thursdays
- St Johns Medical Practice is open until 8.30pm on Tuesdays and until 8pm on Wednesdays
- West Kingsdown Medical Centre is open from 7.30am on Tuesdays
- Temple Hill Surgery is open from 7.30am on Tuesdays
- The Cedars Surgery is open until 8pm on Mondays and Thursdays and from 7am on Wednesdays

There is a minor injuries unit situated at Sevenoaks Hospital which is open daily 8am-8pm.
There is a second minor injuries unit situated at the War Memorial Hospital, Edenbridge which is open daily 8.30am-6.30pm.

There are also drug and alcohol services, Kent and Medway NHS Hospital Trusts and Kent and Medway NHS and Social Care Partnership Trust and Kent Community Health NHS Foundation Trust with services that generate prescriptions that are dispensed by community pharmacies in this locality.

The number of prescriptions from these services is shown below:

- 17 pharmacies dispensed a total of 1,250 (mean = 74, range = 1-252) items from drug and alcohol services
- All 21 pharmacies dispensed a total of 810 (mean = 39, range = 9-84) items from Kent and Medway NHS and Social Care Partnership Trust (secondary mental health services)
- 20 pharmacies dispensed a total of 94 items (mean = 5, range = 1-18) from KCHFT
- 21 pharmacies and 3 GP practices dispensed a total of 2,730 items (mean = 114, range = 1-289) from Kent and Medway hospitals

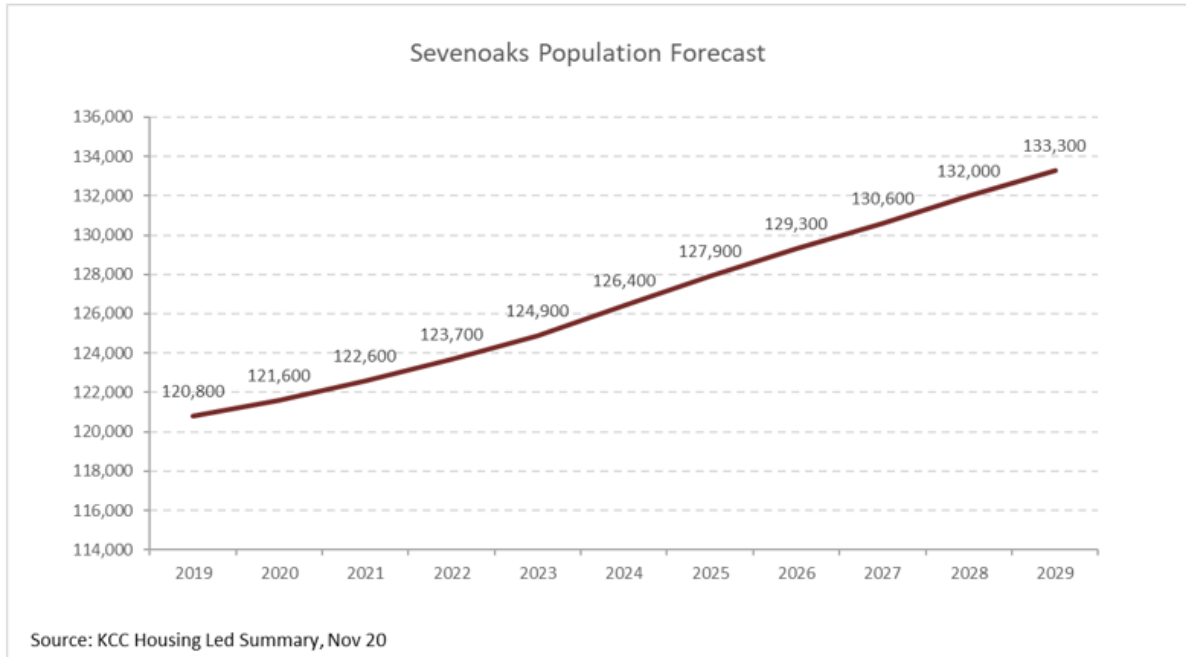
6. Choice with regard to obtaining pharmaceutical; services

As can be seen from section 2 and 3, those living within the locality and registered with one of the GP practices generally choose to access one of the pharmacies in the locality in order to have their prescriptions dispensed or, if eligible, to be dispensed to by their practice. Those that look outside the locality usually do so either to access a neighbouring pharmacy, or a dispensing appliance contractor or distance selling premises outside of the Health and Wellbeing Board's area.

7. Developments

Figure 41 below shows the predicted increase in the population of the Sevenoaks locality continuing to grow over the lifetime of this PNA.

Figure 41 Sevenoaks population forecast



 **1 pharmacy per 6,091 people in 2025**

The population of Sevenoaks district is projected to increase by 5% to 127,900 in 2025. This is an increase of 300 people per pharmacy from 2020. As stated in the community pharmacy contracts survey 10 responding pharmacies in the Sevenoaks locality do have capacity to increase dispensing services and 9 have capacity to increase other services.

Map 149 below shows where there are major housing developments planned in the coming years and the table indicates the number of dwellings planned for each site. The blue shaded areas are locations of major housing developments. The table below shows number of proposed dwellings at each site by year. With an average of 2.4 people per proposed dwelling, by 2025 these sites will provide accommodation for approximately 6,700 people.

Map 149. Location of housing developments

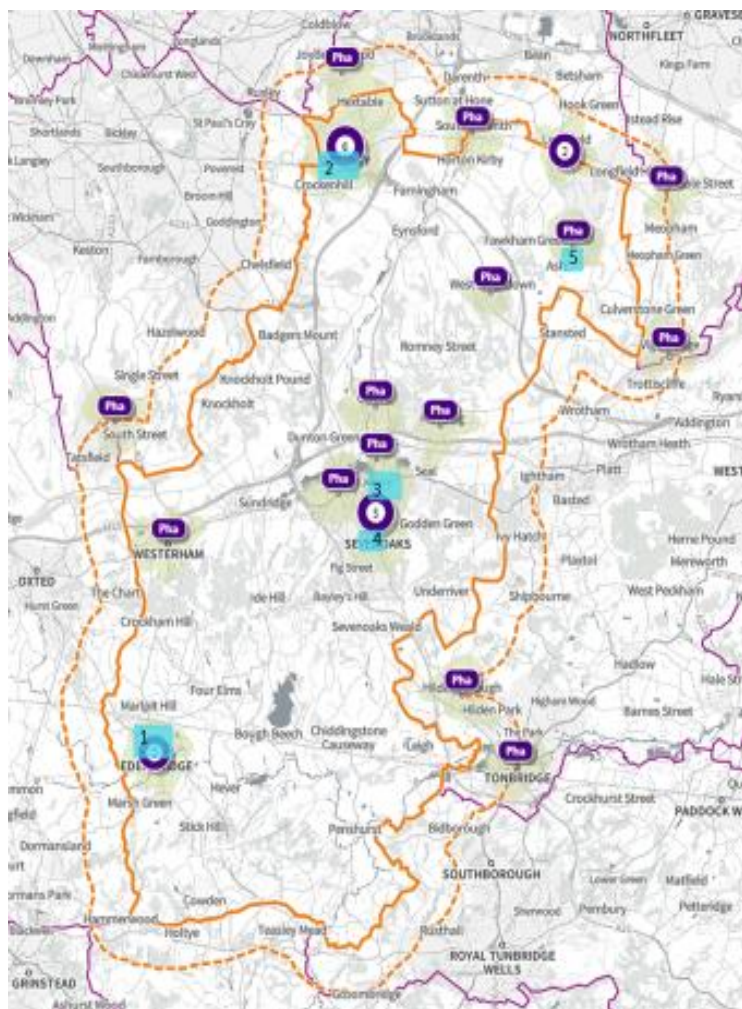


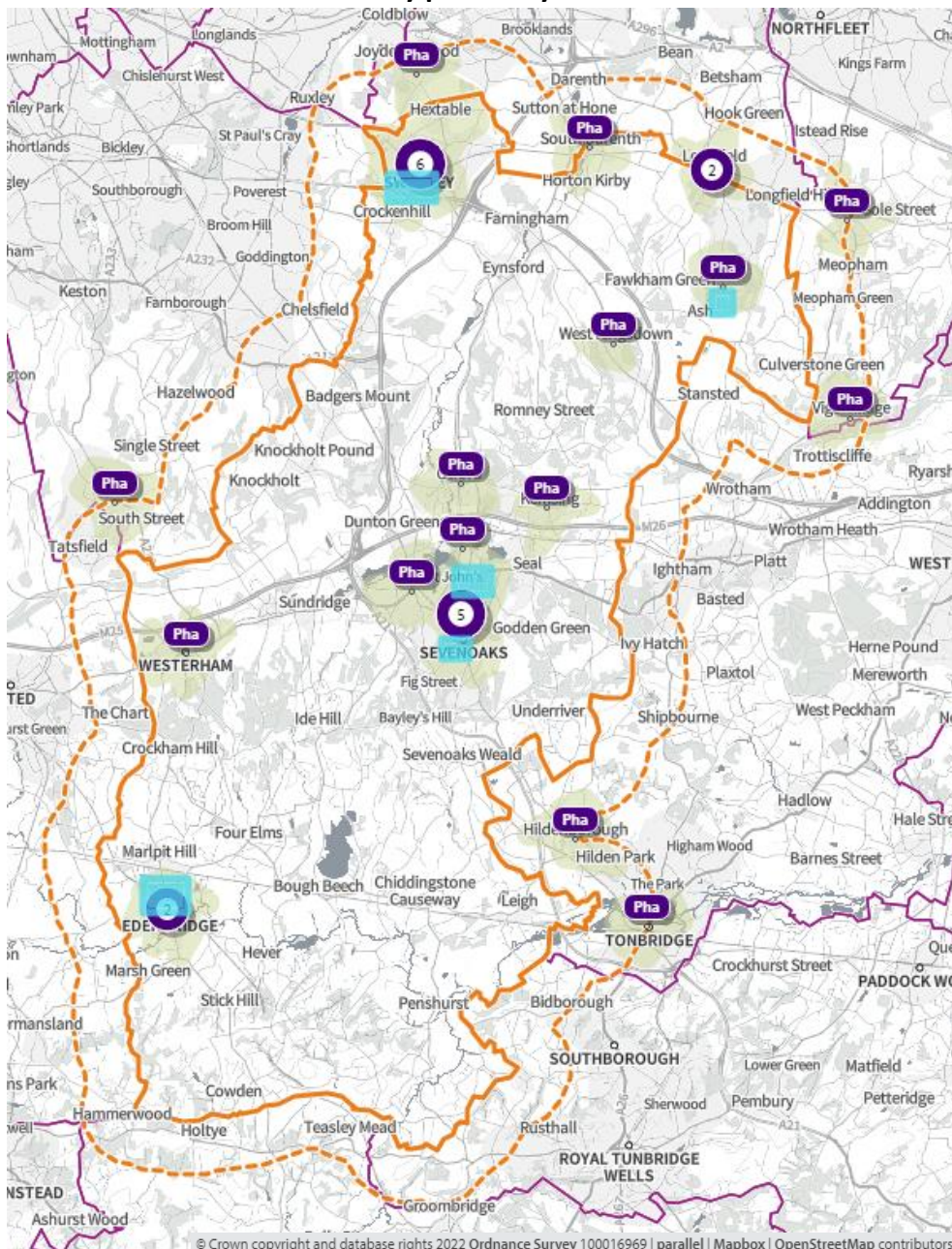
Table 56. Proposed housing developments – number of dwellings per year at each development

Site Name	2025
1. Land West of Enterprise Way, Edenbridge	276
1.Station Approach, Edenbridge	20
2.United House, Goldsel Road, Swanley	185
2.Land West of Cherry Avenue	50
2.Bevan Place	46
2.Bus Garage/Kingdom Hall, London Road	30
3.Cramptons Road Water Works, Cramptons Road	50
3.Sevenoaks Gasholder Station, Cramptons Road	35
4. Post Office/BT Exchange, South Park, Sevenoaks	42
5.New Ash Green Village Centre, New Ash Green	50

In the following maps access, with 20 minutes by walking, public transport and driving from these new developments to community pharmacies is shown in the following maps. The maps shown access on different days and times of the week.

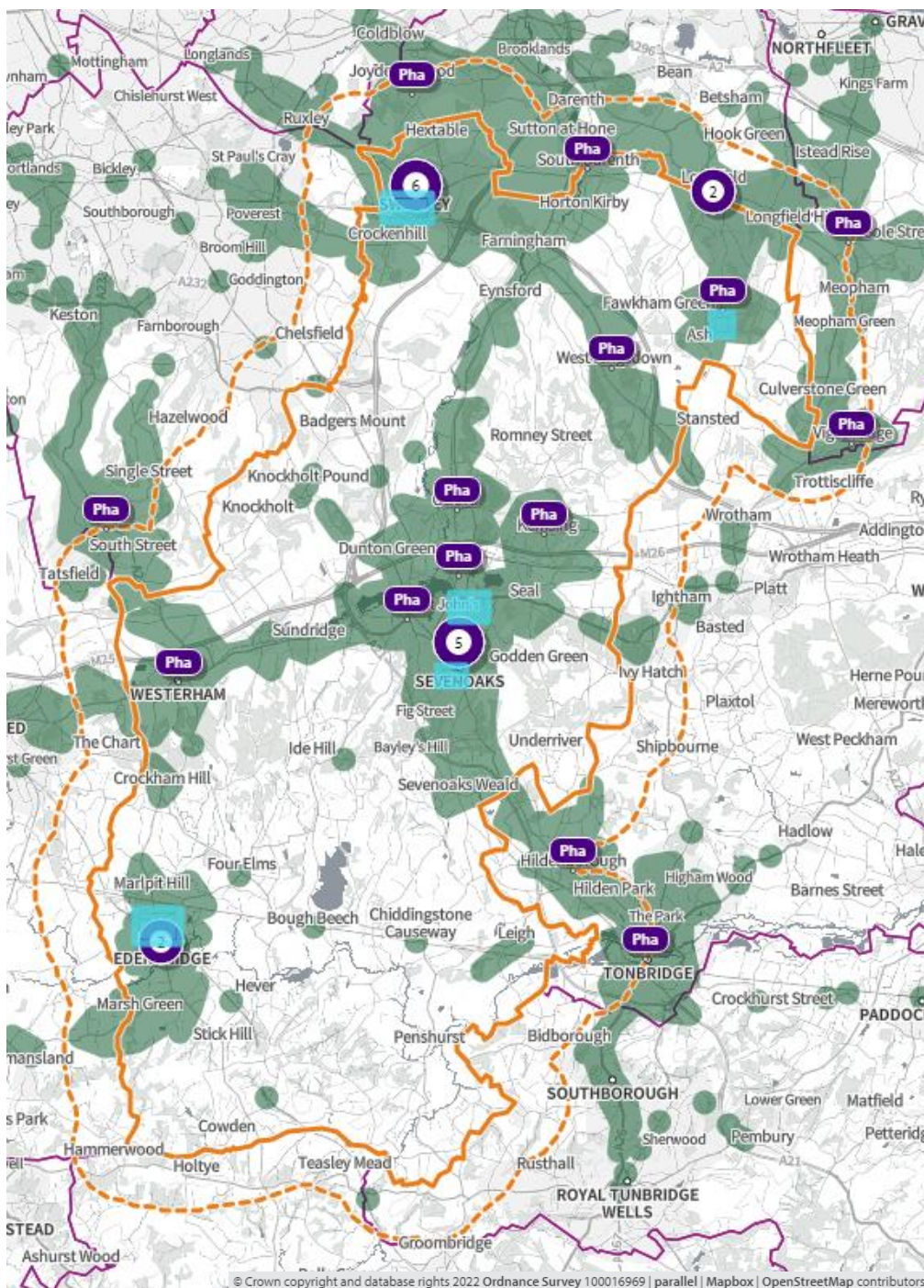
In **map 150**, below, Green shaded areas are within a **20-minute walk** of a community pharmacy/dispensing GP practice during core hours and the blue shaded areas are locations of major housing developments.

Map 150. Location of community pharmacies, proposed housing developments, and areas within a 20-minute walk of a community pharmacy



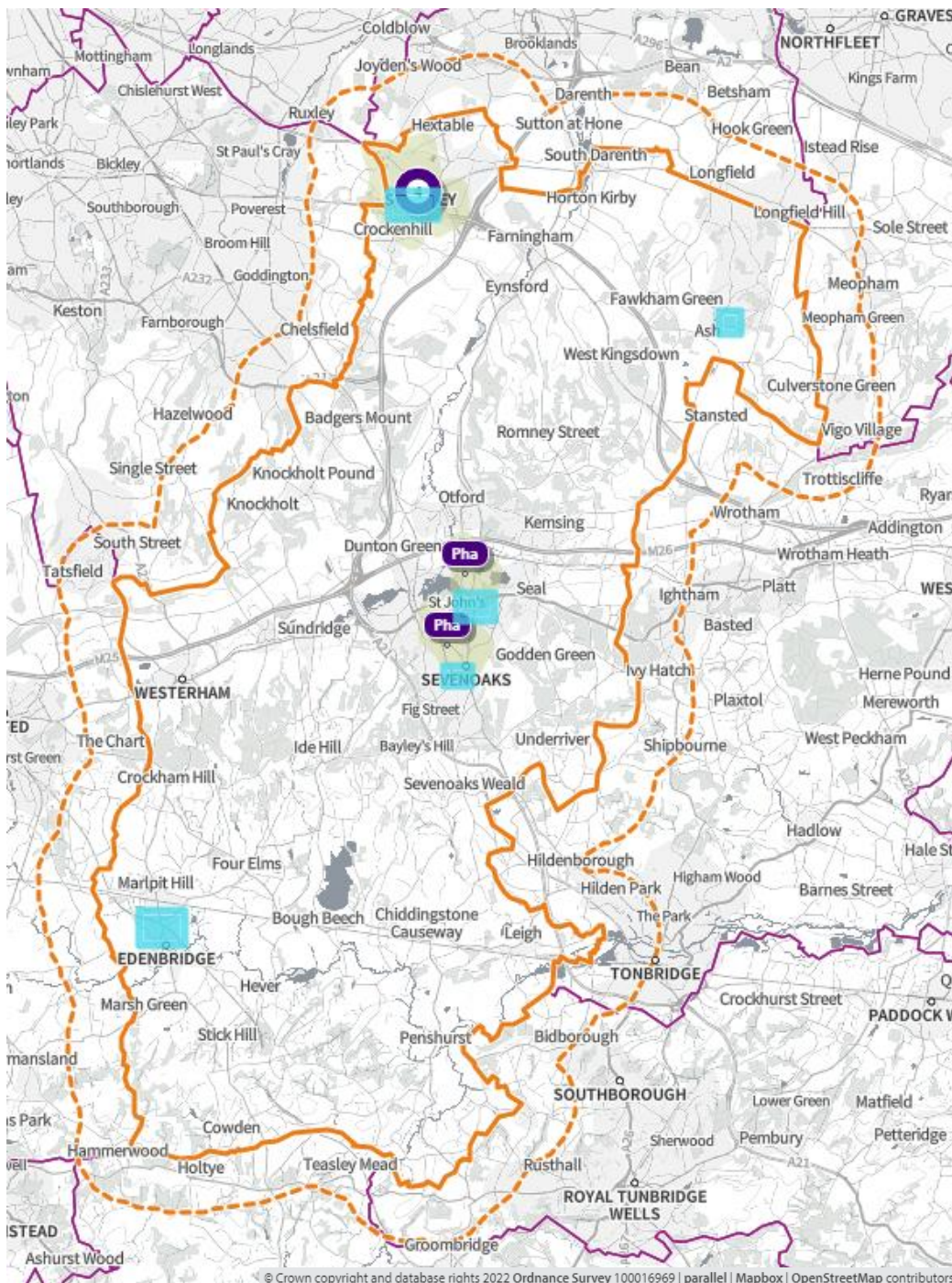
In **map 151**, below, the green shaded areas are within **20-minutes by public transport** of a community pharmacy/dispensing GP practice during core opening hours and the blue shaded areas are locations of major housing developments.

Map 151. Location of community pharmacies, proposed housing developments, and areas within 20 minutes of a community pharmacy by public transport on weekday mornings



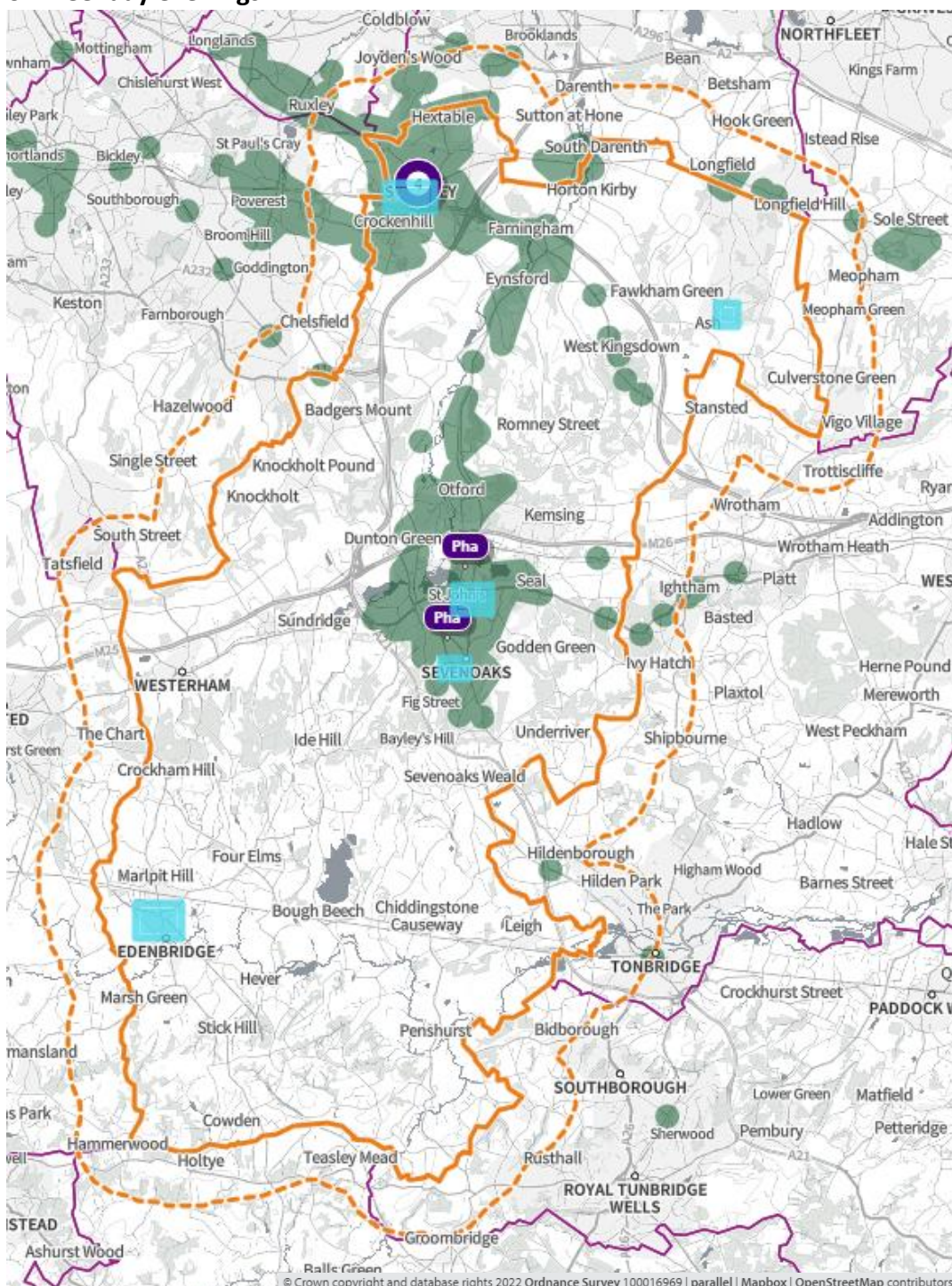
In **map 152**, below, the green shaded areas are within a 20-minute walk of a community pharmacy that is open until at least 7pm Monday to Friday and the blue shaded areas are locations of major housing developments.

Map 152. Location of community pharmacies, proposed housing developments, and areas within a 20-minute walk of a community pharmacy that is open until at least 7pm on weekdays



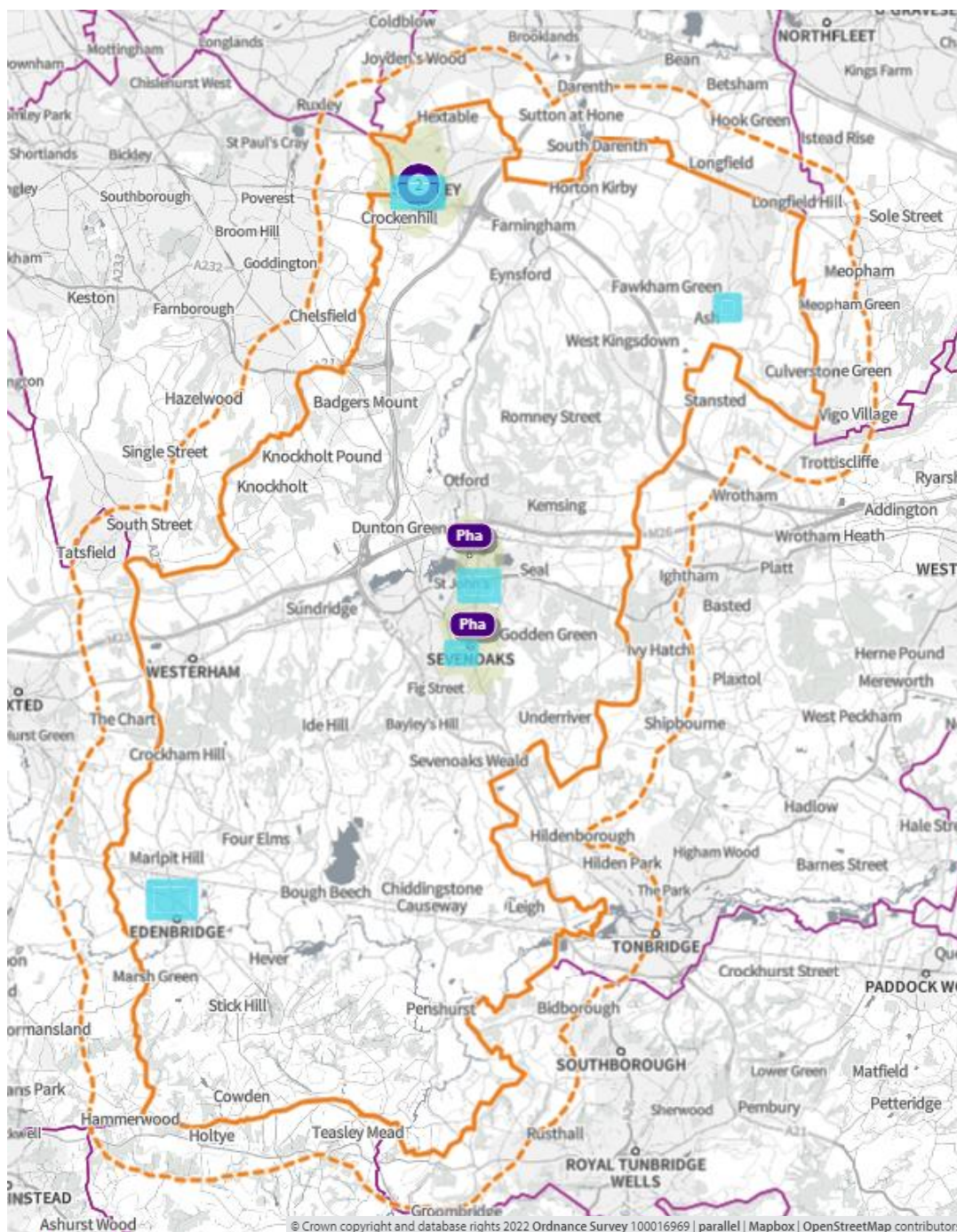
In **map 153**, below, the green shaded areas are within **20-minutes by public transport** of a community pharmacy that is open until **at least 7pm Monday to Friday** and the blue shaded areas are locations of major housing developments

Map 153. Locations of community pharmacies open until at least 7pm on weekdays, proposed housing developments, and areas within 20 minutes of a community pharmacy by public transport on weekday evenings



In **map 154**, below, the green shaded areas are within **20-minutes' walk** of a community pharmacy that is open on **Sundays** and the blue shaded areas are locations of major housing developments

Map 154. Location of community pharmacies, proposed housing developments, and areas within a 20-minute walk of a community pharmacy that is open on Sundays



8. Necessary services: - Gaps in provision

The population of the Sevenoaks locality is well served by pharmacies with good access at all times. The access is assisted by the presences of three 100-hour pharmacies. No gaps in provision have been identified.

9. Improvements or better access: Gaps in provision

No gaps in provision have been identified.

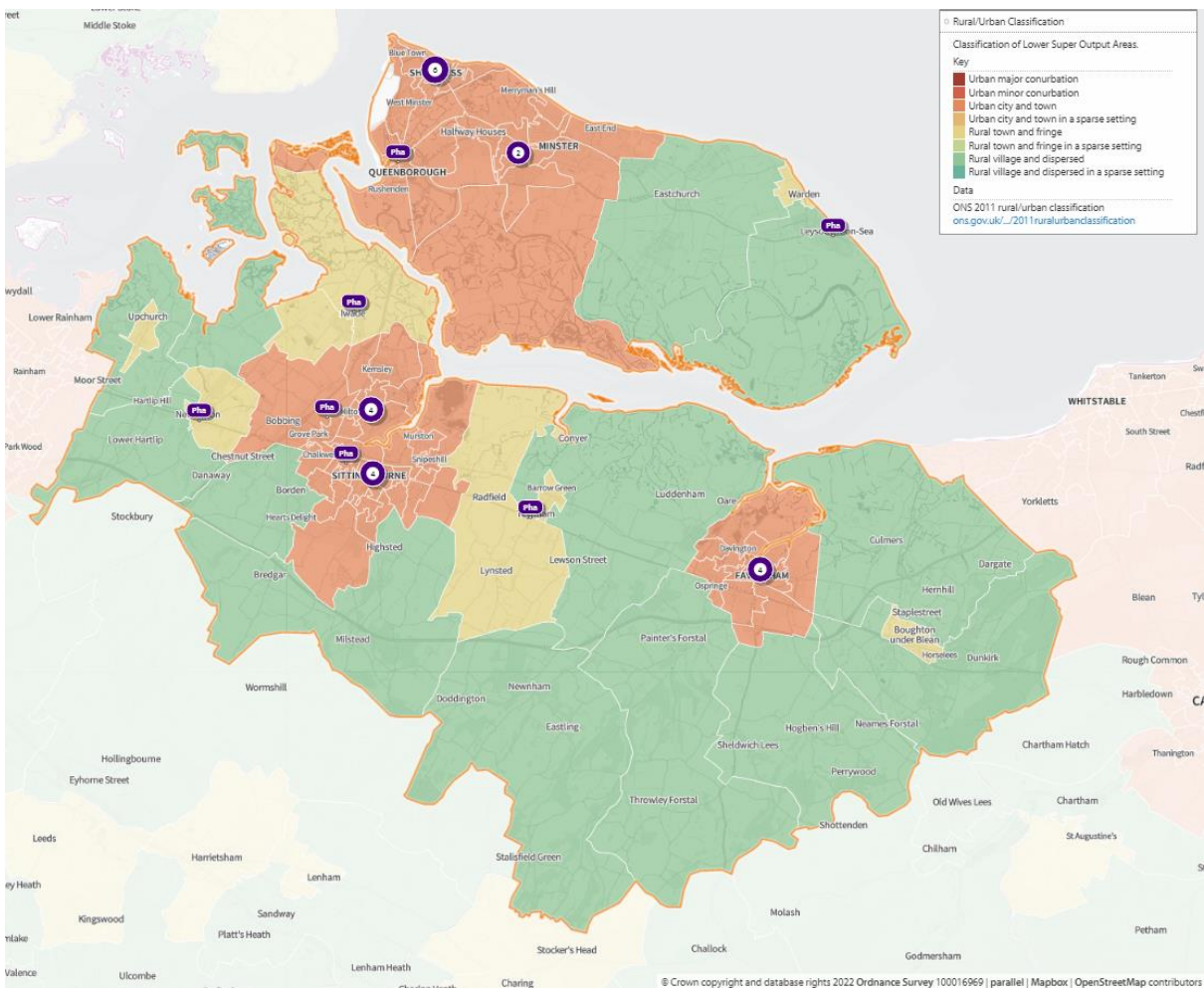
16 Swale Council Locality

1. Key Facts

Swale is a local government district in the north of the county. It covers an area of 400 square km. 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.

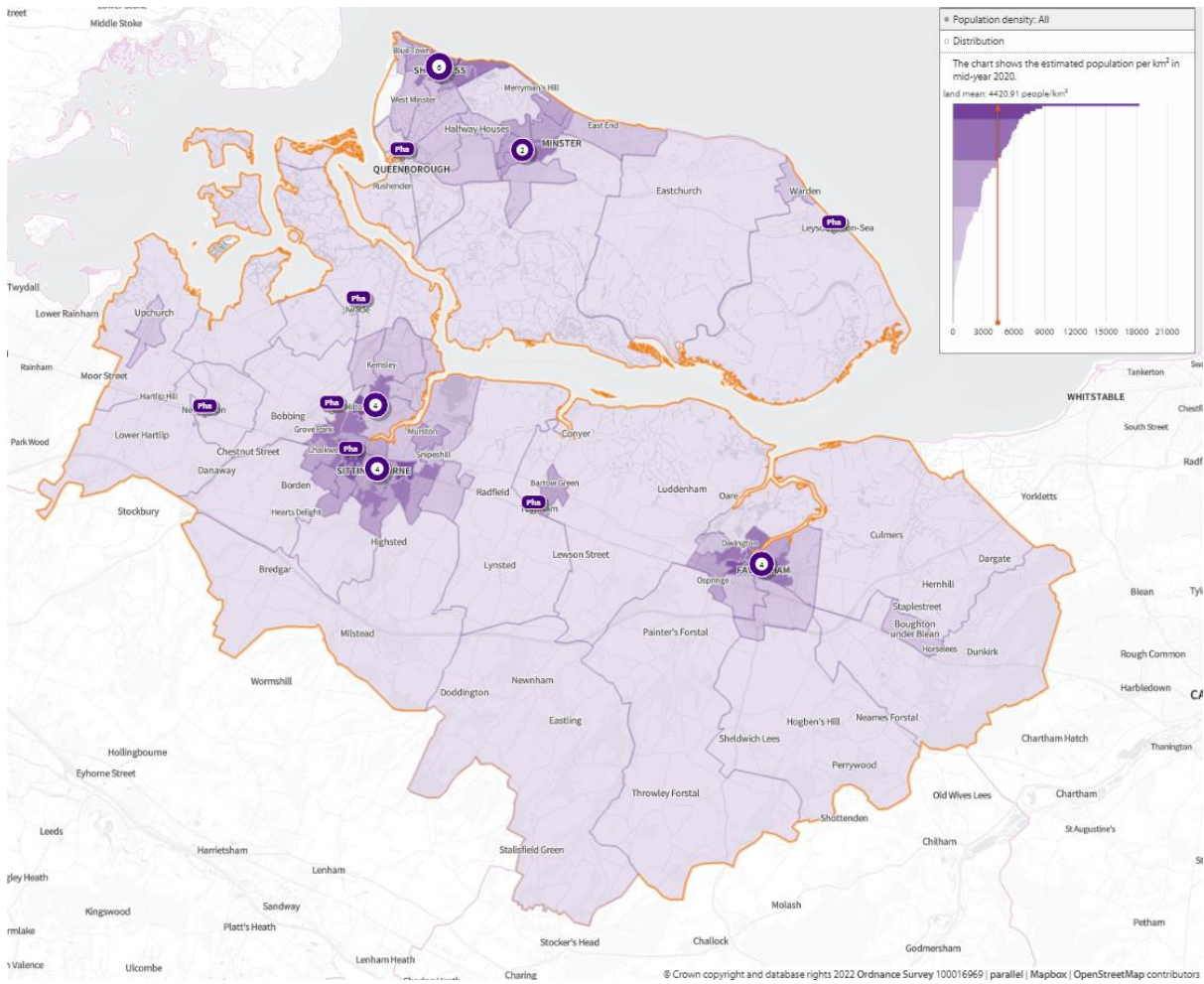
Urban/Rural Classification

Map 155. Rural/urban classification of lower super output areas



Population

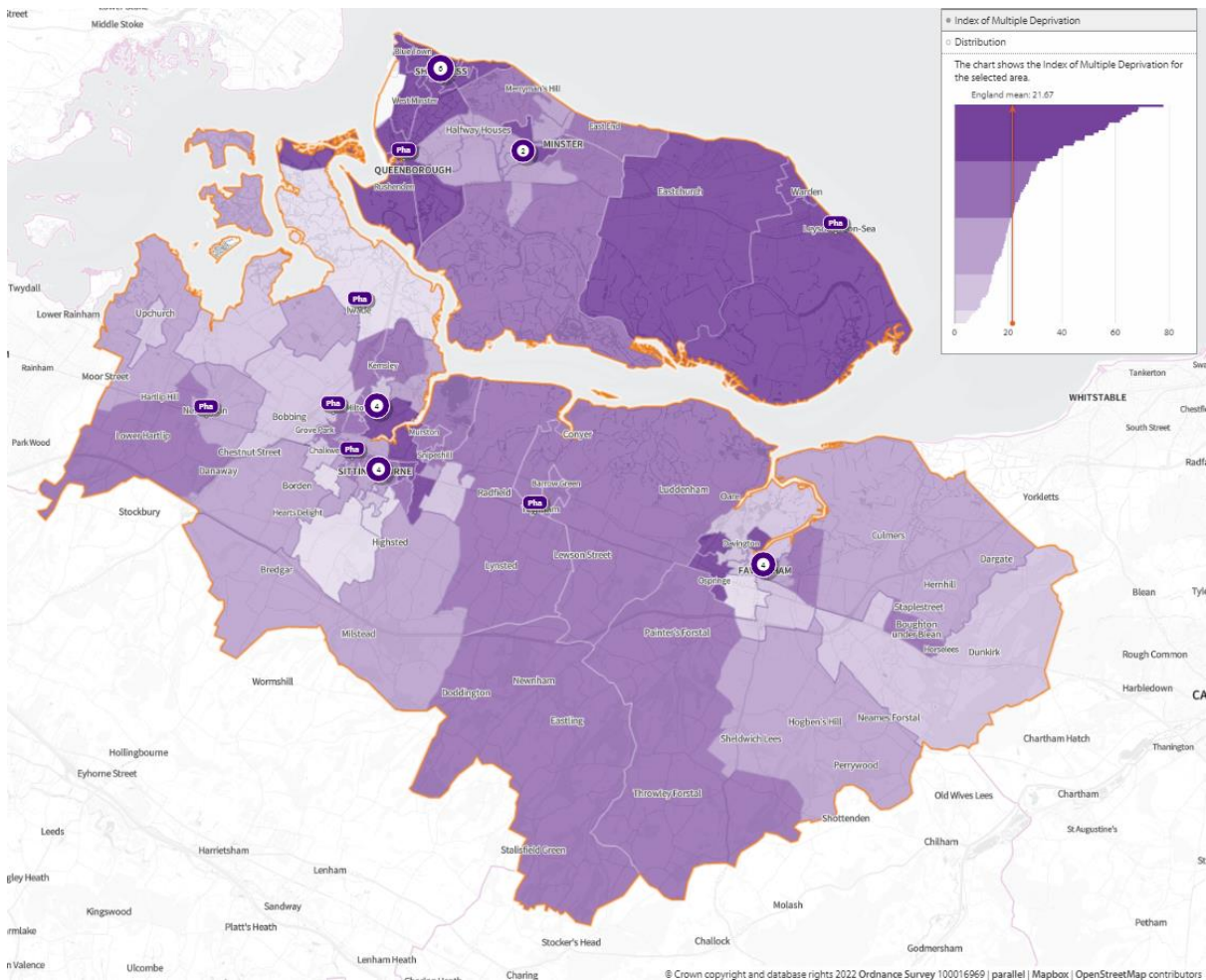
Map 156. Population density of lower super output areas overlaid with locations of pharmacies



Deprivation

Map 157 below shows the areas of deprivation in the Swale District locality. Swale is the second most deprived district in Kent with a significant number of the population in England's most deprived 10%. Employment rates are similar to the Kent average ⁽⁶³⁾ and educational attainment is significantly lower ⁽⁶⁴⁾.

Map 157. Deprivation of lower super output areas overlayed with locations of pharmacies



Language

English is the main language for all people aged 16 or over in 97% of households in the district. 1.4% of households have no people with English as the main language ⁽²⁾.

Home Ownership

68% of houses are owned either outright (31%) or with a mortgage (37%). The average number of occupants per household is 2.4, the same as the Kent average ⁽²⁾.

Age Distribution

The average age of Swale district residents is 40.6, slightly lower than the Kent average of 41.4. 19.3% of the population is over 65 and 20.5% 0-15 ⁽²⁾. Life expectancy at birth is 78 for males and 82 for females ⁽⁴⁶⁾.

Economy

By industry, the top three employers in the Swale district are wholesale and retail trade (14.9%), manufacturing (11.9%), transport and storage, and education (9.4%) ⁽¹⁵⁾. In comparison to Kent as a whole, the district has a much higher proportion of transportation/storage, manufacturing, and agriculture, forestry and fishing jobs, reflecting the districts topography ⁽¹⁵⁾.

Car Ownership

20% of households in Swale district do not have a car or van in the household, this is similar to the Kent average ⁽¹³⁾.

Care Homes

There are a considerable number of care homes in the Swale area. Patients who are looked after in a care home setting are often high users of medicines. However, because of the nature of their care, they rarely access pharmaceutical services individually, leaving this to be carried out by the care home staff. More recently care home organisations do not use local pharmacies for this service, favouring the large “hub” or “internet” pharmacies which specialise in this type of one-stop service. Therefore, there is not considered to be any relationship between the number of care homes and the need for local pharmaceutical services.

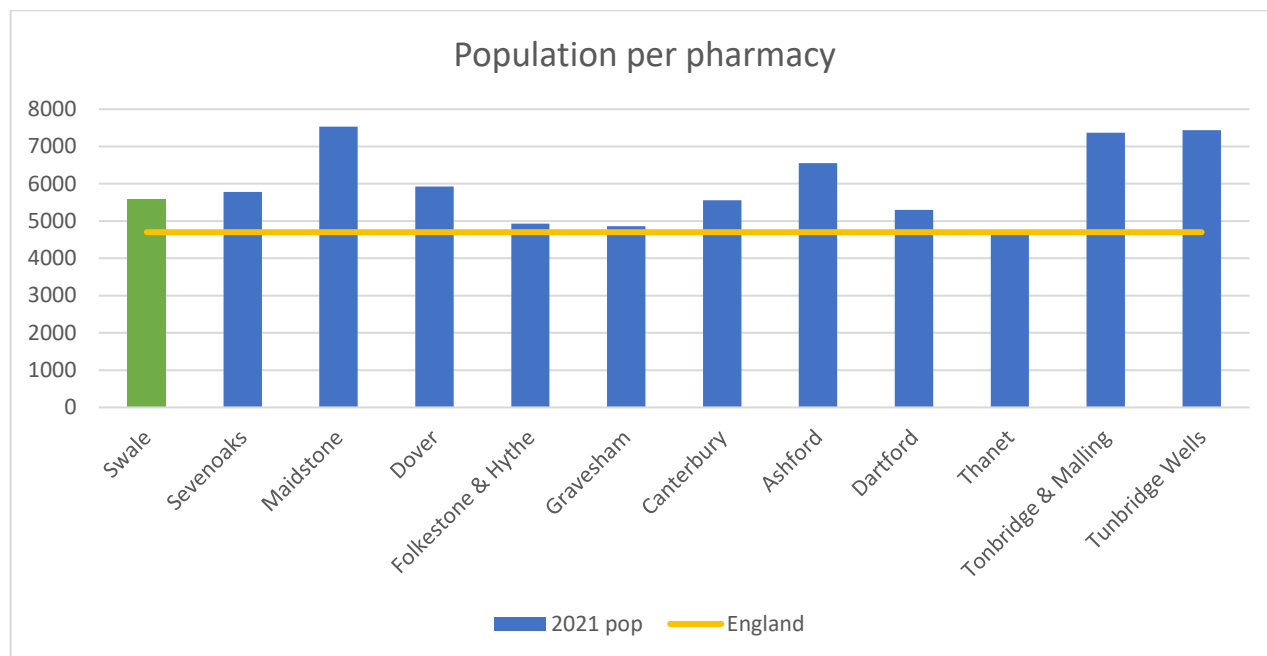
2. Necessary services: current provision within the locality

(All data presented in this section is for the financial year 2020/21 with the exception of lateral flow devices data which covers the 4 months from April 2021 to July 2021)

There are 27 Community pharmacies providing dispensing services in the Swale locality and no dispensing GP surgeries. There are two distance selling pharmacies in the locality.

Each pharmacy provides on average services for 5,593 of the area’s population. Figure 42 below shows how this compares with the other localities of Kent.

Figure 42 Number of people per pharmacy in each locality



The facts below indicate that the majority of prescriptions generated in the locality are dispensed in the locality. There is a small percentage of prescriptions generated in the area that are dispensed in neighbouring areas and a slightly higher percentage that are generated outside the locality and dispensed by Swale community pharmacies⁽¹⁾.

- 3,266 outside prescribers dispense in Swale
 - 8.3% of all items dispensed in Swale
- 26 prescribers in Swale
 - 91.7% of all items dispensed in Swale
- 46 dispensers in Swale
 - 92.1% of all items prescribed in Swale
- 1,551 dispensers outside of Swale
 - 7.9% of all items prescribed in Swale

Pharmacy locality: Maps 1 and 2 above show the locality of the community pharmacies.

Opening times: All are open Monday to Friday, with 24 opening on Saturdays and 5 opening on Saturdays and Sundays. This gives a weekly opening hours range of 40 to 102 hours and an average of 58 hours of opening each week. 22 of these pharmacies open for at least one hour after 5pm on weekdays.

Table 57 below show the core and supplementary hours of each pharmacy ⁽⁶⁵⁾.

Table 57. Opening times for all pharmacies

Pharmacy	Total core weekly hours	Total supplementary weekly hours	Total weekly hours	Max. hours open after 5pm at least 1 day/week	Saturday hours	Sunday Hours
Tesco Pharmacy	100	2	102	5.5	16	6
Asda Pharmacy	100	1	101	6.5	15	6
Newton Place Pharmacy	100	0	100	5.5	15.5	7
Tesco Pharmacy	40	38	78	3	12	6
Sheppey Hospital Pharmacy	40	20	60	1	10	0
Boots the Chemists	40	17	57	0.5	8.5	6
Minster Pharmacy	40	15.5	55.5	1.5	8.5	0
Paydens	40	14	54	1.5	4	0
Mistry Chemists	40	13.5	53.5	1.5	6	0
Superdrug Pharmacy	40	13	53	0.5	8	0
Paydens Pharmacy	40	13	53	2	3	0
Superdrug Pharmacy	40	13	53	0.5	8	0
Leysdown Pharmacy	40	13	53	1	8	0
Kamsons Pharmacy	40	11.5	51.5	1.5	4	0

Table 57 continued

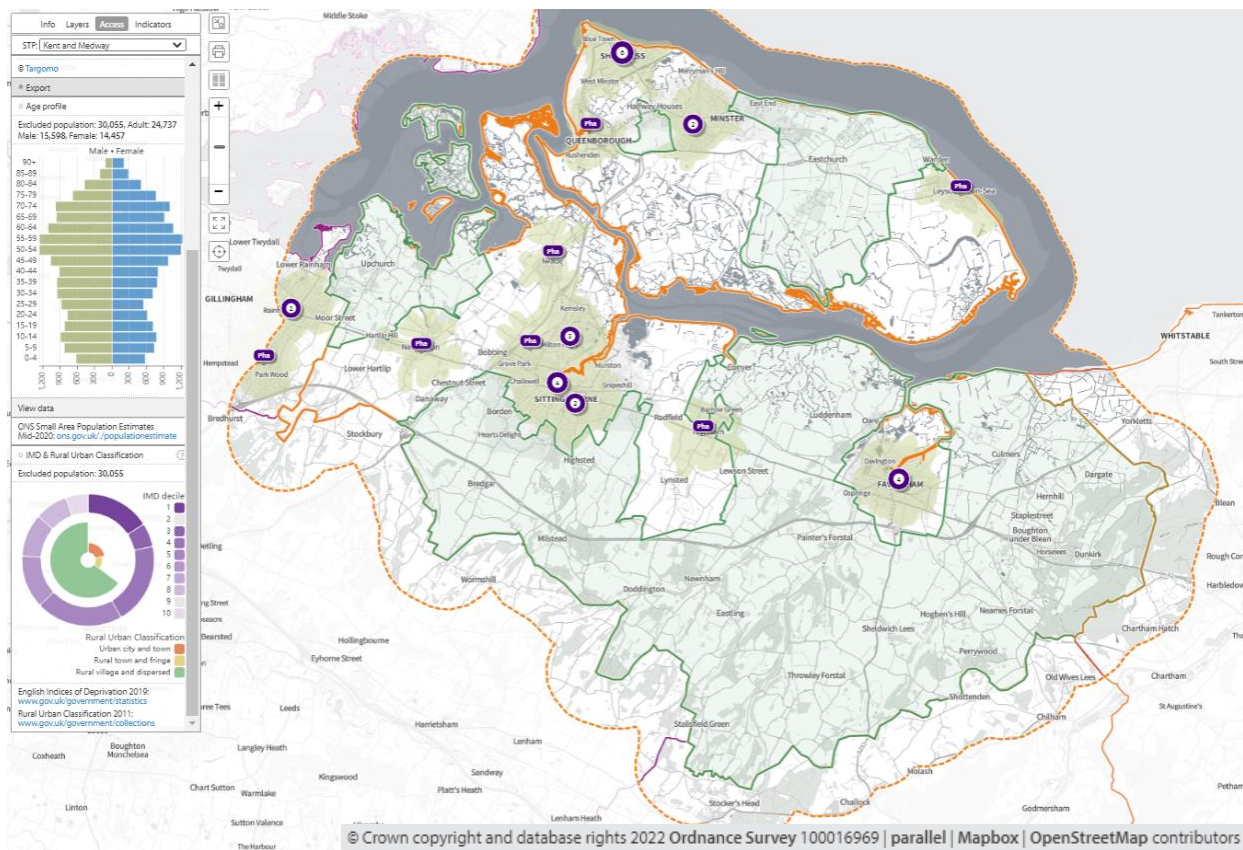
Pharmacy	Total core weekly hours	Total supplementary weekly hours	Total weekly hours	Max. hours open after 5pm at least 1 day/week	Saturday hours	Sunday Hours
Kamsons Pharmacy	-	-	51.5	1	4	0
Boots the Chemists	40	11	51	0.5	8.5	0
Newington Pharmacy	40	9	49	1	4	0
LloydsPharmacy	40	8.5	48.5	1	3.5	0
Well	40	8.25	48.25	1	3.25	0
Memorial Pharmacy	40	8	48	1	3	0
Delmergate Ltd	40	7.5	47.5	1.5	0	0
Kemsley Pharmacy	40	7.5	47.5	1.5	0	0
Austinoma Chemist	40	7	47	2	3	0
Iwade Pharmacy	39	7.5	46.5	1.5	4	0
Well	40	5	45	1	0	0
Boots the Chemists	42	3	45	0.5	7.5	0
Greenstreet Pharmacy	40	0	40	1	4	0

Access to Community Pharmacies

Travel times

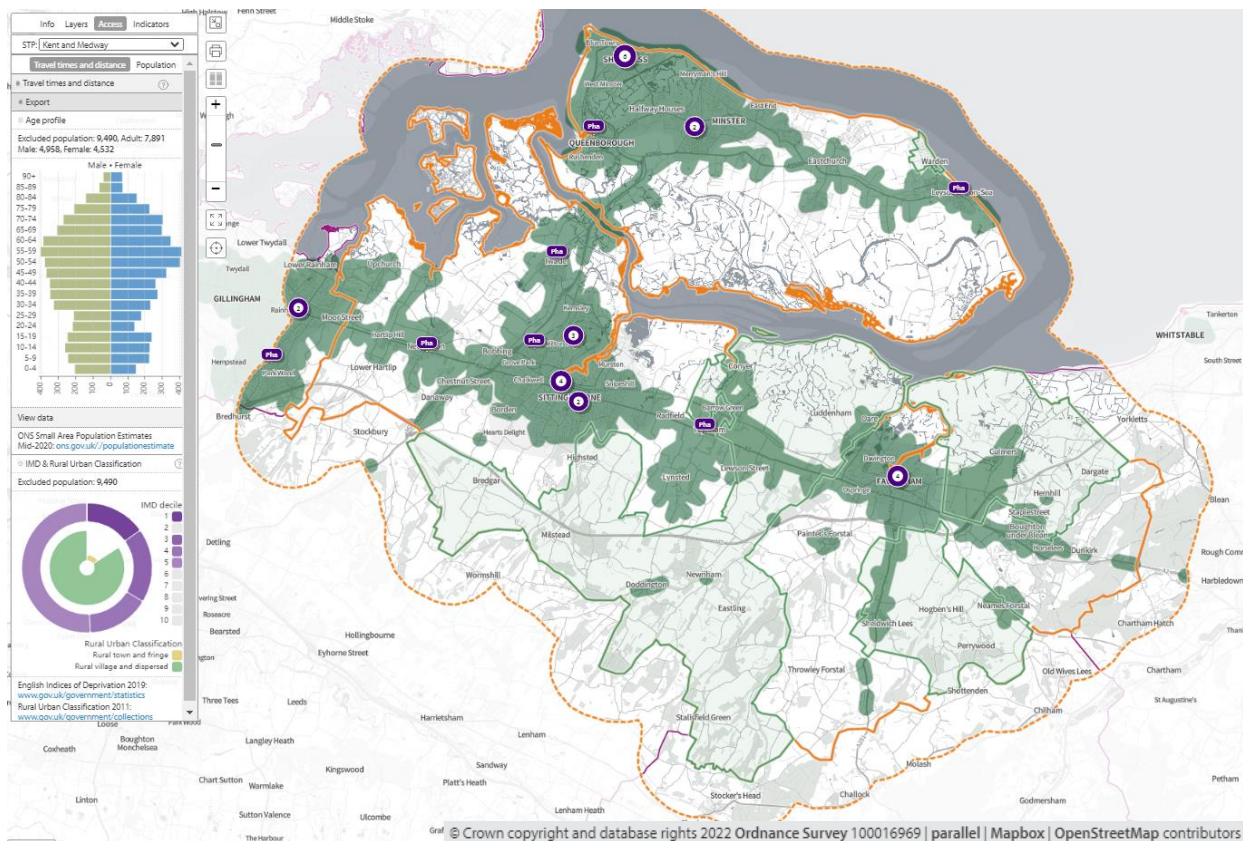
In **map 158**, below, access during **core opening hours** is shown in olive green shaded areas are **within a 20-minute walk** of a community pharmacy. 30,055 (19.9%) people are not within a 20-minute walk. 24.5% (7,071) of 65+ population is not within a 20-minute walk of a community pharmacy.

Map 158. Locations of community pharmacies and lower super output areas not within a 20-minute walk



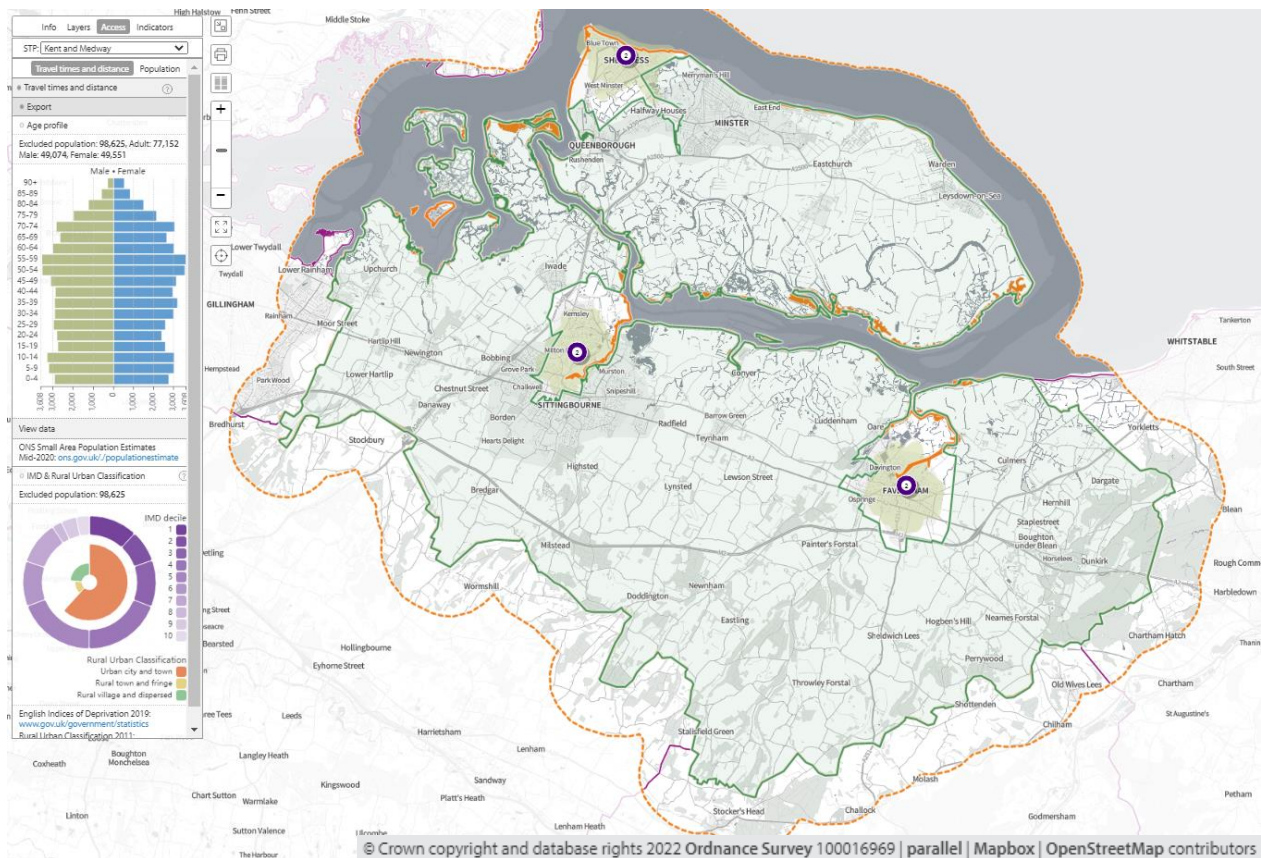
In **map 159**, below, the green shaded areas are **within 20-minutes by public transport** of a community pharmacy on **weekdays**. 9,490 (6.3%) people are not within 20-minutes by public transport of a community pharmacy. 7.4% (2,146) of 65+ population is not within a 20-minute walk of a community pharmacy.

Map 159. Locations of community pharmacies and lower super output areas not within 20-minutes by public transport on weekday mornings



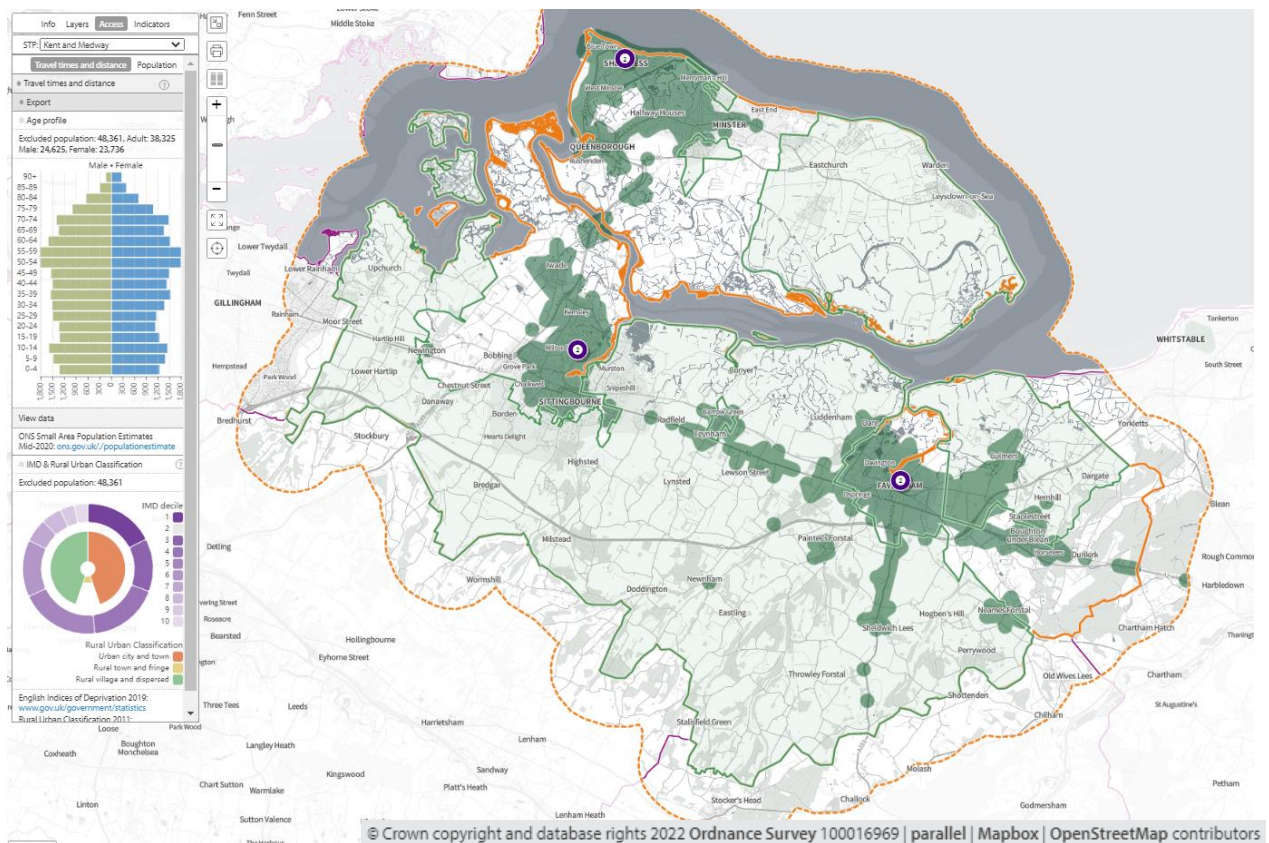
In **map 160**, below, the olive-green shaded areas are **within a 20-minute walk** of a community pharmacy that opens until at least **7pm on weekdays**. 98,625 (65.3%) people are not within a 20-minute walk of a community pharmacy that opens until at least 7pm on weekdays. 69.9% (20,173) of 65+ population is not within a 20-minute walk of a community pharmacy that opens until at least 7pm on weekdays

Map 160. Locations of community pharmacies open until at least 7pm on weekdays and lower super output areas not within a 20-minute walk



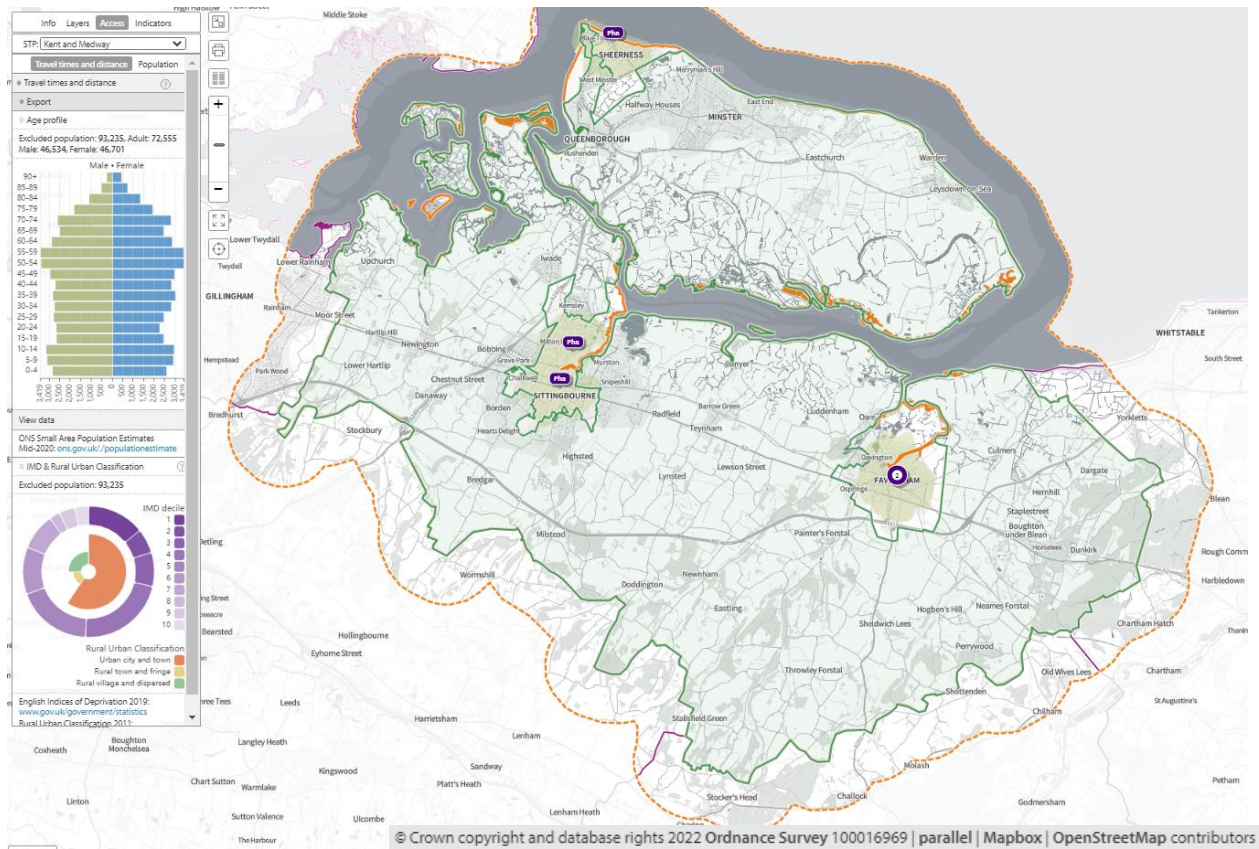
In **map 161**, below, the green shaded areas are within **20-minutes by public transport** of a community pharmacy that opens past 7pm on weekdays. 48,361 (32%) people are not within 20-minutes by public transport that opens past 7pm on weekdays. 34.8% (10,024) of 65+ population is not within 20 minutes by public transport of a community pharmacy that opens past 7pm on weekdays

Map 161. Locations of community pharmacies open until at least 7pm and lower super output areas not within 20-minutes by public transport on weekday evenings



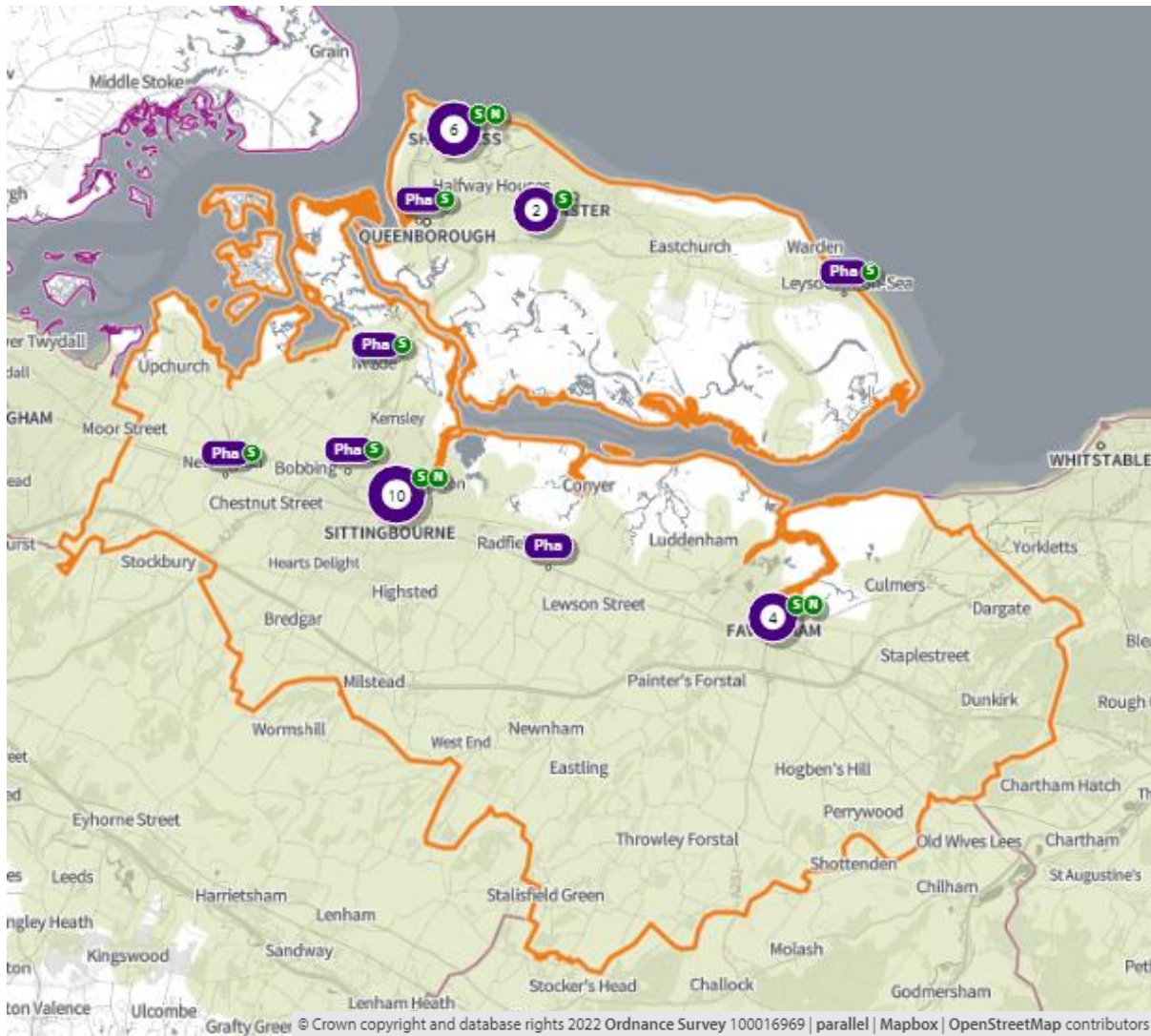
In **map 162**, below, the olive-green shaded areas are **within a 20-minute walk** of a community pharmacy that **opens on Sundays** 61.7% (93,235) of the population is not within a 20 minute walk of a community pharmacy that opens on Sundays. 63.7% (18,375) of 65+ population is not within a 20-minute walk of a community pharmacy that opens on Sundays

Map 162. Locations of community pharmacies open on Sundays and lower super output areas not within a 20-minute walk



In **map 163**, below, access during **core opening hours, Saturdays and Sundays** is shown. The olive-green shaded areas are within a **20-minute drive** of a community pharmacy. The entire population is within a 20-minute drive.

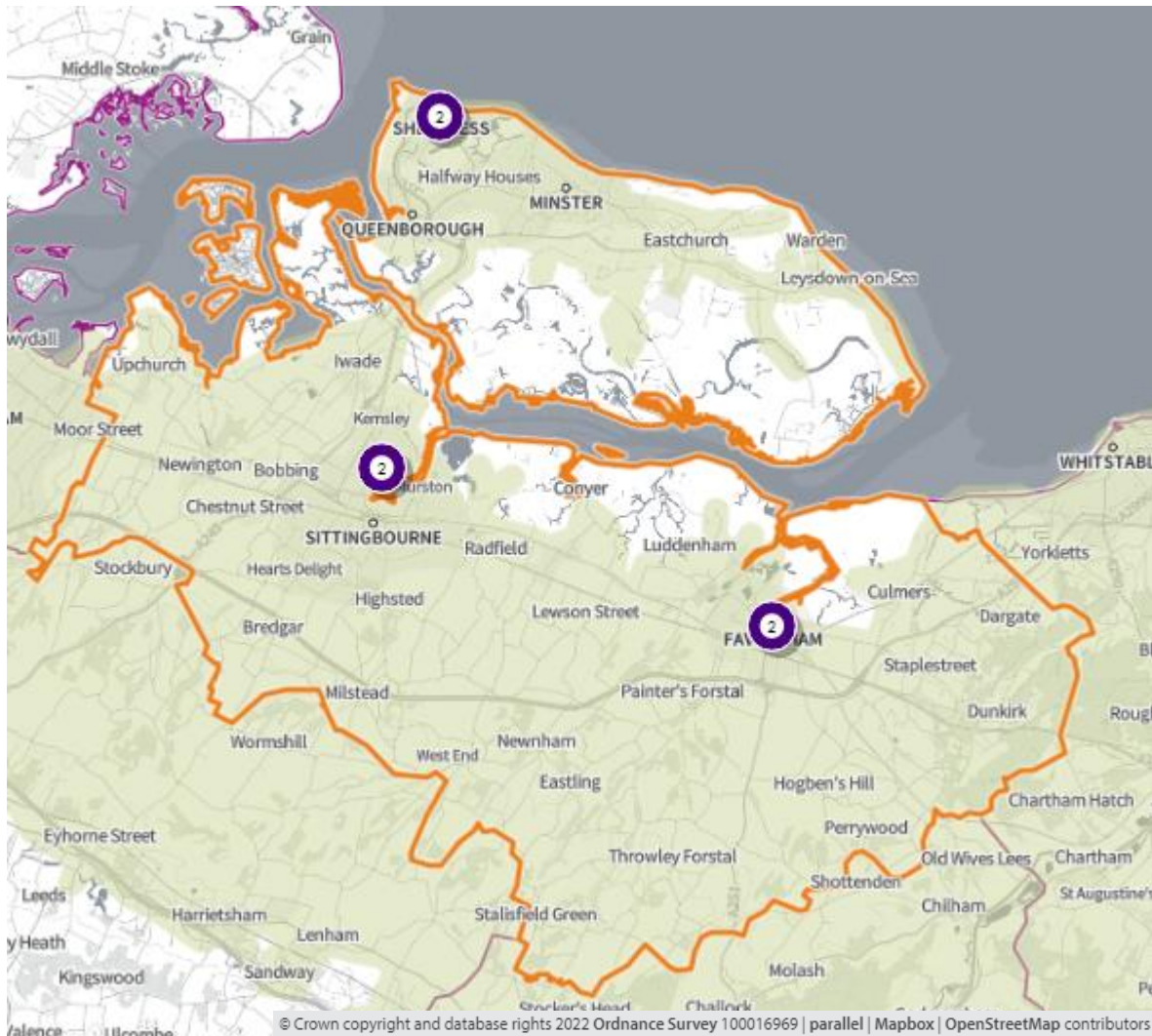
Map 163. Locations of community pharmacies and areas within 20-minutes by car



S = open Saturday N = open Sunday

In **map 164**, below, the green shaded areas are within **20-minutes by car** of a community pharmacy that opens **until at least 7pm on weekdays**. The entire population is within a 20-minute drive.

Map 164. Locations of community pharmacies open until at least 7pm on weekdays and areas within 20-minutes by car



3. Necessary services: current provision outside the localities area ⁽¹⁾

The charts below indicate the numbers of prescriptions dispensed in and out of the locality

- 2.53 million items prescribed in Swale
 - 2.33 million items dispensed in Swale
 - 2.15 million (92.6%) via Electronic Prescription Service
 - 198,896 dispensed outside of the district
 - 90,000 distance selling
 - 35,984 Dartford
 - 28,775 Canterbury

- 2.54 million items dispensed in Swale
 - 2.44 million items dispensed by community pharmacies in Swale
 - 102,352 dispensed by 15 GP practices:
 - St George’s Medical Centre – 60,766
 - Memorial Medical Centre – 6,310
 - 210,268 items prescribed outside borough i.e. more coming in than going out

Some residents choose to access contractors outside both the locality and the Health and Wellbeing Board’s area in order to access services:

- Offered by dispensing appliance contractors
- Offered by distance selling premises
- Which are located near to where they work, shop or visit for leisure or other purposes.

Taking into account this choice of pharmacy outside of the locality, the majority of residents can access a pharmacy and do access pharmacy services within the locality.

4. Other relevant services: current provision

The following advanced services were delivered by pharmacies in the Swale locality in 2020/21.

Table 58. Number of pharmacies providing advanced services

Advanced service name	No. of pharmacies
New Medicine Service	22
Appliance Use Review	0
Hypertension Service [‡]	24
Stoma Appliance Customisation	0
Community Pharmacist Consultation Service (CPCS) [‡]	22
Hepatitis C Antibody Testing Service	0
Seasonal Influenza Vaccination Advances Service	24
Covid Vaccination Service*	0
Covid Home Delivery Service*	21
Covid lateral flow device distribution*	30

*Specific to the Covid-19 pandemic

[‡]Services introduced during the year of study

Please note that three services were specific to the Covid-19 pandemic (Covid vaccination, homedelivery and lateral flow device distribution services) and that others were new services (CPCS, Hypertension service) introduced within the year. There is, however, good participation and early adoption of new services from pharmacies in this locality.

5. Other NHS services

The Strategic Health Asset Planning and Evaluation (SHAPE) web application provides the following information:

- Dr Witts Practice, Sheerness provides evening surgery 6.30pm-7.50pm on Tuesdays
- Faversham Medical Practice is open 8am-1pm on Saturdays
- Iwade Health Centre provides an evening surgery 6pm-8pm on Mondays
- Upchurch Surgery provides an evening surgery 6.30pm-7.30pm on Wednesdays
- Memorial Medical Centre is open 8pm on Mondays
- Newton Place Surgery is open 7.30am-8pm Monday-Friday
- The Chestnuts Surgery is open from 7am Monday-Friday
- The Meads Medical Practice is open until 8pm Monday-Wednesday

There is a minor injuries unit situated at Faversham Health Centre run by Faversham Medical Practice which is open daily 8am-8pm. There are two further minor injuries units situated at Sittingbourne Memorial Hospital and Sheppey Community Hospital, both open daily 9am-9pm.

There is a walk-in centre situated at Sheppey NHS Healthcare Centre which is open daily 8am-7pm.

There are also drug and alcohol services, Kent and Medway NHS Hospital Trusts and Kent and Medway NHS and Social Care Partnership Trust and Kent Community Health NHS Foundation Trust with services that generate prescriptions that are dispensed by community pharmacies in this locality.

The number of prescriptions from these services is shown below:

- 24 pharmacies dispensed a total of 8,537 (mean = 356, range = 1-2,684) items from drug and alcohol services
- All 30 pharmacies dispensed a total of 2,191 (mean = 73, range = 21-240) items from Kent and Medway NHS and Social Care Partnership Trust (secondary mental health services)
- 23 pharmacies dispensed a total of 92 items (mean = 4, range = 1-15) from KCHFT
- All 30 pharmacies dispensed a total of 22,228 items (mean = 741, range = 1-1,575) from Kent and Medway hospitals

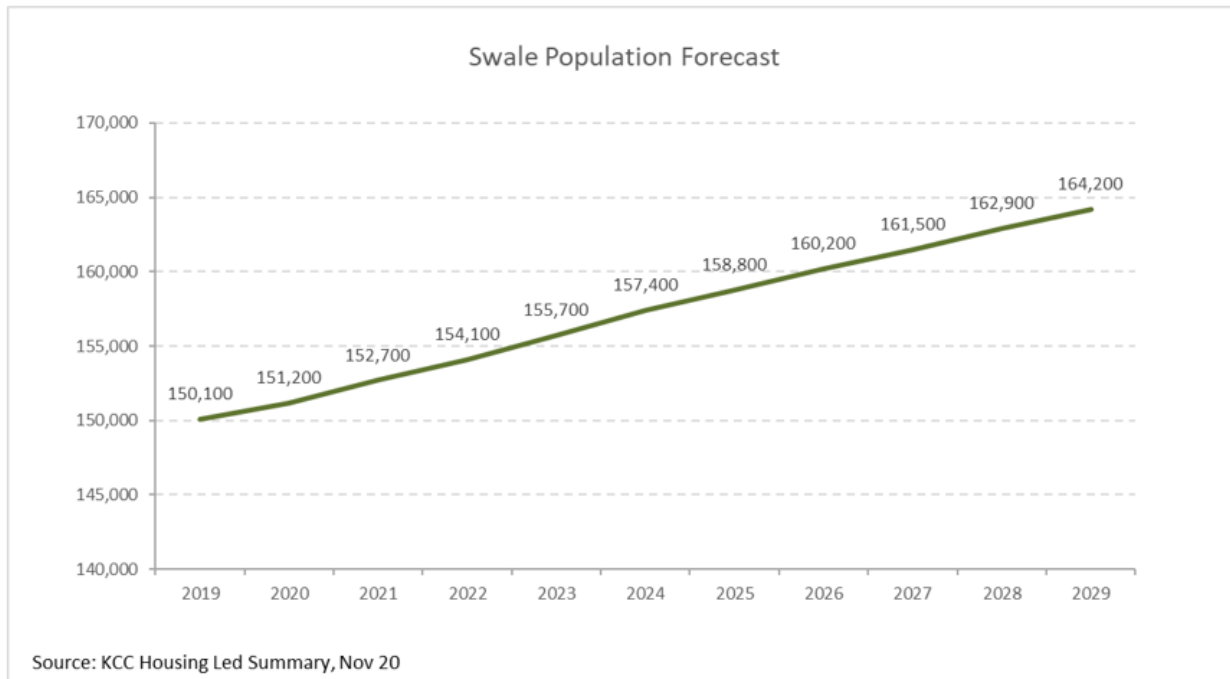
6. Choice with regard to obtaining pharmaceutical; services

As can be seen from section 2 and 3, those living within the locality and registered with one of the GP practices generally choose to access one of the pharmacies in the locality in order to have their prescriptions dispensed or, if eligible, to be dispensed to by their practice. Those that look outside the locality usually do so either to access a neighbouring pharmacy, or a dispensing appliance contractor or distance selling premises outside of the Health and Wellbeing Board's area.

7. Developments

Figure 43 below shows the predicted increase in the population of the Swale locality continuing to grow over the lifetime of this PNA.

Figure 43 Swale population forecast



 **1 pharmacy per 5,881 people in 2025**

The population of Swale district is projected to increase by 5% to 158,800 in 2025. This is an increase of 400 people per pharmacy from 2020. As stated in the community pharmacy contracts survey the pharmacies in the Swale locality do have capacity to increase their dispensing and other services.

Map 165 below shows where there are major housing developments planned in the coming years and the table indicates the number of dwellings planned for each site. With an average of 2.4 people per proposed dwelling, by 2025 these sites will provide accommodation for approximately 8,870 people.

Map 165. Location of housing developments

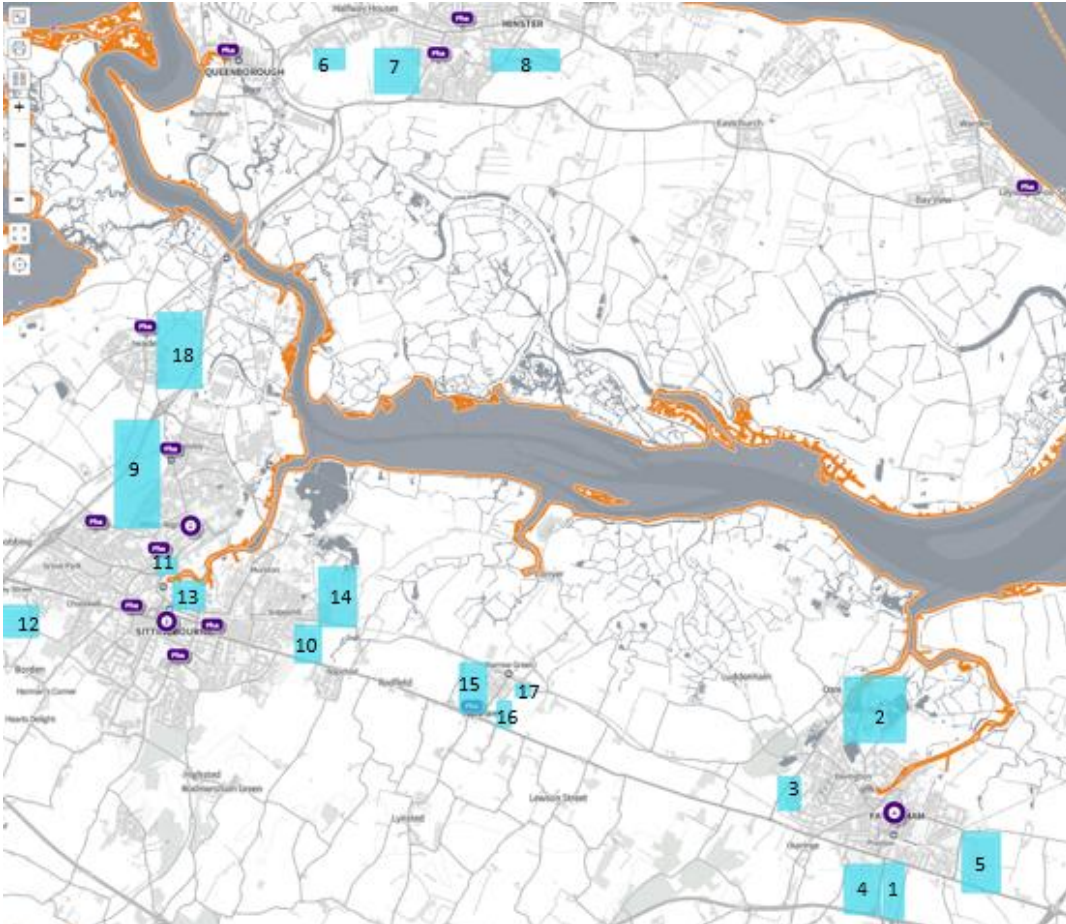


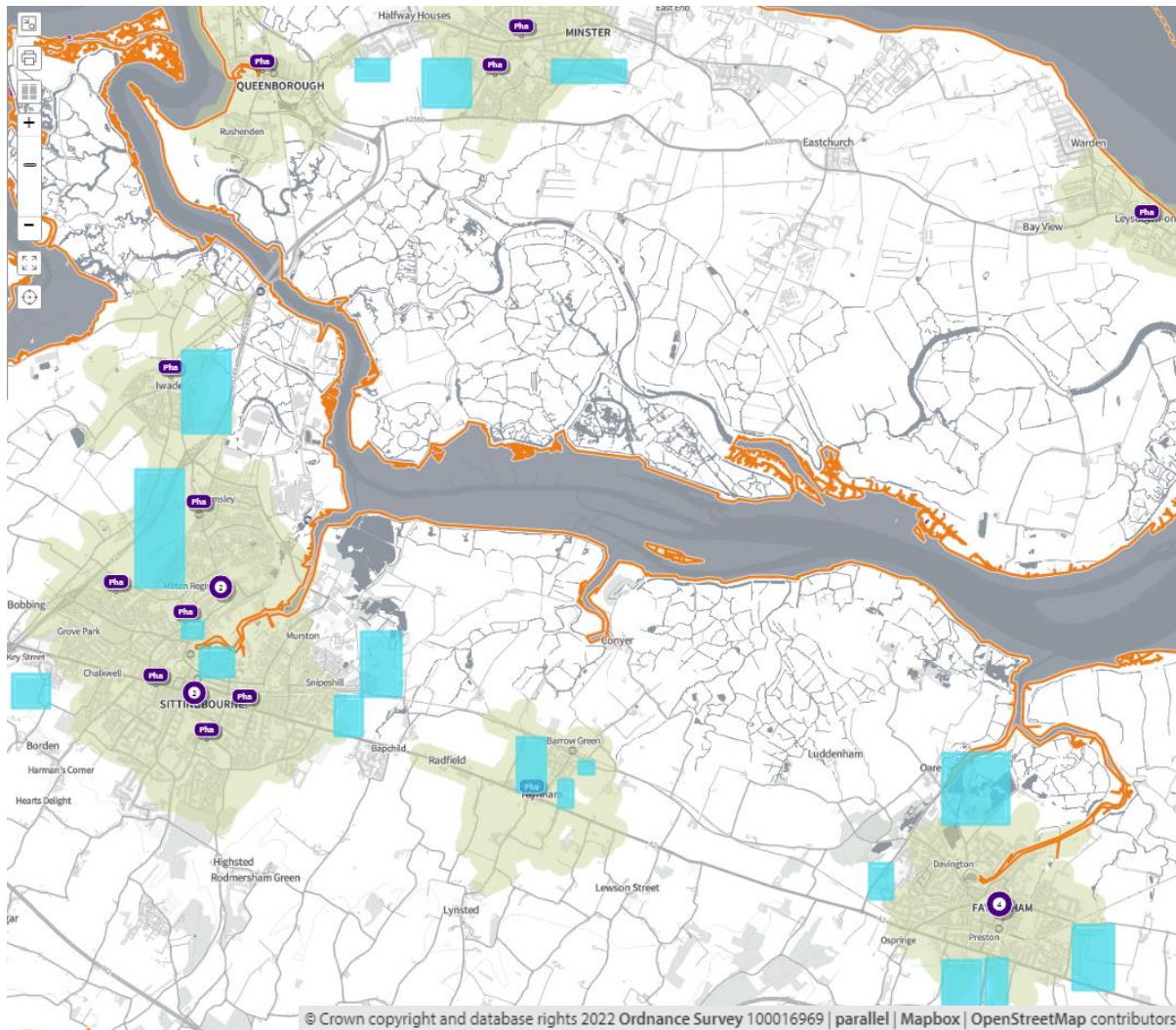
Table 59. Proposed housing developments – number of dwellings per year at each development

Site Name	2026	Site Name	2026
1. Preston Fields, Faversham	200	10. Stones Farm, Sittingbourne	390
2. Oare gravel workings, Faversham	200	11. Milton Pipes, Sittingbourne	242
3. Western Link, Faversham	197	12. South-west, Sittingbourne	200
4. Perry Court Farm, Faversham	100	13. Crown Quay Lane, Sittingbourne	180
5. Lady Dane Farm, Faversham	80	14. North-east, Sittingbourne	100
6. Belgrave Road, Halfway	153	15. Frognal Lane, Teynham	300
7. Barton Hill Drive, Minster	200	16. Station Road, Teynham	46
8. Thistle Hill, Minster	328	17. Barrow Green Farm, Teynham	30
9. North-west, Sittingbourne	450	18. Iwade expansion	300

In the following maps access, with 20 minutes by walking, public transport and driving from these new developments to community pharmacies is shown in the following maps. The maps shown access on different days and times of the week.

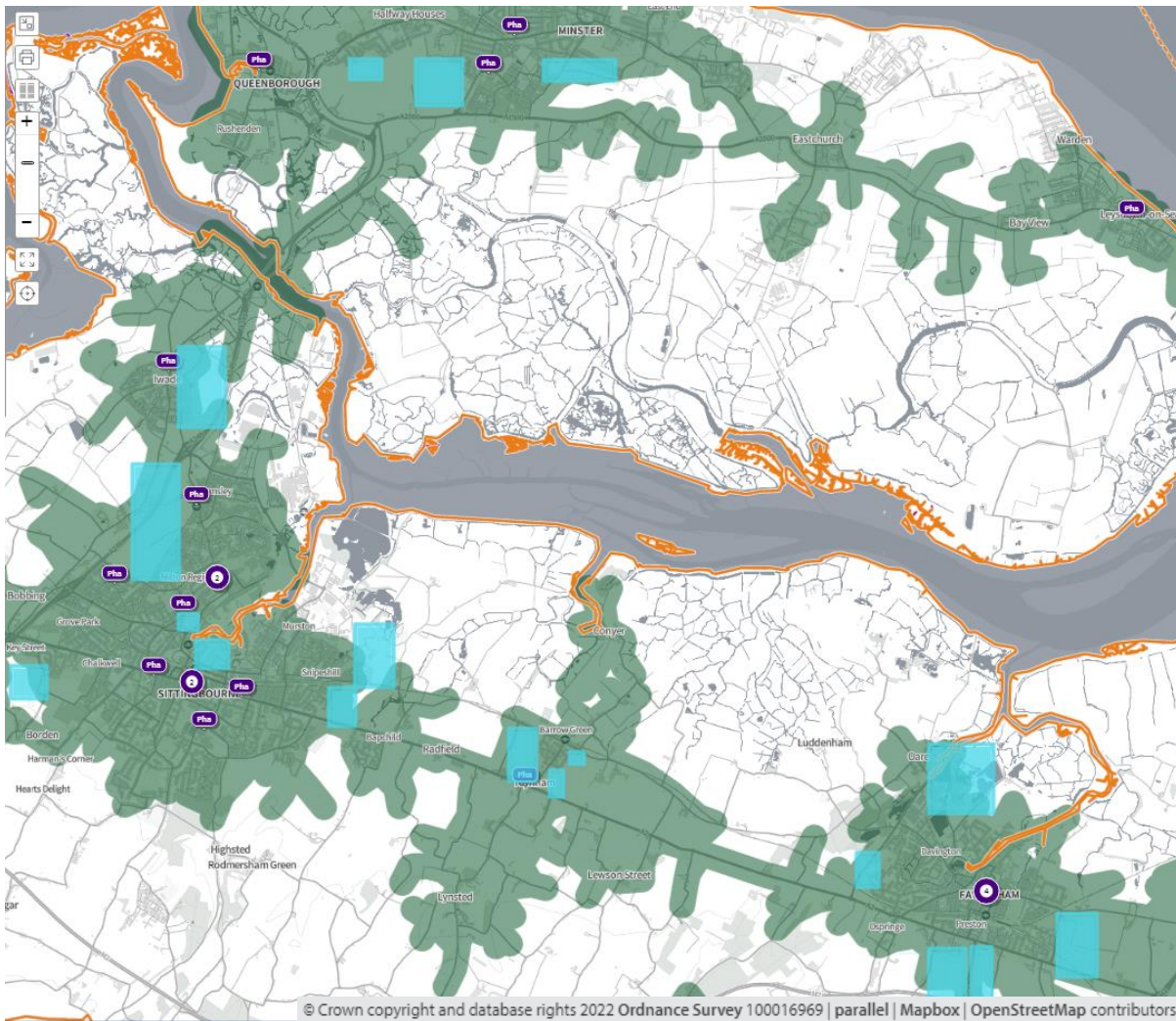
In **map 166**, below, the green shaded areas are within a **20-minute walk of a community pharmacy** and the blue shaded areas are locations of major housing developments.

Map 166. Location of community pharmacies, proposed housing developments, and areas within a 20-minute walk of a community pharmacy



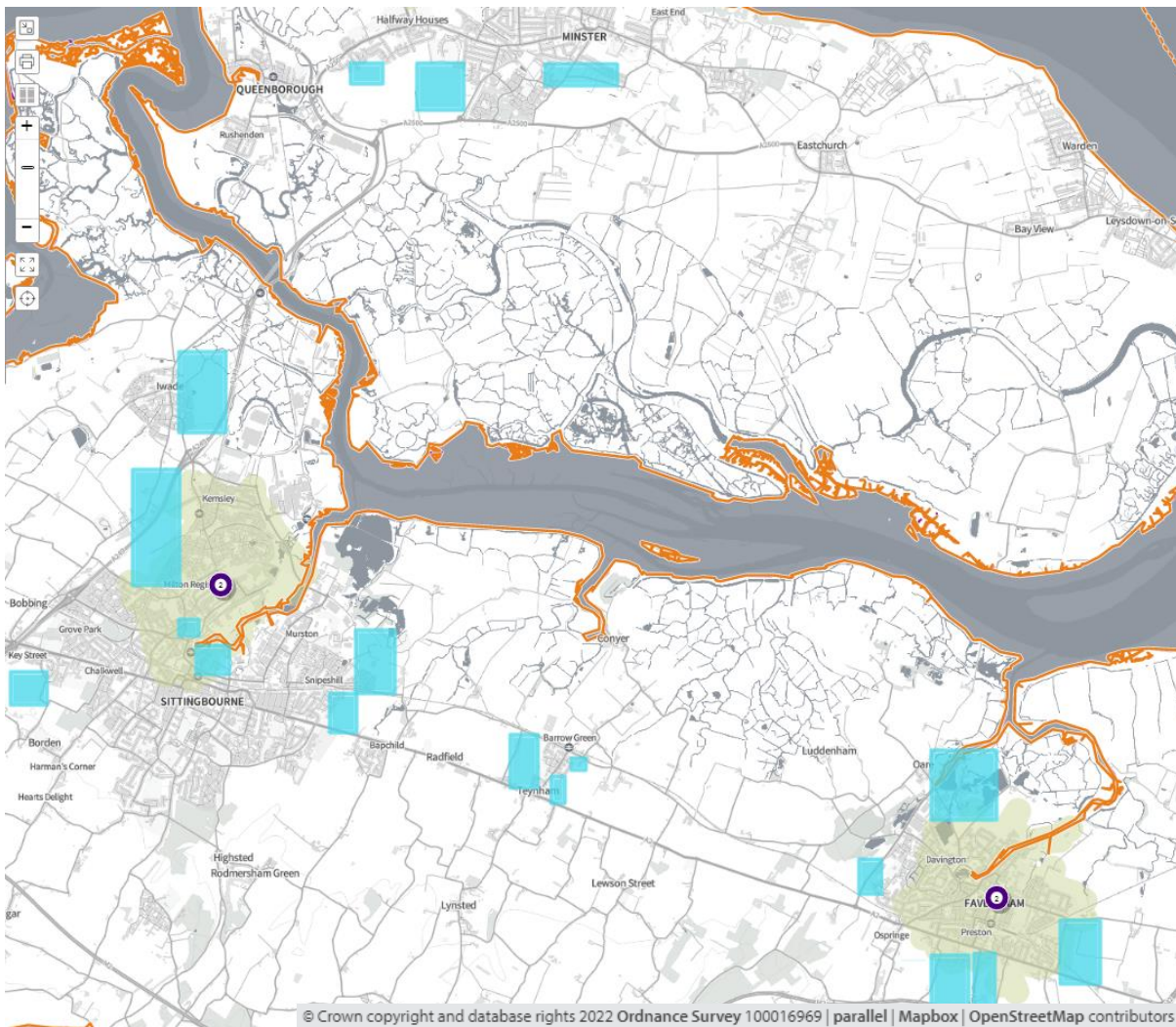
In **map 167**, below, the green shaded areas are within **20-minutes by public transport** of a community pharmacy and the blue shaded areas are locations of major housing developments.

Map 167. Location of community pharmacies, proposed housing developments, and areas within 20 minutes of a community pharmacy by public transport on weekday mornings



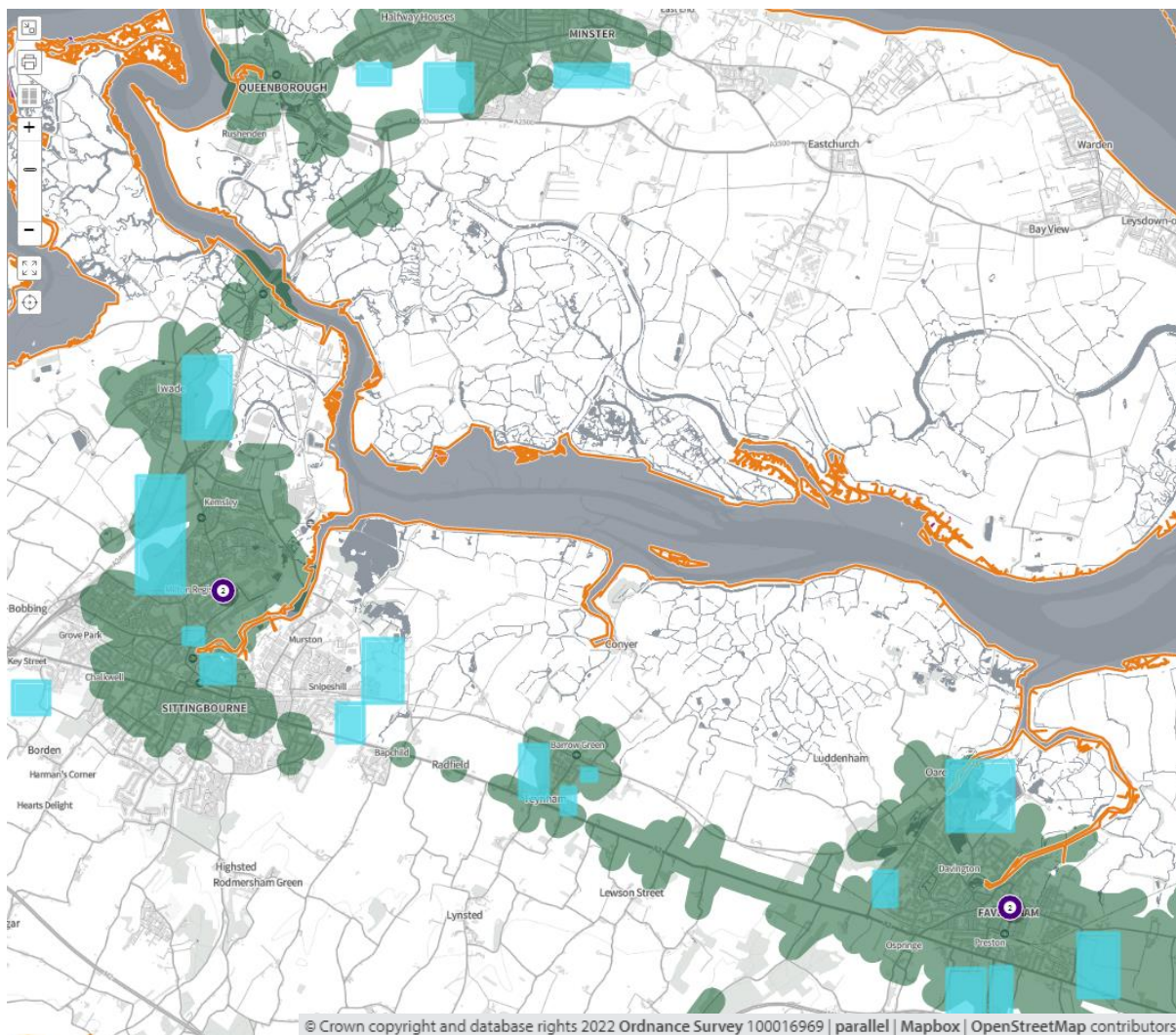
In **map 168**, below, the green shaded areas are within a **20-minute walk** of a community pharmacy that is **open until at least 7pm** and the blue shaded areas are locations of major housing developments

Map 168. Location of community pharmacies, proposed housing developments, and areas within a 20-minute walk of a community pharmacy that is open until at least 7pm on weekdays



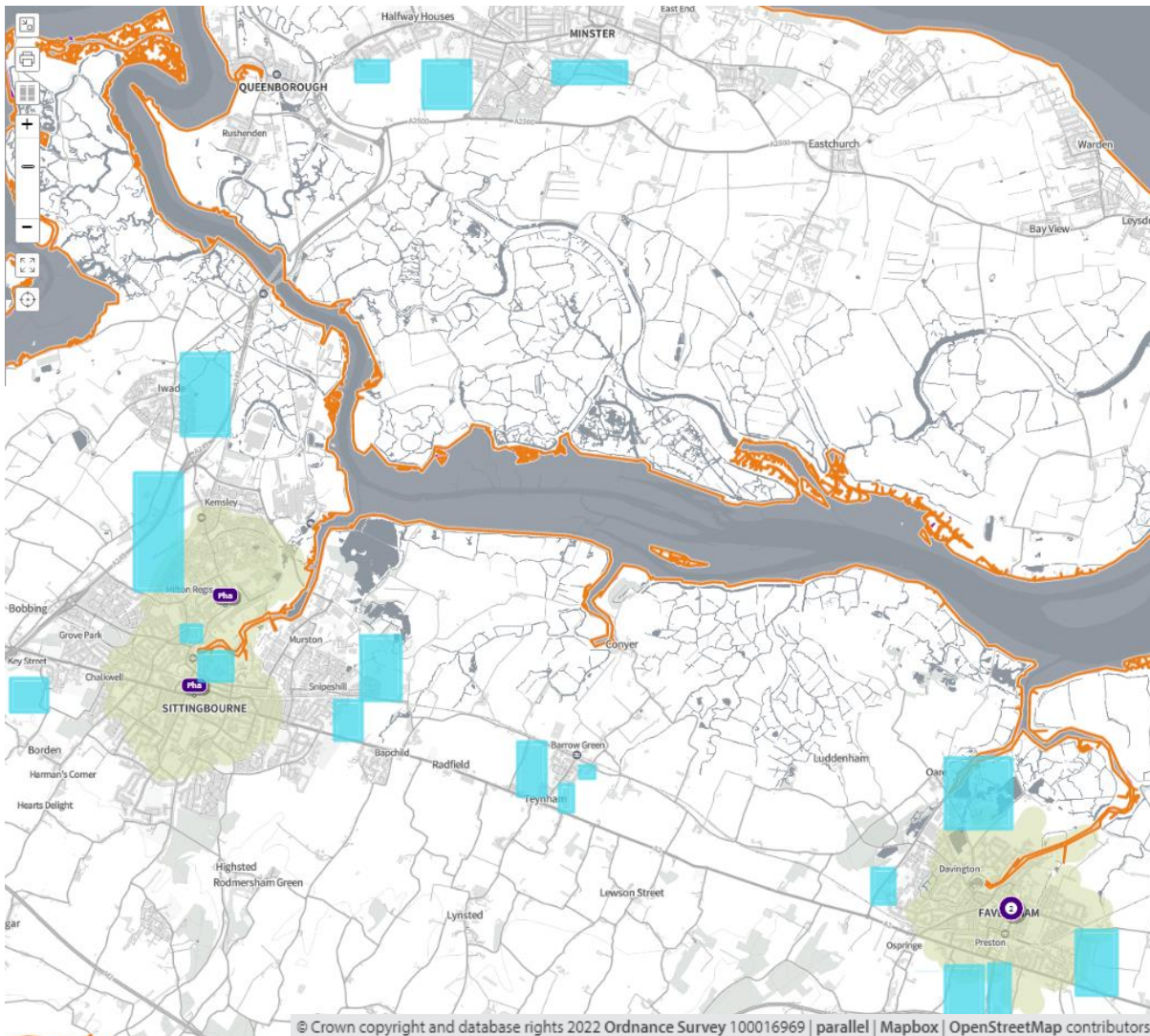
In **map 169** the green shaded areas are within **20-minutes by public transport** of a community pharmacy that is **open until at least 7pm Monday to Friday** and the blue shaded areas are locations of major housing developments.

Map 169. Locations of community pharmacies open until at least 7pm on weekdays, proposed housing developments, and areas within 20 minutes of a community pharmacy by public transport on weekday evenings



In **map 170**, below, the green shaded areas are **within 20-minutes' walk** of a community pharmacy that is open on **Sundays** and the blue shaded areas are locations of major housing developments

Map 170. Location of community pharmacies, proposed housing developments, and areas within a 20-minute walk of a community pharmacy that is open on Sundays



8. Necessary services: - Gaps in provision

There is currently good access to pharmacy services by foot, public transport, and car across the locality. The population is set to increase over the next three years, but the information shows that good access will still be present. All 14 pharmacies that responded to the contractor survey indicated that they had capacity to increase both dispensing and other services. No gaps were identified.

9. Improvements or better access: Gaps in provision

No gaps were identified.

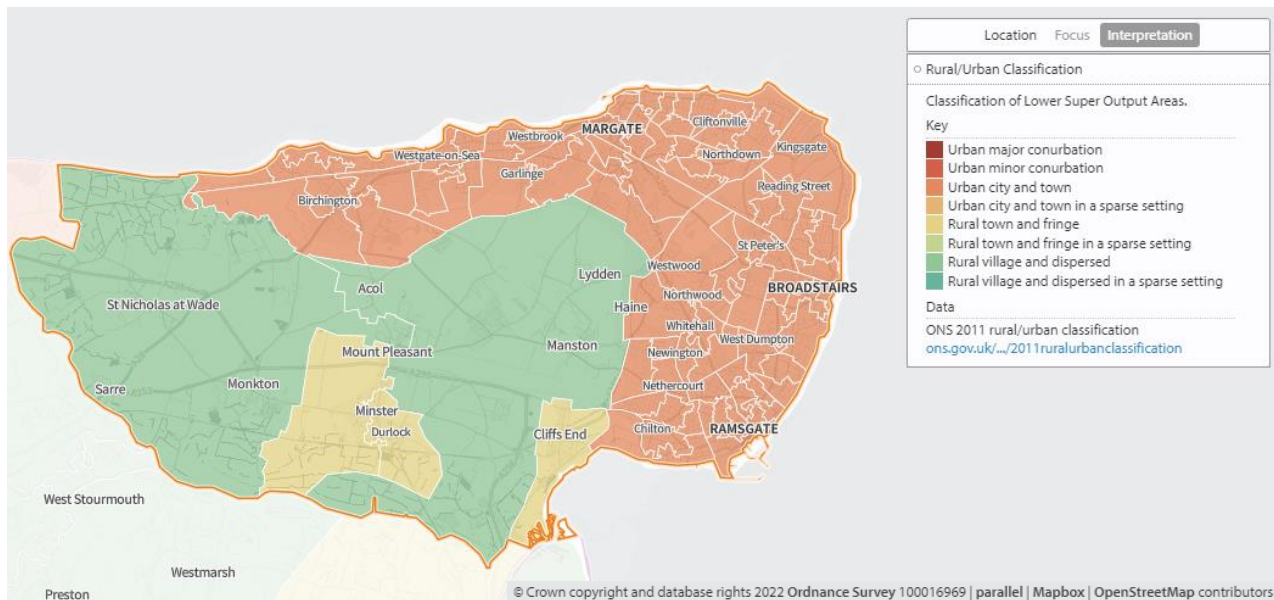
17 Thanet Council Locality

1. Key Facts

The Thanet locality used in this PNA is co-terminus with Thanet district council. It is situated on the north-eastern tip of Kent, it is predominantly coastal, with north, east and southeast facing coastlines, and is bordered by the Canterbury locality to the west and the Dover locality to the south. The main towns are Margate, Ramsgate and Broadstairs situated on the coast.

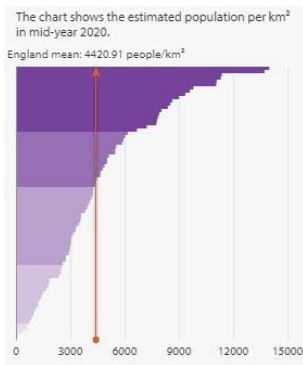
Urban/Rural classification

Map 171. Rural/urban classification of lower super output areas

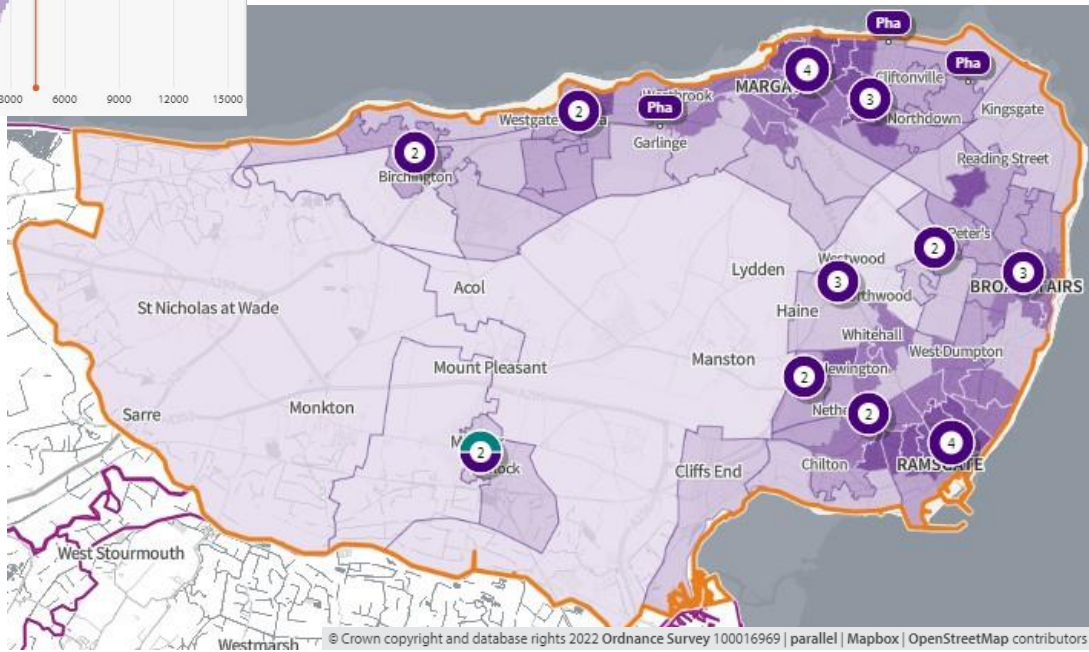


Population

Map 172. Population density of lower super output areas overlaid with locations of pharmacies and dispensing doctors



Total population = 141,458



Deprivation

Map 173, below, shows the areas of deprivation in the Thanet locality. Thanet is ranked 1st out of Kent's 12 districts for deprivation. Deprivation is relatively high across the district with a few small pockets of low deprivation, mostly around Broadstairs. There is a relatively large cluster of highly deprived areas in and around Margate. 18 LSOAs are within the top 10% most deprived areas in England. Employment and educational attainment rates are the lowest in Kent, significantly lower than the Kent average ⁽⁶³⁾ ⁽⁶⁴⁾.

Map 173. Deprivation of lower super output areas overlayed with locations of pharmacies and dispensing doctors

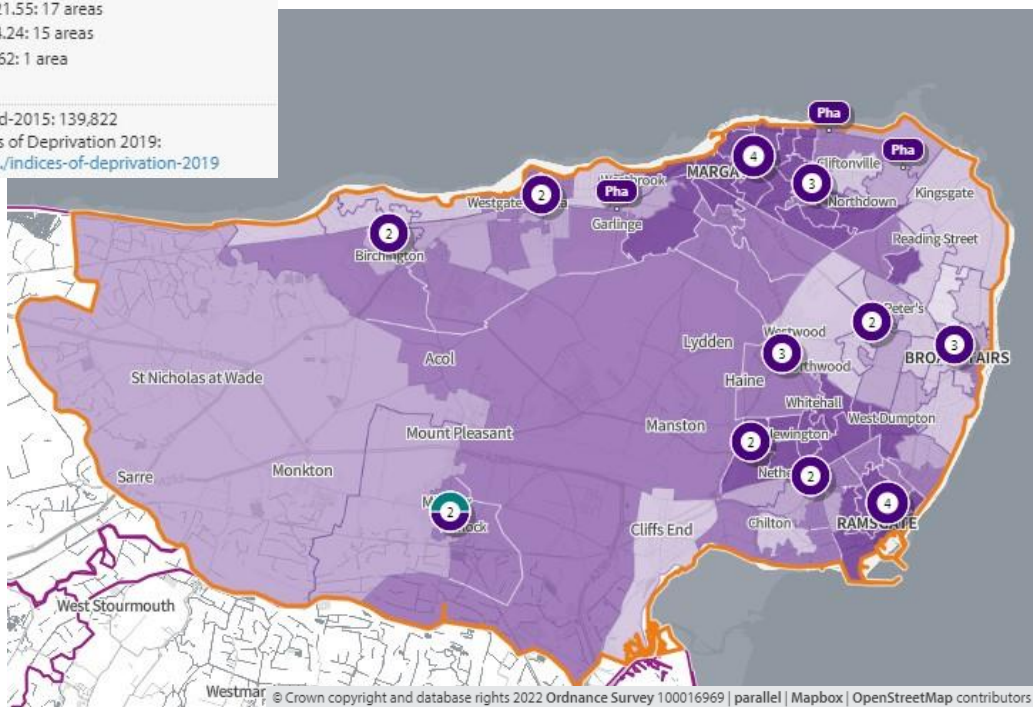
Values for LSOAs within the selected boundary are shown. The larger the value and the deeper the purple, the greater the deprivation.

The colours represent the quintiles:

- 33.26 to 92.73: 29 areas
- 21.56 to 33.25: 22 areas
- 14.25 to 21.55: 17 areas
- 8.63 to 14.24: 15 areas
- 0.54 to 8.62: 1 area

Data

Population mid-2015: 139,822
 English Indices of Deprivation 2019:
www.gov.uk/.../indices-of-deprivation-2019



Language

English is the main language for all people aged 16 or over in 95% of households in the district. 2.8% of households have no people with English as the main language ⁽²⁾.

House ownership

62% of houses are owned either outright (33%) or with a mortgage (29%). The average number of occupants per household is 2.2, slightly lower than the Kent average of 2.4 ⁽²⁾.

Age

The average age of Thanet district residents is 43.2, higher than the Kent average of 41.4. 24.1% of the population is over 65 and 18.9% 0-15⁽²⁾. Life expectancy at birth is the lowest of all Kent districts - 76.5 for males and 81.5 for females⁽⁴⁶⁾.

Economy

By industry, the top three employers in the Thanet district are human health and social work activities (20.2%), wholesale and retail trade (16.7%), and education (13.1%)⁽¹⁵⁾. Thanet has a much higher proportion of employees working in human health and social work activities compared to the Kent average (20.2% vs 13.3%)⁽¹⁵⁾. The proportion of jobs in human health and social work activities (20.2%) is the highest for this industry in Kent and only Ashford matches Thanet for the highest proportion of jobs in a single industry⁽¹⁵⁾.

Car ownership

30% of households in Thanet district do not have a car or van in the household. This is the highest proportion of all Kent districts⁽¹³⁾.

Care Homes

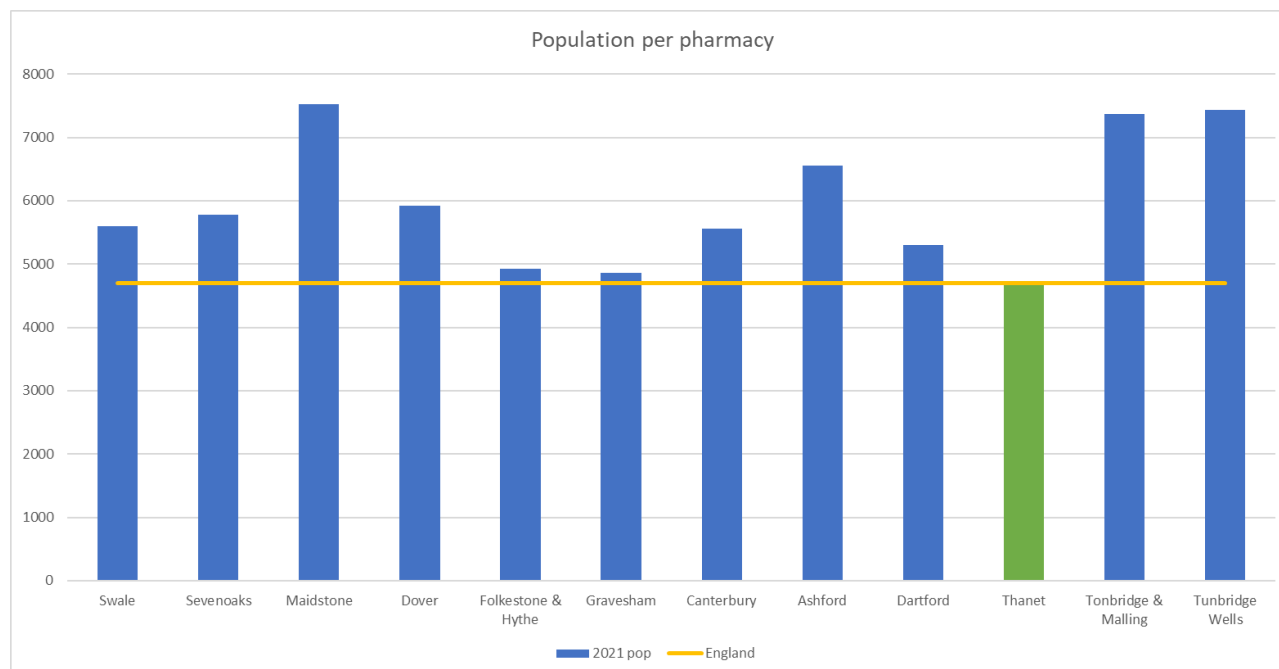
There are a considerable number of care homes in the Thanet area. Patients who are looked after in a care home setting are often high users of medicines. However, because of the nature of their care, they rarely access pharmaceutical services individually, leaving this to be carried out by the care home staff. More recently care home organisations do not use local pharmacies for this service, favouring the large “hub” or “internet” pharmacies which specialise in this type of one-stop service. Therefore, there is not considered to be any relationship between the number of care homes and the need for local pharmaceutical services.

2. Necessary services: current provision within the locality

(All data presented in this section is for the financial year 2020/21 with the exception of lateral flow devices data which covers the 4 months from April 2021 to July 2021)

There are 30 Community pharmacies providing dispensing services in the Thanet locality. That is one pharmacy per 4,715 head of population. Figure 44 below shows how this compares with the other localities of Kent.

Figure 44 Number of people per pharmacy in each locality



22 of the pharmacies open at least one hour after 17:00 on weekdays. 26 are open on Saturdays and 9 open Saturday and Sunday. The weekly opening hours range from 40 to 102, with the average opening hours being 60.65 each week.

In addition, there is one dispensing GP practice in the locality.

There are no distance selling pharmacies in the locality.

The facts below indicate that the majority of prescriptions generated in the locality are dispensed in the locality. There are 4.3% of prescriptions generated in the area that are dispensed in neighbouring areas and a tiny percentage that are generated outside the locality and dispensed by Thanet locality community pharmacies ⁽¹⁾.

- 1,458 outside prescribers dispense in Thanet
 - 2.2% of all items dispensed in Thanet
- 19 prescribers in Thanet
 - 97.8% of all items dispensed in Thanet
- 46 dispensers in Thanet
 - 95.7% of all items prescribed in Thanet
- 1,029 dispensers outside of Thanet
 - 4.3% of all items prescribed in Thanet

Pharmacy locality: Maps 1 and 2 above show the locality of the community pharmacies and GP dispensing practices.

Opening times

Table 60 below show the core and supplementary hours of each pharmacy ⁽⁶⁵⁾

Table 60. Opening times for all pharmacies

Pharmacy	Total core weekly hours	Total supplementary weekly hours	Total weekly hours	Max. hours open after 5pm at least 1 day/week	Saturday hours	Sunday Hours
Paydens Pharmacy	40.5	6	46.5	0.5	4	0
Newington Pharmacy	40	10.5	50.5	1.5	3	0
Paydens Pharmacy	40	13.5	53.5	1	8.5	0
Northdown Pharmacy	40	5	45	2	0	0
Palm Bay Pharmacy	40	5	45	1	0	0
Boots the Chemists	40	17	57	0.5	8.5	6
Paydens Pharmacy	40	10.5	50.5	1.5	3	0
Central Pharmacy	101.5	0	101.5	5	14.5	14.5
Courts Pharmacy	40	13	53	1	3	0
Tesco Pharmacy, Broadstairs	100	-10	90	5.5	14	6
Paydens Pharmacy	40	14	54	1.5	4	0
Boots the Chemists	40	11	51	0.5	8.5	0
Paydens Pharmacy	40	8.5	48.5	1	3.5	0
Boots the Chemists	40	31	71	3	10	6
Lloyds pharmacy (in Sainsbury)	40	44	84	4	13	6

Table 60 continued

Pharmacy	Total core weekly hours	Total supplementary weekly hours	Total weekly hours	Max. hours open after 5pm at least 1 day/week	Saturday hours	Sunday Hours
Boots the Chemists	40	5	45	0.5	7.5	0
Rowlands Pharmacy	40	3.35	43.35	1	0	0
Baxters Pharmacy	40	5	45	0.5	7.5	0
Day Lewis Pharmacy	100	0	100	5.5	15.5	7
Courts Pharmacy	40	6.5	46.5	0.5	4	0
Courts Pharmacy	40	10.5	50.5	0.5	8	0
Wools Pharmacy	42.5	11.5	54	1.5	4	0
Boots the Chemists	40	5	45	0.5	7.5	0
Boots the Chemists	40	8	48	1	8	0
Tesco Pharmacy, Ramsgate	100	2	102	5.5	16	6
Touchwood Pharmacy	40	0	40	1	4	0
Pierremont Pharmacy	40	16.5	56.5	2	4	0
Rowlands Pharmacy	40	2.5	42.5	1	0	0
Asda Pharmacy	100	0	100	6	14	6
Asda Pharmacy	100	0	100	6	15	6

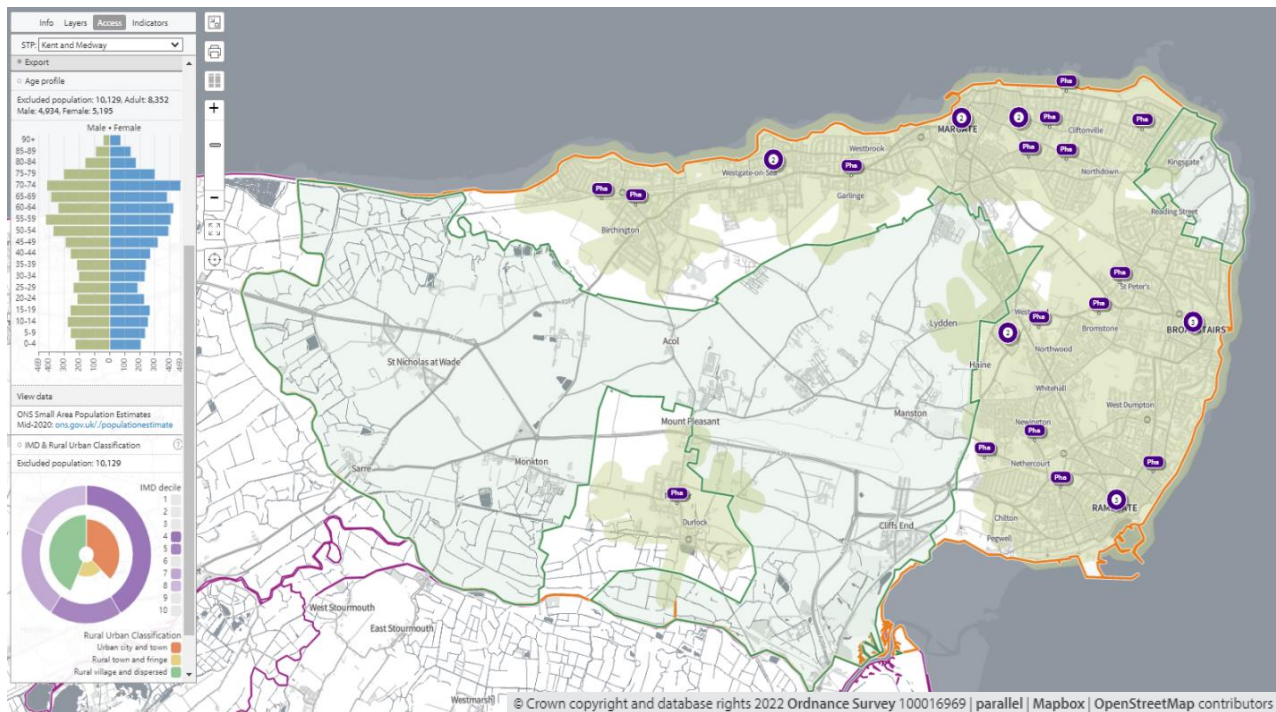
The Thanet locality has one GP dispensing practice, Minster Surgery CT12 4AB

Access to Pharmacy Services

Travel times

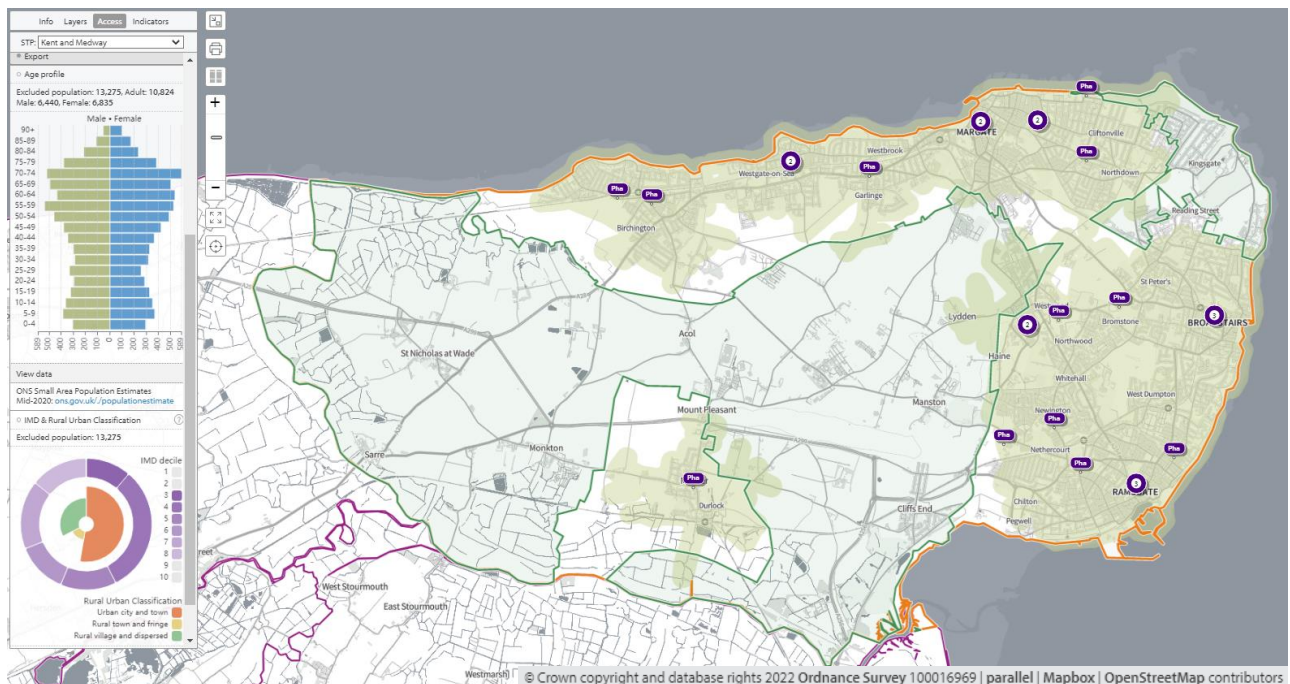
In **map 174**, below, the green shaded areas are within a **20-minute walk** of a community pharmacy/dispensing GP practice. The data indicates that 10,192 (7.2%) of people are not within a 20-minute walk and for those aged over 65 years this figure increases to 2,922 (8.6%) people.

Map 174. Locations of community pharmacies and lower super output areas not within a 20-minute walk



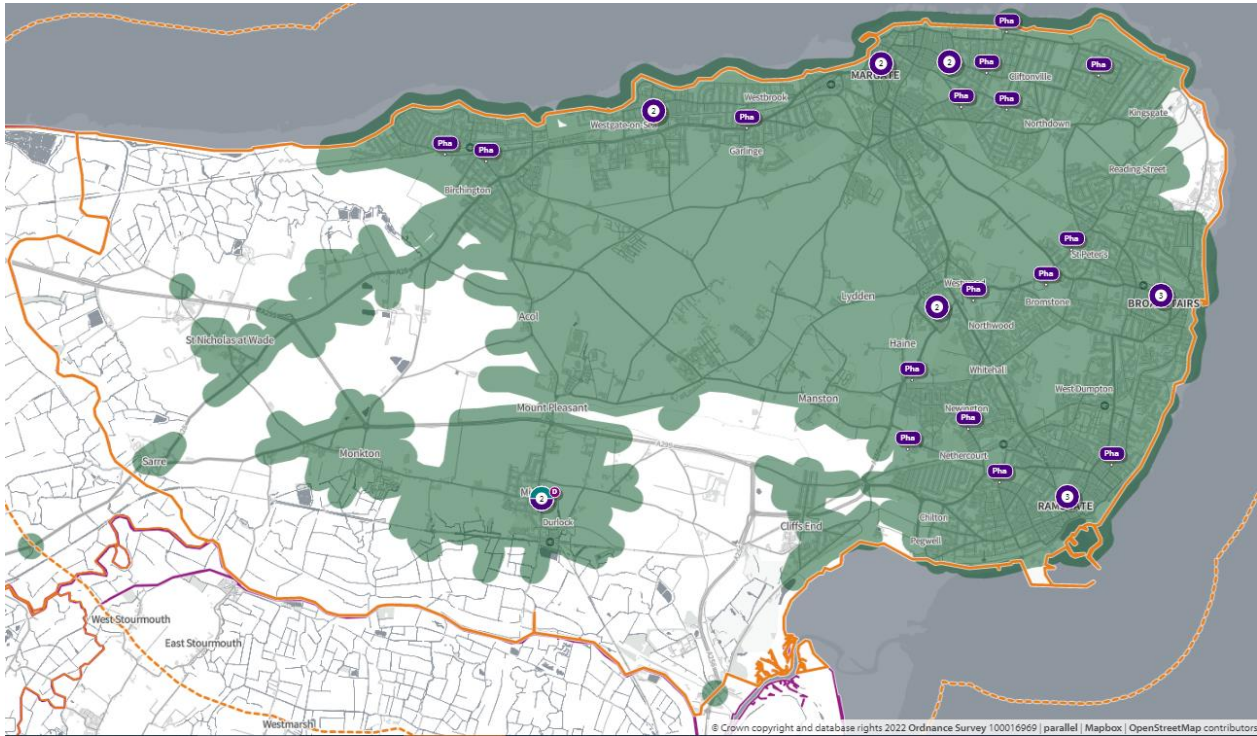
In **map 175**, below, the olive-green shaded areas are within a 20-minute walk of a community pharmacy on a Saturday. 13,275 (9.3%) of people are not within a 20-minute walk on a Saturday and 65+ population 11% (3,724) is not within a 20-minute walk of a community pharmacy on a Saturday.

Map 175. Locations of community pharmacies open on Saturdays and lower super output areas not within a 20-minute walk



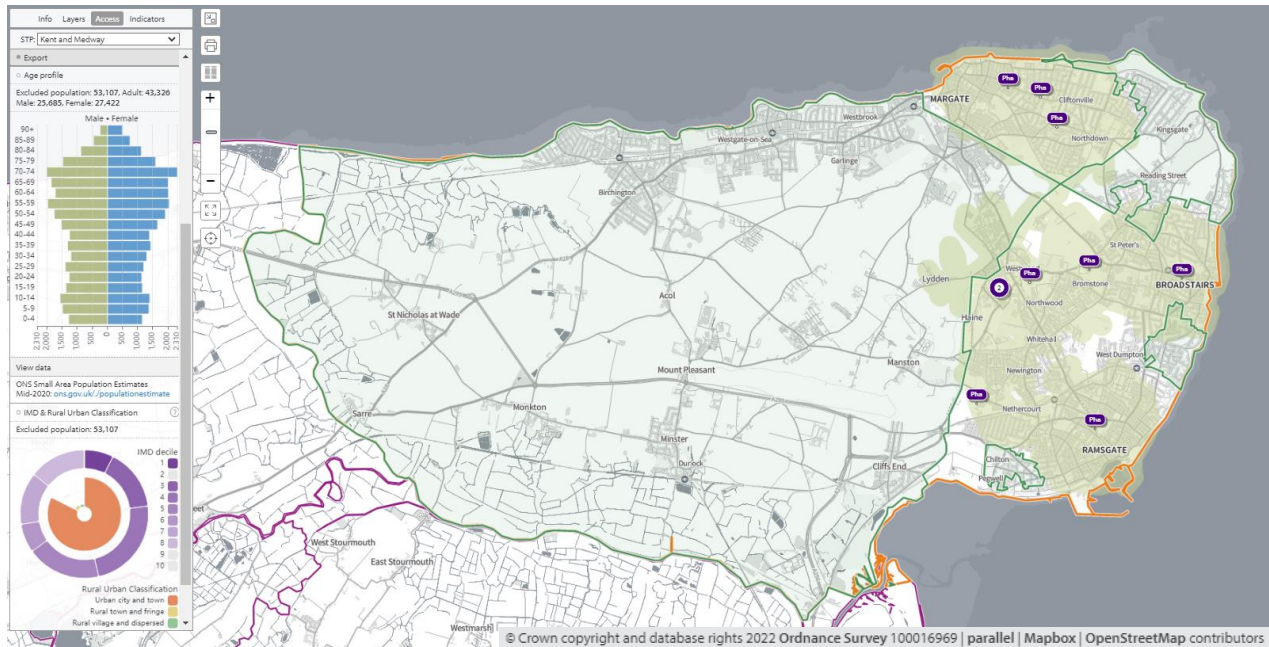
Map 176, below, shows 20 minutes public transport access, as green shaded areas to community pharmacies. The entire population is within 20-minutes by public transport.

Map 176. Locations of community pharmacies and areas within 20-minutes by public transport on weekday mornings



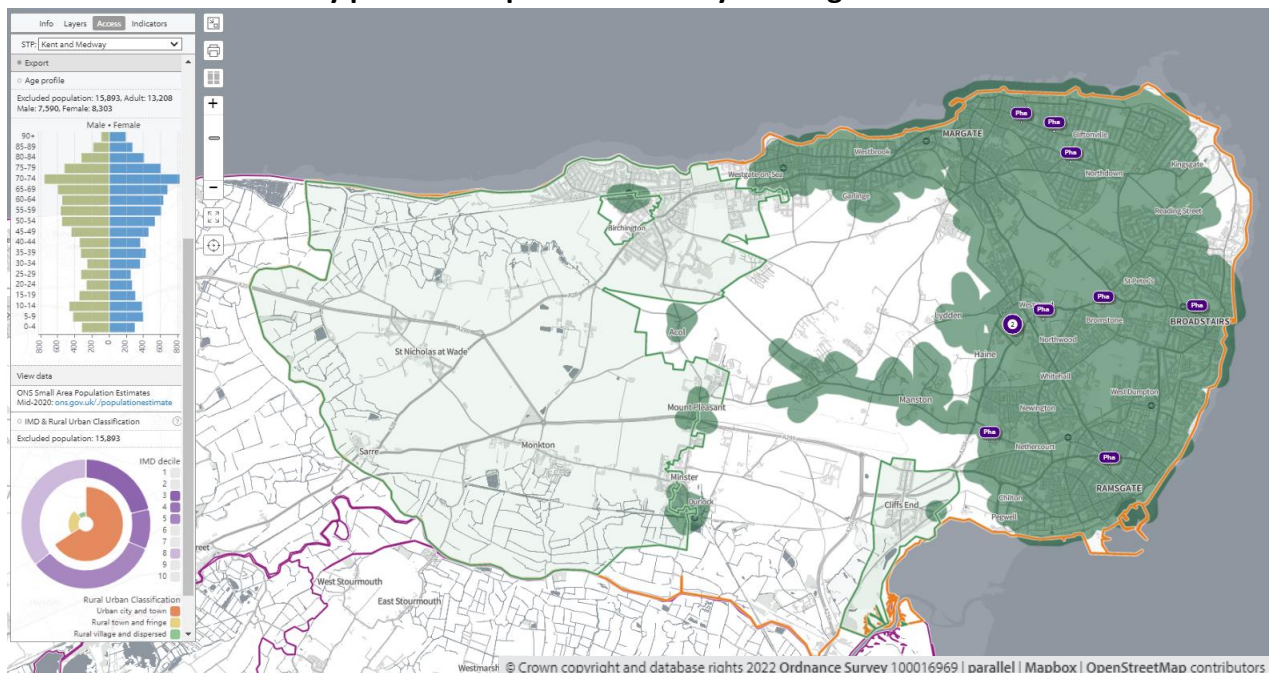
In **map 177** the olive-green shaded areas are within a 20-minute walk of a community pharmacy that opens until at least 7pm on weekdays. 53,107 (37.5%) people are not within a 20-minute walk of a community pharmacy that opens until at least 7pm on weekdays. 44.5% (15,063) of 65+ population is not within a 20-minute walk of a community pharmacy that opens until at least 7pm on weekdays.

Map 177. Locations of community pharmacies open until at least 7pm and lower super output areas not within a 20-minute walk



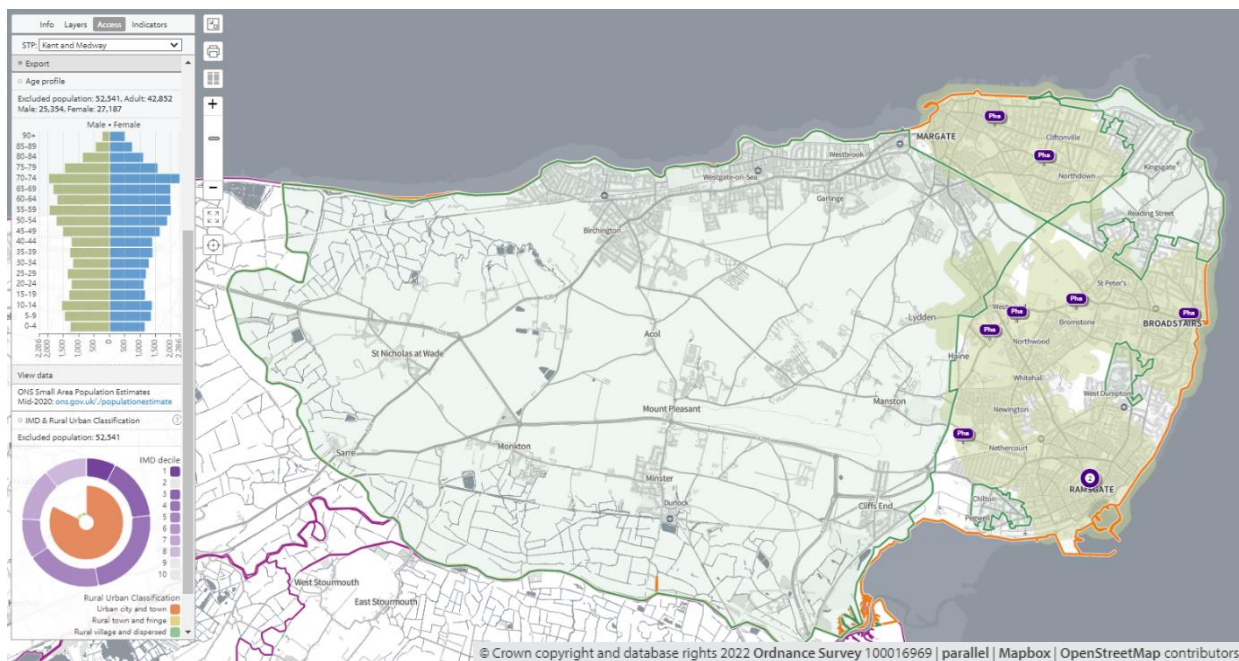
In **map 178**, below, the green shaded areas are within 20-minutes by public transport of a community pharmacy that opens past 7pm on weekdays. 15,893 (11.2%) people are not within 20-minutes by public transport that opens past 7pm on weekdays. 16.1% (5,445) of 65+ population is not within 20 minutes by public transport of a community pharmacy that opens past 7pm on weekdays

Map 178. Locations of community pharmacies open until at least 7pm and lower super output areas not within 20-minutes by public transport on weekday evenings



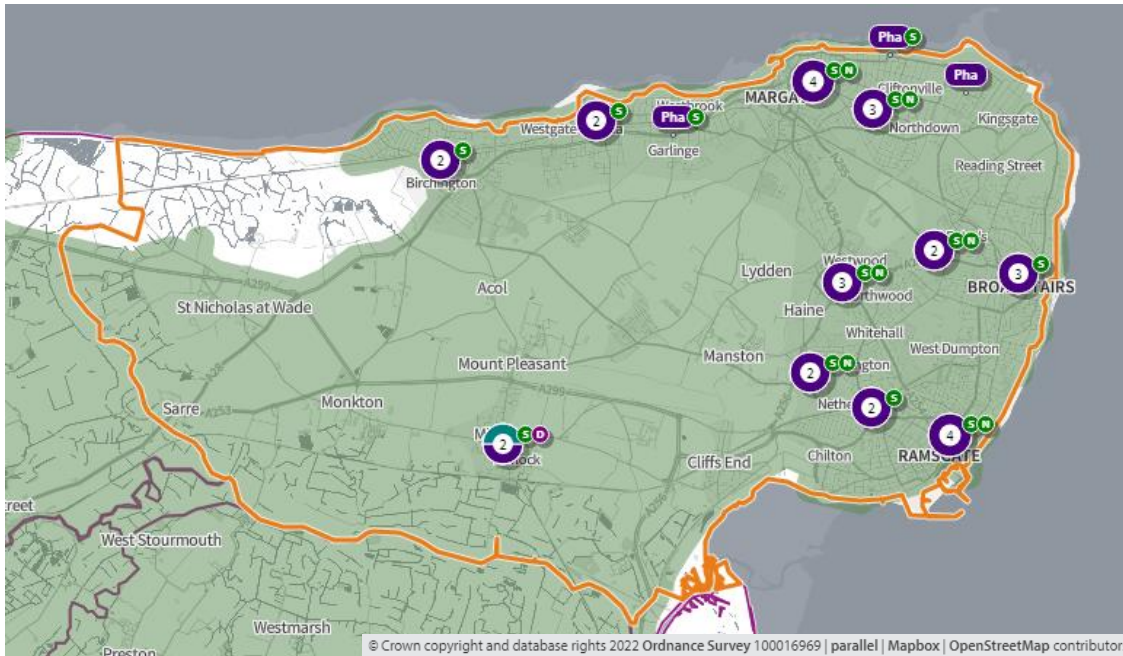
In **map 179**, below, the olive-green shaded areas are within a 20-minute walk of a community pharmacy that opens on Sundays. 37.1% (52,541) of the population is not within a 20-minute walk of a community pharmacy that opens on Sundays. 44.1% (14,916) of 65+ population is not within a 20-minute walk of a community pharmacy that opens on Sundays

Map 179. Locations of community pharmacies open on Sundays and lower super output areas not within a 20-minute walk



In **map 180** below, access during **core opening hours, Saturdays and Sundays** is shown. The green shaded areas are within a **20-minute drive** of a community pharmacy/dispensing GP practice. The entire population is within a 20-minute drive.

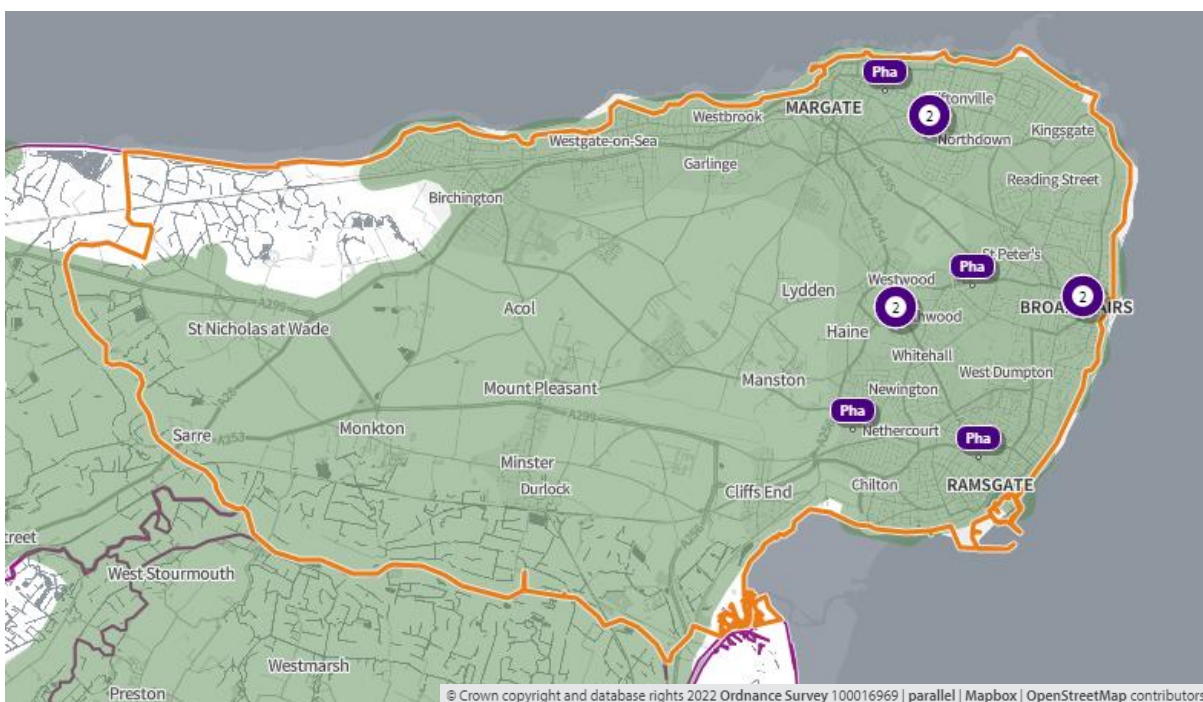
Map 180. Locations of community pharmacies and areas within 20-minutes by car



S = open Saturday N = open Sunday

In **map 181** below, the green shaded areas are within **20-minutes by car** of a community pharmacy that opens **until at least 7pm on weekdays**. The entire population is within a 20-minute drive.

Map 181. Locations of community pharmacies open until at least 7pm and areas within 20-minutes by car



3. Necessary services: current provision outside the localities area ⁽¹⁾

The information below indicates the number of prescriptions dispensed in and outside the locality.

- 3.1 million items prescribed in Thanet
 - 3 million items dispensed in Thanet
 - 2.76 million (89.2%) via Electronic Prescription Service
 - 133,966 dispensed outside of the district
 - 74,779 distance selling
 - 43,929 – Canterbury
 - 4,071 – Dover

- 3 million items dispensed in Thanet
 - 2.94 million items dispensed by community pharmacies in Thanet
 - 92,404 dispensed by 12 GP practices:
 - Minster Surgery– 49,960
 - 67,585 items prescribed outside borough i.e. more going out than coming in

The facts below indicate that the majority of prescriptions generated in the locality are dispensed in the locality. There is a small percentage of prescriptions generated in the area that are dispensed in neighbouring areas and an even smaller percentage that are generated outside the locality and dispensed by Thanet community pharmacies ⁽¹⁾.

- 1,458 outside prescribers dispense in Thanet
 - 2.2% of all items dispensed in Thanet
- 19 prescribers in Thanet
 - 97.8% of all items dispensed in Thanet
- 46 dispensers in Thanet
 - 95.7% of all items prescribed in Thanet
- 1,029 dispensers outside of Thanet
 - 4.3% of all items prescribed in Thanet

Some residents choose to access contractors outside both the locality and the Health and Wellbeing Board's area in order to access services:

- Offered by dispensing appliance contractors
- Offered by distance selling premises
- Which are located near to where they work, shop or visit for leisure or other purposes.

Taking into account this choice of pharmacy outside of the locality, the majority of residents can access a pharmacy and do access pharmacy services within the locality.

4. Other relevant services: current provision

The following advanced services are delivered in the Thanet locality.

Table 61. Number of pharmacies providing advanced services

Advanced service name	No. of pharmacies
New Medicine Service	29
Appliance Use Review	0
Hypertension Service [‡]	30
Stoma Appliance Customisation	2
Community Pharmacist Consultation Service (CPCS) [‡]	30
Hepatitis C Antibody Testing Service	1
Seasonal Influenza Vaccination Advances Service	29
Covid Vaccination Service*	0
Covid Home Delivery Service*	28
Covid lateral flow device distribution*	31

*Specific to the Covid-19 pandemic

[‡]Services introduced during the year of study

Please note that three of these services were specific to the Covid-19 pandemic and that others were new services introduced within the year. There is, however, good participation and early adoption of new services from pharmacies in this locality.

5. Other NHS services

The Strategic Health Asset Planning and Evaluation (SHAPE) web application provides the following information:

- Bethesda Medical Centre is open until 8pm on Tuesdays and Wednesdays and 7am-8pm on Fridays
- Broadstairs Medical Practice is open from 7am on Mondays and Tuesdays and until 8pm on Wednesdays
- Dashwood Medical Centre is open until 8pm on Wednesdays and Thursdays
- East Cliff Medical Centre is open until 8pm on Tuesdays and 8am-10.30am on Saturdays
- Minster Surgery is open until 8.15pm on Mondays
- Newington Road Surgery is open until 8pm on Mondays and Fridays
- St Peters Surgery is open until 8.30pm on Mondays
- The Limes Medical Centre is open from 6.55am daily and until 8pm on Mondays and Thursdays

- Westgate Surgery is open from 7am on Wednesdays and Thursdays and until 8pm on Thursdays

There is a 24-hour urgent care service at Queen Elizabeth the Queen Mother Hospital in Margate.

There are also drug and alcohol services, Kent and Medway NHS Hospital Trusts and Kent and Medway NHS and Social Care Partnership Trust and Kent Community Health NHS Foundation Trust with services that generate prescriptions that are dispensed by community pharmacies in this locality.

The number of prescriptions from these services is shown below:

- 24 pharmacies dispensed a total of 8,537 (mean = 356, range = 1-2,684) items from drug and alcohol services
- All 30 pharmacies dispensed a total of 2,191 (mean = 73, range = 21-240) items from Kent and Medway NHS and Social Care Partnership Trust (secondary mental health services)
- 23 pharmacies dispensed a total of 92 items (mean = 4, range = 1-15) from KCHFT
- All 30 pharmacies dispensed a total of 22,228 items (mean = 741, range = 1-1,575) from Kent and Medway hospitals

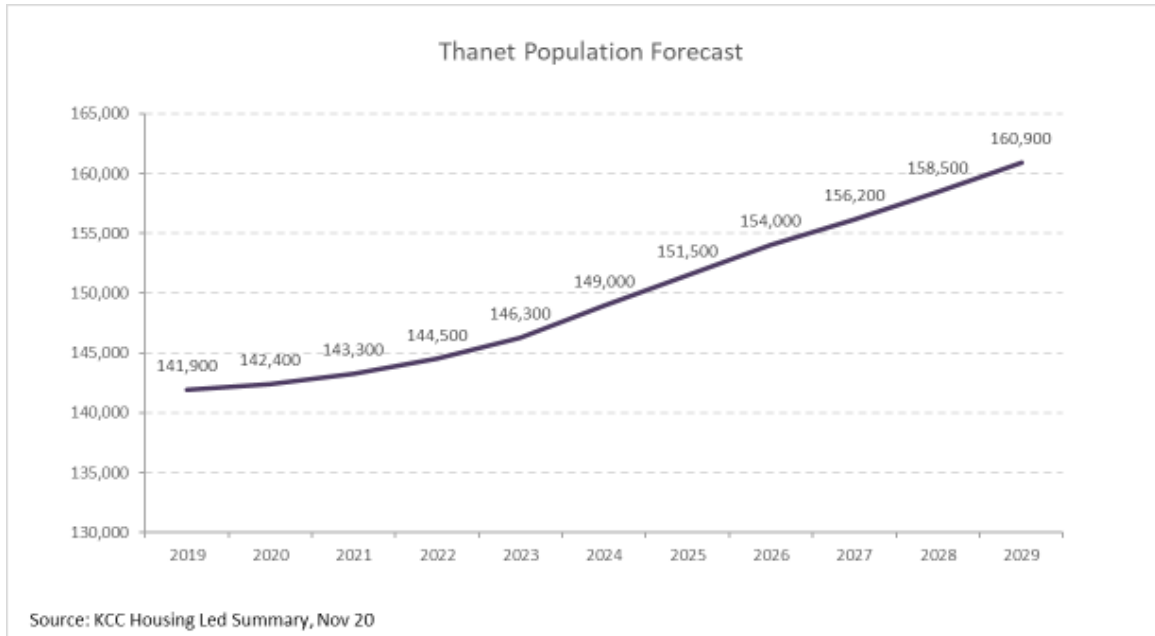
6. Choice with regard to obtaining pharmaceutical; services

As can be seen from sections 2 and 3, those living within the locality and registered with one of the GP practices generally choose to access one of the pharmacies in the locality in order to have their prescriptions dispensed or, if eligible, to be dispensed to by their practice. Those that look outside the locality usually do so either to access a neighbouring pharmacy, or a dispensing appliance contractor or distance selling premises outside of the Health and Wellbeing Board's area.

7. Developments

Figure 45 below shows the predicted increase in the population of the Thanet locality continuing to grow over the lifetime of this PNA. By 2025 it is estimated that each pharmacy will serve a population of 5,050.

Figure 45 Thanet population forecast



 **1 pharmacy per 5,050 people in 2025**

This is an increase of 875 people per pharmacy from 2022 to 2025. As stated in the community pharmacy contracts survey 19 pharmacy in the Thanet locality do have capacity to increase their services and 1 stated it did not. A total of 20 out of 30 pharmacies responded to the survey.

Map 182 below shows where there are major housing developments planned in the coming years and the table indicates the number of dwellings planned for each site.

Map 182. Location of housing developments

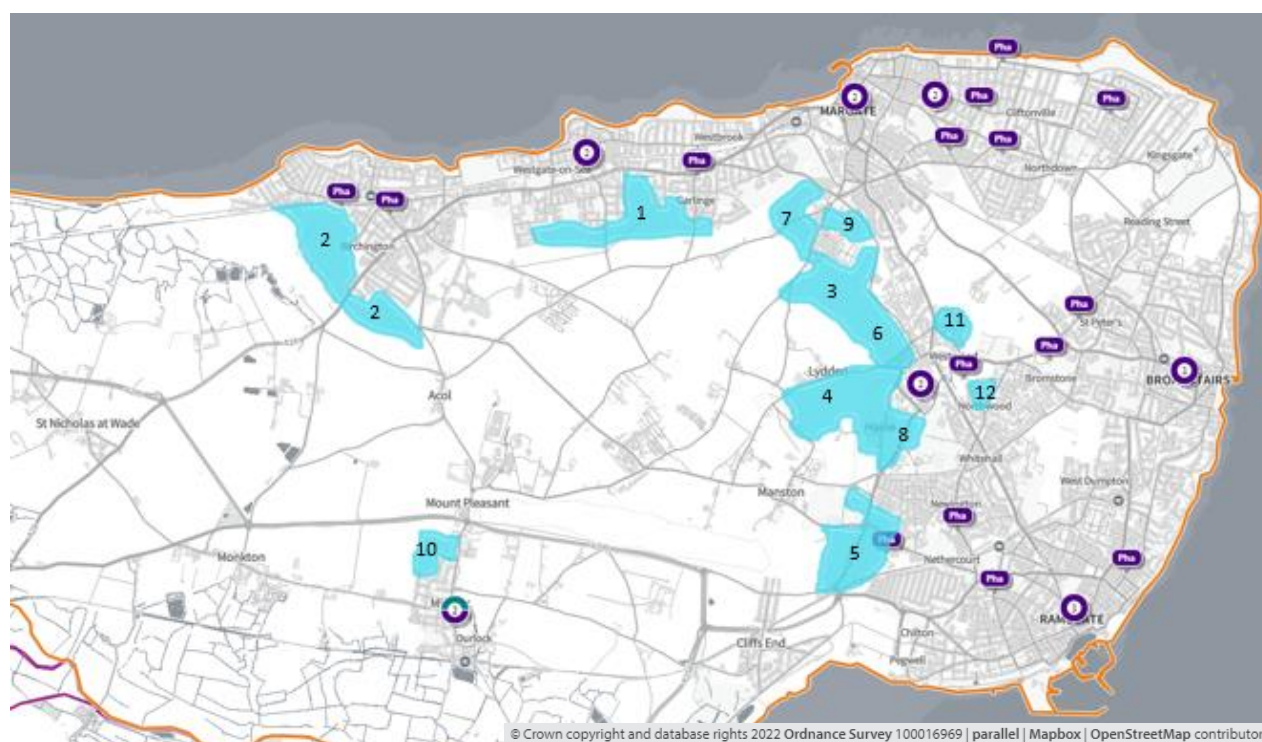
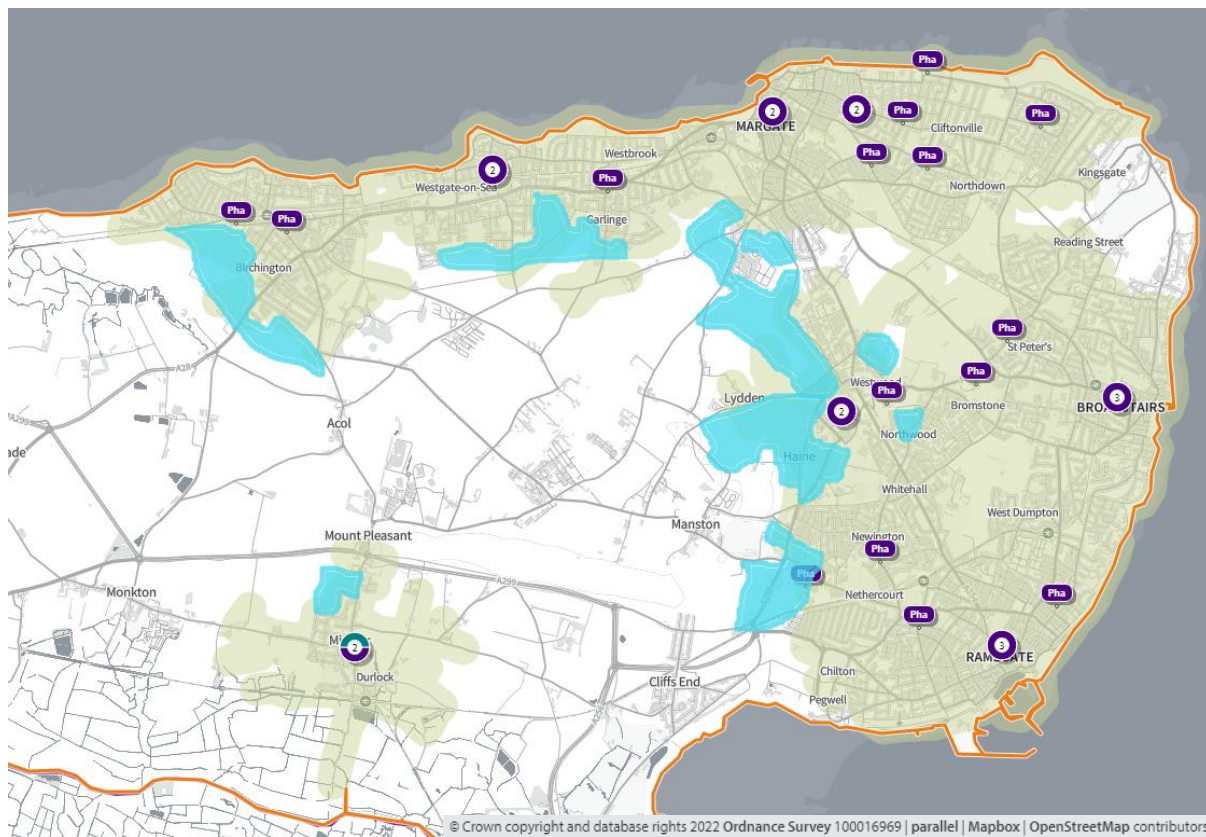


Table 62. Proposed housing developments – number of dwellings per year at each development

Site Name	20/21	21/22	22/23	23/24	24/25	25/26	26/27	27/28	28/29	29/30	2025	2030
1. Westgate			25	75	150	200	250	250	250	250	250	1450
2. Birchington			75	125	137	150	150	150	150	150	337	1087
3. Westwood			50	150	150	150	150	150	150	150	350	1100
4. Manston Court Road/Haine Road/Westwood village			50	160	170	130	140	140	140	120	380	1050
5. Manston Green/Manston Road/Haine Road		20	90	80	100	90	90	80	50	100	290	700
6. Haine Road/Nash Road	40	120	137	125	129	75	75	69			551	770
7. Manston Road/Shottendane Road					30	90	90	90	90	90	30	480
8. New Haine Road (Eurokent)			50	50	50	50	70	70	70	70	150	480
9. Nash Road/Manston Road		20	70	70	70	20					230	250
10. Tothill Street, Minster			30	50	50	50	34	36			130	250
11. Westwood Lodge, Poorhole Lane	20	50	50	31							151	151
12. Thanet Reach/Northwood Road		20	25	20	40	20					105	125

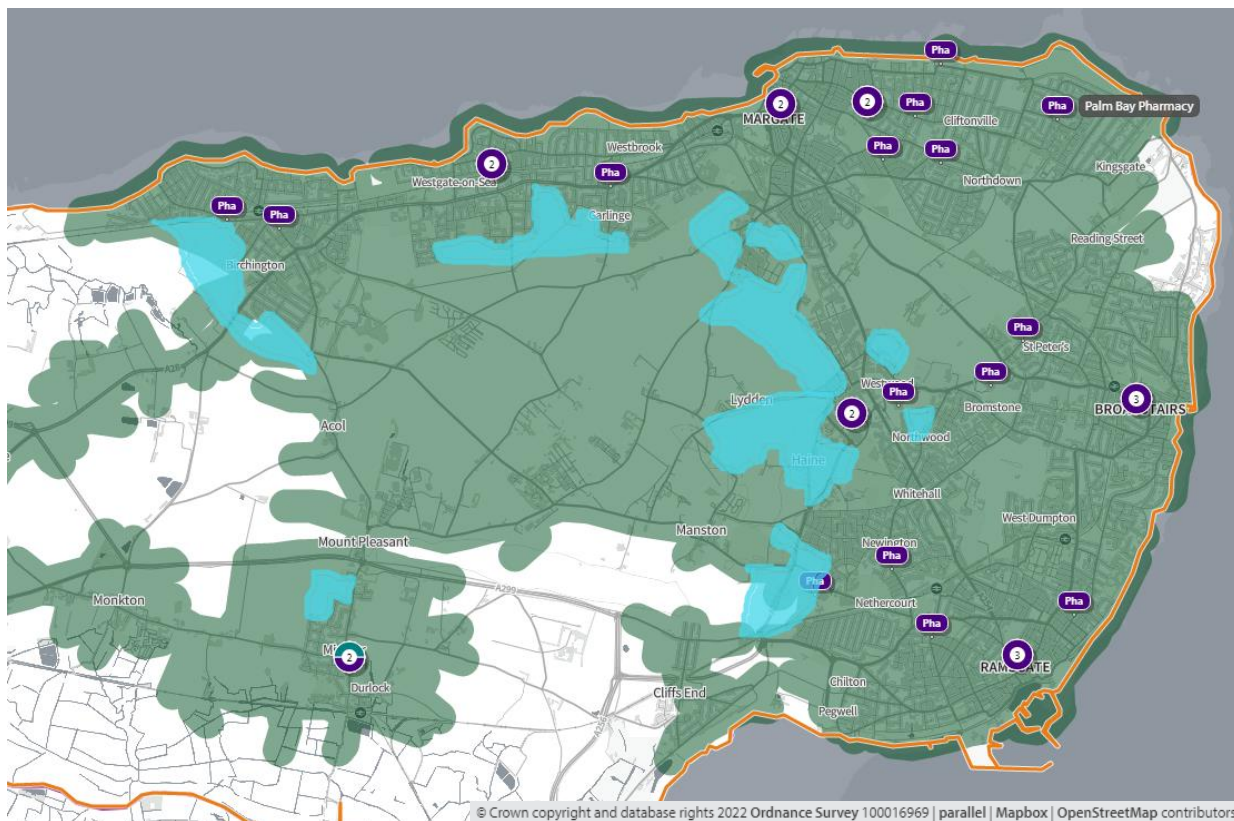
In **map 183**, below, the **green shaded areas** are within a **20-minute walk** of a community pharmacy/dispensing GP practice and the **blue shaded areas** are locations of **major housing developments (≥100 dwellings)**

Map 183. Location of community pharmacies/dispensing GPs, proposed housing developments, and areas within a 20-minute walk of a community pharmacy/dispensing GP



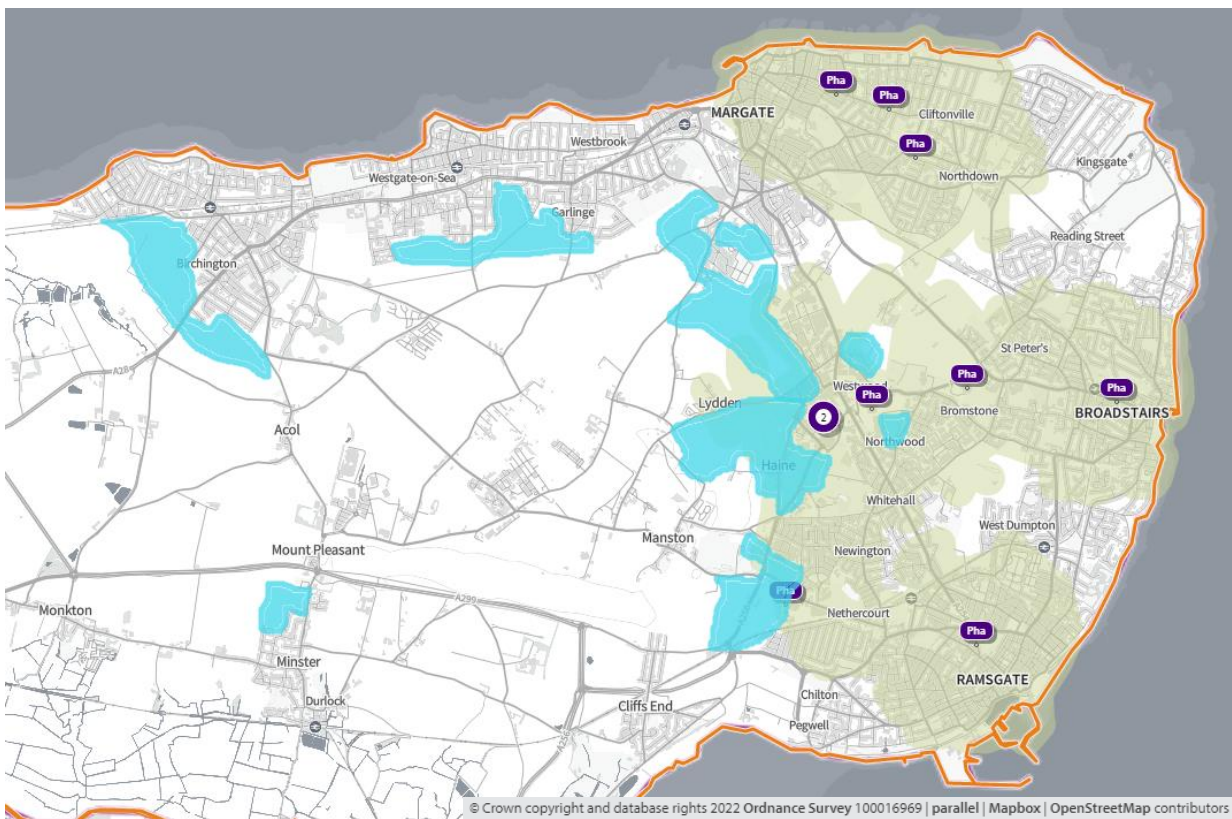
In **map 184**, below, the green shaded areas are within 20-minutes by public transport of a community pharmacy/dispensing GP practice and the **blue shaded areas are locations of major housing developments (≥100 dwellings)**

Map 184. Location of community pharmacies, proposed housing developments, and areas within 20 minutes of a community pharmacy by public transport on weekday mornings



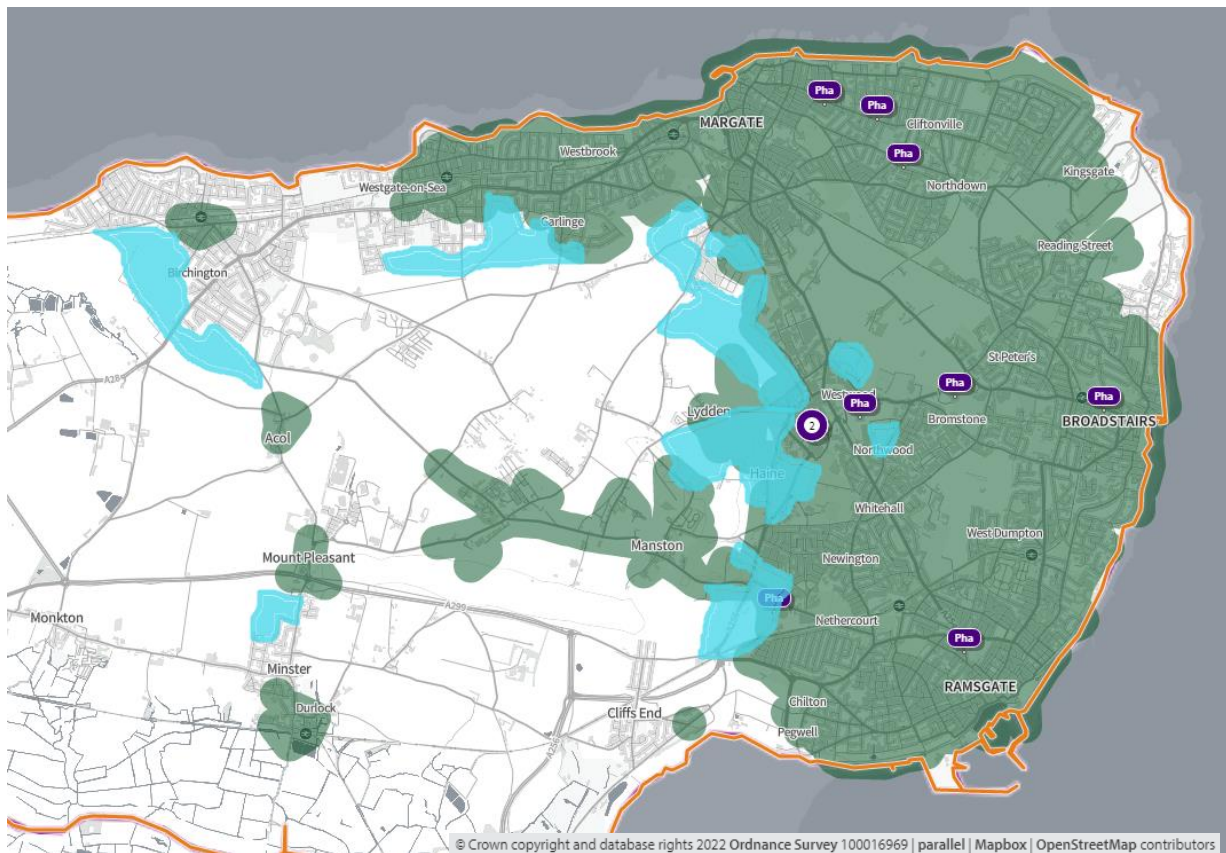
In **map 185, below**, the green shaded areas are within a 20-minute walk of a community pharmacy that is open until at least 7pm weekdays. The blue shaded areas are locations of major housing developments (≥ 100 dwellings)

Map 185. Location of community pharmacies, proposed housing developments, and areas within a 20-minute walk of a community pharmacy that is open until at least 7pm on weekdays



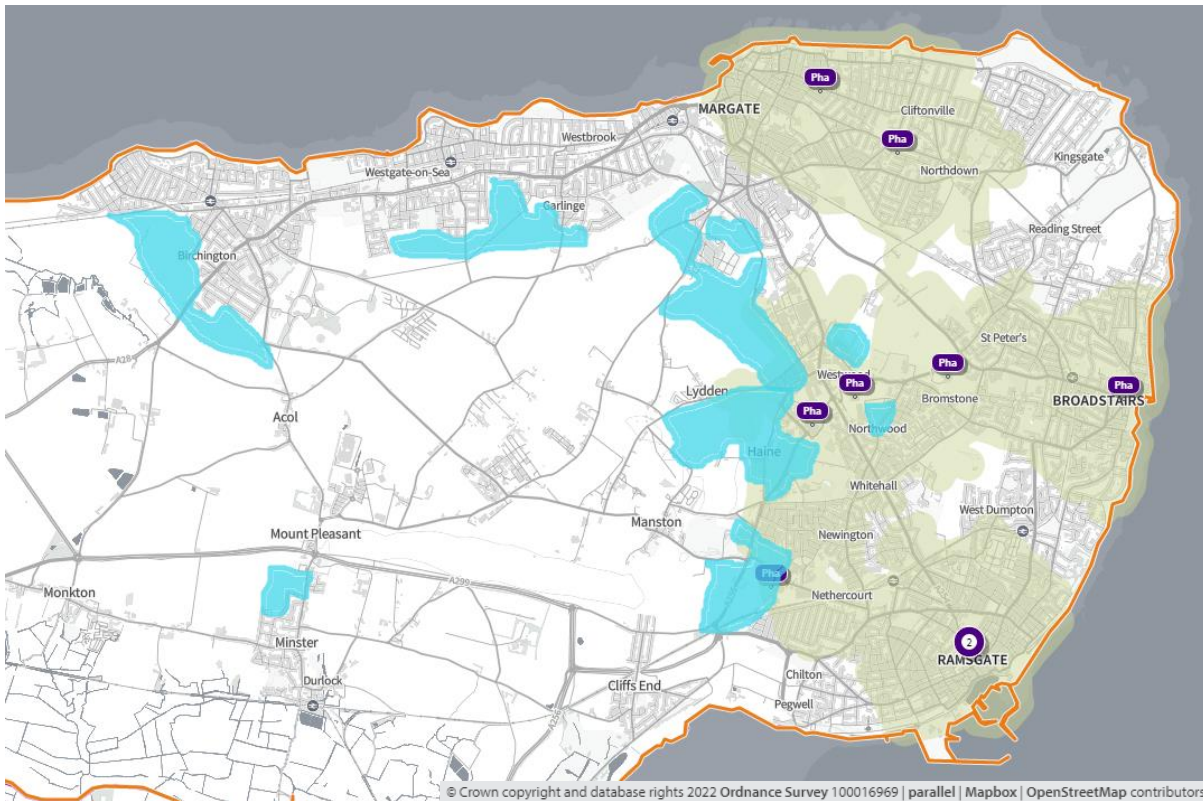
In **map 186**, below, the green shaded areas show area within 20-minutes by public transport of a community pharmacy practice that is open to at least 7pm and the blue shaded areas are locations of major housing developments (≥ 100 dwellings)

Map 186. Locations of community pharmacies open until at least 7pm on weekdays, proposed housing developments, and areas within 20 minutes of a community pharmacy by public transport on weekday evenings



In **map 187**, below, the green shaded areas are within **20 minutes walk** of a community pharmacy that is open on **Sundays** and blue shaded areas are locations of major housing developments.

Map 187. Location of community pharmacies, proposed housing developments, and areas within a 20-minute walk of a community pharmacy that is open on Sundays



8. Necessary services: - Gaps in provision

The access to pharmacies is good across the Thanet locality at present. The hours of access are excellent with six 100- hour pharmacies providing significant contribution to the access. The pharmacies on average currently have below the English average head of population per pharmacy. In the contractor survey only one pharmacy stated that they did not have capacity to increase dispensing or other service capacity.

There are developments planned around existing conurbations encroaching into rural area. The data indicated that the existing pharmacies will be able to provide pharmacy services. No gaps have been identified.

9. Improvements or better access: Gaps in provision

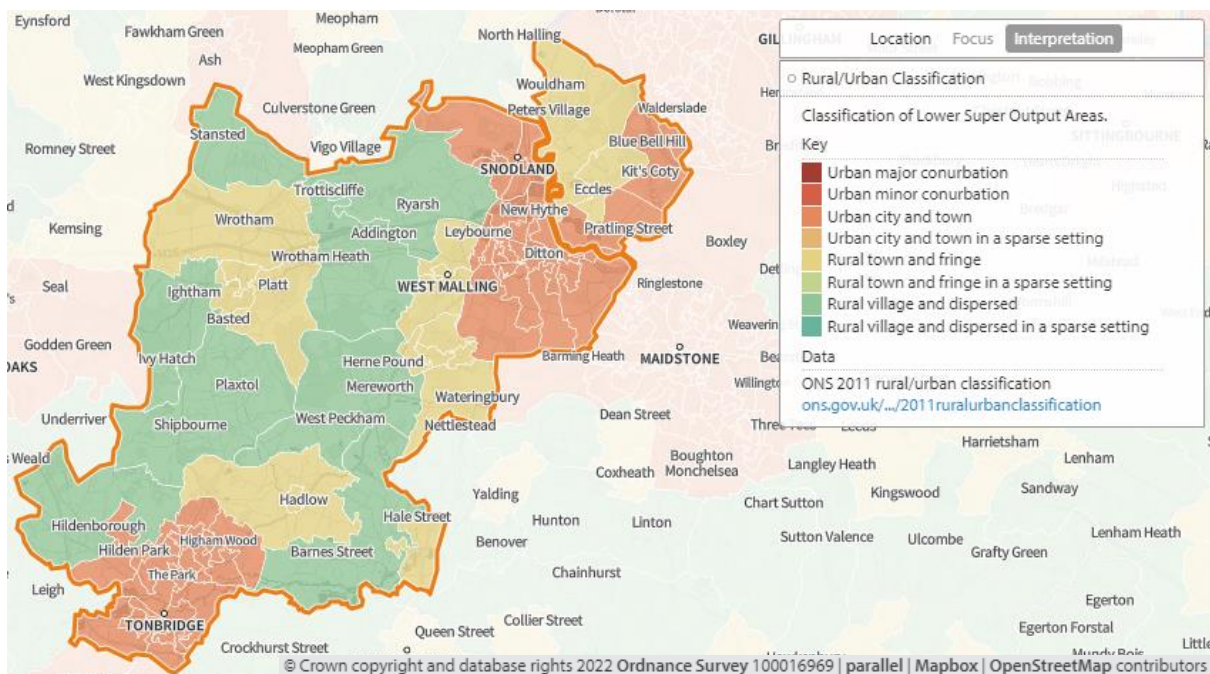
No gaps were identified

18 Tonbridge and Malling Borough Council Locality

1. Key Facts

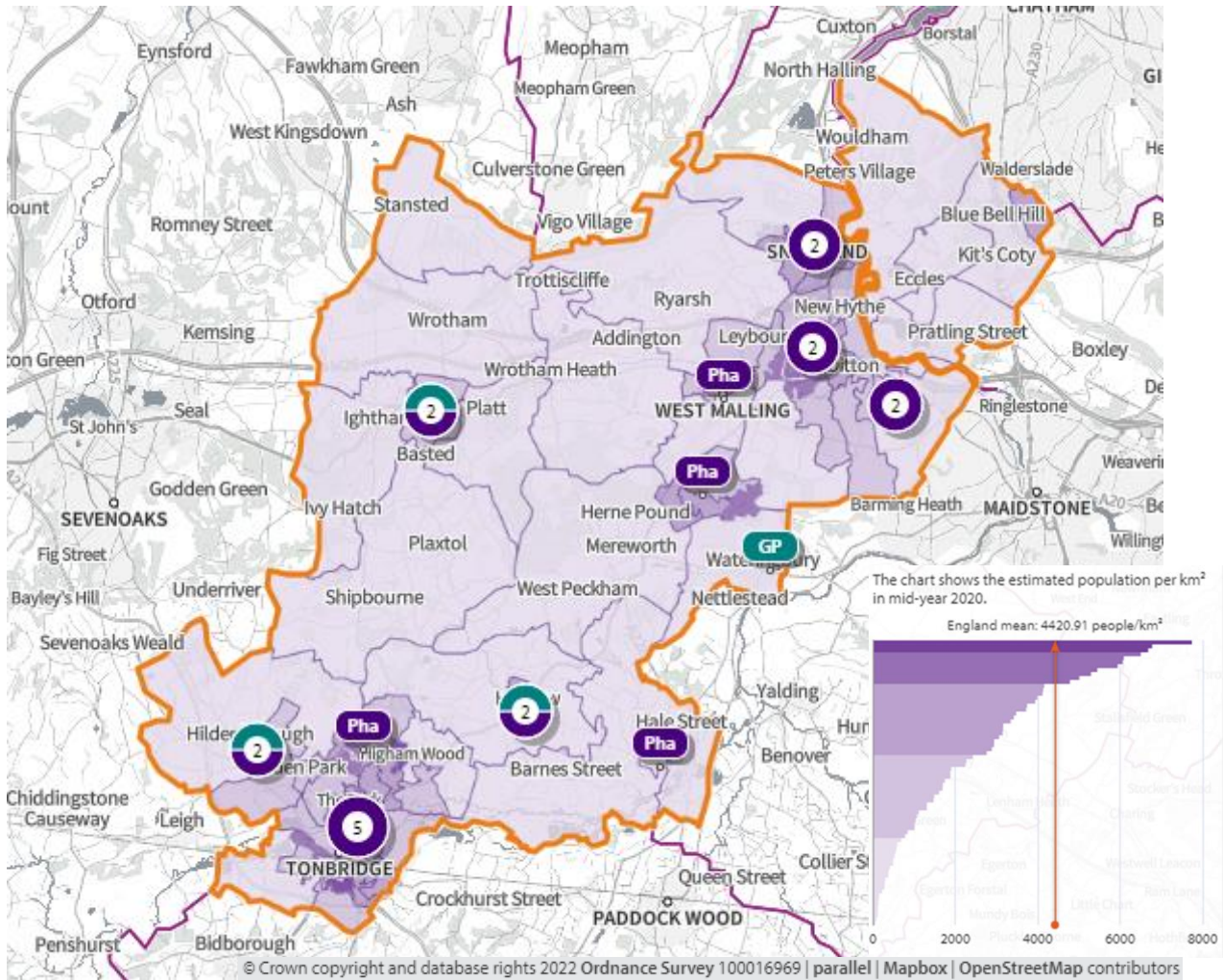
Tonbridge & Malling is a local government district in the west of the county. It covers an area of 240.1 square km. The population is concentrated in the north and south of the district but there are large villages throughout the district with significant concentrations of the population and associated facilities.

Map 188. Rural/urban classification of lower super output areas



Population

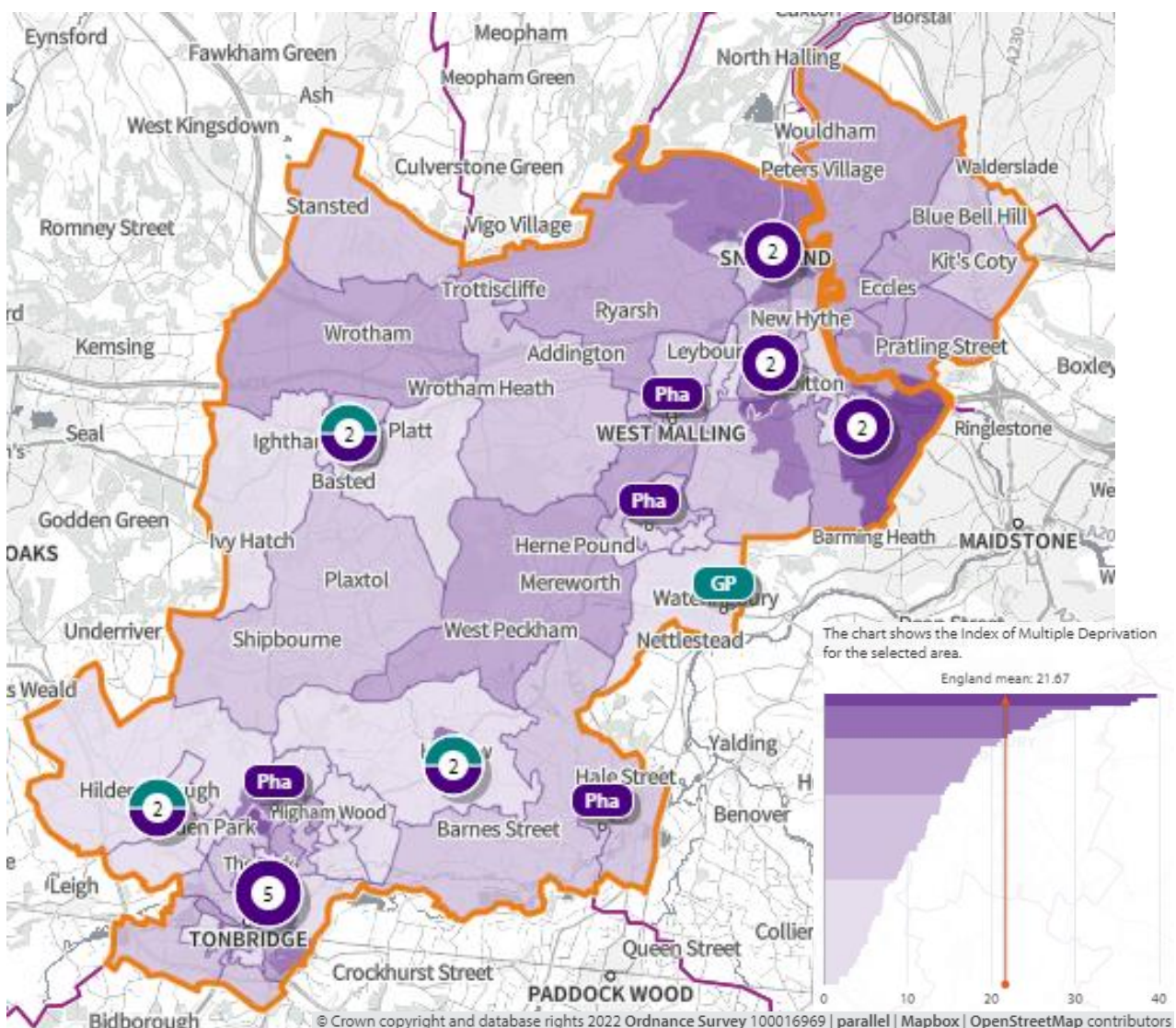
Map 189. Population density of lower super output areas overlaid with locations of pharmacies and dispensing doctors



Deprivation

Map 190 below shows the areas of deprivation in the Tonbridge and Malling District locality. Deprivation is low across the district and average deprivation is the third lowest in Kent. Employment rates are the third highest in Kent ⁽⁶³⁾ and educational attainment is slightly higher than the Kent average ⁽⁶⁴⁾.

Map 190. Deprivation of lower super output areas overlaid with locations of pharmacies and dispensing doctors



Language

English is the main language for all people aged 16 or over in 96.7% of households in the district. 1.2% of households have no people with English as the main language ⁽²⁾.

Home ownership

72% of houses are owned either outright (33%) or with a mortgage (39%). The average number of occupants per household is 2.5, marginally higher than the Kent average ⁽²⁾.

Age Distribution

The average age of Tonbridge and Malling district residents is 40.9, slightly lower than the Kent average of 41.4 ⁽²⁾. 19% of the population is over 65 and 20.4% 0-15. Life expectancy at birth is 80 for males and 84.5 for females, the highest in Kent ⁽⁴⁶⁾.

Economy

By industry, the top three employers in the Tonbridge and Malling district are wholesale and retail trade (18.5%), education (9.7%), and administrative and support service activities (9.7%) ⁽¹⁵⁾.

Car ownership

14% of households in Tonbridge and Malling district do not have a car or van in the household, this is the second lowest in Kent ⁽¹³⁾.

Care Homes

There are a considerable number of care homes in the Tonbridge and Malling locality. Patients who are looked after in a care home setting are often high users of medicines. However, because of the nature of their care, they rarely access pharmaceutical services individually, leaving this to be carried out by the care home staff. More recently care home organisations do not use local pharmacies for this service, favouring the large “hub” or “internet” pharmacies which specialise in this type of one-stop service. Therefore, there is not considered to be any relationship between the number of care homes and the need for local pharmaceutical services.

2. Necessary services: current provision within the locality

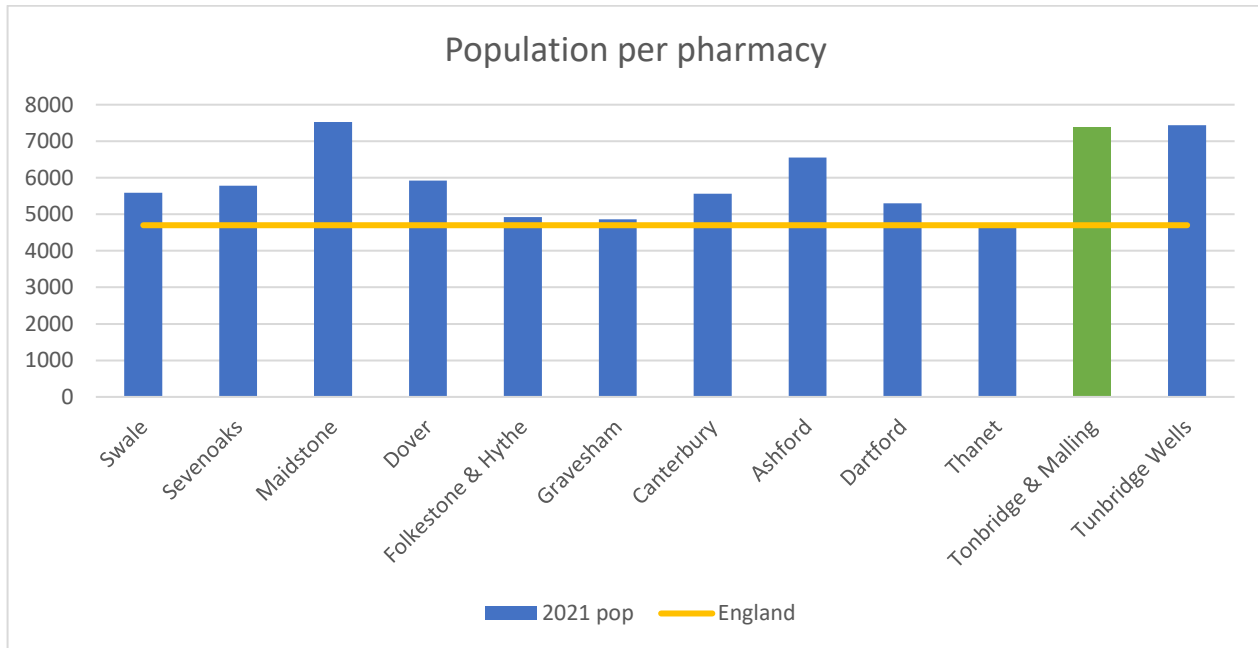
(All data presented in this section is for the financial year 2020/21 with the exception of lateral flow devices data which covers the 4 months from April 2021 to July 2021)

There are eighteen Community pharmacies providing dispensing services in the Tonbridge and Malling locality.

In addition, there are five dispensing GP practices in the locality.

Each pharmacy provides on average services for 7,365 of the area’s population. Figure 46 below shows how this compares with the other localities of Kent.

Figure 46 Number of people per pharmacy in each locality



The facts below indicate that the majority of prescriptions generated in the locality are dispensed in the locality. There is a small percentage of prescriptions generated in the area that are dispensed in neighbouring areas and a slightly lower percentage that are generated outside the locality and dispensed by Tonbridge and Malling community pharmacies ⁽¹⁾.

- 1,127 outside prescribers dispense in Tonbridge and Malling
 - 7.2% of all items dispensed in Tonbridge and Malling
- 24 prescribers in Tonbridge and Malling
 - 92.8% of all items dispensed in Tonbridge and Malling
- 29 dispensers in Tonbridge and Malling
 - 91.2% of all items prescribed in Tonbridge and Malling
- 1,255 dispensers outside of Tonbridge and Malling
 - 8.8% of all items prescribed in Tonbridge and Malling

Pharmacy locality: Maps 1 and 2 above show the locality of the community pharmacies and GP dispensing practices.

Opening times: All are open Monday to Friday, with seventeen opening on Saturdays and 4 opening on Saturdays and Sundays. This gives a weekly opening hours range of 41.5 to 102 hours and an average of 58.6 hours of opening each week. Sixteen of these pharmacies open for at least one hour after 5pm on weekdays.

Table 63 below show the core and supplementary hours of each pharmacy ⁽⁶⁵⁾.

Table 63. Opening times for all pharmacies

Pharmacy	Total core weekly hours	Total supplementary weekly hours	Total weekly hours	Max. hours open after 5pm at least 1 day/week	Saturday hours	Sunday Hours
Clarke & Coleman Pharmacy	40	13.5	53.5	1	8.5	0
Boots the Chemists	40	10	50	1	7.5	0
Field Pharmacy	41.5	0	41.5	0.5	4	0
Hadlow Pharmacy	40	9.5	49.5	1.5	7	0
Paydens Pharmacy	40.5	13	53.5	1	8.5	0
Curries Pharmacy	40	10	50	1	5	0
Kings Hill Pharmacy	40	13	53	1	8	0
Hobbs Pharmacy	40	1.5	41.5	0.5	4	0
East Street Pharmacy	100	0	100	5	15	10

Table 63 continued

Pharmacy	Total core weekly hours	Total supplementary weekly hours	Total weekly hours	Max. hours open after 5pm at least 1 day/week	Saturday hours	Sunday Hours
LloydsPharmacy	102	0	102	5	16	6
Catts Pharmacy	40	6	46	1.5	0	0
Paydens Pharmacy	40	18.5	58.5	1.5	8.5	0
Tesco Pharmacy	42	36	78	3	12	6
Boots the Chemists	40	22.5	62.5	1	9	6
Avicenna Pharmacy	46	5.5	51.5	1	4	0
Thompson Pharmacy	40	17.5	57.5	1.5	8.75	0
Oaks Pharmacy	40	6	46	1	3.5	0
LloydsPharmacy	40	21	61	2	8.5	0

The dispensing GP practices in the Tonbridge and Malling locality are:

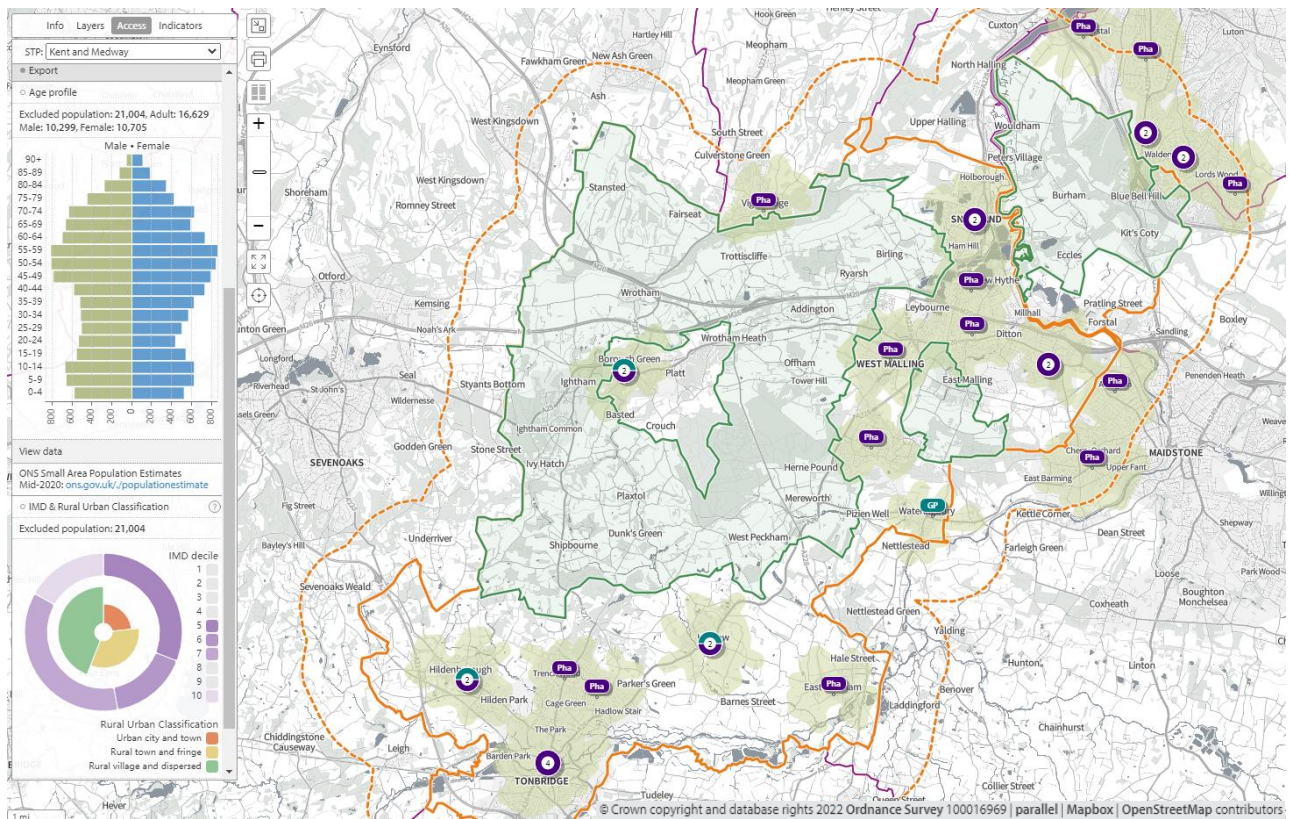
- Hildenborough Medical Practice TN11 9HL
- Borough Green Medical Practice TN15 8RQ
- Watringbury Surgery ME18 5SS
- Hadlow Medical centre TN11 0ET

Travel times

Access during core opening hours

In **map 191**, below, the olive-green shaded areas are within a 20-minute walk of a community pharmacy/dispensing GP practice. Olive green shaded areas are within a 20-minute walk of a community pharmacy/dispensing GP. 21,004 (15.4%) people are not within a 20-minute walk. 15.4% (4,443) of 65+ population is not within a 20 minute walk of a community pharmacy/dispensing GP

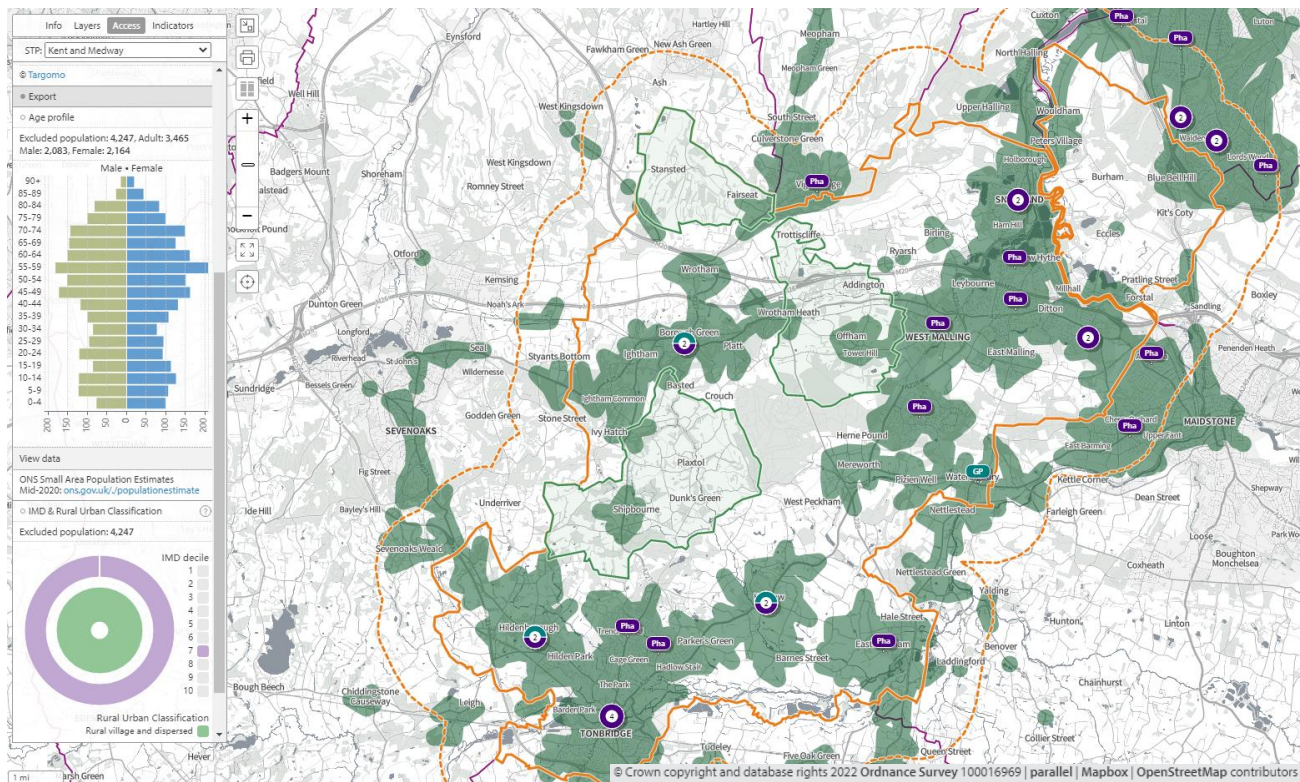
Map 191. Locations of community pharmacies/dispensing GPs and lower super output areas not within a 20-minute walk



Public Transport 20 minutes

In map 192, below, the green shaded areas are within 20-minutes by public transport of a community pharmacy/dispensing GP practice. Green shaded areas are within 20-minutes by public transport of a community pharmacy/dispensing GP on weekdays. 4,247 (3.6%) people are not within 20-minutes by public transport of a community pharmacy/dispensing GP. 2.8% (1,033) of 65+ population is not within a 20-minute walk of a community pharmacy/dispensing GP

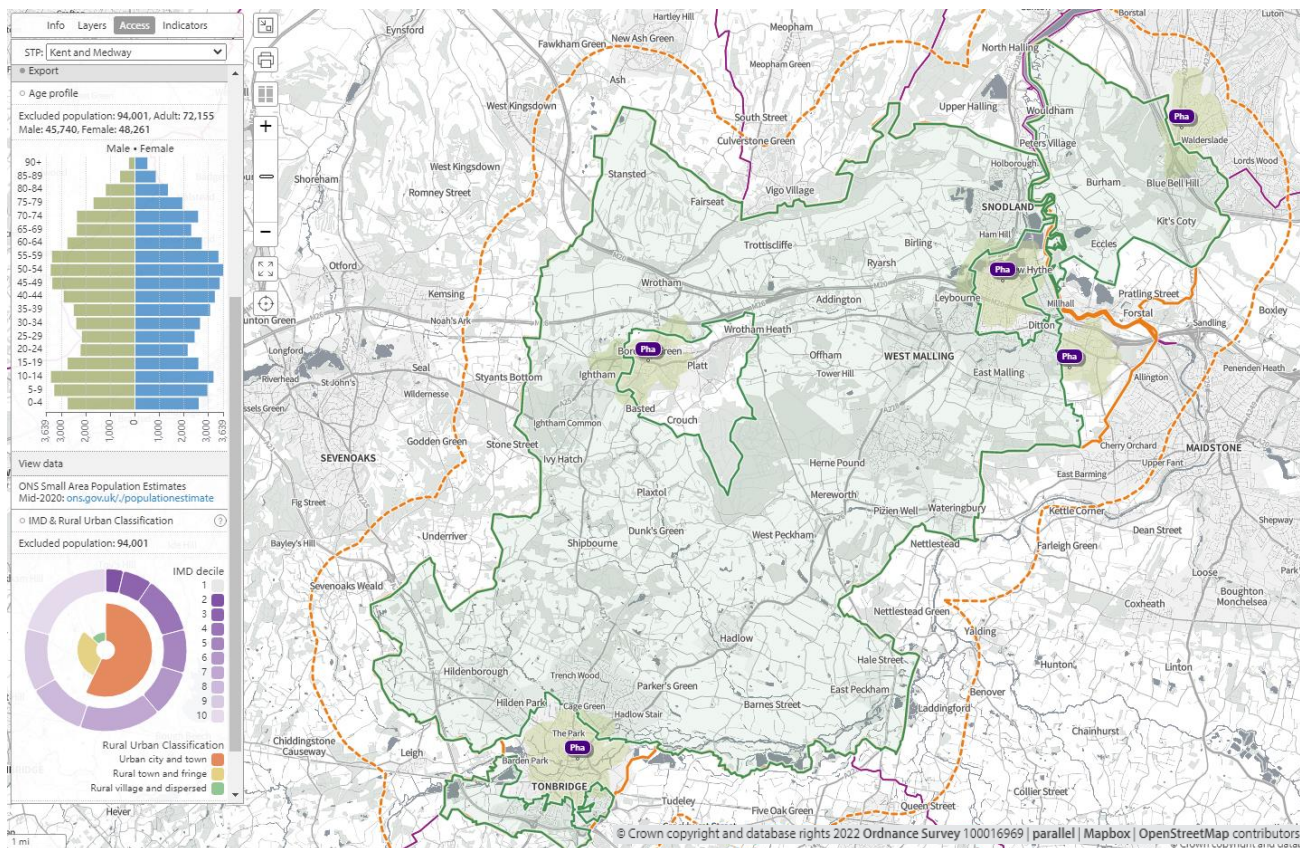
Map 192. Locations of community pharmacies/dispensing GPs and lower super output areas not within 20-minutes by public transport on weekday mornings



After 7 pm weekdays walking

In **map 193**, below, the olive-green shaded areas are within a 20-minute walk of a community pharmacy that opens until at least 7pm on weekdays. Olive green shaded areas are within a 20-minute walk of a community pharmacy that opens until at least 7pm on weekdays. 94,001 (62.2%) people are not within a 20-minute walk of a community pharmacy that opens until at least 7pm on weekdays. 62.7% (18,087) of 65+ population is not within a 20-minute walk of a community pharmacy that opens until at least 7pm on weekdays.

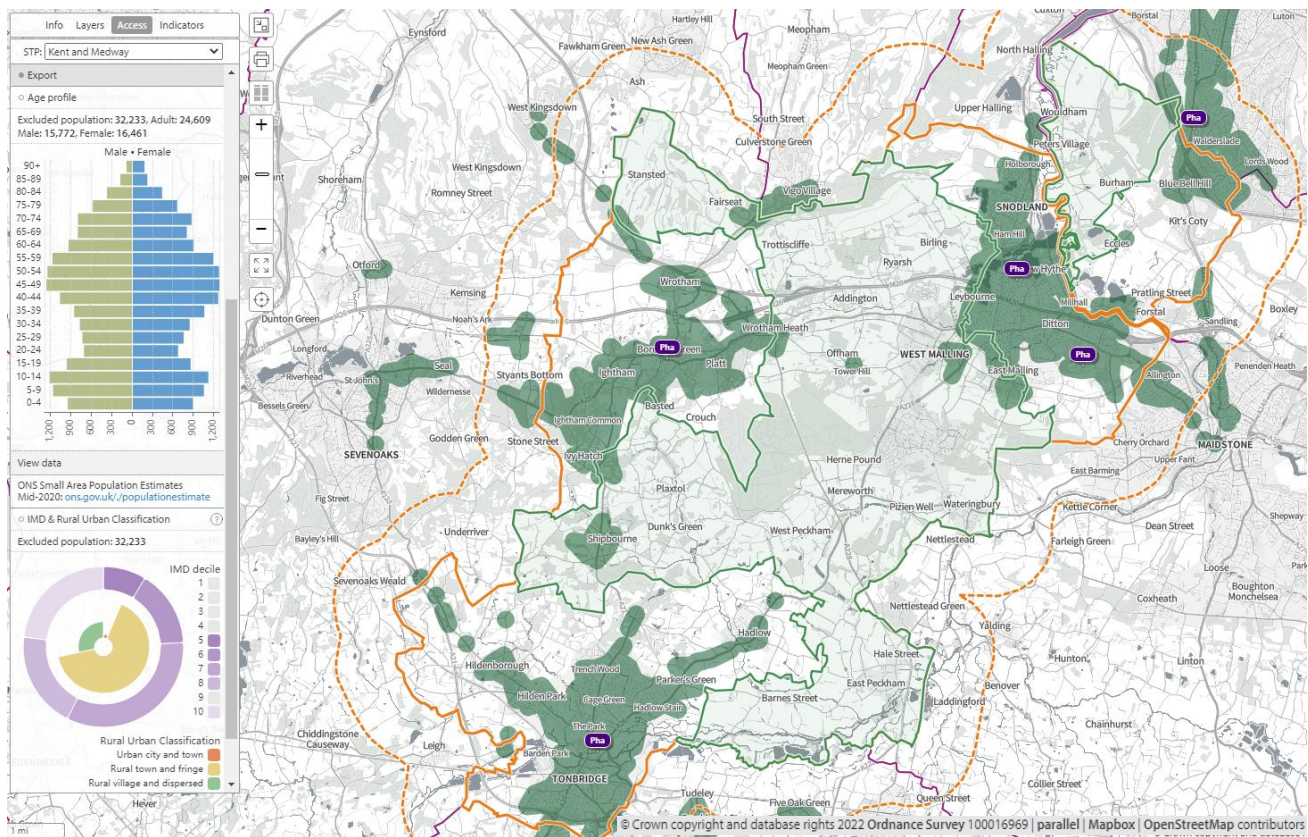
Map 193. Locations of community pharmacies open until at least 7pm and lower super output areas not within a 20-minute walk



After 7pm weekdays public transport

In **map 194**, below, the green shaded areas are within 20-minutes by public transport of a community pharmacy that opens past 7pm on weekdays. Green shaded areas area within 20-minutes by public transport of a community pharmacy that opens past 7pm on weekdays. 32,233 (21.3%) people are not within 20-minutes by public transport that opens past 7pm on weekdays. 20.8% (5,993) of 65+ population is not within 20 minutes by public transport of a community pharmacy that opens past 7pm on weekdays.

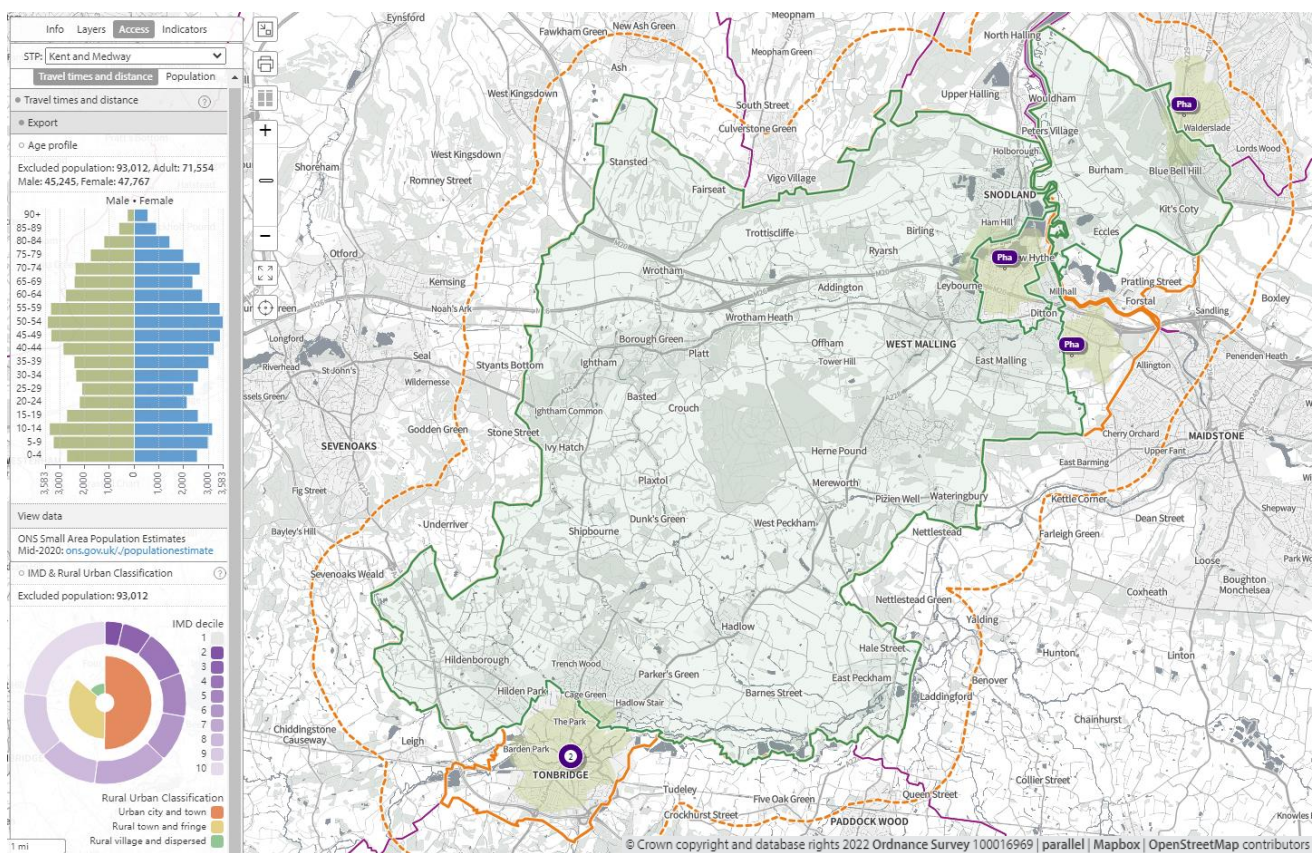
Map 194. Locations of community pharmacies open until at least 7pm and lower super output areas not within 20-minutes by public transport on weekday evenings



Access on Sundays

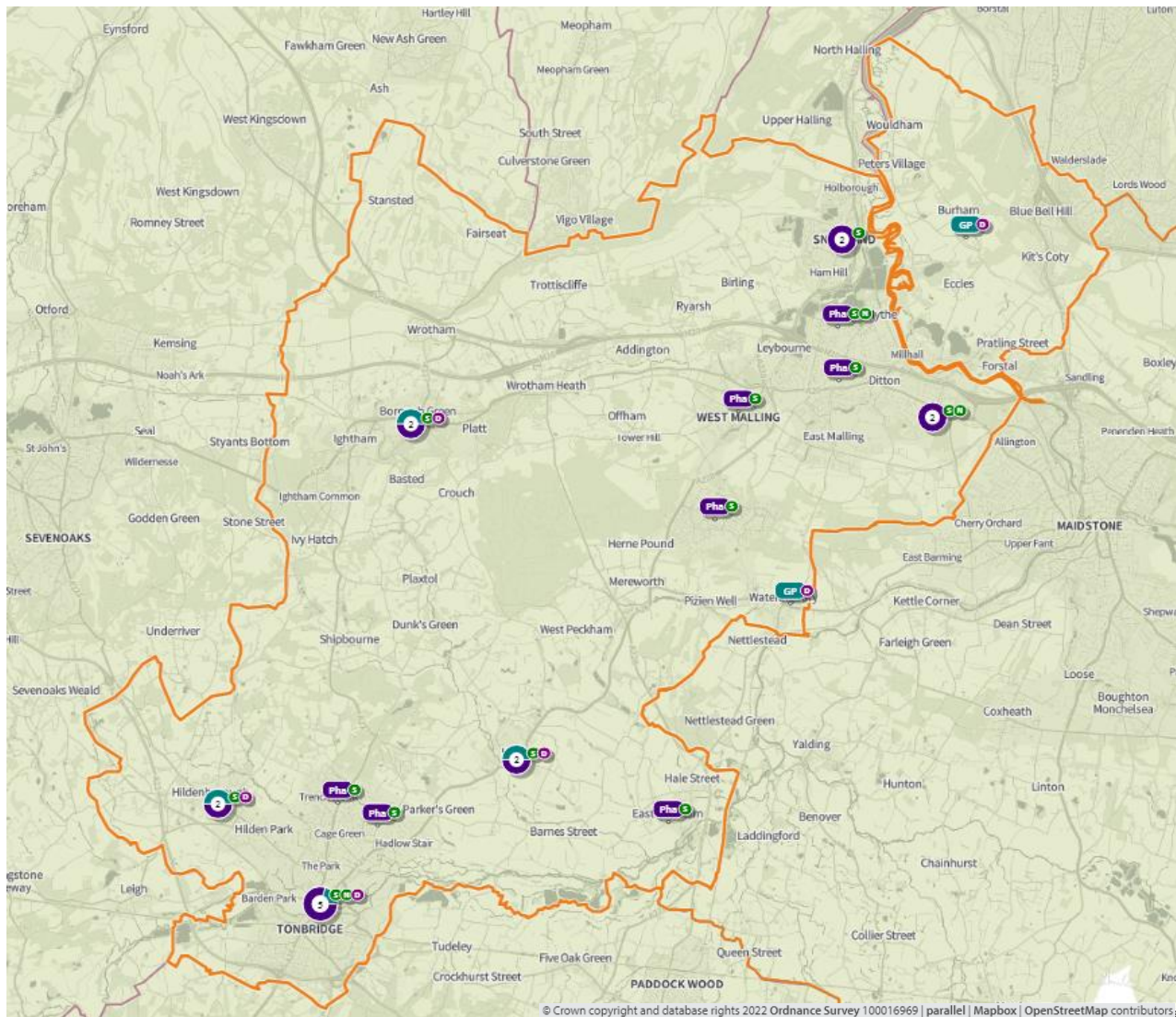
In **map 195**, below, the olive-green shaded areas are within a 20-minute walk of a community pharmacy that opens on Sundays. 61.6% (93,012) of the population is not within a 20-minute walk of a community pharmacy that opens on Sundays. 63.8% (18,411) of 65+ population is not within a 20-minute walk of a community pharmacy that opens on Sundays

Map 195. Locations of community pharmacies open on Sundays and lower super output areas not within a 20-minute walk



Map 196 below shows access during **core opening hours, Saturdays and Sundays**. The olive-green shaded areas are within a **20-minute drive** of a community pharmacy/dispensing GP practice. The entire population is within a 20-minute drive.

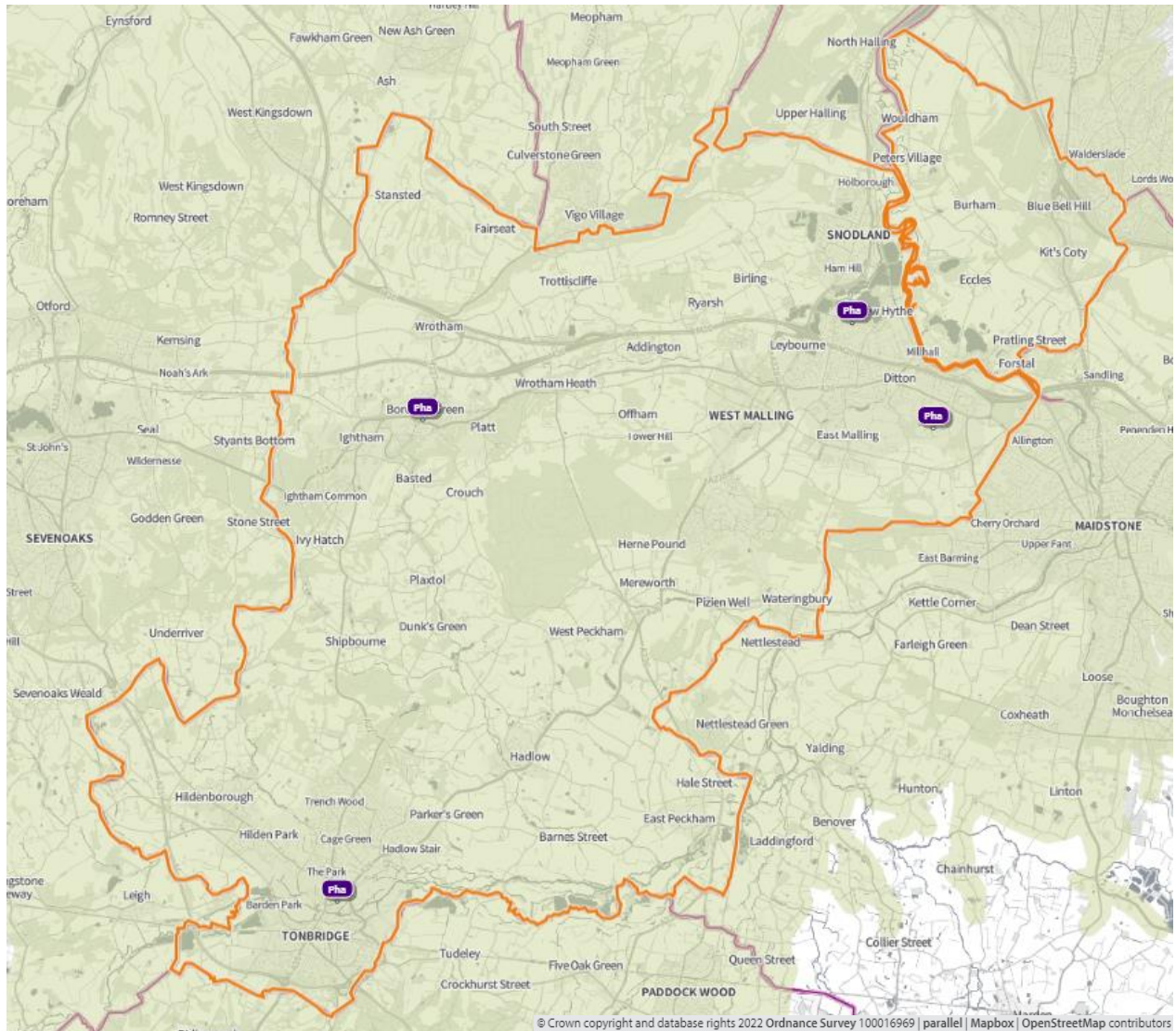
Map 196. Locations of community pharmacies, dispensing GPs and areas within 20-minutes by car



S = open Saturday N = open Sunday

Map 197 below, the green shaded areas are within **20-minutes by car** of a community pharmacy that opens **until at least 7pm on weekdays**. The entire population is within a 20-minute drive.

Map 197. Locations of community pharmacies open until at least 7pm and areas within 20-minutes by car



3. Necessary services: current provision outside the localities area ⁽¹⁾

The information below indicates the number of prescriptions dispensed in and outside the locality.

- 2.59 million items prescribed in Tonbridge and Malling
 - 2.36 million items dispensed in Tonbridge and Malling
 - 1.77 million (68.61%) via Electronic Prescription Service
 - 227,603 dispensed outside of the district
 - 112,947 distance selling
 - Maidstone – 27730
 - Gravesham – 20518

- 2.54 million items dispensed in Tonbridge and Malling
 - 2.17 million items dispensed by community pharmacies in Tonbridge and Malling
 - 373,300 dispensed by 11 GP practices:
 - 92,396 – Phoenix Medical Practice
 - 91,096 - Borough Green Medical Practice
 - 181,617 items prescribed outside borough i.e. more going out than coming in

Some residents choose to access contractors outside both the locality and the Health and Wellbeing Board's area in order to access services:

- Offered by dispensing appliance contractors
- Offered by distance selling premises
- Which are located near to where they work, shop or visit for leisure or other purposes.

Taking into account this choice of pharmacy outside of the locality, the majority of residents can access a pharmacy and do access pharmacy services within the locality.

4. Other relevant services: current provision

The following advanced services were delivered by pharmacies in the Tonbridge and Malling locality in 2020/21.

Table 64. Number of pharmacies providing advanced services

Advanced service name	No. of pharmacies
New Medicine Service	17
Appliance Use Review	0
Hypertension Service [‡]	17
Stoma Appliance Customisation	1
Community Pharmacist Consultation Service (CPCS) [‡]	17
Hepatitis C Antibody Testing Service	0
Seasonal Influenza Vaccination Advances Service	18
Covid Vaccination Service*	1
Covid Home Delivery Service*	13
Covid lateral flow device distribution*	19

*Specific to the Covid-19 pandemic

[‡]Services introduced during the year of study

Please note that three services were specific to the Covid-19 pandemic (Covid vaccination, homedelivery and lateral flow device distribution services) and that others were new services (CPCS, Hypertension service) introduced within the year. There is, however, good participation and early adoption of new services from pharmacies in this locality.

5. Other NHS services

The Strategic Health Asset Planning and Evaluation (SHAPE) web application provides the following information:

- Hildenborough GP open Saturday 8am-12pm
- Tonbridge Medical Group (3 River Lawn Road) open until 8pm Tuesdays and Wednesdays
- Warders Medical Centre open until 8pm on Mondays, Tuesdays and Thursdays
- Wateringbury Surgery open until 8pm Tuesdays

There are also drug and alcohol services, Kent and Medway NHS Hospital Trusts and Kent and Medway NHS and Social Care Partnership Trust and Kent Community Health NHS Foundation Trust with services that generate prescriptions that are dispensed by community pharmacies in this locality.

- 17 pharmacies dispensed a total of 1,457 (mean = 86, range = 1-380) items from drug and alcohol services

- 18 pharmacies and 3 GPs dispensed a total of 728 (mean = 35, range = 2-96) items from Kent and Medway NHS and Social Care Partnership Trust (secondary mental health services)
- 16 pharmacies and 1 GP dispensed a total of 124 items (mean = 7, range = 1-20) from KCHFT
- 18 pharmacies and 3 GPs dispensed a total of 4,424 items (mean = 211, range = 20-591) from Kent and Medway hospitals

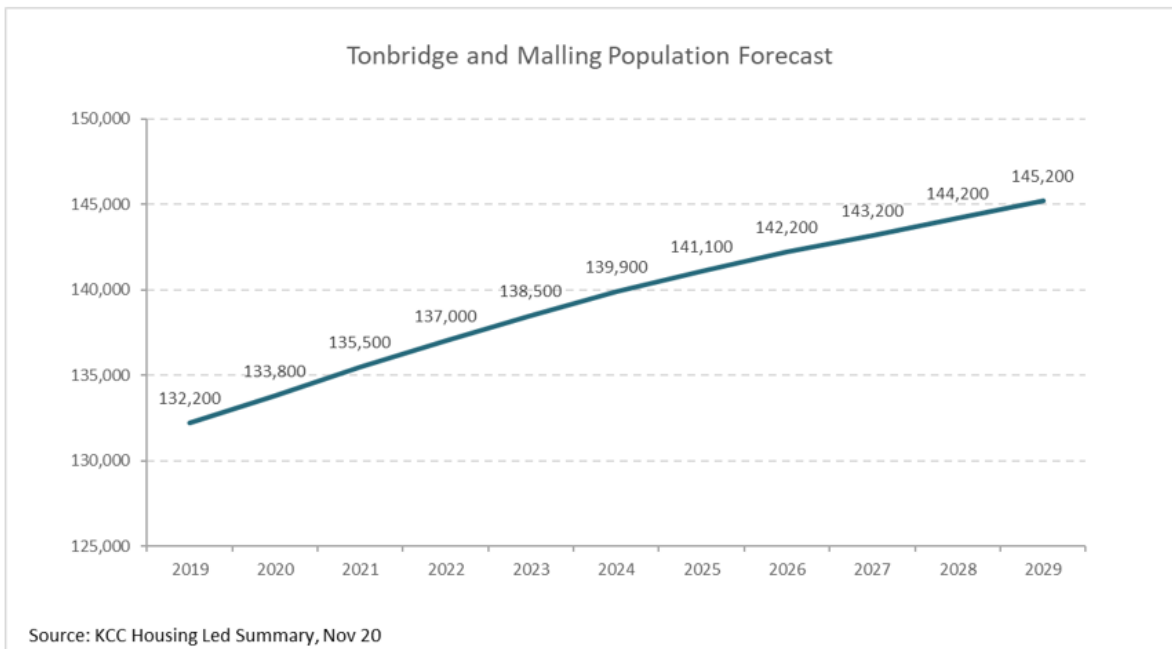
6. Choice with regard to obtaining pharmaceutical; services

As can be seen from sections 2 and 3, those living within the locality and registered with one of the GP practices generally choose to access one of the pharmacies in the locality in order to have their prescriptions dispensed or, if eligible, to be dispensed to by their practice. Those that look outside the locality usually do so either to access a neighbouring pharmacy, or a dispensing appliance contractor or distance selling premises outside of the Health and Wellbeing Board's area.

7. Developments

Figure 47 below shows the predicted increase in the population of the Tonbridge and Malling locality continuing to grow over the lifetime of this PNA. By 2025 it is estimated that each pharmacy will serve a population of 7,838.

Figure 47 Tonbridge & Malling population forecast



 **1 pharmacy per 7,838 people in 2025**

The population of Tonbridge and Malling district is projected to increase by 5% to 141,100 in 2025. This is an increase of 500 people per pharmacy from 2020. As stated in the community pharmacy contracts survey one pharmacy in the Tonbridge and Malling locality does not have the capacity to meet an increased demand for services. However, no major developments are planned in the catchment area of this pharmacy.

Map 198 below shows where there are major housing developments planned in the coming years and the table indicates the number of dwellings planned for each site. With an average of 2.4 people per proposed dwelling, by 2025 these sites will provide accommodation for approximately 4,000 people.

Map 198. Location of housing developments

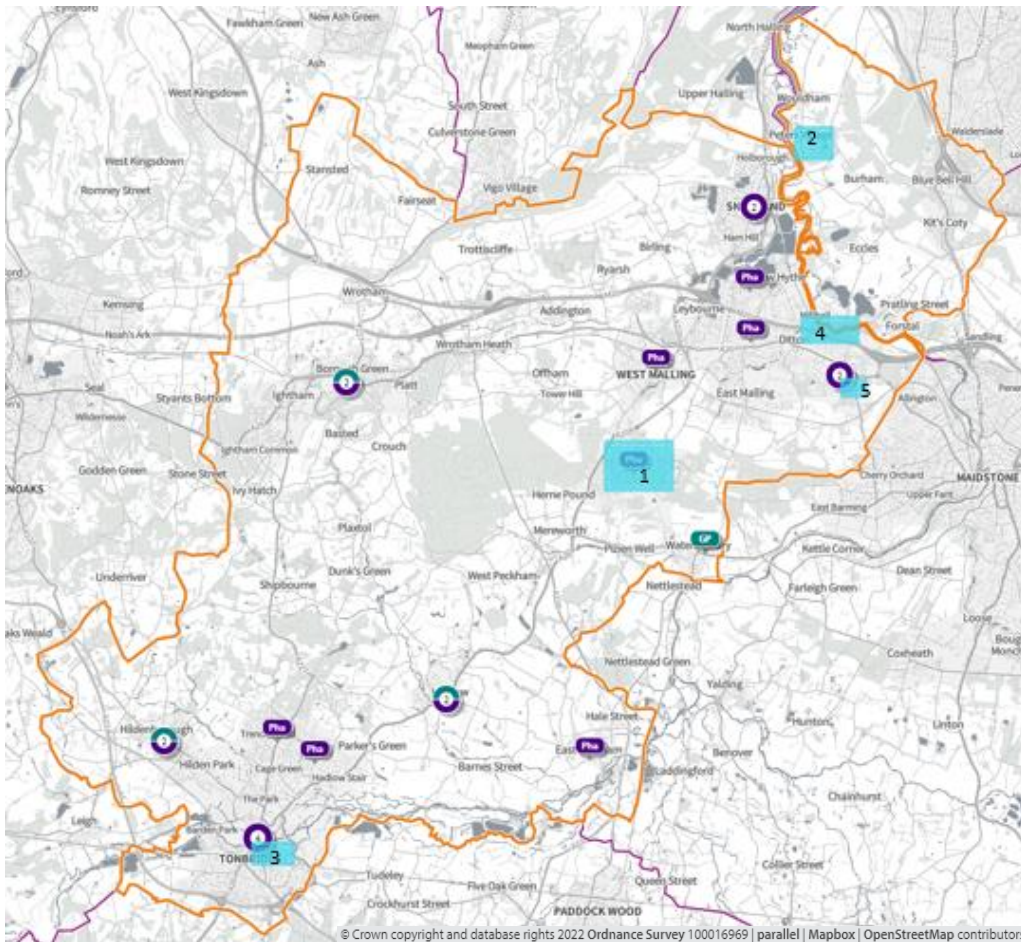


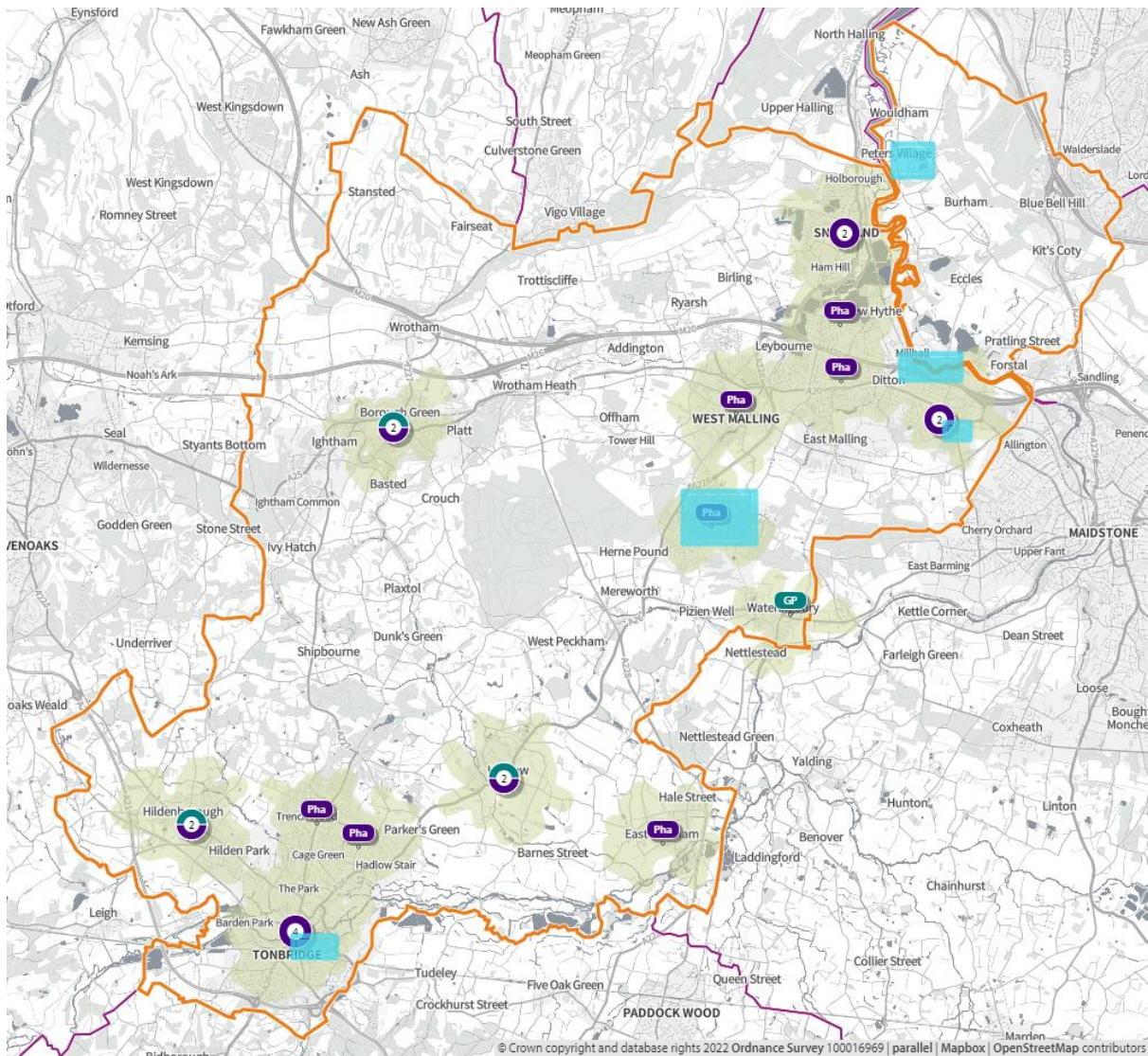
Table 65. Proposed housing developments – number of dwellings per year at each development

Site Name	21/22	22/23	23/24	24/25	2026
1. Kings Hill	190	262	244	160	856
2. Wouldham	241	160	122	13	536
3. Tonbridge town	103	7	9		119
4. Ditton	61				61
5. Ditton	28				28

Walking 20 minutes Monday to Friday 09:00- 17:00

In **map 199**, below, the green shaded areas are within a 20-minute walk of a community pharmacy/dispensing GP practice and the blue shaded areas are locations of major housing developments.

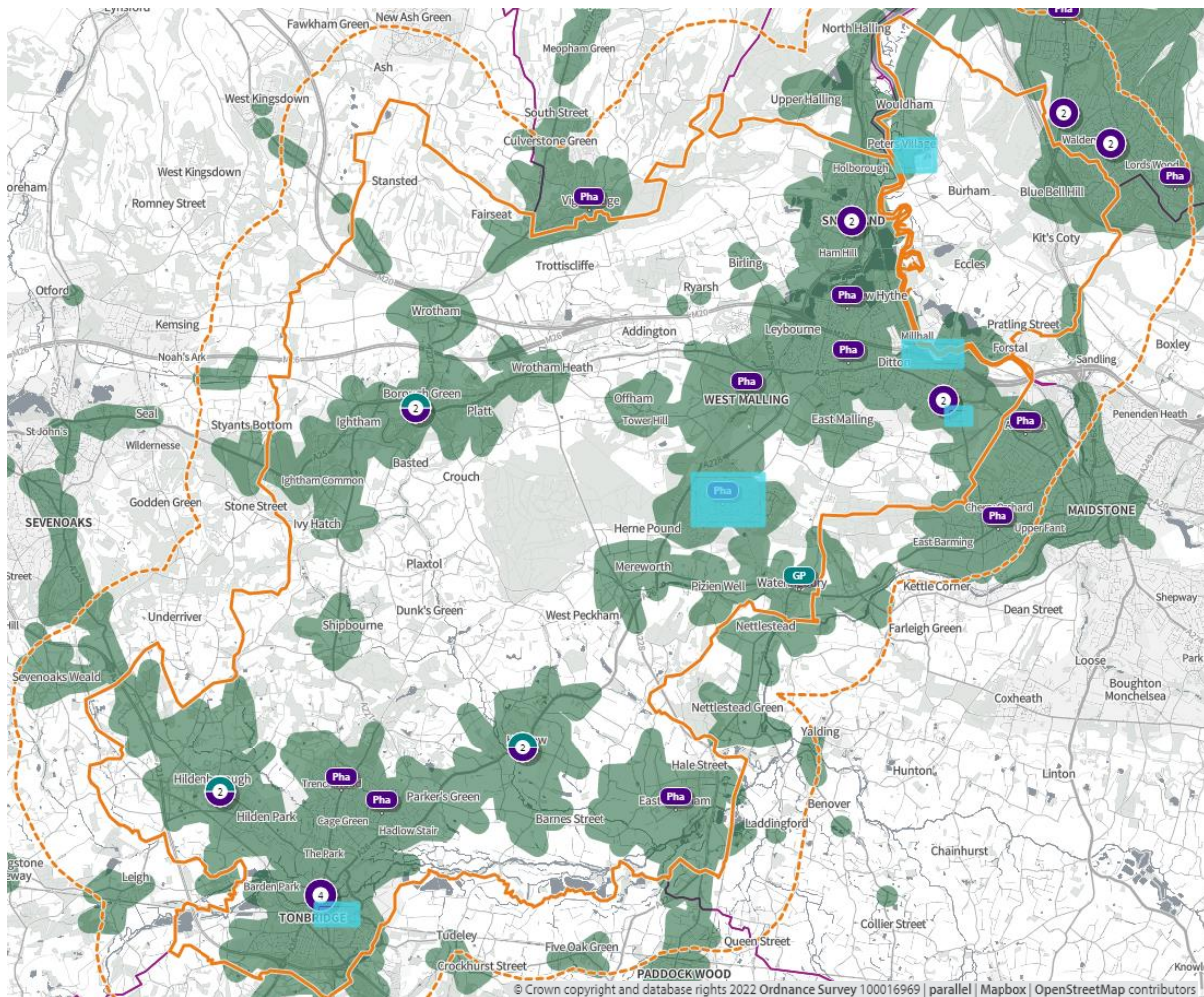
Map 199. Location of community pharmacies/dispensing GPs, proposed housing developments, and areas within a 20-minute walk of a community pharmacy/dispensing GP



Public Transport 20 minutes Monday to Friday 09:00 to 17:00

In **map 200**, below, the green shaded areas are within 20-minutes by public transport of a community pharmacy/dispensing GP practice and the blue shaded areas are locations of major housing developments.

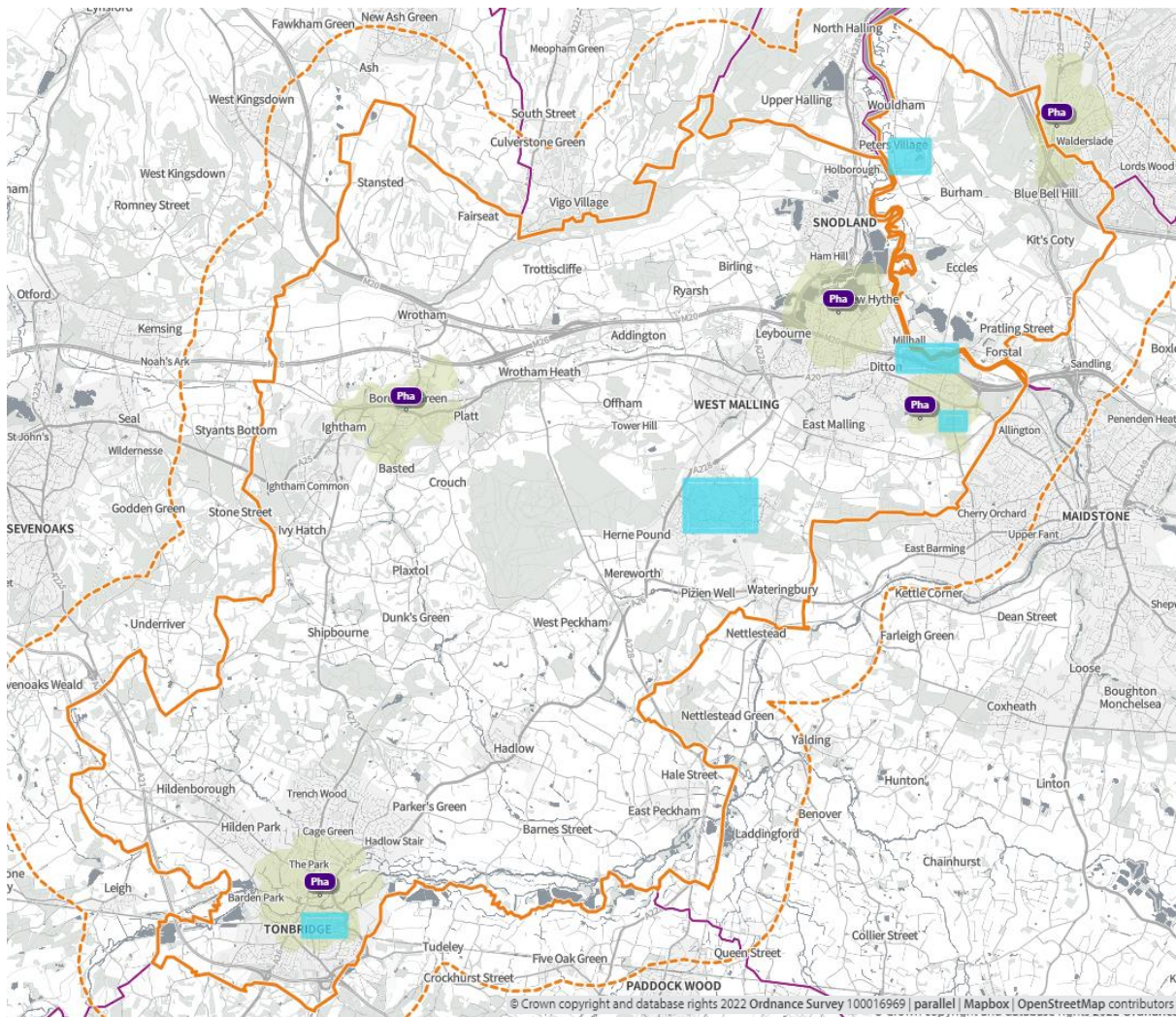
Map 200. Location of community pharmacies, proposed housing developments, and areas within 20 minutes of a community pharmacy by public transport on weekday mornings



Walking 20 minutes 7pm opening Monday to Friday

In **map 201**, below, the green shaded areas are within a 20-minute walk of a community pharmacy that is open until at least 7pm and the blue shaded areas are locations of major housing developments.

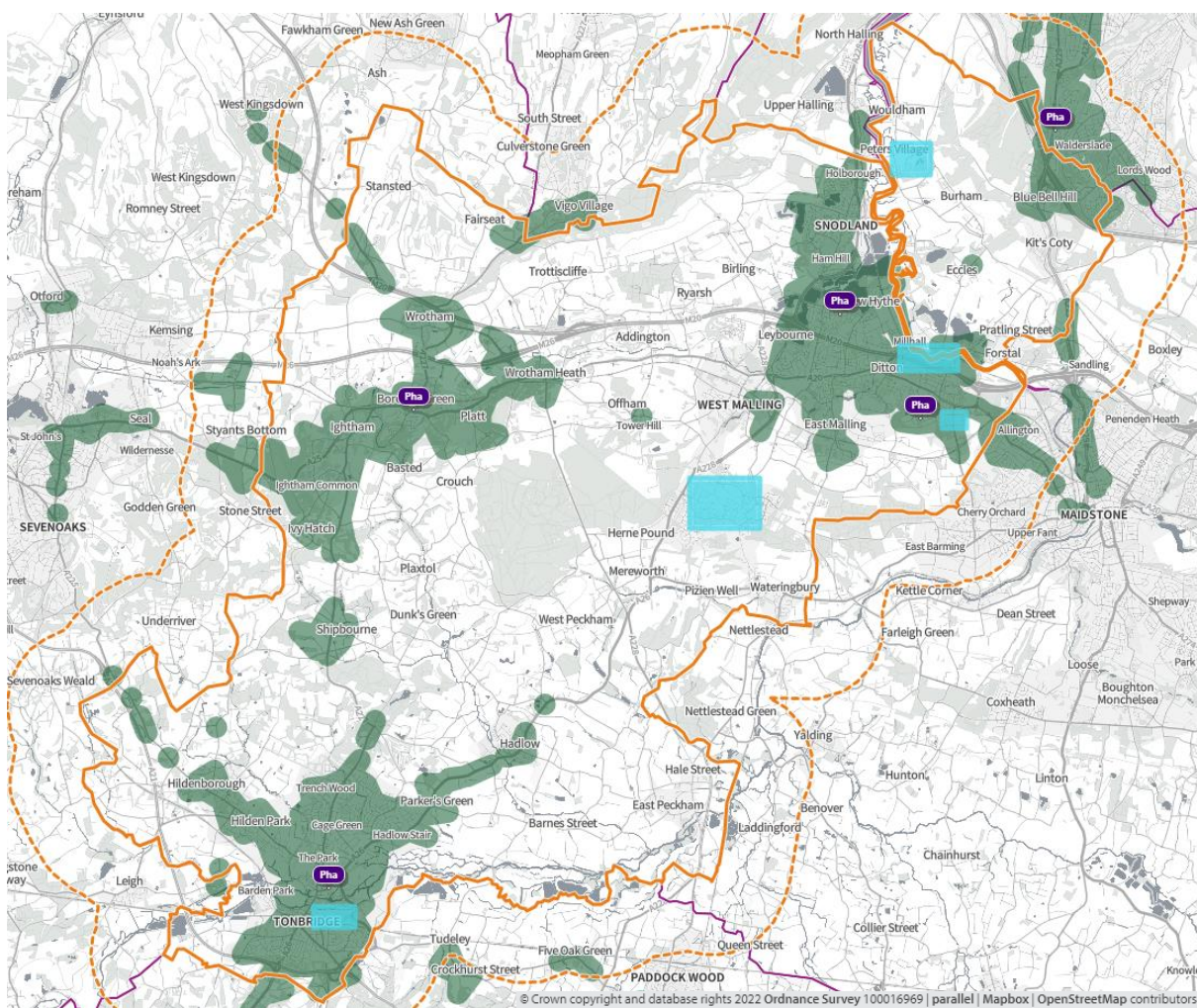
Map 201. Location of community pharmacies, proposed housing developments, and areas within a 20-minute walk of a community pharmacy that is open until at least 7pm on weekdays



Public transport 7pm opening Monday to Friday

In **map 202**, below, the green shaded areas are within 20-minutes by public transport of a community pharmacy that is open until at least 7pm and the blue shaded areas are locations of major housing developments.

Map 202. Locations of community pharmacies open until at least 7pm on weekdays, proposed housing developments, and areas within 20 minutes of a community pharmacy by public transport on weekday evenings

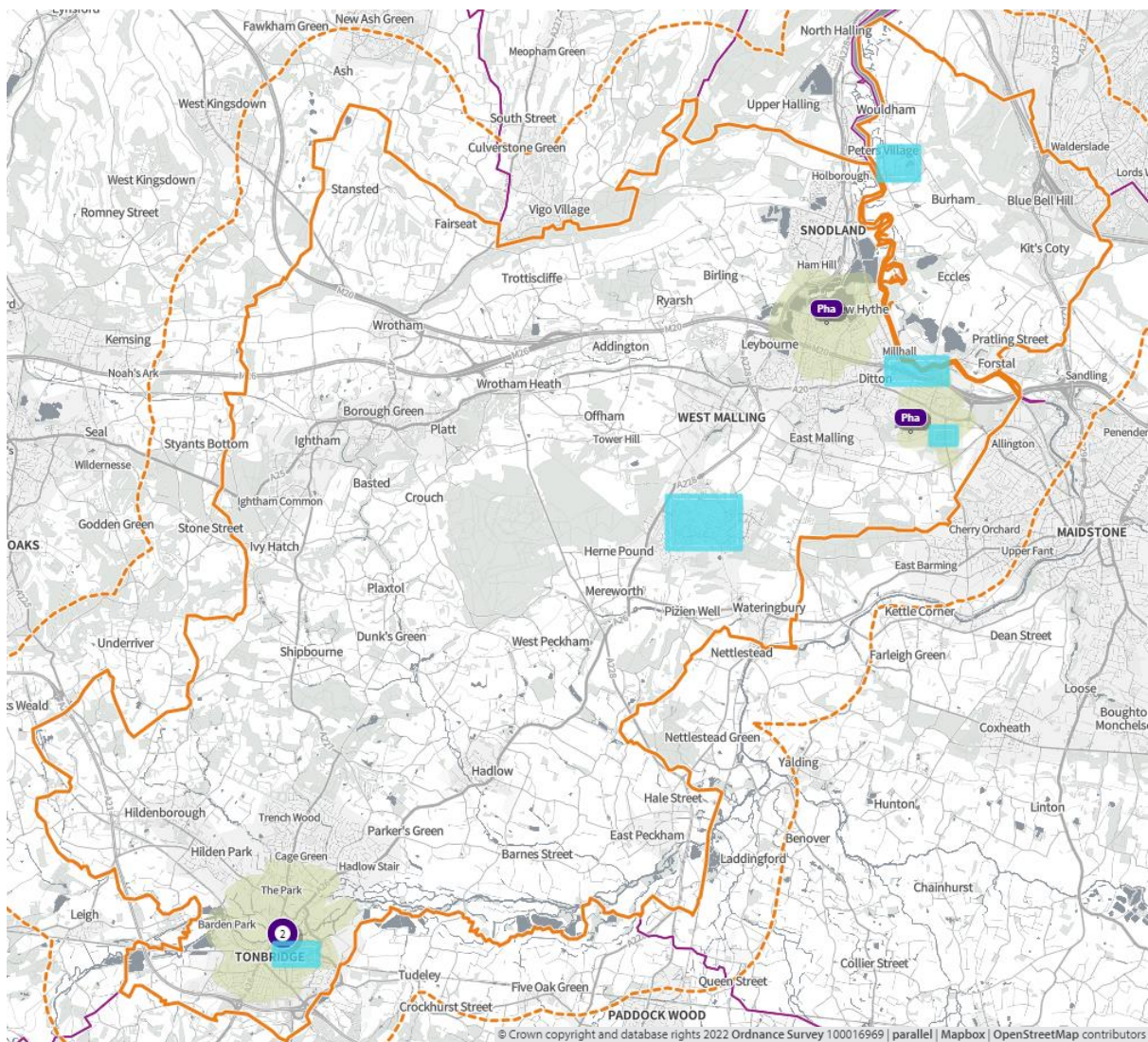


Walking 20 minutes Sunday

In **map 203**, below, the green shaded areas are within 20-minutes' walk of a community pharmacy that is open on Sundays

Blue shaded areas are locations of major housing developments.

Map 203. Location of community pharmacies, proposed housing developments, and areas within a 20-minute walk of a community pharmacy that is open on Sundays



8. Necessary services: - Gaps in provision

There are no gaps in necessary services as defined by the Kent HWB.

9. Improvements or better access: Gaps in provision

There are no Hep C providers in locality.

Borough Green pharmacy does not provide CPCS. This pharmacy is central to the eastern, more sparsely populated area of the locality. Provision of the CPCS at this pharmacy would allow access by public transport within 20 minutes for an LSOA population of around 10,000.

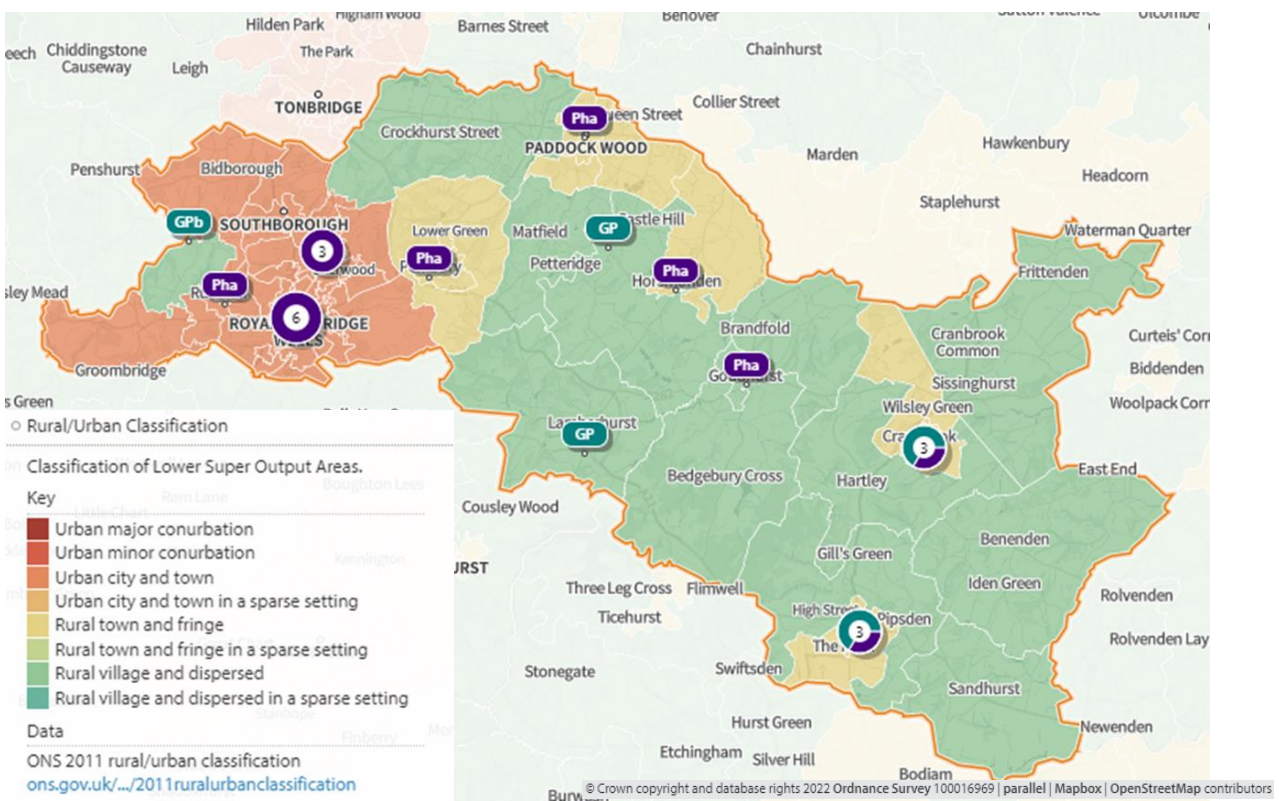
Evening opening for Kings Hill pharmacy would improve access for a densely populated area of the locality that has a further 856 homes planned by 2026.

19 Tunbridge Wells Council Locality

1. Key Facts

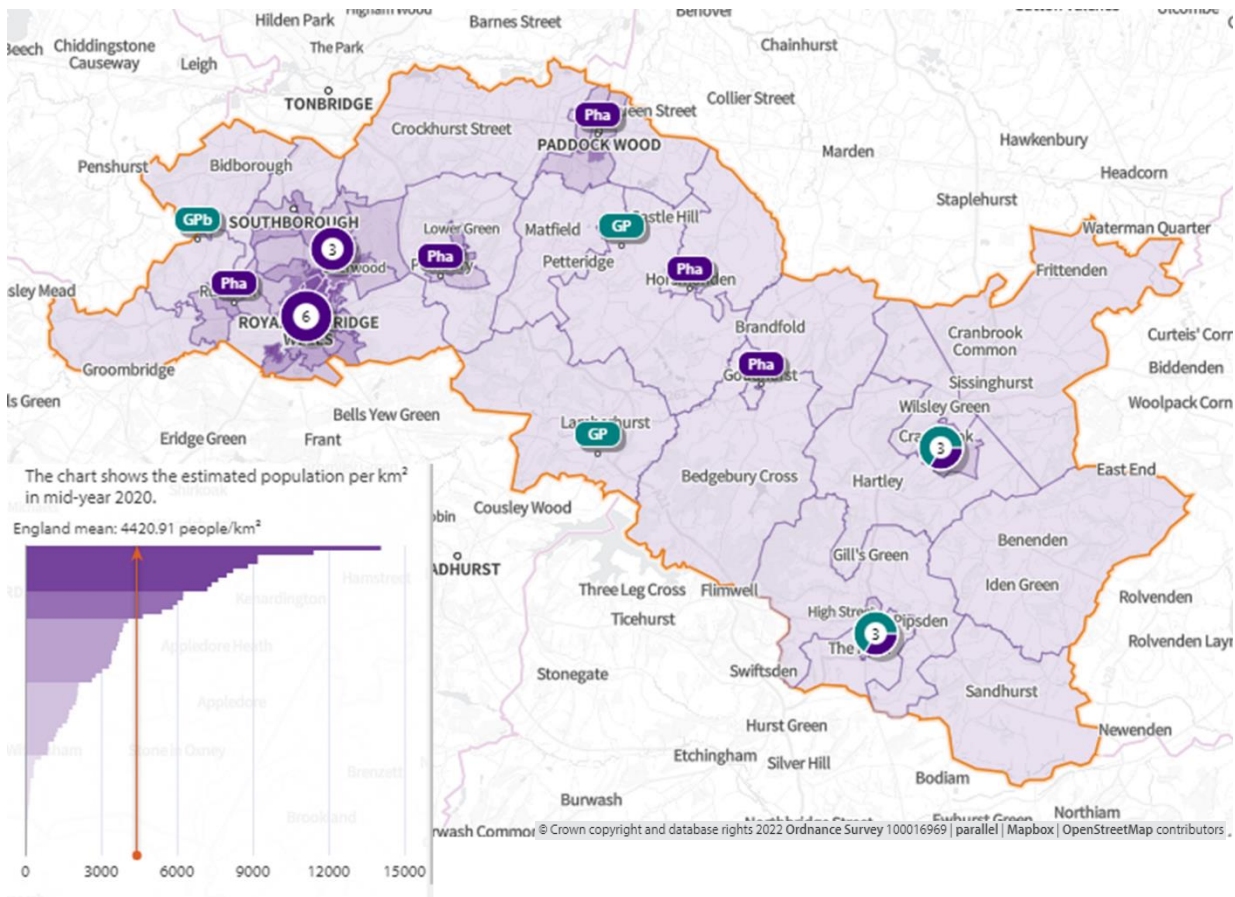
Tunbridge Wells is a local government district in the west of the county. It covers an area of 331.3 square km. Maps 221 and 222 show that the population is concentrated in and around the urban area of Royal Tunbridge Wells, located in the west of the district. Beyond this, the district is largely rural and sparsely populated although there are two large villages in the east and a small town in the north.

Map 204. Rural/urban classification of lower super output areas



Population

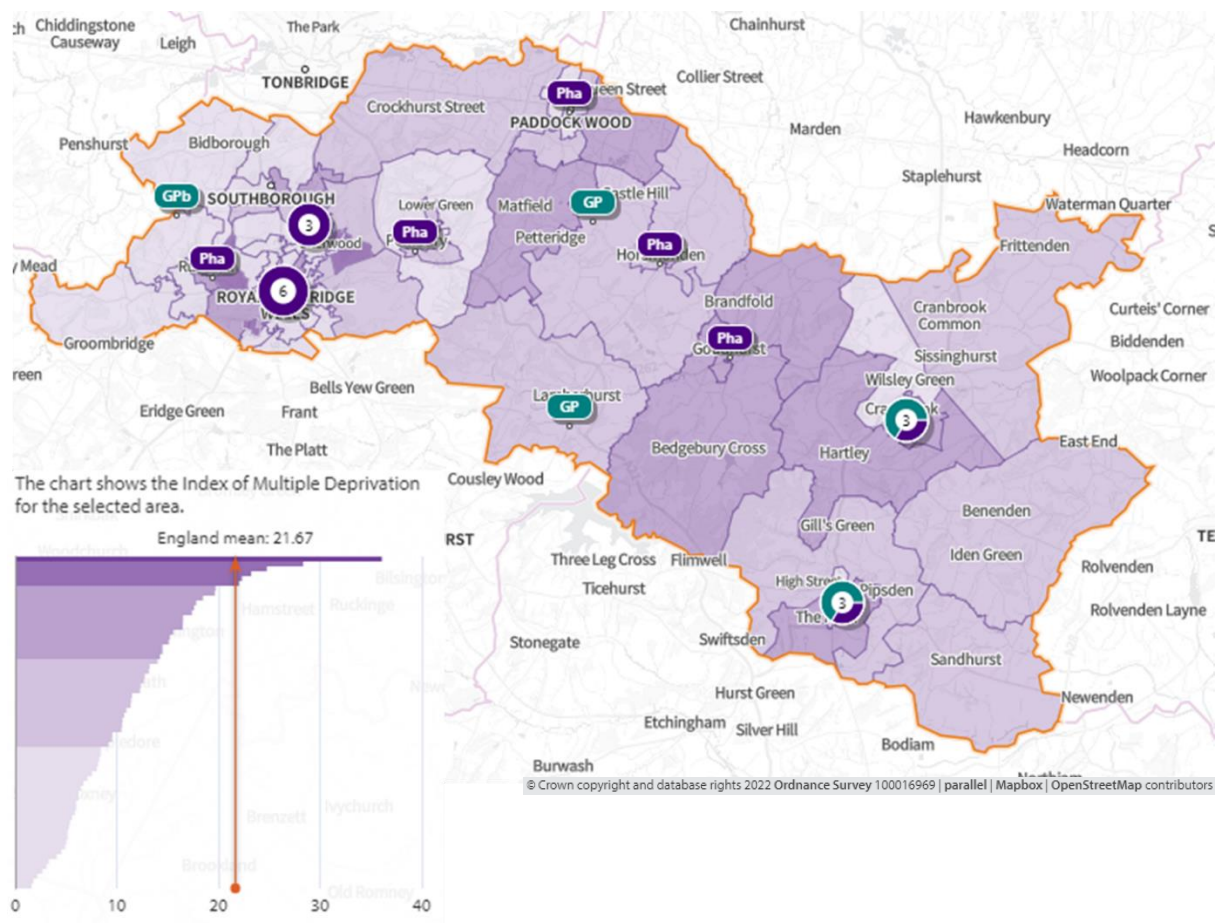
Map 205. Population density of lower super output areas overlaid with locations of pharmacies and dispensing doctors



Deprivation

Map 206 below shows the areas of deprivation in the Tunbridge Wells District locality. Deprivation is low across the district and average deprivation is the lowest in Kent. Employment rates are the second highest in Kent⁽⁶³⁾ and educational attainment is the highest in Kent⁽⁶⁴⁾.

Map 206. Deprivation of lower super output areas overlayed with locations of pharmacies and dispensing doctors



Language

English is the main language for all people aged 16 or over in 94.4% of households in the district. 2.4% of households have no people with English as the main language⁽²⁾.

Home ownership

66% of houses are owned either outright (32%) or with a mortgage (34%). The average number of occupants per household is 2.4, the same as the Kent average⁽²⁾.

Age Distribution

The average age of Tunbridge Wells district residents is 41.7, similar to the Kent average of 41.4. 19.7% of the population is over 65 and 20.1% 0-15⁽²⁾. Life expectancy at birth is 81.6 for males, the highest in Kent and 84.2 for females, the second highest in Kent⁽⁴⁶⁾.

Economy

By industry, the top three employers in the Tunbridge Wells district are wholesale and retail trade (18.8%), human health and social work activities (14.9%), and education (9.9%)⁽¹⁵⁾. Tunbridge Wells has a much higher proportion of employees working in financial and insurance activities compared to the Kent average⁽¹⁵⁾.

Car ownership

17% of households in Tunbridge Wells district do not have a car or van in the household⁽¹³⁾.

Care Homes

There are a considerable number of care homes in the Tunbridge Wells locality. Patients who are looked after in a care home setting are often high users of medicines. However, because of the nature of their care, they rarely access pharmaceutical services individually, leaving this to be carried out by the care home staff. More recently care home organisations do not use local pharmacies for this service, favouring the large “hub” or “internet” pharmacies which specialise in this type of one-stop service. Therefore, there is not considered to be any relationship between the number of care homes and the need for local pharmaceutical services.

2. Necessary services: current provision within the locality

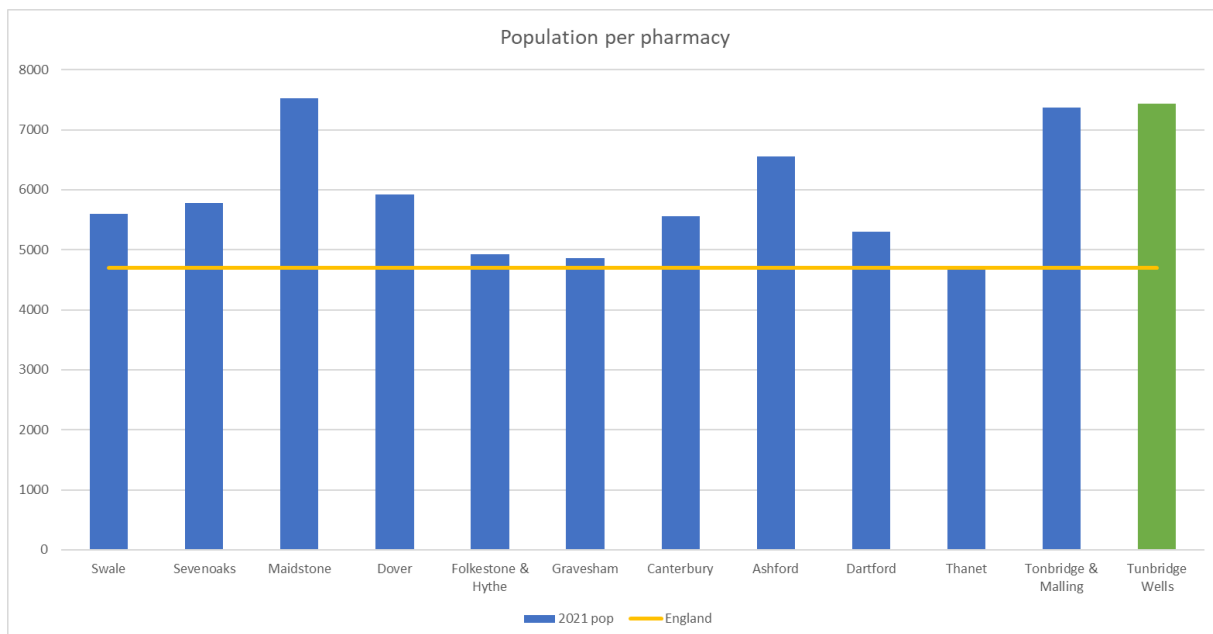
(All data presented in this section is for the financial year 2020/21 with the exception of lateral flow devices data which covers the 4 months from April 2021 to July 2021)

There are sixteen Community pharmacies providing dispensing services in the Tunbridge Wells locality.

In addition, there are seven dispensing GP practices in the locality.

Each pharmacy provides on average services for 7,434 of the area's population. Figure 48 below shows how this compares with the other localities of Kent.

Figure 48 Number of people per pharmacy in each locality



The facts below indicate that the majority of prescriptions generated in the locality are dispensed in the locality. There is a small percentage of prescriptions generated in the area that are dispensed in neighbouring areas but a slightly higher percentage that are generated outside the locality and dispensed by Tunbridge Wells community pharmacies ⁽¹⁾.

- 1,194 outside prescribers dispense in Tunbridge Wells
 - 8.3% of all items dispensed in Tunbridge Wells
- 19 prescribers in Tunbridge Wells
 - 91.7% of all items dispensed in Tunbridge Wells
- 34 dispensers in Tunbridge Wells
 - 92.1% of all items prescribed in Tunbridge Wells
- 1,419 dispensers outside of Tunbridge Wells
 - 7.9% of all items prescribed in Tunbridge Wells

Pharmacy locality: Maps 1 and 2 above show the locality of the community pharmacies and GP dispensing practices.

Opening times: All are open Monday to Saturday, with 2 opening on Saturdays and Sundays. This gives a weekly opening hours range of 40 to 101 hours and an average of 54 hours of opening each week. Fourteen of these pharmacies open for at least one hour after 5pm on weekdays.

Table 66 below show the core and supplementary hours of each pharmacy ⁽⁶⁵⁾.

Table 66. Opening times for all pharmacies

Pharmacy	Total core weekly hours	Total supplementary weekly hours	Total weekly hours	Max. hours open after 5pm at least 1 day/week	Saturday hours	Sunday Hours
Rusthall Pharmacy	40	4	44	0.5	4	0
Heath Pharmacy	40	7	47	1.5	4.5	0
Hawkhurst Pharmacy	40	18.5	58.5	2	8.5	0
Hollis Pharmacy	40.17	5.33	45.5	1	6.75	0
Day Lewis Pharmacy	40	7	47	1	7	0
Imperial Pharmacy	40	13.5	53.5	1	8.5	0
Greggswood Pharmacy	40	4	44	1	4	0
Lloydspharmacy (in Sainsbury)	101	0	101	6	15	6

Table 66 continued

Pharmacy	Total core weekly hours	Total supplementary weekly hours	Total weekly hours	Max. hours open after 5pm at least 1 day/week	Saturday hours	Sunday Hours
The Pharmacy	40	0	40	1	4	0
Paddock Wood Pharmacy	40	15.5	55.5	1.5	8	0
Paydens	40	9	49	1	4	0
Carrs Corner Chemists	45	6.5	51.5	1.5	4	0
A E Hobbs Ltd	40	11	51	0.5	8.5	0
Boots the Chemists	40	23	63	3	9.5	6
LloydsPharmacy	40	15.5	55.5	1.5	8	0
Pembury Pharmacy	40	15.5	55.5	1.5	8	0

The dispensing Gp practices in the Tunbridge Wells are are:

- The Old bakery Surgery, Speldhurst TN3 0PF
- Northridge Medical Practice, Hawkhurst TN18 4EX
- Howell Surgery, Brenchley TN12 7NQ
- Lamberhurst Surgery TN3 8EX
- Old School Surgery, Cranbrook TN17 3JB
- Wish Valley Surgery, Hawhurst TN18 4NB
- Orchard End Surgery, Cranbrook TN17 3AY

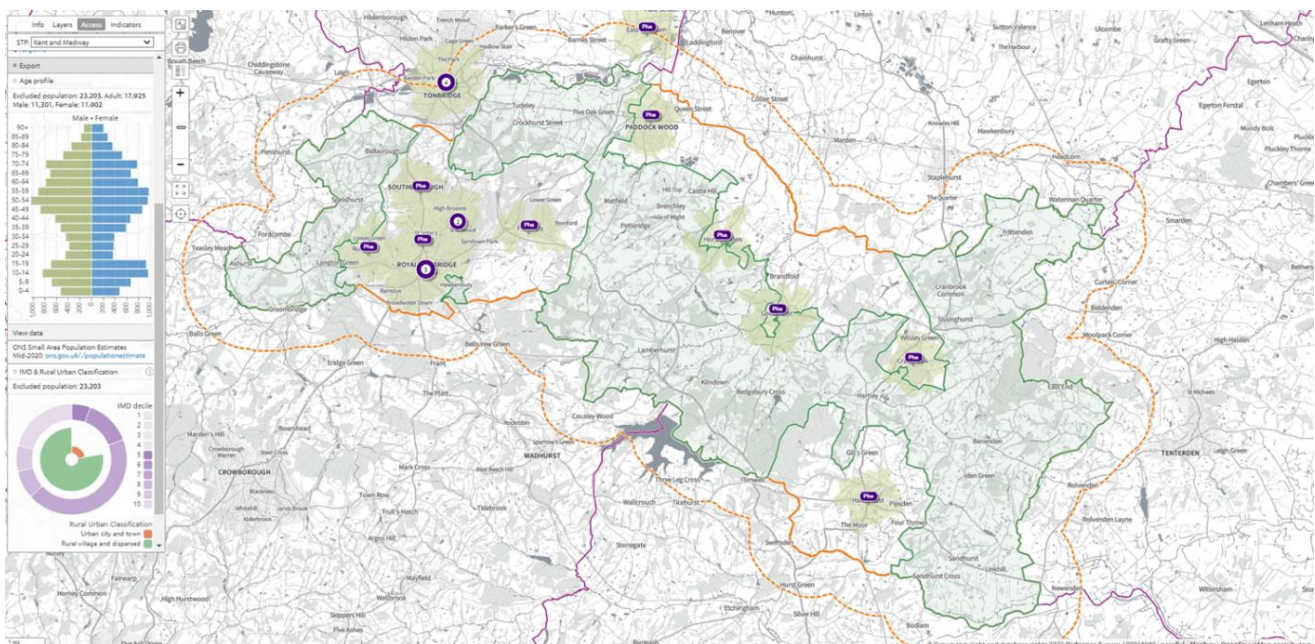
Travel times

Access during **core opening hours**

Walking 20 minutes

In **map 207**, below, the olive-green shaded areas are within a 20-minute walk of a community pharmacy. Olive green shaded areas are within a 20-minute walk of a community pharmacy. 23,203 (19.5%) people are not within a 20-minute walk. 23.5% (5,422) of 65+ population is not within a 20-minute walk of a community pharmacy.

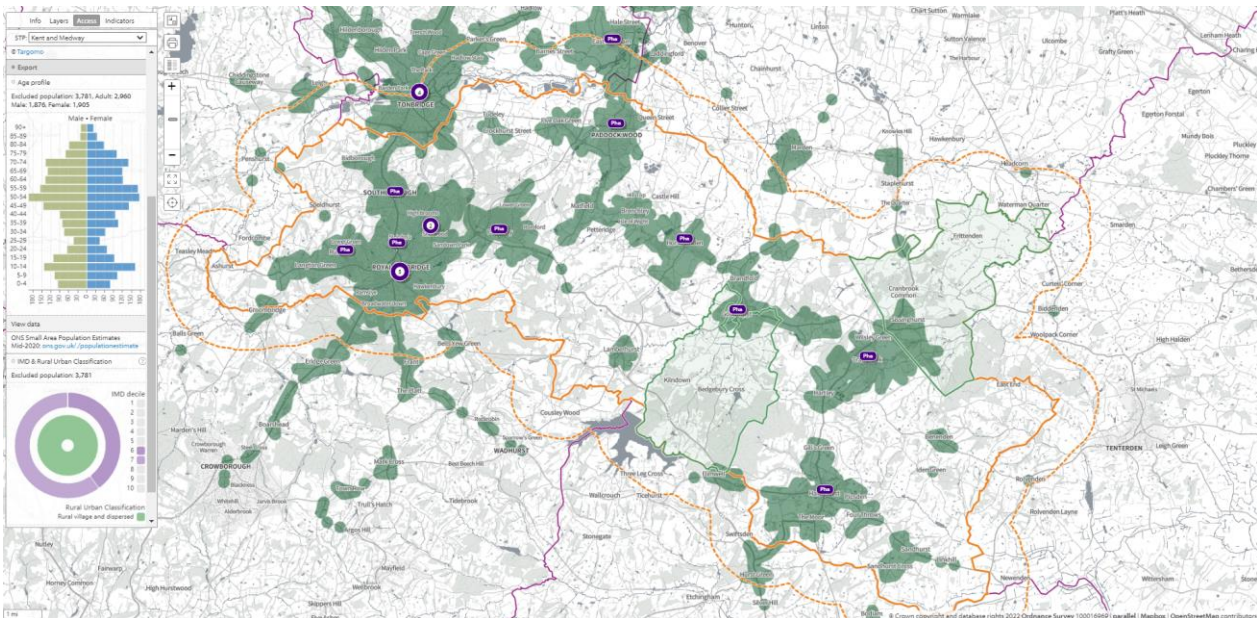
Map 207. Locations of community pharmacies and lower super output areas not within a 20-minute walk



Public Transport 20 minutes

In **map 208**, below, the green shaded areas are within 20-minutes by public transport of a community pharmacy/dispensing GP practice. Green shaded areas are within 20-minutes by public transport of a community pharmacy on weekdays. 3,781 (3.2%) people are not within 20-minutes by public transport of a community pharmacy. 4% (912) of 65+ population is not within a 20-minute walk of a community pharmacy

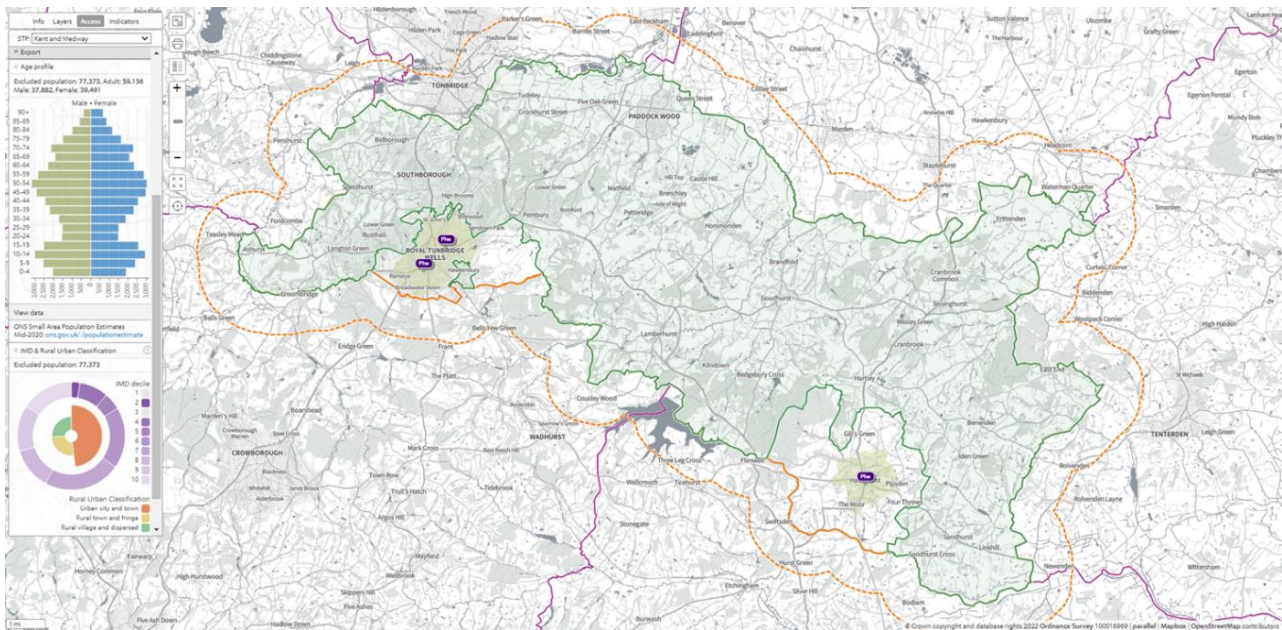
Map 208. Locations of community pharmacies and lower super output areas not within 20-minutes by public transport on weekday mornings



After 7 pm weekdays walking

In **map 209**, below, the olive-green shaded areas are within a 20-minute walk of a community pharmacy that opens until at least 7pm on weekdays. Olive green shaded areas are within a 20-minute walk of a community pharmacy that opens until at least 7pm on weekdays. 77,373 (65%) people are not within a 20-minute walk of a community pharmacy that opens until at least 7pm on weekdays. 69.8% (16,082) of 65+ population is not within a 20-minute walk of a community pharmacy that opens until at least 7pm on weekdays.

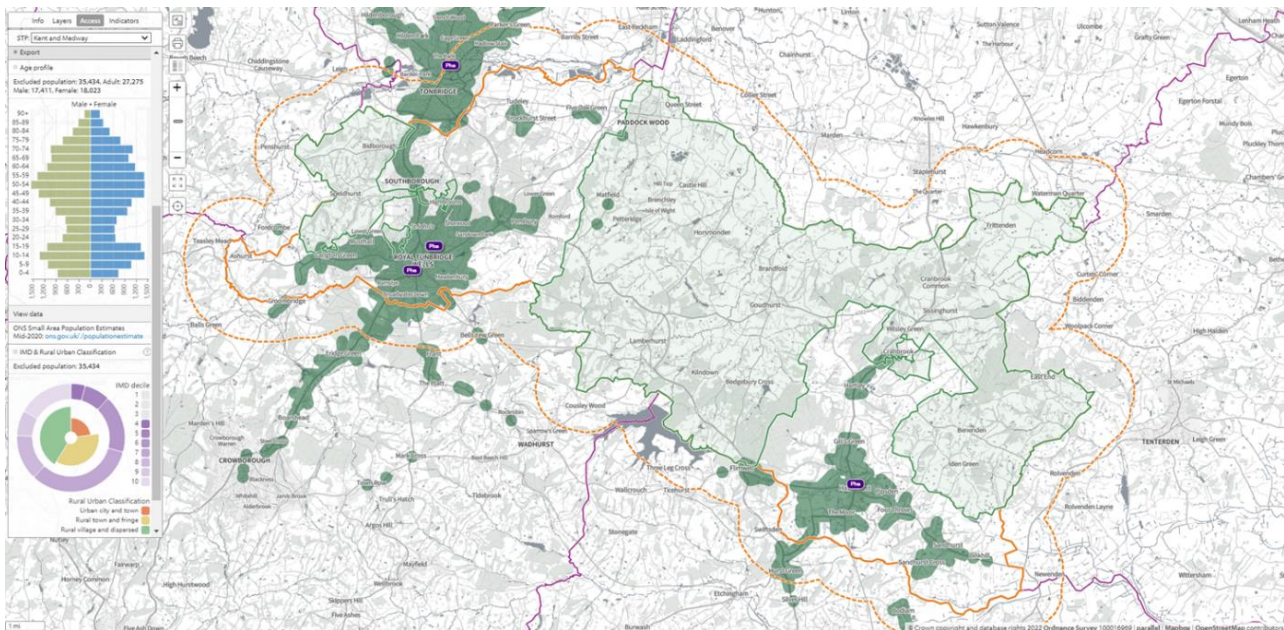
Map 209. Locations of community pharmacies open until at least 7pm and lower super output areas not within a 20-minute walk



After 7pm weekdays public transport

In **map 210**, below, the green shaded areas are within 20-minutes by public transport of a community pharmacy that opens past 7pm on weekdays. Green shaded areas area within 20-minutes by public transport of a community pharmacy that opens past 7pm on weekdays. 35,434 (25.9%) people are not within 20-minutes by public transport that opens past 7pm on weekdays. 29.6% (6,819) of 65+ population is not within 20 minutes by public transport of a community pharmacy that opens past 7pm on weekdays.

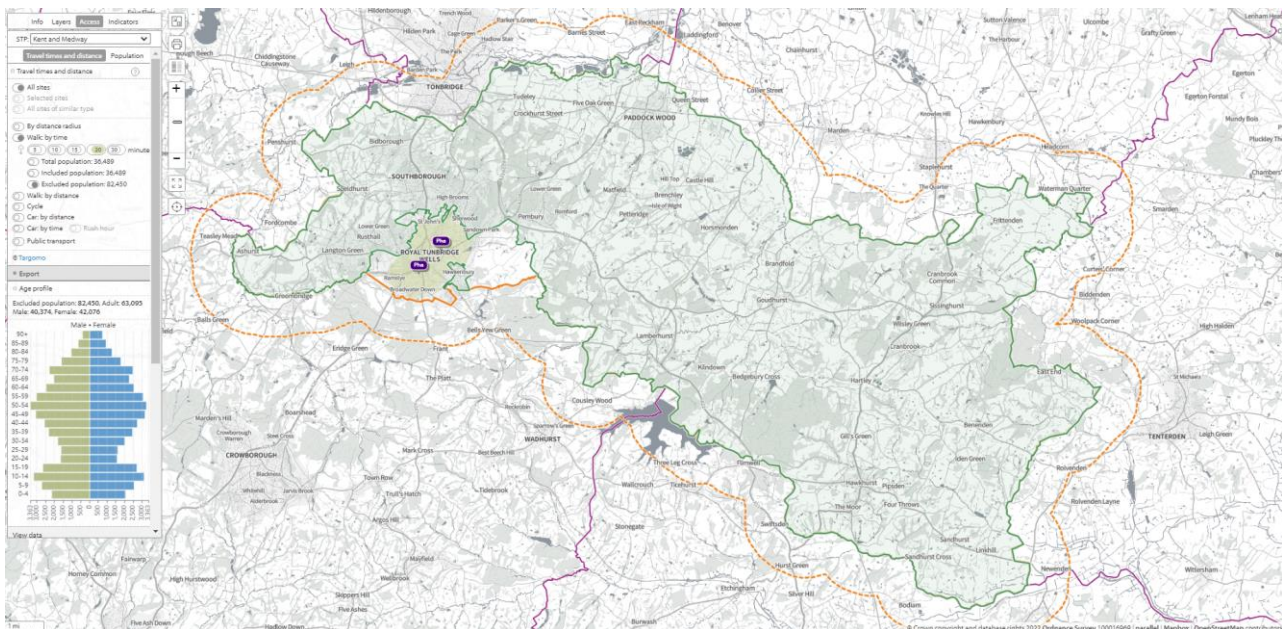
Map 210. Locations of community pharmacies open until at least 7pm and lower super output areas not within 20-minutes by public transport on weekday evenings



Access on Sundays

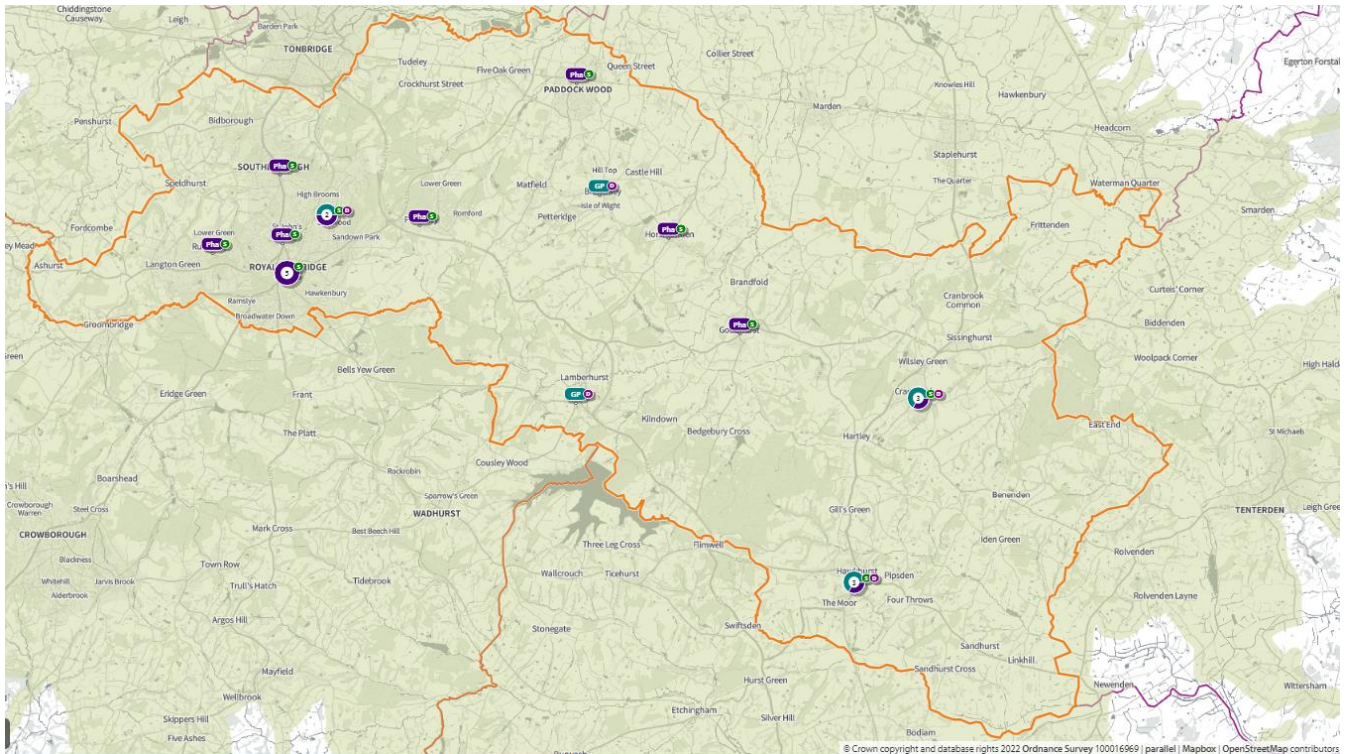
In **map 211**, below, the olive-green shaded areas are within a 20-minute walk of a community pharmacy that opens on Sundays. Olive green shaded areas are within a 20-minute walk of a community pharmacy that opens on Sundays. 69.3% (82,450) of the population is not within a 20-minute walk of a community pharmacy that opens on Sundays. 75.2% (17,342) of 65+ population is not within a 20-minute walk of a community pharmacy that opens on Sundays

Map 211. Locations of community pharmacies open on Sundays and lower super output areas not within a 20-minute walk



In **map 212** below, access during **core opening hours and Saturdays** is shown. The olive-green shaded areas are within a **20-minute drive** of a community pharmacy/dispensing GP practice. The entire population is within a 20-minute drive.

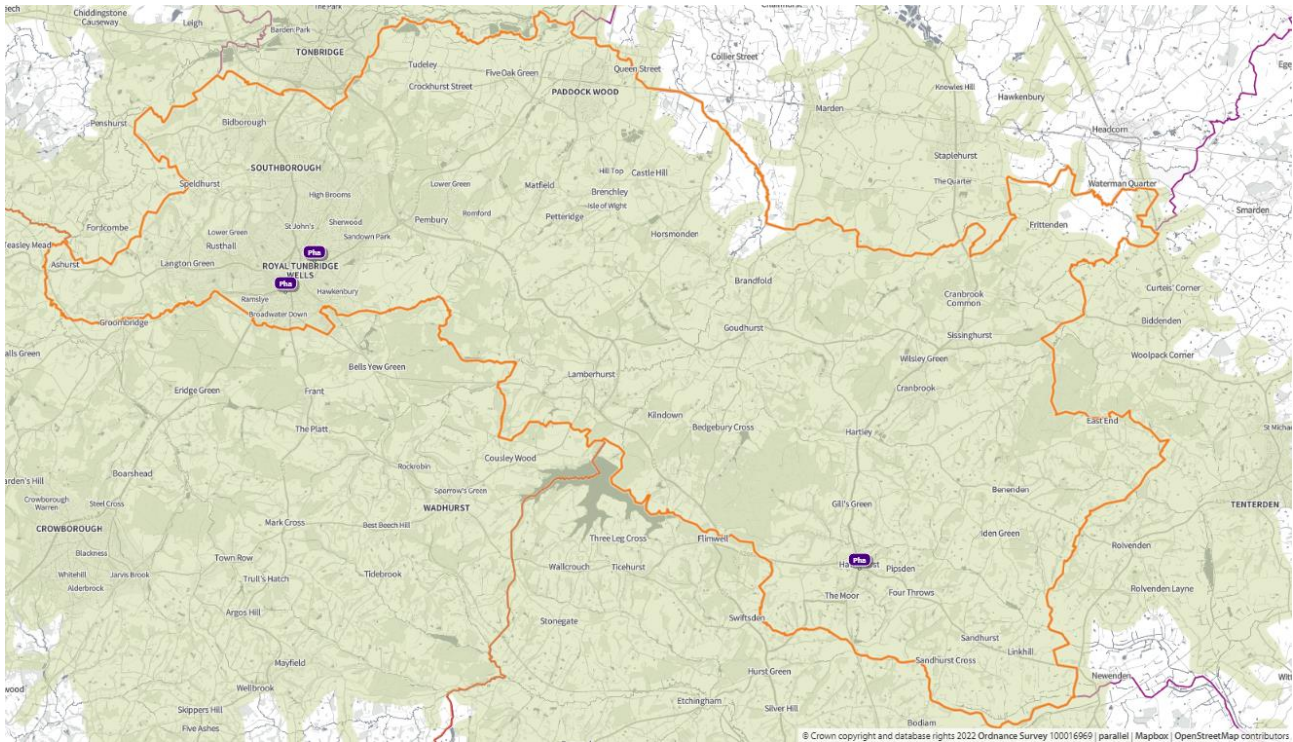
Map 212. Locations of community pharmacies, dispensing GPs and areas within 20-minutes by car



S = open Saturday N = open Sunday

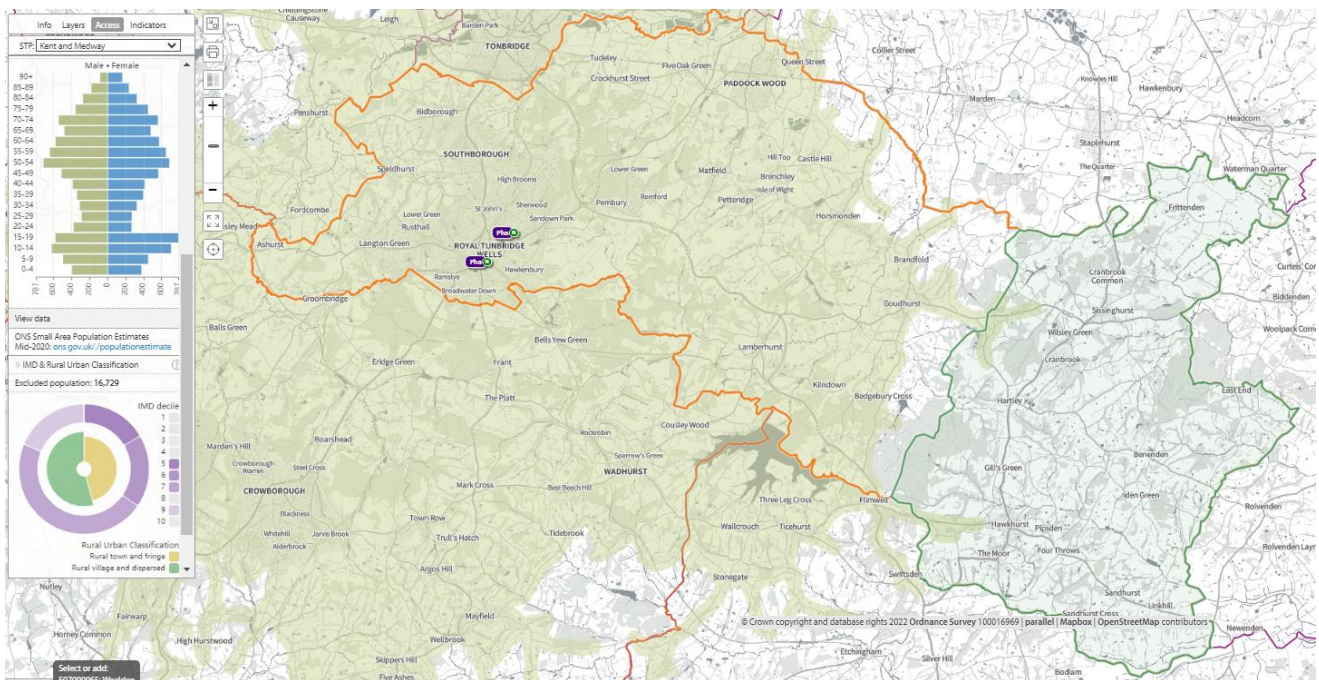
In **map 213** below, the green shaded areas are within **20-minutes by car** of a community pharmacy that opens **until at least 7pm on weekdays**. The entire population is within a 20-minute drive.

Map 213. Locations of community pharmacies open until at least 7pm and areas within 20-minutes by car



In **map 214** below, the green shaded areas are within **20-minutes by car** of a community pharmacy that opens on **Sundays**. 14.1% of the population (17.8% of 65+) is not within 20-minutes by car.

Map 214. Locations of community pharmacies open on Sundays and areas within 20-minutes by car



3. Necessary services: current provision outside the localities area ⁽¹⁾

The information below indicates the number of prescriptions dispensed in and outside the locality.

- 2.24 million items prescribed in Tunbridge Wells
 - 2.03 million items dispensed in Tunbridge Wells
 - 1.51 million (74.7%) via Electronic Prescription Service
 - 210,727 dispensed outside of the district
 - 87,830 distance selling
 - 69,436 - Tonbridge and Malling
- 2.14 million items dispensed in Tunbridge Wells
 - 1.85 million items dispensed by community pharmacies in Tunbridge Wells
 - 294,137 dispensed by 18 GP practices:
 - 62,558 – North Ridge Medical Practice
 - 41,819 – Howell Surgery
 - 118,543 items prescribed outside borough i.e. more going out than coming in

Some residents choose to access contractors outside both the locality and the Health and Wellbeing Board’s area in order to access services:

- Offered by dispensing appliance contractors

- Offered by distance selling pharmacies
- Which are located near to where they work, shop or visit for leisure or other purposes.

Taking into account this choice of pharmacy outside of the locality, the majority of residents can access a pharmacy and do access pharmacy services within the locality.

4. Other relevant services: current provision

The following advanced services were delivered by pharmacies in the Tunbridge Wells locality in 2020/21.

Table 67. Number of pharmacies providing advanced services

Advanced service name	No. of pharmacies
New Medicine Service	14
Appliance Use Review	0
Hypertension Service [‡]	13
Stoma Appliance Customisation	1
Community Pharmacist Consultation Service (CPCS) [‡]	14
Hepatitis C Antibody Testing Service	0
Seasonal Influenza Vaccination Advances Service	14
Covid Vaccination Service*	0
Covid Home Delivery Service*	14
Covid lateral flow device distribution*	17

*Specific to the Covid-19 pandemic

[‡]Services introduced during the year of study

Please note that three services were specific to the Covid-19 pandemic (Covid vaccination, homedelivery and lateral flow device distribution services) and that others were new services (CPCS, Hypertension service) introduced within the year. There is, however, good participation and early adoption of new services from pharmacies in this locality.

5. Other NHS services

The Strategic Health Asset Planning and Evaluation (SHAPE) web application provides the following information:

- Brenchley and Horsmonden Surgery: Horsmonden Surgery opens 6.30pm-7.30pm on Mondays
- Lamberhurst Surgery opens 4pm-7.45pm on Mondays
- Orchard End Surgery opens until 8pm on Tuesdays

- The Wells Medical Practice opens at 6.15am on Tuesdays, Wednesdays and Thursdays, and opens until 7.30pm on Wednesdays
- Waterfield House opens until 7.30pm on Mondays

There is an urgent treatment centre situated in the Tunbridge Wells Hospital at Pembury. It is open 8am to 8pm every day of the year.

There is an Accident and Emergency department situated in the Tunbridge Wells Hospital at Pembury. It is open 24 hours a day every day of the year.

There are also drug and alcohol services, Kent and Medway NHS Hospital Trusts and Kent and Medway NHS and Social Care Partnership Trust and Kent Community Health NHS Foundation Trust with services that generate prescriptions that are dispensed by community pharmacies in this locality.

The number of prescriptions from these services is shown below:

- 10 pharmacies dispensed a total of 1,859 (mean = 186, range = 22-572) items from drug and alcohol services
- All 16 pharmacies and 3 GPs dispensed a total of 611 (mean = 32, range = 1-81) items from Kent and Medway NHS and Social Care Partnership Trust (secondary mental health services)
- 10 pharmacies dispensed a total of 95 items (mean = 10, range = 4-17) from KCHFT
- 16 pharmacies and 5 GPs dispensed a total of 3,315 items (mean = 158, range = 375) from Kent and Medway hospitals

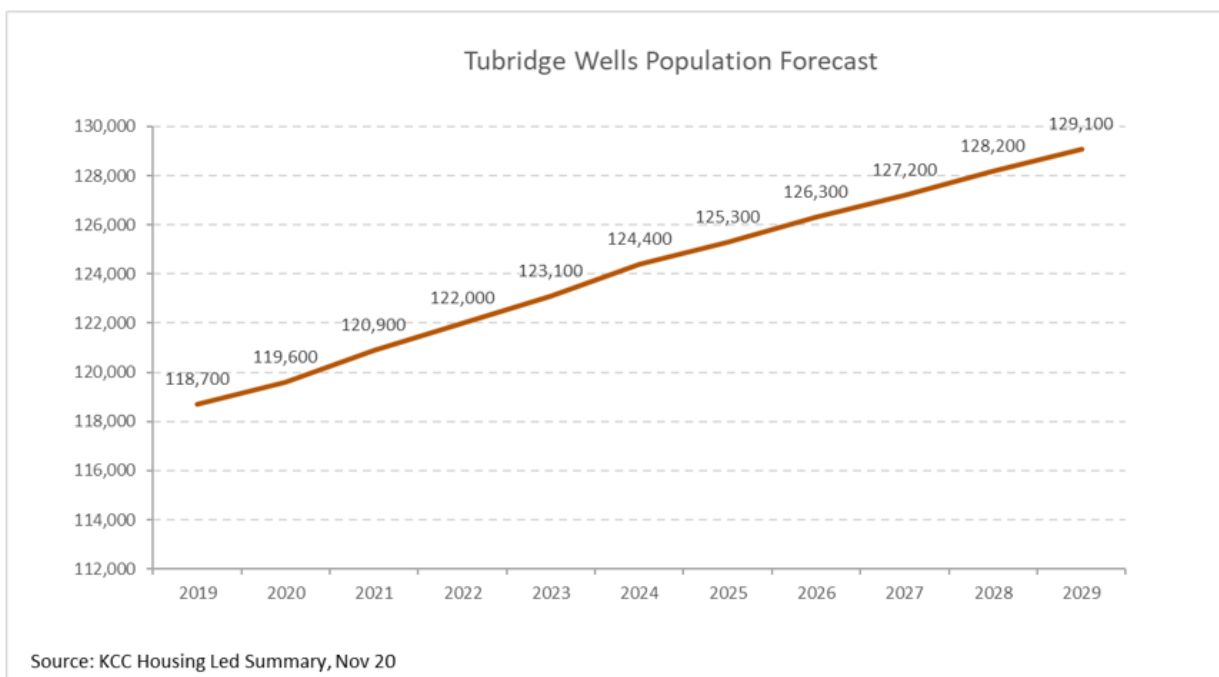
6. Choice with regard to obtaining pharmaceutical; services

As can be seen from sections 2 and 3, those living within the locality and registered with one of the GP practices generally choose to access one of the pharmacies in the locality in order to have their prescriptions dispensed or, if eligible, to be dispensed to by their practice. Those that look outside the locality usually do so either to access a neighbouring pharmacy, or a dispensing appliance contractor or distance selling premises outside of the Health and Wellbeing Board's area.

7. Developments

The population of Tunbridge Wells district is projected to increase by 5% to 125,300 in 2025 as can be seen in Figure 49 below. This is an increase of 400 people per pharmacy from 2020. As stated in the community pharmacy contractor survey one pharmacy in the Tunbridge Wells locality does not have the capacity to meet an increased demand for services. There are 1,150 new houses proposed in the catchment of this pharmacy, however, there are another 5 pharmacies within a one-mile radius.

Figure 49 Tunbridge Wells population forecast



 **1 pharmacy per 7,831 people in 2025**

Map 215 below shows where there are major housing developments planned in the coming years and the table indicates the number of dwellings planned for each site. With an average of 2.4 people per proposed dwelling, by 2025 these sites will provide accommodation for approximately 7,560 people.

Map 215. Location of housing developments

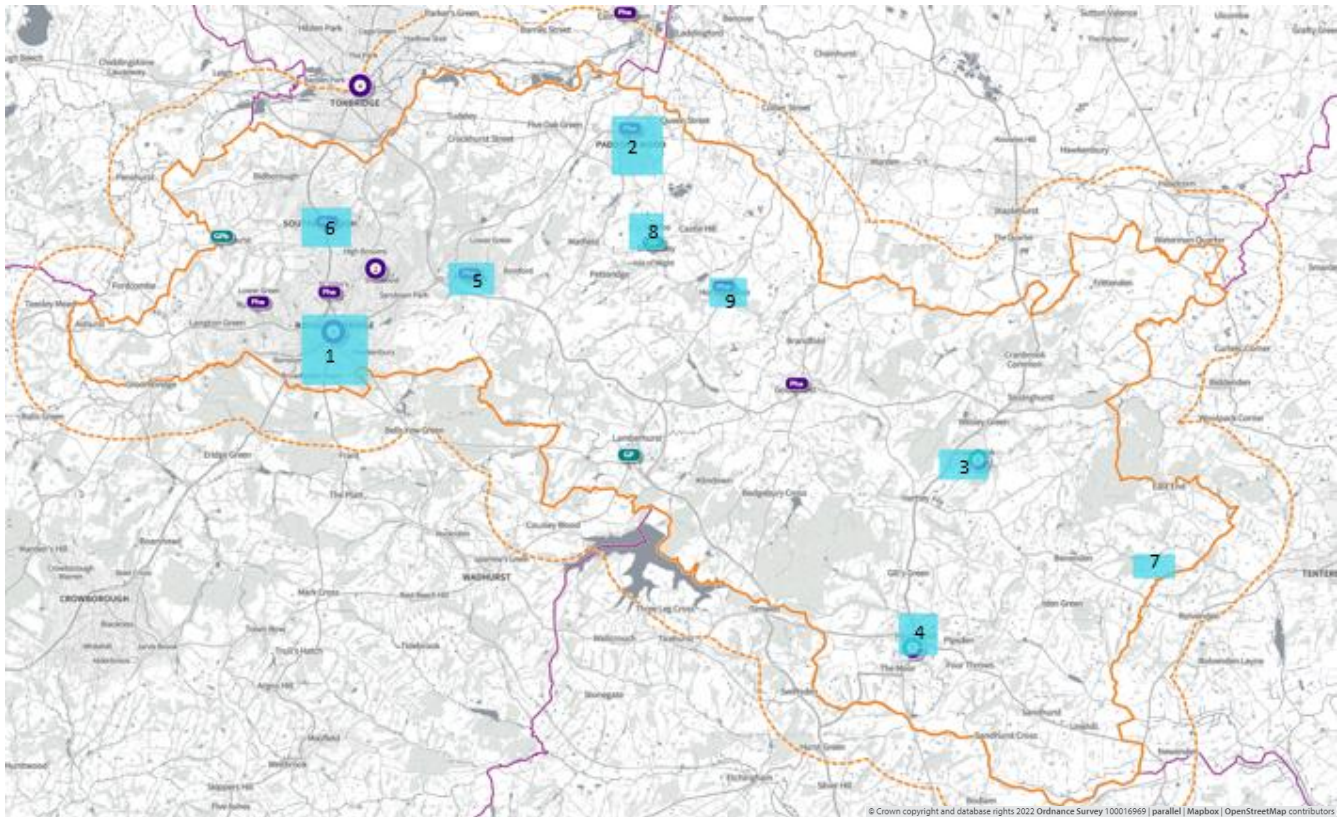


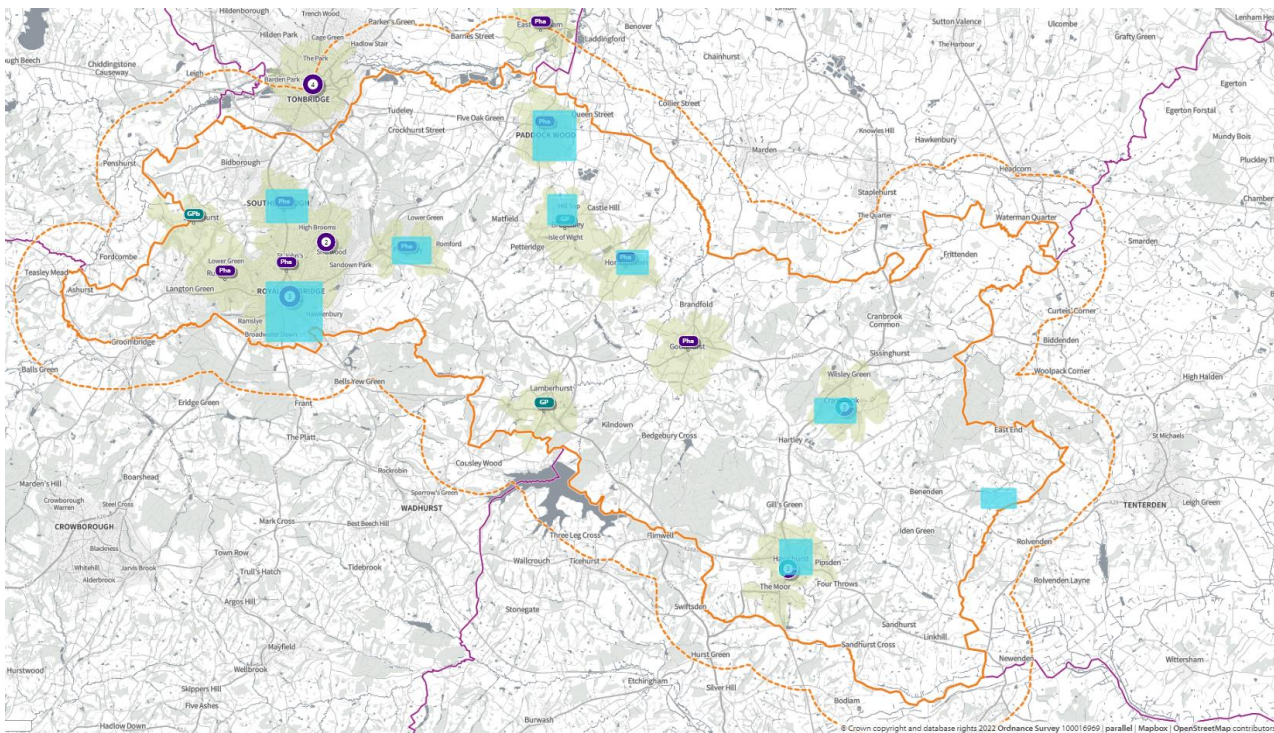
Table 68. Proposed housing developments – number of dwellings per year at each development

Site Name	21/22	22/23	23/24	24/25	25/26	26/27	27/28	28/29	29/30	2025	2030
1. Tunbridge Wells	416	257	248	229	165		98	70	15	1150	1498
2. Paddock Wood	222	229	240	147	447	325	300	300	300	838	2510
3. Cranbrook & Sissinghurst	22	153	125	157						457	457
4. Hawkhurst	42	49	44	31						166	166
5. Pembury	3	97	40	25						165	165
6. Southborough	64	44	26							134	134
7. Benenden	12	23	49	24						108	108
8. Brenchley and Matfield	8	44	14							66	66
9. Horsmonden	8	8	30	20						66	66

Walking 20 minutes Monday to Friday 09:00- 17:00

In **map 216**, below, the green shaded areas are within a 20-minute walk of a community pharmacy/dispensing GP practice and the blue shaded areas are locations of major housing developments.

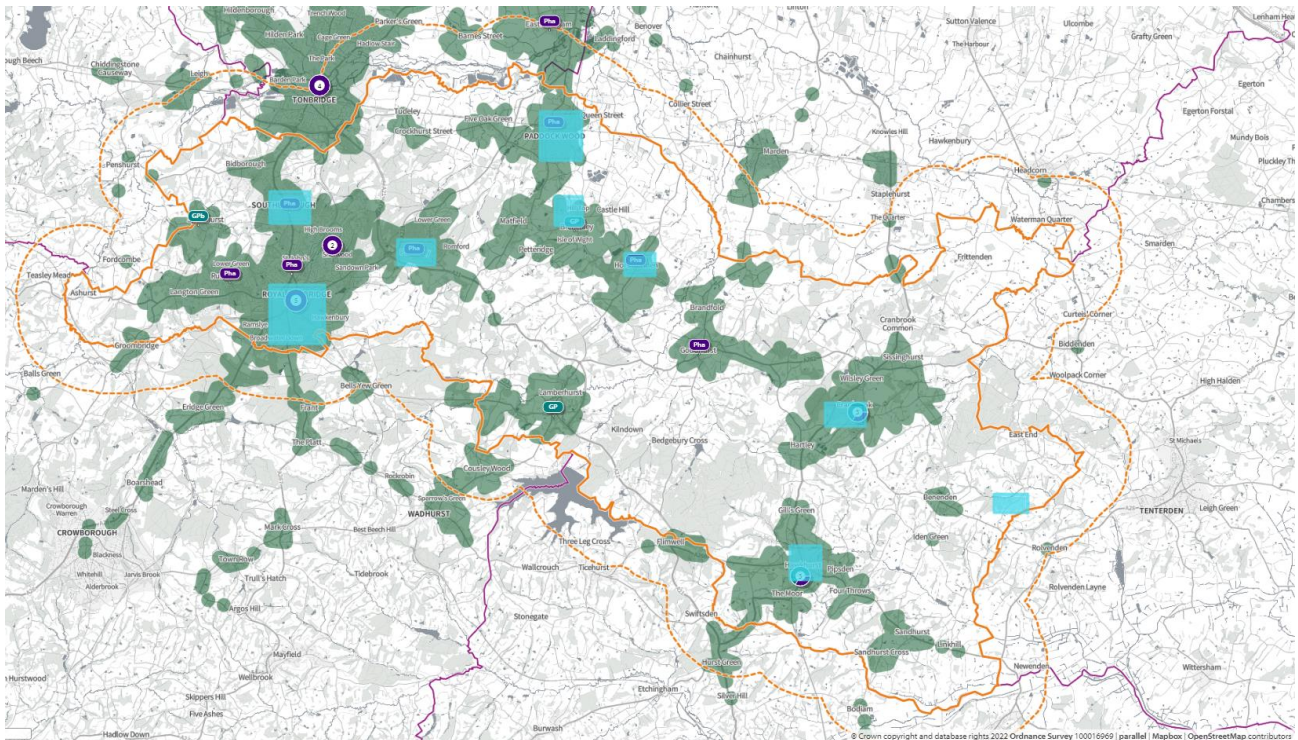
Map 216. Location of community pharmacies/dispensing GPs, proposed housing developments, and areas within a 20-minute walk of a community pharmacy/dispensing GP



Public Transport 20 minutes Monday to Friday 09:00 to 17:00

In **map 217**, below, the green shaded areas are within 20-minutes by public transport of a community pharmacy/dispensing GP practice and the blue shaded areas are locations of major housing developments.

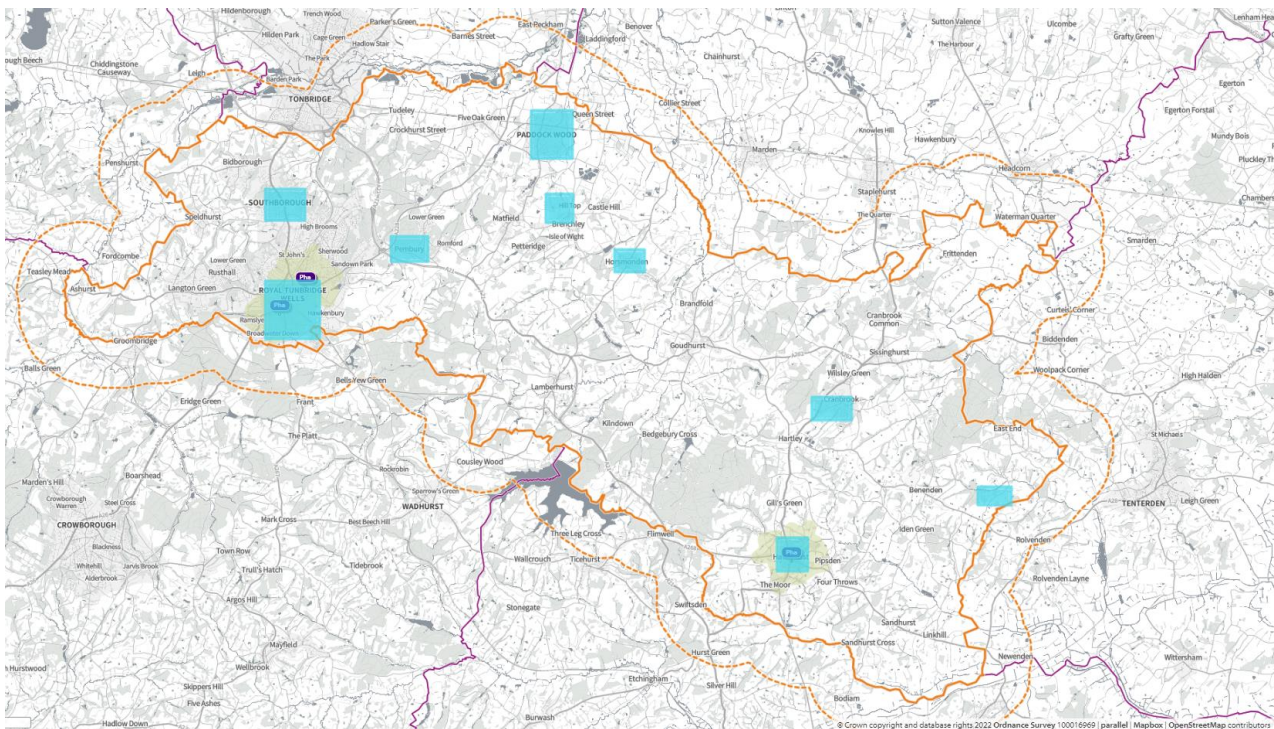
Map 217. Location of community pharmacies, proposed housing developments, and areas within 20 minutes of a community pharmacy by public transport on weekday mornings



Walking 20 minutes 7pm opening Monday to Friday

In **map 218**, below, the green shaded areas are within a 20-minute walk of a community pharmacy that is open until at least 7pm and the blue shaded areas are locations of major housing developments.

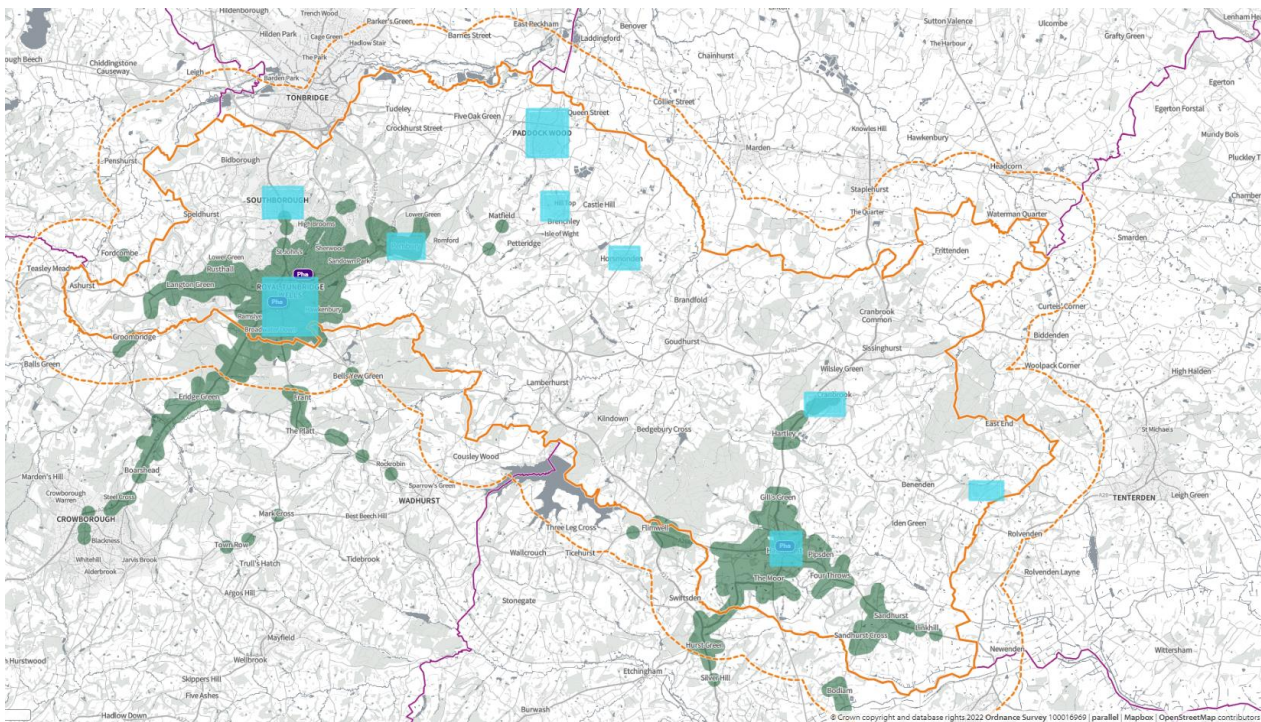
Map 218. Location of community pharmacies, proposed housing developments, and areas within a 20-minute walk of a community pharmacy that is open until at least 7pm on weekdays



Public transport 7pm opening Monday to Friday

In **map 219**, below, the green shaded areas are within 20-minutes by public transport of a community pharmacy that is open until at least 7pm and the blue shaded areas are locations of major housing developments.

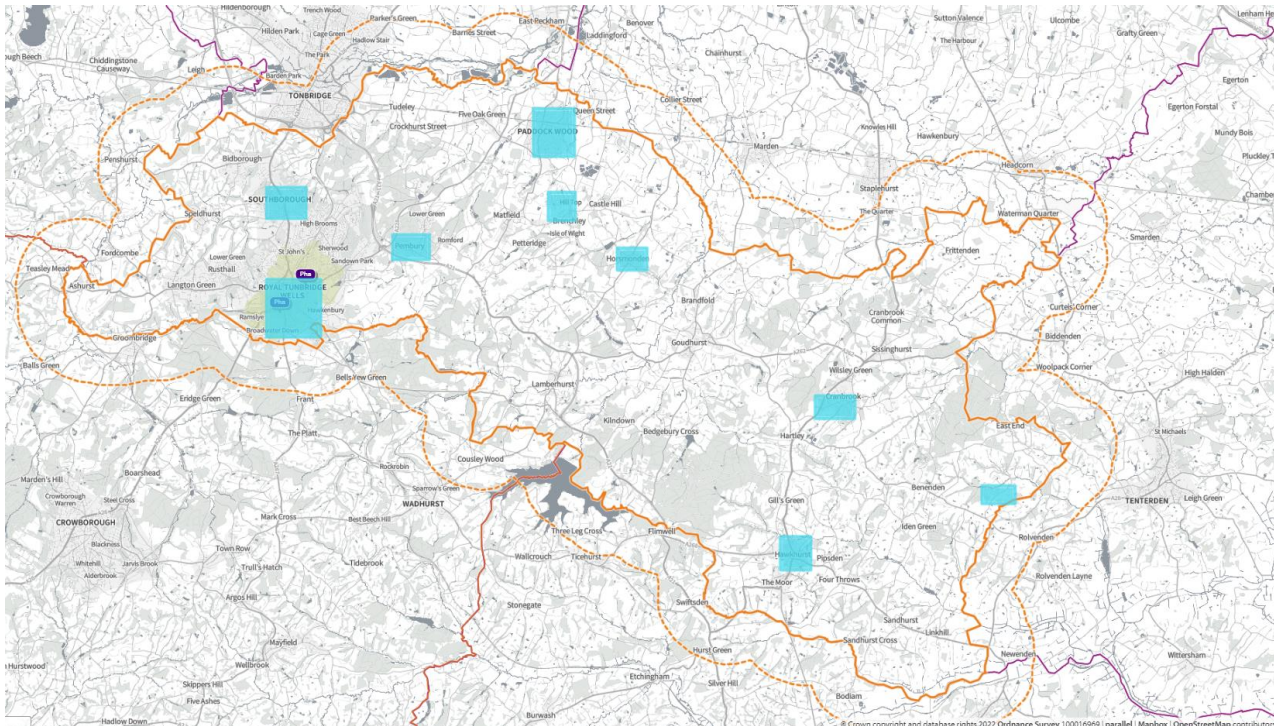
Map 219. Locations of community pharmacies open until at least 7pm on weekdays, proposed housing developments, and areas within 20 minutes of a community pharmacy by public transport on weekday evenings



Walking 20 minutes Sunday

In **map 220**, below, the green shaded areas are within 20-minutes' walk of a community pharmacy that is open on Sundays. Blue shaded areas are locations of major housing developments.

Map 220. Location of community pharmacies, proposed housing developments, and areas within a 20-minute walk of a community pharmacy that is open on Sundays



8. Necessary services: - Gaps in provision

There are no gaps in the provision of services identified as necessary by the Kent HWB.

9. Improvements or better access: Gaps in provision

Sunday opening of at least one pharmacy in the east of the locality would improve access by car within 20 minutes for almost 17,000 people.

There is no Hepatitis C service in this locality. Provision of a service would improve services to the population.

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20 Conclusions for the purpose of schedule 1 to The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended

The pharmaceutical needs assessment has considered the current provision of pharmaceutical services across the county and specifically the demography and health needs of the population. It has analysed whether current provision meets the needs of the population of Kent and whether there are any potential gaps in pharmaceutical service provision either now or within the lifetime of the document. Kent has 271 pharmacies (three of which are distance selling premises) and two dispensing appliance contractors, all providing the full range of essential services. Many provide advanced services as commissioned by NHS England, and some provide services commissioned by Kent County Council via KCC commissioned providers. There are no Local Pharmaceutical Services contractors within the county. 47 of the GP practices dispense to eligible patients across the county. Overall, access to pharmaceutical services in Kent is good due to the spread of premises across the county and the times at which they are open. Redistribution of premises, for example the clustering of pharmacies around GP practices, may impact negatively on the arrangements that are currently in place which in turn may lead to access being worsened, however this will very much depend on the local situation. The Health and Wellbeing Board notes that when considering relocation applications from pharmacies NHS England is required to have regard to, amongst other factors:

- Whether “the location of the new premises is not significantly less accessible” for the patient groups that use the existing premises, and
- Whether the relocation would “result in a significant change to the arrangements that are in place for the provision of” pharmaceutical services. If NHS England is satisfied that the location of new premises is significantly less accessible, or the relocation would result in significant change, then it can refuse the application.

Kent has a population of approximately 1.6 million. The projected population changes and housing developments identified may consequently impact on the type of services required and the number of people accessing pharmaceutical services within the county. However, given the current population demographics, housing projections, the distribution of pharmacies across Kent and their capacity to meet increases in demand, it is anticipated that the current pharmaceutical services providers will be sufficient to meet local needs in the majority of localities. With the current predicted housing developments there will be a future need to increase the provision of pharmaceutical services to the

residents of the new development of Otterpool, those southwest of Ashford town and particular areas in the Maidstone locality. The details of these areas and their pharmaceutical needs are set out in the locality sections.

A number of large multiple community pharmacy companies are currently being sold and it is expected that the new owner will review the number of premises. This will affect the provision of pharmaceutical services across Kent and causing the need for an interim review of this PNA document.

20.1 Current Provision – Necessary Services

Kent Health and Wellbeing Board has defined necessary services as:

- Essential services provided at all premises included in the pharmaceutical lists
- The advanced services of Community Pharmacy Consultation Service, New Medicine Service, and flu vaccination, and
- The dispensing service provided by some GP practices.

20.2 Necessary Services – Gaps in Provision

20.2.1 Access to Essential Services

In order to assess the provision of essential services against the needs of the population the Health and Wellbeing Board considered access (travelling times and opening hours) as the most important factor in determining the extent to which the current provision of essential services meets the needs of the population.

20.2.1.1 Access to Essential Services during Normal Working Hours

The Health and Wellbeing Board has identified that the overwhelming majority of the population is able to access a pharmacy during normal working hours within 20 minutes by car. For the small percentage that cannot the Health and Wellbeing Board is satisfied that there is not a current need for more pharmacies in those areas due to:

- The areas are mainly fields and woods
- In general, the small villages in the areas do meet the travel time
- There are some isolated houses and farms, but in general the population is insufficient to make a pharmacy in the areas financially viable
- Residents will leave the areas for the majority, if not all, of their day-to-day needs, and
- Residents in the areas are likely to be dispensed to by their GP practice

Based on the information available at the time of developing this pharmaceutical needs assessment no current gaps in the provision of essential services during normal working hours have been identified in any of the twelve localities.

Based on the information available at the time of developing this pharmaceutical needs assessment no current gaps in the provision of essential services during normal working hours have been identified in any of the twelve localities.

20.2.1.2 Access to Essential Services Outside Normal Working Hours

There is good access to essential services outside normal working hours through provision by thirty 100-hour pharmacies and extended evening and weekend opening hours offered by other pharmacies:

- 59 pharmacies open seven days a week (includes the thirty 100-hour pharmacies)
- 185 pharmacies open Monday to Saturday
- 104 pharmacies open Monday to Friday, and part of Saturday
- 244 pharmacies that open Monday to Friday.

Outside normal working hours the GP out of hours service will provide courses of treatment where appropriate. Although there may be limited access to the other pharmaceutical services, for example medicines support, signposting or self-car. The patient and public questionnaire showed that 76.4% of respondents preferred to visit a pharmacy between 9.00am and 5.00pm, with only a further 23.6% preferring 5.00 to 10.00pm.

It is not expected that any of the current pharmacies will reduce the number of core opening hours, indeed 100-hour pharmacies are unable to, and NHS England foresees no reason to agree a reduction of core opening hours for any service provider except on an ad hoc basis to cover extenuating circumstances as permitted within the terms of service where this based upon a change in patient need.

Based on the information available at the time of developing this pharmaceutical needs assessment no current gaps in the provision of essential services outside normal working hours have been identified in any of the twelve localities.

20.2.2 Access to advanced services

The Health and Wellbeing Board deemed the following advanced services to be necessary

- Community Pharmacy Consultation Service
- New Medicine Service
- Flu vaccination

Based on the data available the Health and Wellbeing Board is satisfied that there is sufficient capacity to meet the demand for advanced services.

Based on the information available at the time of developing this pharmaceutical needs assessment no current gaps in the provision of the New Medicine Service, Community Consultation service and flu vaccination advanced services have been identified in any of the twelve localities.

20.2.3 Future provision of necessary services

The Health and Wellbeing Board has taken into account the following known future developments:

- Forecasted population growth
- Housing and commercial developments

It has identified future needs for necessary pharmaceutical services in two localities, if development occurs according to plan by 2025/26, namely

- Folkestone and Hythe locality- if the developments of Otterpool Park, Main Road, Sellinge and Sellinge phase 2 site B are built
- Ashford locality- in the area to the southwest of the Ashford town centre namely the Chilmington and Kingsnorth area.
- Maidstone locality-if the developments in Downswood, Otham, Parkwood, Allington and Barming areas are built.

Details of the specific areas in each locality can be found in the locality sections of this PNA.

The Health and Wellbeing Board has not identified any future needs in the other ten localities of Kent.

Based on the information available at the time of developing this pharmaceutical needs assessment future gaps in provision of necessary pharmaceutical services in specific areas of three localities have been identified, namely Folkestone & Hythe, Ashford, and Maidstone localities. No future needs for pharmaceutical services have been identified in any of the other nine localities.

20.3 Other Relevant Services: Current Provision

Kent Health and Wellbeing Board identified that two advanced services (Hepatitis C testing and Stop Smoking Service (referral from Hospital)) whilst not necessary to meet the need for pharmaceutical services in its area, have secured improvements or better access in its area.

20.4 Improvements and Better Access – Gaps in Provision

20.4.1 Current and Future Access to Essential Services – Present and Future Circumstances

Kent Health and Wellbeing Board considered the conclusion in respect of current provision as set out at in this document and has not identified services that would, if provided now will secure improvements to or better access to essential services. The Kent Health and Wellbeing Board considered the conclusion in respect of future provision as set out at in this document and has identified the need for additional essential services in specific areas of two localities when the proposed developments and predicted increase in population is realised. The two localities are Folkestone & Hythe and Ashford. Details of the two specific areas in each locality are detailed in the relevant locality sections of this document.

Based on the information available at the time of developing this pharmaceutical needs assessment future gaps in provision of essential pharmaceutical services in specific areas of three localities have been identified, namely Folkestone & Hythe, Ashford, and Maidstone. No future needs for pharmaceutical services have been identified in any of the other nine localities. No present gaps have been identified in any localities.

20.4.2 Current and Future Access to Advanced Services

From the data available not all pharmacies are providing all the advanced services. As shown in this document activity levels for the advanced services at pharmacy level vary across the country. It is noted that three advanced services that were specific to the Covid 19 Pandemic are no longer commissioned. The Hypertension advanced service and Stop Smoking advanced service commenced recently, in October 2021 and April 2022 whilst Pandemic advanced services were still in place. The number of pharmacies providing these two advanced services is predicted to increase over the coming year. The provision of the Hepatitis C Testing service is low and there are localities with no provision. There is the opportunity to improve provision based on the specific needs of localities. The people in the rural areas are required to travel further to access to the Community Pharmacy Consultation Service than the majority of the population and there is an opportunity to improve this. Demand for the appliance advanced services will be lower than for the other advanced services due to the much smaller proportion of the population that may require these services and no gaps in provision have been identified.

Based on the information available at the time of developing this pharmaceutical needs assessment future gaps in provision of advanced pharmaceutical services in specific areas of three localities have been identified, namely Folkestone & Hythe, Ashford, and Maidstone and for greater coverage of newer advanced services in Kent's rural areas.

No future needs for pharmaceutical services have been identified, that if provided either now or in the future would secure improvements, or better access, to advanced services in any of the other nine localities.

20.4.3 Current and Future Access to Enhanced Services

There are currently no enhanced services commissioned by NHS England. No need has been identified to commission enhanced services.

There are, however, a wide range of services commissioned by Kent County Council via commissioned providers and Kent and Medway Clinical Commissioning Group.

Based on the information available at the time of developing this pharmaceutical needs assessment no gaps in respect of securing improvements, or better access, to enhanced service in specified future circumstances have been identified in any of the twelve localities.

20.4.4 Future Access to Advanced and Enhanced Services

Kent Health and Wellbeing Board has not identified any enhanced services that will be required in specified future circumstances, in order to secure improvements or better access to pharmaceutical services.

Kent Health and Wellbeing Board has identified a requirement for advanced services that are not currently provided but that will, in specified future circumstances, need to be provided in order to secure improvements or better access to pharmaceutical services in specific areas of two localities; Folkestone & Hythe and Ashford.

Based on the information available at the time of developing this pharmaceutical needs assessment no gaps in respect of securing improvements, or better access, to **enhanced services** in specified future circumstances have been identified in any of the twelve localities.

Based on the information available at the time of developing this pharmaceutical needs assessment in respect of securing improvements, or better access, to **advanced services** in specified future circumstances have been identified in specific areas of three localities: Folkestone and Hythe, Ashford and Maidstone.

21 Appendix A – policy context and background papers

Between the 1980s and 2012 the ability for a new pharmacy or dispensing appliance contractor premises to open was largely determined by the regulatory system that became known as ‘control of entry’. Broadly speaking an application to open new premises was only successful if a Primary Care Trust or a preceding organisation considered it was either necessary or expedient to grant the application in order to ensure that people could access pharmaceutical services

The control of entry system was reviewed and amended over the years, and in 2005 exemptions to the ‘necessary or expedient’ test were introduced – namely 100 hour pharmacies, wholly mail order or internet pharmacies, out of town retail area pharmacies and one-stop primary care centre pharmacies.

In January 2007 a review of the system was published by the government and found that although the exemptions had had an impact, this had not been even across the country. At the time access to pharmaceutical services was very good (99% of the population could get to a pharmacy within 20 minutes, including in deprived areas), however the system was complex to administer and was largely driven by providers who decided where they wished to open premises rather than by a robust commissioning process. Primary Care Trusts believed that they did not have sufficient influence to commission pharmaceutical services that reflected the health needs of their population. This was at odds with the thrust of the then NHS reforms which aimed to give Primary Care Trusts more responsibility to secure effective commissioning of adequate services to address local priorities.

When the government published the outcomes of this review, it also launched a review of the contractual arrangements underpinning the provision of pharmaceutical services. One of the recommendations of this second review was that Primary Care Trusts should undertake a more rigorous assessment of local pharmaceutical needs to provide an objective framework for future contractual arrangements and control of entry, setting out the requirements for all potential providers to meet, but flexible enough to allow Primary Care Trusts to contract for a minimum service to ensure prompt access to medicines and to the supply of appliances.

The government responded to the outcomes of both reviews, as well as a report by the All-Party Pharmacy Group following an inquiry into pharmacy services, in its pharmacy White Paper “Pharmacy in England. Building on strengths – delivering the future” published in April 2008. The White Paper proposed that commissioning of pharmaceutical services should meet local needs and link to practice-based commissioning. However, it was recognised that at the time there was considerable variation in the scope, depth and breadth of pharmaceutical needs assessments. Some Primary Care Trusts had begun to revise their pharmaceutical needs assessments (first produced in 2004) in light of the 2006 reorganisations, whereas others had yet to start the process. The White Paper confirmed that the government considered that the structure of and data requirements for Primary Care Trust pharmaceutical needs assessments required further review and strengthening to ensure they were an effective and robust commissioning tool which supported Primary Care Trust decisions.

Following consultation on the proposals contained within the White Paper, the Department of Health and Social Care established an advisory group with representation from the main stakeholders. The terms of reference for the group were:

“Subject to Parliamentary approval of proposals in the Health Bill 2009, to consider and advise on, and to help the Department devise, regulations to implement a duty on NHS primary care trusts to develop and to publish pharmaceutical needs assessments and on subsequent regulations required to use such assessments as the basis for determining the provision of NHS pharmaceutical services”.

As a result of the work of this group, regulations setting out the minimum requirements for pharmaceutical needs assessments were laid in Parliament and took effect from 1 April 2010. They placed an obligation on all Primary Care Trusts to produce their first pharmaceutical needs assessment which complied with the

requirement of the regulations on or before 1 February 2011, with an ongoing requirement to produce a second pharmaceutical needs assessment no later than three years after the publication of the first pharmaceutical needs assessment. The group also drafted regulations on how pharmaceutical needs assessments would be used to determine applications for new pharmacy and dispensing appliance contractor premises (referred to as the 'market entry' system) and these regulations took effect from 1 September 2012. The re-organisation of the NHS from 1 April 2013 came about as the result of the Health and Social Care Act 2012. This Act established Health and Wellbeing Boards and transferred responsibility to develop and update pharmaceutical needs assessments from Primary Care Trusts to Health and Wellbeing Boards. Responsibility for using pharmaceutical needs assessments as the basis for determining market entry to a pharmaceutical list transferred from Primary Care Trusts to NHS England from 1 April 2013. Section 128A of the NHS Act 2006, as amended by the Health and Social Care Act 2012, sets out the requirements for Health and Wellbeing Boards to develop and update pharmaceutical needs assessments and gives the Department of Health and Social Care powers to make regulations.

Section 128A Pharmaceutical needs assessments

- (1) Each Health and Wellbeing Board must in accordance with regulations –
 - a. Assess needs for pharmaceutical services in its area, and
 - b. Publish a statement of its first assessment and of any revised assessment.

- (2) The regulations must make provision –
 - a. As to information which must be contained in a statement;
 - b. As to the extent to which an assessment must take account of likely future needs;
 - c. Specifying the date by which a Health and Wellbeing Board must publish the statement of its first assessment;
 - d. As to the circumstances in which a Health and Wellbeing Board must make a new assessment.

- (3) The regulations may in particular make provision –
 - a. As to the pharmaceutical services to which an assessment must relate;
 - b. Requiring a Health and Wellbeing Board to consult specified persons about specified matters when making an assessment;
 - c. As to the manner in which an assessment be made;
 - d. As to matters to which a Health and Wellbeing Board must have regard when making an assessment.

Pharmaceutical Services) Regulations 2013103, as amended, in particular Part 2 and Schedule 1.

In summary the regulations set out the:

- Services that are to be covered by the pharmaceutical needs assessment
- Information that must be included in the pharmaceutical needs assessment (it should be noted that Health and Wellbeing Boards are free to include any other information that they feel is relevant)
- Date by which Health and Wellbeing Boards must publish their first pharmaceutical needs assessment
- Requirement on Health and Wellbeing Boards to publish further pharmaceutical needs assessments on a three yearly basis
- Requirement to publish a revised assessment sooner than on a three yearly basis in certain circumstances
- Requirement to publish supplementary statements in certain circumstances
- Requirement to consult with certain people and organisations at least once during the production of the pharmaceutical needs assessment, for at least 60 days; and
- Matters the Health and Wellbeing Board is to have regard to when producing its pharmaceutical needs assessment.

Each Health and Wellbeing Board was under a duty to publish its first pharmaceutical needs assessment by 1 April 2015. In the meantime, the pharmaceutical needs assessment produced by the preceding Primary Care Trust remained in existence and was used by NHS England to determine whether or not to grant applications for new pharmacy or dispensing appliance contractor premises.

Once a Health and Wellbeing Board has published its first pharmaceutical needs assessment it is required to produce a revised pharmaceutical needs assessment within three years or sooner if it identifies changes to the need for pharmaceutical services which are of a significant extent. The only exception to this is where the Health and Wellbeing Board is satisfied that producing a revised pharmaceutical needs assessment would be a disproportionate response to those changes.

In addition a Health and Wellbeing Board may publish a supplementary statement. The regulations set out three situations where the publication of a supplementary statement would be appropriate:

1. The Health and Wellbeing Board identifies changes to the availability of pharmaceutical services which are relevant to the granting of applications for new pharmacy or dispensing appliance contractor premises, and it is satisfied that producing a revised assessment would be a disproportionate response to those changes
1. The Health and Wellbeing Board identifies changes to the availability of pharmaceutical services which are relevant to the granting of applications for new pharmacy or dispensing appliance contractor premises, and is in the course of making a revised assessment and is satisfied that it needs to immediately modify its current pharmaceutical needs assessment in order to prevent significant detriment to the provision of pharmaceutical services in its area; and
1. Where a pharmacy is removed from a pharmaceutical list as a result of the grant of a consolidation application, if the Health and Wellbeing Board is of the opinion that the removal does not create a gap in pharmaceutical services that could be met by a routine application offer to meet a current or future need, or secure improvements or better access to pharmaceutical services, then the Health and Wellbeing Board must publish a supplementary statement explaining that the removal does not create such a gap.

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended was subject to a post implementation review by the Department of Health and Social Care in 2017/18. It resulted in The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2020 (the 2020 regulations) introduced regulatory changes effective from 9 November 2020, 1 January 2021, 15 February 2021 and 1 April 2021.

The regulatory changes effective from 9 November 2020 were:

- Entering administration, new requirements for pharmacy entering this legal state
- Pandemic treatment protocols (PTPs).
- Dispensing services- changes to activities to be carried out in connection with the provision of dispensing services relating to the Electronic Prescription Service (EPS).
- Referrals, communication, information and remote access- new requirements for contractors to ensure:
 1. their staff have access to the premises-specific NHSmail account, patient's summary care record and the EPS;
 2. Directory of Services and NHS website profiles are comprehensive and accurate for their pharmacy;
 3. They are registered with the Medicines and Healthcare products Regulatory Agency to receive Central Alerting System notifications.
- Health campaigns. changes to the type and timing of health campaigns and informing NHS England and NHS Improvement on their delivery.

- Notices of commencement -the submission of notices of commencement for new entrants to the pharmaceutical list.

The regulatory changes on 1 January 2021 were:

- Promotion of healthy living.
- the contractual requirements for pharmacies to have an area for confidential consultations, with certain exceptions until 1 April 2023.

The regulatory changes on 15 February 2021 were:

- NHS Discharge Medicines Service. new essential service. Community pharmacy will receive referrals from NHS trusts to support patients post discharge, along with information about medication changes made in hospital to improve outcomes, prevent harm and reduce readmissions.

The regulatory changes on 1 April 2021 are:

- the requirement for distance selling contractors to have a website with an interactive page that promotes healthy lifestyles.

100 Review of progress on reforms in England to the "Control of Entry" system for NHS pharmaceutical contractors. Department of Health 2007 http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.DepartmentofHealth.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DEPARTMENT_OF_HEALTH_063460 101 Pharmacy in England. Building on strengths – delivering the future. Department of Health 2008 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/228858/7341.pdf 102 Review of NHS pharmaceutical contractual arrangements. Anne Galbraith 2007 http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.DepartmentofHealth.gov.uk/prod_consum_DepartmentofHealth/groups/DepartmentofHealth_digitalassets/@DepartmentofHealth/@en/documents/digitalasset/DepartmentofHealth_083871.pdf Guidance on the National Health Service (Charges and Pharmaceutical and Local Pharmaceutical Services) (Amendment) Regulations 2020 <http://www.legislation.gov.uk/uksi/2013/349/contents/made>

22 Appendix B – Essential Services

The Essential Services listed below are offered by all pharmacy contractors as part of the NHS Community Pharmacy Contractual Framework (the ‘pharmacy contract’).

- Dispensing Medicines and Appliances
- Repeat Dispensing
- Discharge medicines service
- Clinical governance
- Public Health
- (Promotion of Healthy Living)
- Sign posting
- Support for selfcare
- Disposal of unwanted medicines

1. Dispensing of Prescriptions

Service Description

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. The Electronic Prescription Service (EPS) is also being implemented as part of the dispensing service.

Aims and Intended Outcomes

To ensure patients receive ordered medicines and appliances safely by:

- Performing appropriate legal, clinical and accuracy checks;
- Having safe systems of operation, in line with clinical governance requirements;
- Having systems in place to guarantee the integrity of products supplied;
- Maintaining a record of all medicines and appliances supplied which can be used to assist future patient care;
- Maintaining a record of advice given, and interventions and referrals made, where the pharmacist judges it to be clinically appropriate.

To ensure patients are able to use their medicines and appliances effectively by:

- Providing information and advice to the patient² on the safe use of their medicine or appliance;
- Providing when appropriate broader advice to the patient on the medicine, for example its possible side effects and significant interactions with other substances.

2. Dispensing of Repeatable Prescriptions

Service Description

The management and dispensing of repeatable NHS prescriptions for medicines and appliances in partnership with the patient and the prescriber.

This service specification covers the requirements additional to those for dispensing, such that the pharmacist ascertains the patient's need for a repeat supply and communicates any clinically significant issues to the prescriber.

Aims and Intended Outcomes:

- To increase patient choice and convenience, by allowing them to obtain their regular prescribed medicines and appliances directly from a community pharmacy for a period agreed by the prescriber
- To minimise wastage by reducing the number of medicines and appliances dispensed which are not required by the patient
- To reduce the workload of general medical practices, by lowering the burden of managing repeat prescriptions.

3. Discharge Medicines Service (DMS) *(This is a new service that commenced February 2021)*

Service Description

Patients are digitally referred to their pharmacy after discharge from hospital, using IT systems such as PharmOutcomes, Refer to Pharmacy or **NHSmail**. Using the information in the referral, pharmacists are able to compare the patient's medicines at discharge to those they were taking before admission to hospital. A check is also made when the first new prescription for the patient is issued in primary care and a consultation with the patient and/or their carer will help to ensure that they understand which medicines the patient should now be using.

Aims and Intended Outcomes

The NHS Discharge Medicines Service toolkit is intended to support delivery of the NHS Discharge Medicines Service and ensure that:

- An integrated approach to supporting patients with medicines reconciliation and optimisation following discharge is taken across healthcare sectors, ensuring clear and identifiable links between community pharmacy, NHS trusts and PCN member practices.
- A consistent approach to handling a referral for post-discharge medicines reconciliation is adopted. This is to reduce harm to patients caused by medication changes, give patients an improved understanding of their 5 medicines post discharge, ensure medicines are stopped as intended, and reduce hospital readmissions because of medication issues.
- NHS trusts develop local processes for patients to be referred to community pharmacy post discharge and these referrals are linked to a consistent service in community pharmacy.
- Community pharmacy contractors and PCNs collaborate to support patients with medicines optimisation following discharge. This includes community pharmacy contractors referring

patients to PCN practices (eg PCN pharmacy team for any additional medicines support such as a Structured Medication Review).

4. Clinical Governance

Service Description

The clinical governance requirements of the community pharmacy contractual framework (CPCF) cover a range of quality related issues detailed below:

- Patient and public involvement programme
- Clinical audit programme
- Risk management programme
- Clinical effectiveness programme
- Staffing and staff management programme
- Premises standards

Aims and Intended Outcomes

The aim is to have a Clinical governance is a system in place through which healthcare providers are accountable for continuously improving the quality of their services and safeguarding high standards of care, by creating an environment in which excellence in clinical care will flourish.

5. Public Health (Promotion of Healthy Living)

Service Description

The provision of opportunistic healthy lifestyle and public health advice to patients receiving prescriptions who appear to:

- Have diabetes; or
- Be at risk of coronary heart disease, especially those with high blood pressure; or
- Who smoke; or
- Are overweight, and pro-active participation in national/local campaigns, to promote public health messages to general pharmacy visitors during specific targeted campaign periods

Aims and Intended Outcomes

- To increase patient and public knowledge and understanding of key healthy lifestyle and public health messages so they are empowered to take actions which will improve their health.
- To target the 'hard to reach' sectors of the population who are not frequently exposed to health promotion activities in other parts of the health or social care sector.

6. Sign posting

Service Description

The provision of information to people visiting the pharmacy, who require further support, advice or treatment which cannot be provided by the pharmacy but is available from other health and social care providers or support organisations who may be able to assist the person. Where appropriate, this may take the form of a referral.

Aims and Intended Outcomes

- To inform or advise people who require assistance, which cannot be provided by the pharmacy, of other appropriate health and social care providers or support organisations
- To enable people to contact and/or access further care and support appropriate to their needs
- To minimise inappropriate use of health and social care services.

7. Support for selfcare

Service Description

The provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families.

Aims and Intended Outcomes

- To enhance access and choice for people who wish to care for themselves or their families
- People, including carers, are provided with appropriate advice to help them self-manage a self-limiting or long-term condition, including advice on the selection and use of any appropriate medicines
- People, including carers, are opportunistically provided with health promotion advice when appropriate, in line with the advice provided in essential service – promotion of healthy lifestyles service
- People, including carers, are better able to care for themselves or manage a condition both immediately and in the future, by being more knowledgeable about the treatment options they have, including non-pharmacological ones
- To minimise inappropriate use of health and social care services.

8. Disposal of Unwanted Medicines

Service Description

Acceptance by community pharmacies, of unwanted medicines which require safe disposal from households and individuals. NHS England is required to arrange for the collection and disposal of waste medicines from pharmacies.

Aims and Intended Outcomes

To ensure the public has an easy method of safely disposing of unwanted medicines

- To reduce the volume of stored unwanted medicines in people's homes by providing a route for disposal thus reducing the risk of accidental poisonings in the home and diversion of medicines to other people not authorised to possess them
- To reduce the risk of exposing the public to unwanted medicines which have been disposed of by non-secure methods
- To reduce environmental damage caused by the inappropriate disposal methods for unwanted medicines.

23 Appendix C – Advanced Services

Advanced services – pharmacies may choose whether to provide these services or not. If they choose to provide one or more of the advanced services, they must meet certain They must be fully compliant with the essential services and clinical governance requirements. The advanced services as of March 2022 are:

- Appliance Use Review
- Community Pharmacy Consultation Service (CPCS)
- C19 Lateral flow device distribution service
- Flu vaccination
- Hepatitis C testing Service
- Hypertension Case Finding Service
- New Medicines Service (NMS)
- Pandemic Delivery Service
- Stoma Appliance Customisation Service
- Stop Smoking Advanced Service (referral from hospital)

Note: C19 Lateral flow device distribution service and Pandemic Delivery Service are services specific to the Covid pandemic and are not intended to be long term. These have both been discontinued in March 2022.

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

1. Appliance Use Review

Service description

An Appliance Use Review is about helping patients use their appliances more effectively. Recommendations made to prescribers may also relate to the clinical or cost effectiveness of treatment.

Aims and Intended Outcome

The purpose of the service is, with the patient's agreement, to improve the patient's knowledge and use of any specified appliance by:

- Establishing the way, the patient uses the specified appliance and the patient's experience of such use

- Identifying, discussing, and assisting in the resolution of poor or ineffective use of the specified appliance by the patient
- Advising the patient on the safe and appropriate storage of the specified appliance
- Advising the patient on the safe and proper disposal of the specified appliances that are used or unwanted.

2. Community Pharmacy Consultation Service (CPCS)

Service description

This service replaces NUMAs and DMiRs pilots, connects patients who have a minor illness or urgent supply of medicine with a community pharmacy. Patients are referred from general practice, NHS 111, Integrated urgent care clinical assessment services and in some cases from 999 services.

Aims and Intended Outcome

The CPCS aims to relieve pressure on the wider NHS by connecting patients with community pharmacy, which should be their first port of call and can deliver a swift, convenient, and effective service to meet their needs. Since the CPCS was launched, an average of 10,500 patients per week being referred for a consultation with a pharmacist following a call to NHS 111; these are patients who might otherwise have gone to see a GP

3. Flu vaccination

Service description

Pharmacy staff will identify people eligible for flu vaccination and encourage them to be vaccinated. This service covers eligible patients aged 18 years and older who fall in one of the national a risk group. The vaccination is to be administered to eligible patients, who do not have any contraindications to vaccination, under the NHS England patient group direction.

Aims and Intended Outcome

The aims of this service are to:

- Sustain uptake of flu vaccination by building the capacity of community pharmacies as an alternative to general practice
- Provide more opportunities and improve convenience for eligible patients to access flu vaccinations; and
- Reduce variation and provide consistent levels of population coverage of community pharmacy flu vaccination across England by providing a national framework.

4. Hepatitis C testing Service

Service description

- The Community Pharmacy Hepatitis C Antibody Testing Service ('the service') is an Advanced service commissioned under the NHS Community Pharmacy Contractual Framework.
- PWIDS who are **not** engaged in community drug and alcohol treatment services, will be offered the opportunity to receive an HCV test from a community pharmacy of their choice (subject to the pharmacy being registered to provide the service).
- Where the test produces a positive result, the PWID will be referred for appropriate further testing and treatment via the relevant ODN

Aims and Intended Outcome

The aim of this service is to increase levels of testing for HCV amongst PWIDS who are not engaged in community drug and alcohol treatment services to:

- Increase the number of diagnoses of HCV infection
- Permit effective interventions to lessen the burden of illness to the individual
- Decrease long-term costs of treatment; and
- Decrease onward transmission of HCV.

5. Hypertension Case Finding Service

Service description

This is an advanced services for adults over 40 years of age or over, who do not currently have a diagnosis of hypertension. This is a screen service and all patients identified as hypertensive are referred to their GP for treatment. The pharmacist will provide information on healthy living to all patients.

Aims and Intended Outcome

The aims and objectives of this service are to:

- Identify people aged 40 years or older, or at the discretion of the pharmacist people under the age of 40, with high blood pressure (who have previously not had a confirmed diagnosis of hypertension), and to refer them to general practice to confirm diagnosis and for appropriate management
- At the request of a general practice, undertake ad hoc clinic and ambulatory blood pressure measurements
- Promote healthy behaviours to patients

6. New Medicines Service (NMS)

Service description

The New Medicine Service is provided to patients who have been prescribed for the first time, a medicine for a specified long-term condition, to improve adherence. The New Medicine Service involves three stages, recruitment into the service, an intervention about one or two weeks later, and a follow up after two or three weeks.

Aims and Intended Outcome

The purpose of the service is to promote the health and wellbeing of patients who are prescribed a new medicine or medicines for certain long-term conditions, in order:

- As regards the long-term condition:
 - To help reduce symptoms and long-term complications, and
 - In particular by intervention post dispensing, to help identification of problems with management of the condition and the need for further information or support; and
- To help the patients:
 - Make informed choices about their care,
 - Self-manage their long-term conditions,
 - Adhere to agreed treatment programmes, and
 - Make appropriate lifestyle changes.

7. Stoma Appliance Customisation Service

Service description

Stoma appliance customisation is the customisation of a quantity of more than one stoma appliance, where:

- The stoma appliance to be customised is listed in Part IXC of the Drug Tariff
- The customisation involves modification to the same specification of multiple identical parts for use with an appliance; and
- Modification is based on the patient's measurement or record of those measurements and if applicable, a template.

Aims and Intended Outcome

The purpose of the service is to:

- Ensure the proper use and comfortable fitting of the stoma appliance by a patient; and
- Improve the duration of usage of the appliance, thereby reducing wastage of such appliances.

8. Stop Smoking Advanced Service (*referral from hospital*)

Service description

This service has been designed to enable NHS trusts to undertake a transfer of care on patient discharge, referring patients (where they consent) to a community pharmacy of their choice to continue their smoking NHS Smoking Cessation Service (SCS) cessation treatment, including providing medication and support as required. The ambition is for referral from NHS trusts to community pharmacy to create additional capacity in the smoking cessation pathway

Aims and Intended Outcome

The aim of the service is to:

- Reduce morbidity and mortality from smoking, and to reduce health inequalities associated with higher rates of smoking
- To ensure that any patients referred by NHS trusts to community pharmacy for the SCS receive a consistent and effective offer, in line with NICE guidelines and the OMSC.

24 Appendix D – Enhanced Services

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

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

25 Appendix E – Terms of Service for Dispensing Appliance Contractors

1. Dispensing of prescriptions

Service description

The supply of appliances ordered on NHS prescriptions, together with information and advice and appropriate referral arrangements in the event of a supply being unable to be made, to enable safe and effective use by patients and carers, and maintenance of appropriate records.

Aims and Intended

To ensure patients receive ordered appliances safely and appropriately by the dispensing appliance contractor:

- Performing appropriate legal, clinical and accuracy checks
- Having safe systems of operation, in line with clinical governance requirements
- Having systems in place to guarantee the integrity of products supplied
- Maintaining a record of all appliances supplied which can be used to assist future patient care
- Maintaining a record of advice given, and interventions and referrals made, where the dispensing appliance contractor judges it to be clinically appropriate
- Providing the appropriate additional items such as disposable bags and wipes
- Delivering the appropriate items if required to do so in a timely manner and in suitable packaging that is discreet.

To ensure patients can use their appliances effectively by staff providing information and advice to the patient or carer on the safe use of their appliance(s).

2. Dispensing of repeatable prescriptions

Service description

The management and dispensing of repeatable NHS prescriptions appliances in partnership with the patient and the prescriber. This service specification covers the requirements additional to those for dispensing, such that the dispensing appliance contractor ascertains the patient's need for a repeat supply and communicates any clinically significant issues to the prescriber.

Aims and Intended

- To increase patient choice and convenience, by allowing them to obtain their regular prescribed appliances directly from a dispensing appliance contractor for a period agreed by the prescriber
- To minimise wastage by reducing the number of appliances dispensed which are not required by the patient
- To reduce the workload of GP practices, by lowering the burden of managing repeat prescriptions.

3. Home Delivery Service

Service description

The delivery of certain appliances to the patient's home.

Aims and Intended

To preserve the dignity of patients by ensuring that certain appliances are delivered:

- With reasonable promptness, at a time agree with the patient
- In a package that displays no writing or other markings which could indicate its content; and
- In such a way that it is not possible to identify the type of appliance that is being delivered.

4. Supply of appropriate supplementary items

Service description

The provision of additional items such as disposable wipes and disposal bags in connection with certain appliances. vice description

Aims and Intended

To ensure that patients have a sufficient supply of wipes for use with their appliance and can dispose of them in a safe and hygienic way.

5. Provide expert clinical advice regarding appliances

Service description

The provision of expert clinical advice from a suitably trained person who has relevant experience in respect of certain appliances

Aims and Intended

To ensure that patients can seek appropriate advice on their appliance to increase their confidence in choosing an appliance that suits their needs as well as gaining confidence to adjust to the changes in their life and learning to manage an appliance.

6. Where a telephone care line is provided, during the period when the dispensing appliance contractor is closed advice is either to be provided via the care line or callers are directed to other providers who can provide advice

Service description

Provision of advice on certain appliances via a telephone care line outside of the dispensing appliance contractor's contracted opening hours. The dispensing appliance contractor is not required to staff the care line all day, every day, but when it is not callers must be given a telephone number or website contact details for other providers of NHS services who may be consulted for advice.

Aims and Intended

Callers to the telephone care line can access advice 24 hours a day, seven days a week on certain appliances in order to manage their appliance.

7. Signposting

Service description

Where a patient presents a prescription for an appliance which the dispensing appliance contractor does not supply the prescription is either:

- With the consent of the patient, passed to another provider of appliances, or
- If the patient does not consent, they are given contact details for at least two other contractors who are able to dispense it.

Aims and Intended

To ensure that patients can have their prescription dispensed.

26 Appendix F – PNA Steering group membership

Name	Role	Organisation
Anjan Ghosh	Public Health director	Kent County Council
Sarah Leaver	Pharmacist	Kent County Council
Cheryl Clennett	Patient Representative	Health watch
Mark Anyaegbuna	Chair/CEO	Local Pharmaceutical Committee
Joshua Stroud	Analyst	Kent Public Health Observatory
Heather Lucas	Pharmacist	Kent & Medway CCG
Michael Akerman and Charlotte Jones	Communications/ engagement	Kent county Council
Bekithemba Mhlanga		NHS England
Tarlochan Gill	Pharmacist	Kent Local Pharmacy Network
Jack Jacobs	General practitioner	Kent Local Medical Committee
Paul Clarke	Public Health Specialist	Kent County Council

27 Appendix G – Kent Patient and Public Engagement Questionnaire

Pharmaceutical Needs Assessment Survey

We have a statutory responsibility to publish and keep up to date a statement of the needs for pharmaceutical services (community pharmacies, dispensing doctors and appliance contractor) for the population of Kent, referred to as a 'pharmaceutical needs assessment'.

We would like to hear how you use pharmacies to assist us in the production of the second version of the Kent Pharmaceutical Needs Assessment.

This questionnaire can be completed online at www.kent.gov.uk/pharmacyneeds.

Alternatively, fill in this Word version of the survey and return to:

Email: pna@kent.gov.uk

Address: PNA Review, Public Health, Sessions House, Kent County Council, County Road, Maidstone, Kent, ME14 1XQ

Please ensure your response reaches us by 19 December 2021.

Privacy: Kent County Council (KCC) collects and processes personal information in order to provide a range of public services. KCC respects the privacy of individuals and endeavours to ensure personal information is collected fairly, lawfully, and in compliance with the United Kingdom General Data Protection Regulation and Data Protection Act 2018. Read the full Privacy Notice at the end of this document.

Alternative formats: If you require any of the consultation material in an alternative format or language, please email: alternativeformats@kent.gov.uk or call: 03000 42 15 53 (text relay service number: 18001 03000 42 15 53). This number goes to an answering machine, which is monitored during office hours.

Section 1 – About you

Q1. Please tell us which district/borough you live in

*Please select **one** option.*

- Ashford
- Canterbury
- Dartford
- Dover
- Folkestone and Hythe
- Gravesham
- Maidstone
- Sevenoaks
- Swale
- Thanet
- Tonbridge and Malling
- Tunbridge Wells

Q2. Please tell us the first five characters of your postcode:

Please do not reveal your whole postcode. We use this to help us to analyse our data. It will not be used to identify who you are.

Section 2 – About your use of pharmacies

Q3. Do you have your medicines dispensed at a pharmacy?

*Please select **one** option.*

- Yes
- No
- Don't know

Q4. Do you have your medicines dispensed at a dispensing doctors' practice?

This is a surgery where the doctor can supply the medication as well as prescribe it. This only applies where the surgery holds a contract to dispense and the patient lives in a very rural location making access to normal pharmaceutical services difficult.

Please select **one** option.

- Yes
- No
- Don't know

Q5. Do you use a distance selling / internet pharmacy?

An online pharmacy, internet pharmacy, or mail-order pharmacy is a pharmacy that operates over the internet and sends orders to customers through mail, shipping companies, or online pharmacy web portal.

Please select **one** option.

- Yes
- No
- Don't know

If you use a pharmacy, please answer questions 6 to 16. Otherwise, please go to question 16.

Q6. How often do you visit a pharmacy?

Please select **one** option.

- One or more times per week
- Once every couple of weeks
- Once a month
- Once every couple of months
- Less often
- Don't know

Q7. What do you use a pharmacy for?

Please select **all** that apply.

- To collect a prescription for myself
- To collect a prescription for someone else
- To buy over the counter medicines
- Healthcare advice (e.g. medication, your condition/illness, healthy living advice etc)
- Healthcare service (e.g. stop smoking or emergency contraception, blood pressure checks etc)
- Other - please tell us in the box below

Q8. What time of the day is most convenient for you to visit a pharmacy?

Please select **all** that apply.

- Morning – before 12pm midday
- Afternoon – 12pm midday to 5pm
- Early evening – 5pm to 7pm
- Late evening – 7pm to 10pm

Q9. What day(s) of the week are most convenient for you to visit a pharmacy?

Please select **all** that apply.

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

Q10. Do you always use the same pharmacy?

Please select **one** option.

- Yes
- Most of the time
- No
- Don't know

Q11. What is the most important thing when deciding which pharmacy to use?

Please select **one** option.

The pharmacy is...

- Near to work
- Near to home
- Near to my doctors
- In town/shopping area
- In the supermarket
- Other - please tell us in the box below:

Q12. How do you usually travel to a pharmacy?

*Please select **one** option.*

- Walk
- Car (driver)
- Car (passenger)
- Bus
- Bicycle
- Taxi
- Other, please specify in the box below:

Q13. How long does your journey to a pharmacy usually take?

*Please select **one** option.*

- Less than 10 minutes
- 11 to 30 minutes
- 31 to 60 minutes
- More than 60 minutes

Q14. If you have a regular pharmacy but it was not open, would you...

Please select **one** option.

- Wait for it to open
- Find another pharmacy
- Don't know
- Not applicable

Q15. If you use a regular pharmacy and it didn't have the things you need, would you...

Please select **one** option.

- Wait for it to order the things you need
- Find another pharmacy
- Don't know
- Not applicable

Section 3 – More about you

We want to make sure that everyone is treated fairly and equally, and that no one gets left out. That's why we are asking you these questions. We'll use it only to help us make decisions and improve our services.

If you would rather not answer any of these questions, you don't have to.

It is not necessary to answer these questions if you are responding on behalf of an organisation.

Q16. Are you...? Please select **one option.**

- Male
- Female
- I prefer not to say

Q17. Is your gender the same as your birth? Please select **one** option.

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	I prefer not to say

Q18. Which of these age groups applies to you? Please select **one** option.

0-15	<input type="checkbox"/>	16-24	<input type="checkbox"/>	25-34	<input type="checkbox"/>	35-49	<input type="checkbox"/>	50-59	<input type="checkbox"/>	
60-64	<input type="checkbox"/>	65-74	<input type="checkbox"/>	75-84	<input type="checkbox"/>	85+ over	<input type="checkbox"/>	I prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>

Q19. Do you regard yourself as belonging to a particular religion or holding a belief?

Please select **one** option.

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	I prefer not to say

Q19a. If you answered 'Yes' to Q19, which of the following applies to you? Please select *one* option.

- Christian
- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh
- Other
- I prefer not to say

If you selected Other, please specify:

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.

Q20. Do you consider yourself to be disabled as set out in the Equality Act 2010? Please select *one* option.

- Yes
- No
- I prefer not to say

Q20a. If you answered 'Yes' to Q20, 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.

- Physical impairment
- Sensory impairment (hearing, sight or both)
- Longstanding illness or health condition, such as cancer, HIV/AIDS, heart disease, diabetes or epilepsy
- Mental health condition
- Learning disability
- I prefer not to say
- Other

Other, please specify:

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.

Q21. Are you a Carer? Please select *one* option.

- Yes
- No
- I prefer not to say

Q22. Are you ...? Please select *one* option.

<input type="checkbox"/>	Heterosexual/Straight
<input type="checkbox"/>	Bi/Bisexual
<input type="checkbox"/>	Gay man
<input type="checkbox"/>	Gay woman/Lesbian
<input type="checkbox"/>	Other
<input type="checkbox"/>	I prefer not to say

Q23. To which of these ethnic groups do you feel you belong? Please select *one* option.
(Source 2011 Census)

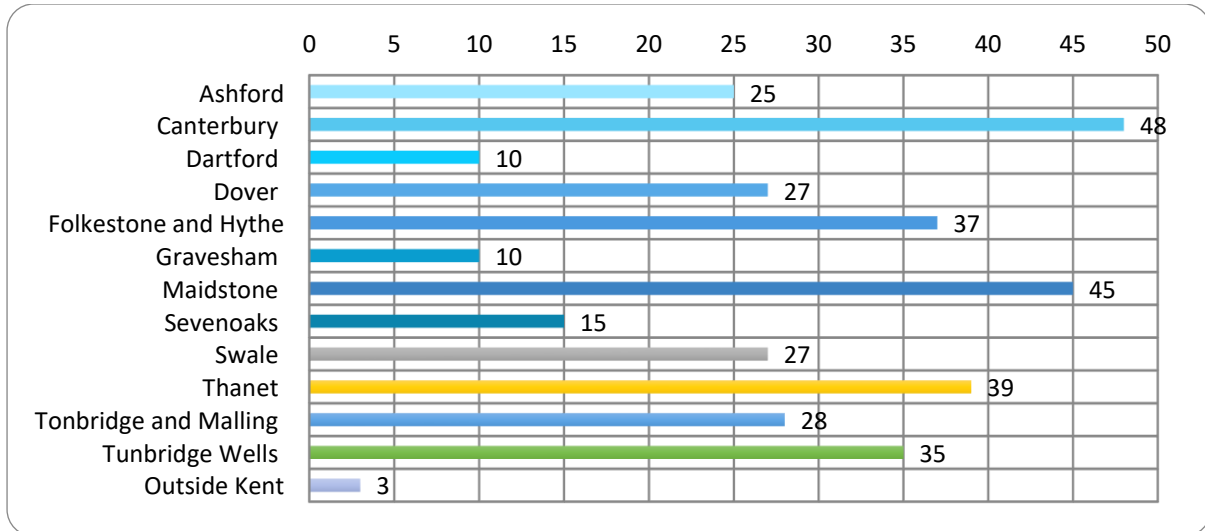
White English	<input type="checkbox"/>	Mixed White & Black Caribbean	<input type="checkbox"/>
White Scottish	<input type="checkbox"/>	Mixed White & Black African	<input type="checkbox"/>
White Welsh	<input type="checkbox"/>	Mixed White & Asian	<input type="checkbox"/>
White Northern Irish	<input type="checkbox"/>	Mixed Other*	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Black or Black British Caribbean	<input type="checkbox"/>
White Gypsy/Roma	<input type="checkbox"/>	Black or Black British African	<input type="checkbox"/>
White Irish Traveller	<input type="checkbox"/>	Black or Black British Other*	<input type="checkbox"/>
White Other*	<input type="checkbox"/>	Arab	<input type="checkbox"/>
Asian or Asian British Indian	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Asian or Asian British Pakistani	<input type="checkbox"/>	I prefer not to say	<input type="checkbox"/>
Asian or Asian British Bangladeshi	<input type="checkbox"/>		<input type="checkbox"/>
Asian or Asian British Other*	<input type="checkbox"/>		<input type="checkbox"/>

*Other - If your ethnic group is not specified on the list, please describe it here:

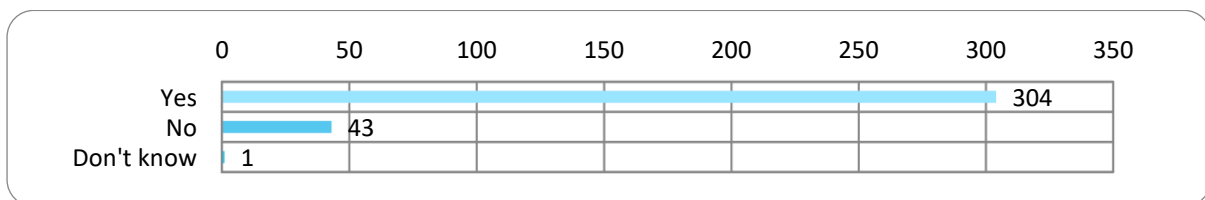
Thank you for taking the time to complete this survey. The **closing date for responses: 19 December 2021**

28 Appendix H – Full results of the patient and public questionnaire

Please tell us which district/ borough you live in?

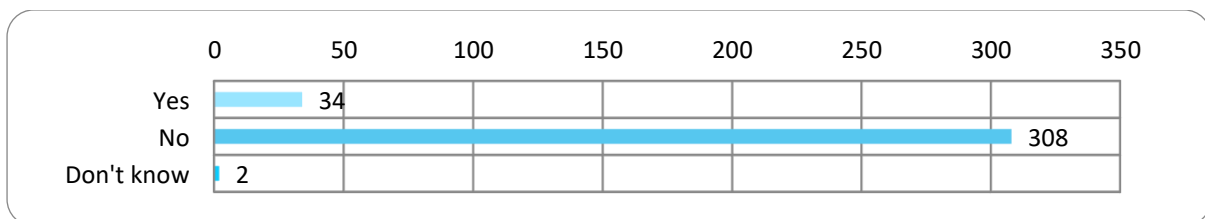


Do you have your medicines dispensed at a pharmacy?



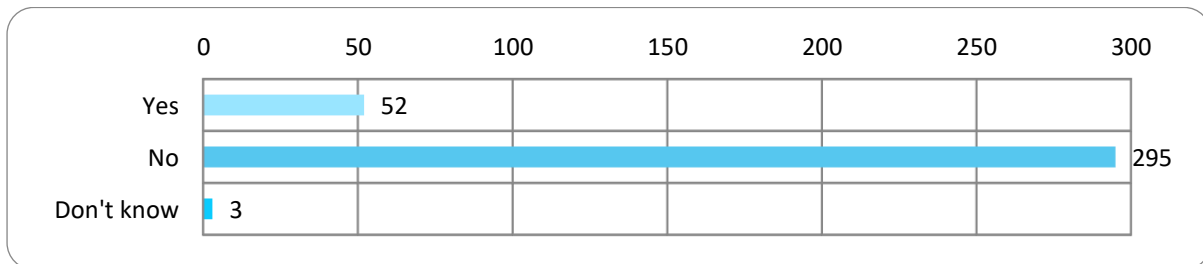
Do you have your medicines dispensed at a dispensing doctors' practice?

This is a surgery where the doctor can supply the medication as well as prescribe it. This only applies where the surgery holds a contract to dispense and the patient lives in a very rural location making access to normal pharmaceutical services difficult.

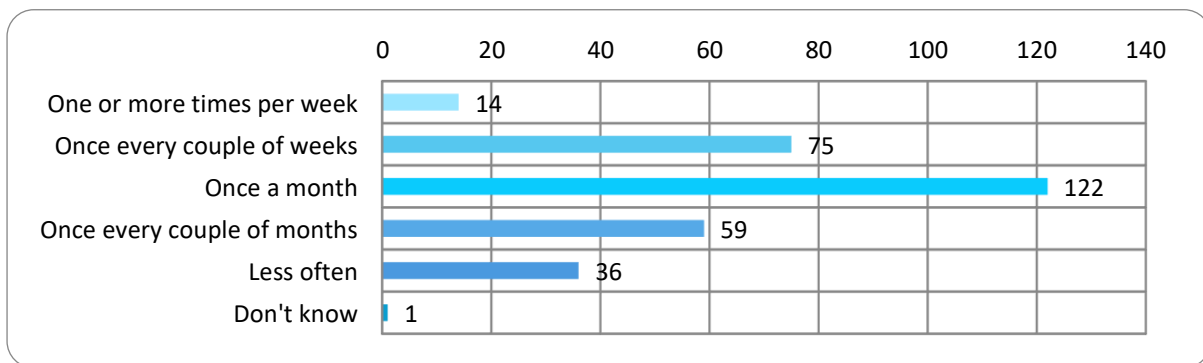


Do you use a distance selling / internet pharmacy?

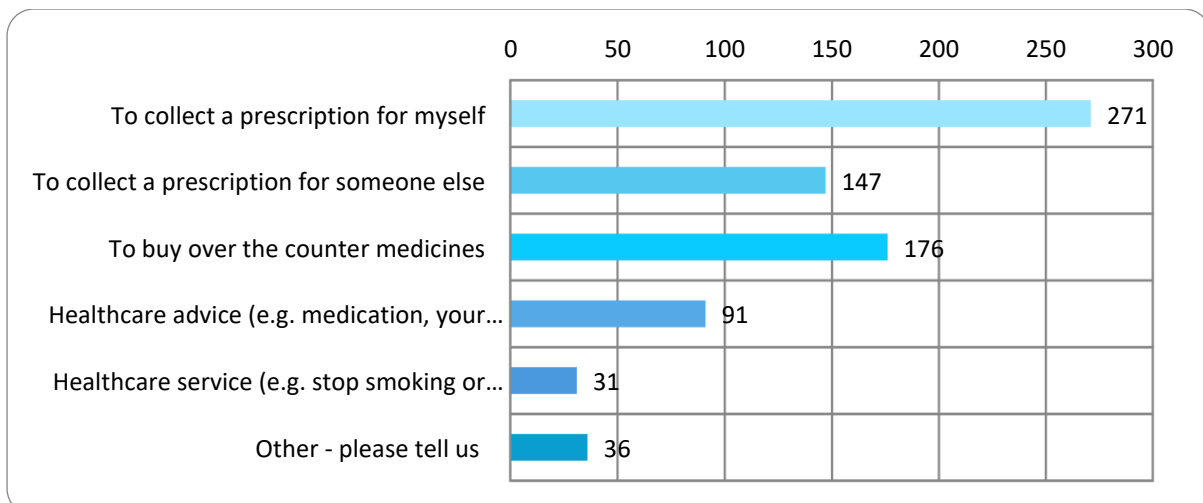
An online pharmacy, internet pharmacy, or mail-order pharmacy is a pharmacy that operates over the internet and sends orders to customers through mail, shipping companies, or online pharmacy web portal.



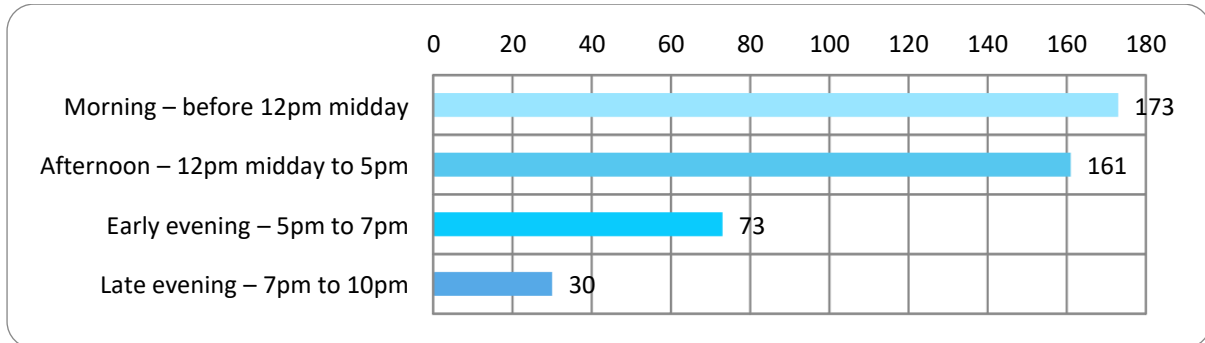
How often do you visit a pharmacy?



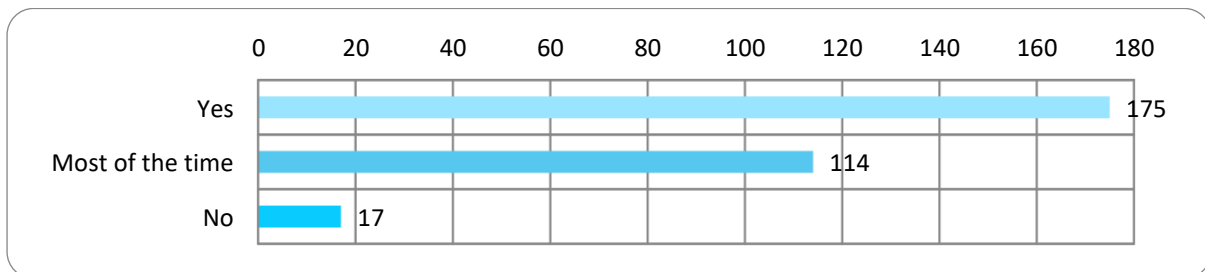
What do you use a pharmacy for?



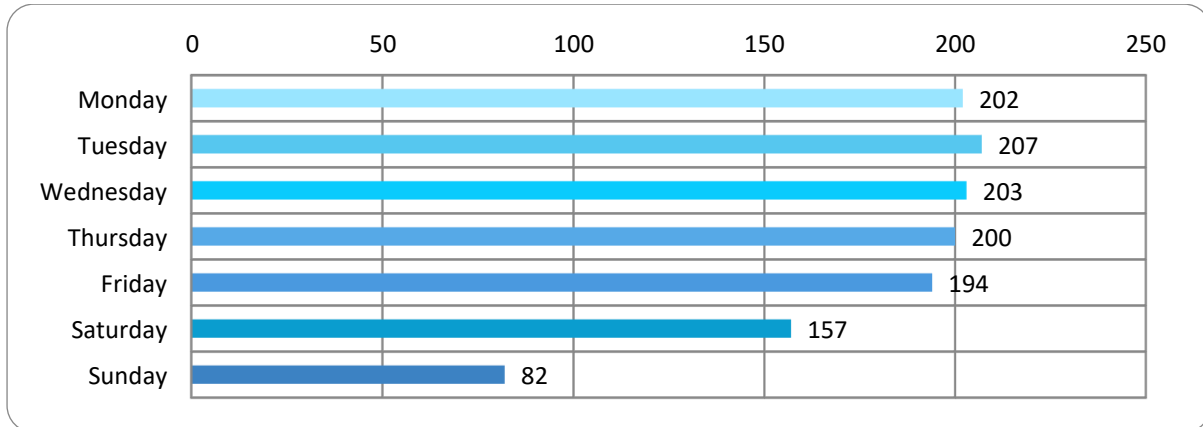
What time of the day is most convenient for you to visit a pharmacy?



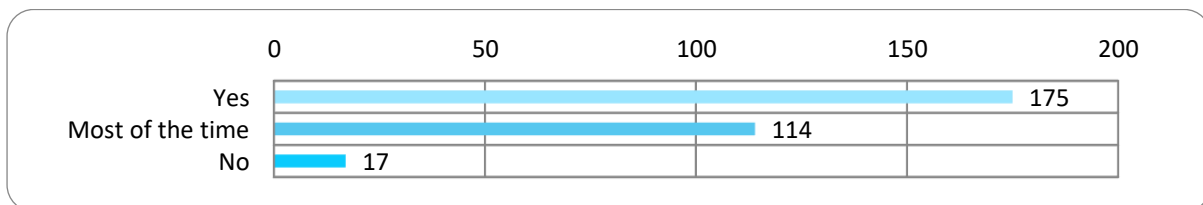
Do you always use the same pharmacy?



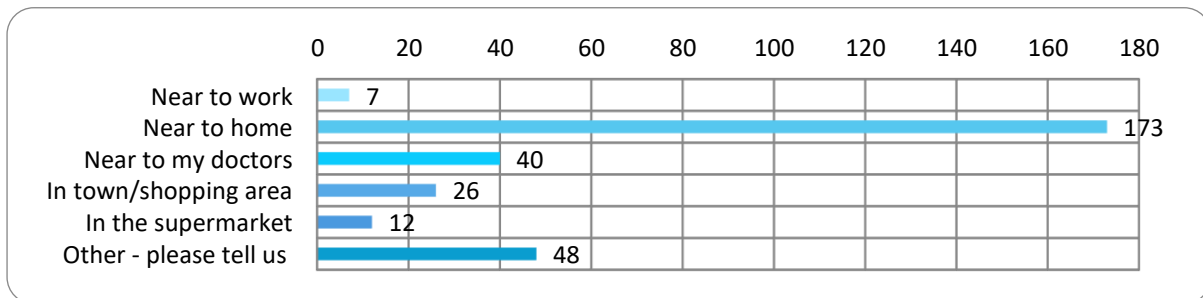
What day(s) of the week are most convenient for you to visit a pharmacy?



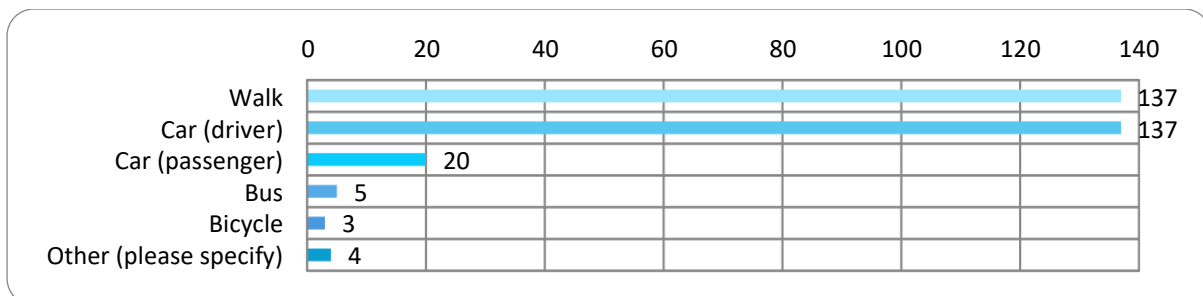
Do you always use the same pharmacy?



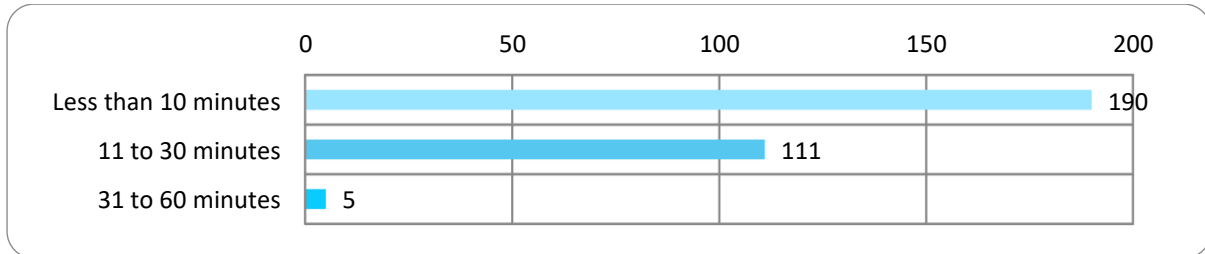
What is the most important thing when deciding which pharmacy to use? The pharmacy is...



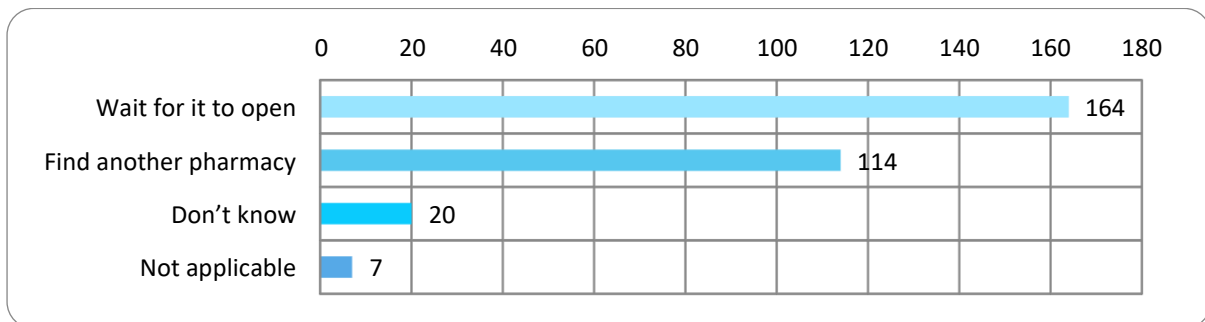
How do you usually travel to a pharmacy?



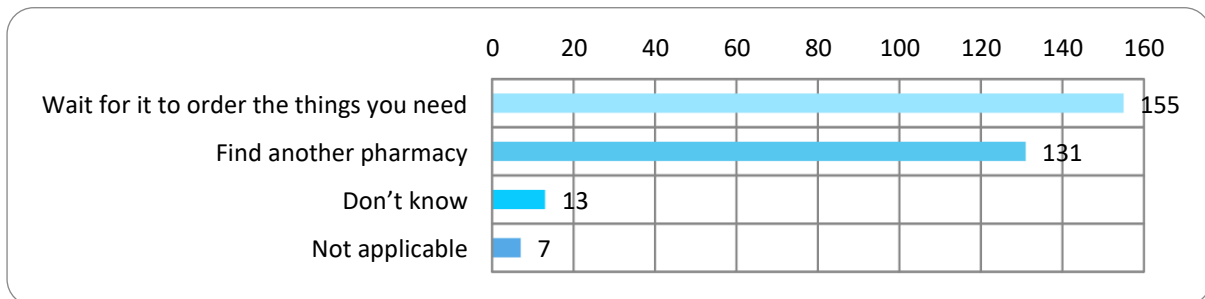
How long does your journey to a pharmacy usually take?



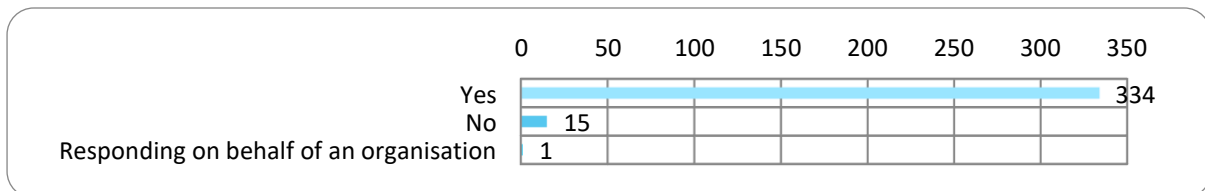
If you have a regular pharmacy but it was not open, would you...



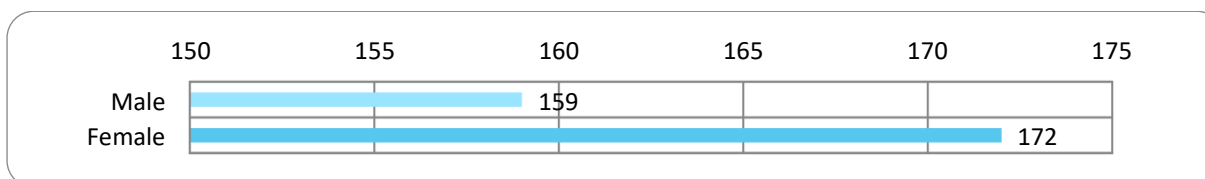
If you use a regular pharmacy and it didn't have the things you need, would you...



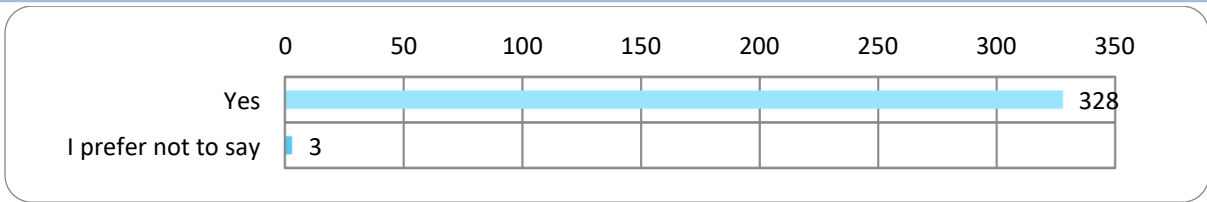
Are you willing to provide more information about yourself?



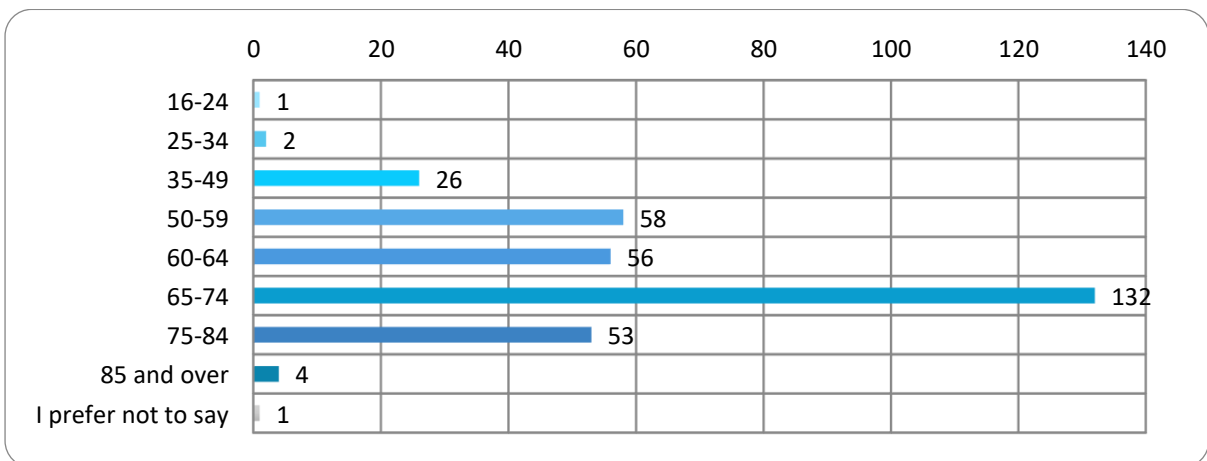
Are you male or female?



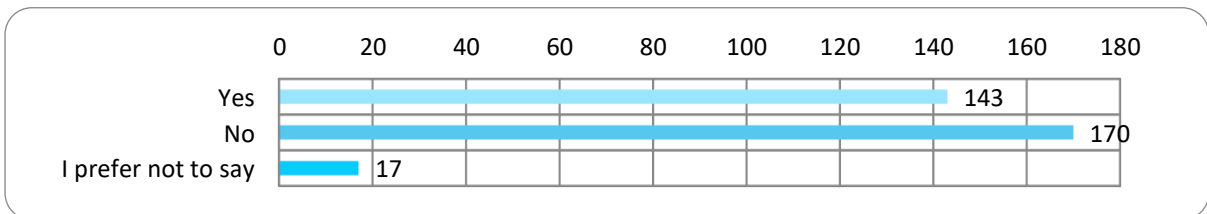
Is your gender the same as your birth?



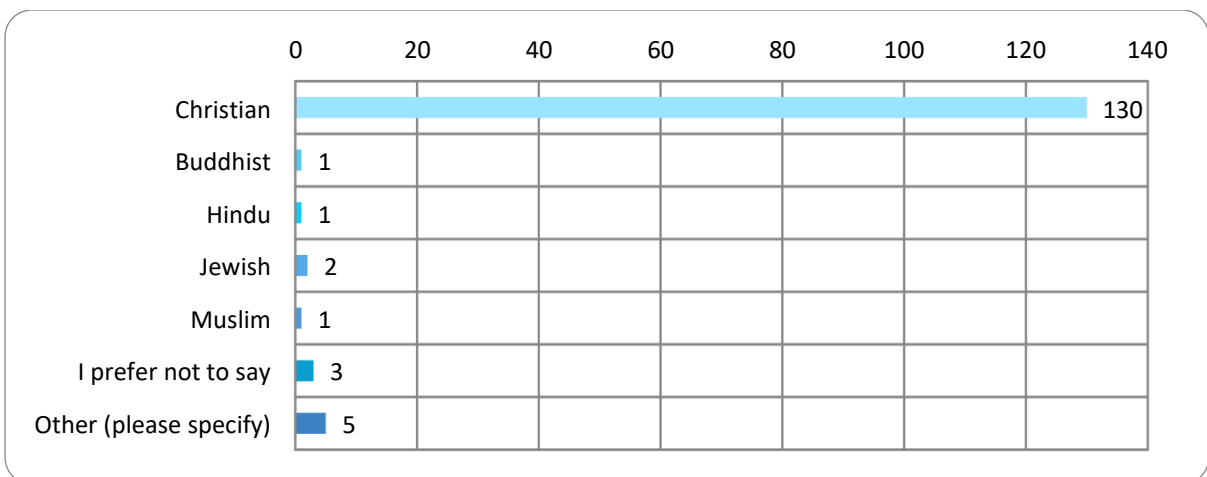
Which of these age groups applies to you?



Do you regard yourself as belonging to a particular religion or holding a belief?



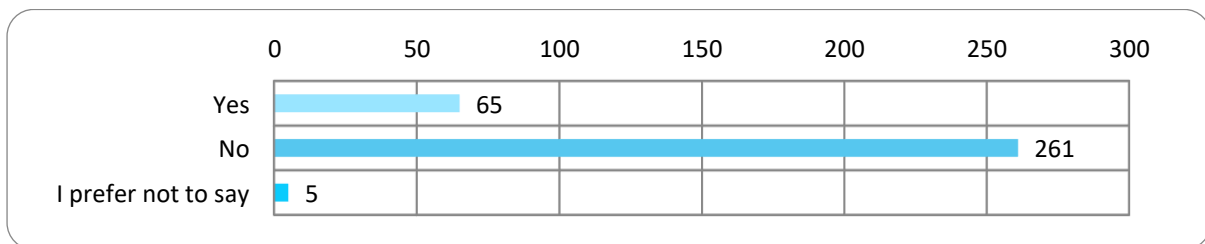
Which of the following applies to you?



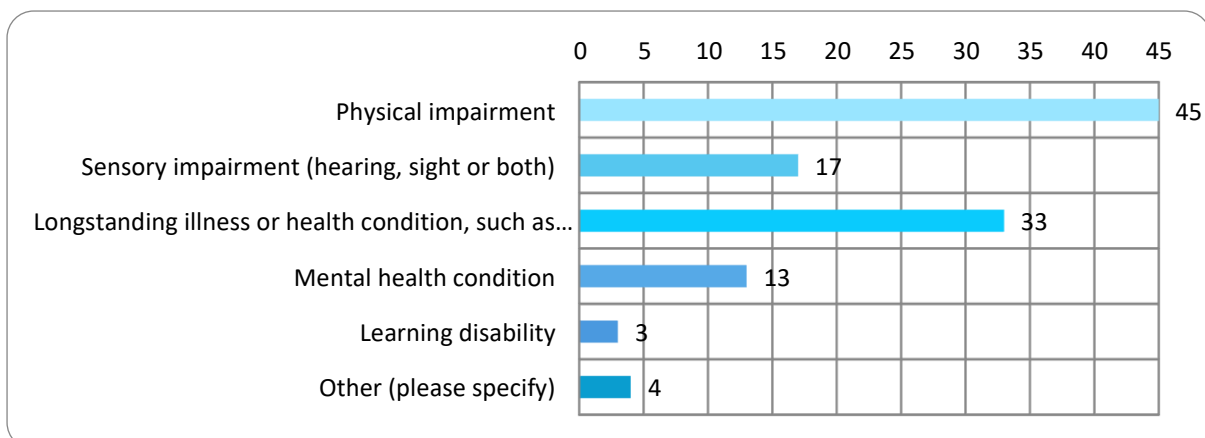
The Equality Act 2010 describes a person as disabled if they have a long standing physical or mental condition that has lasted, or is likely to last, at least 12 months; and this condition has a substantial

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.

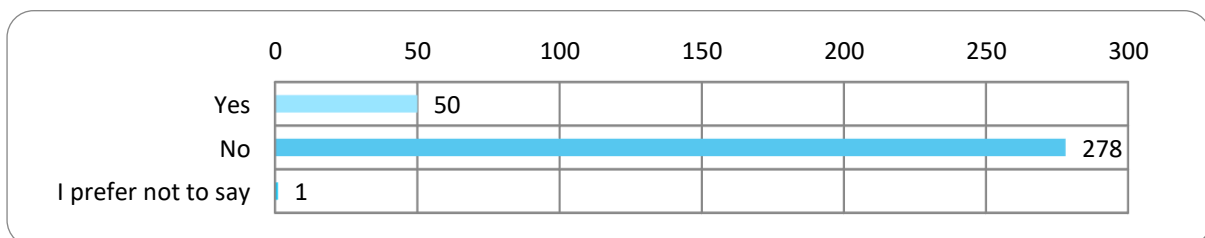
Do you consider yourself to be disabled as set out in the Equality Act 2010?



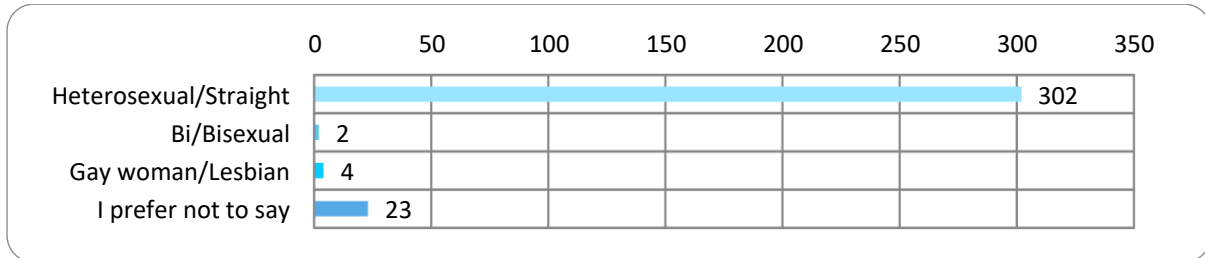
Please tell us the type of impairment that applies to you. You may have more than one type of impairment, so please select all that apply. If none of these applies to you, please select 'Other' and give brief details of the impairment you have.



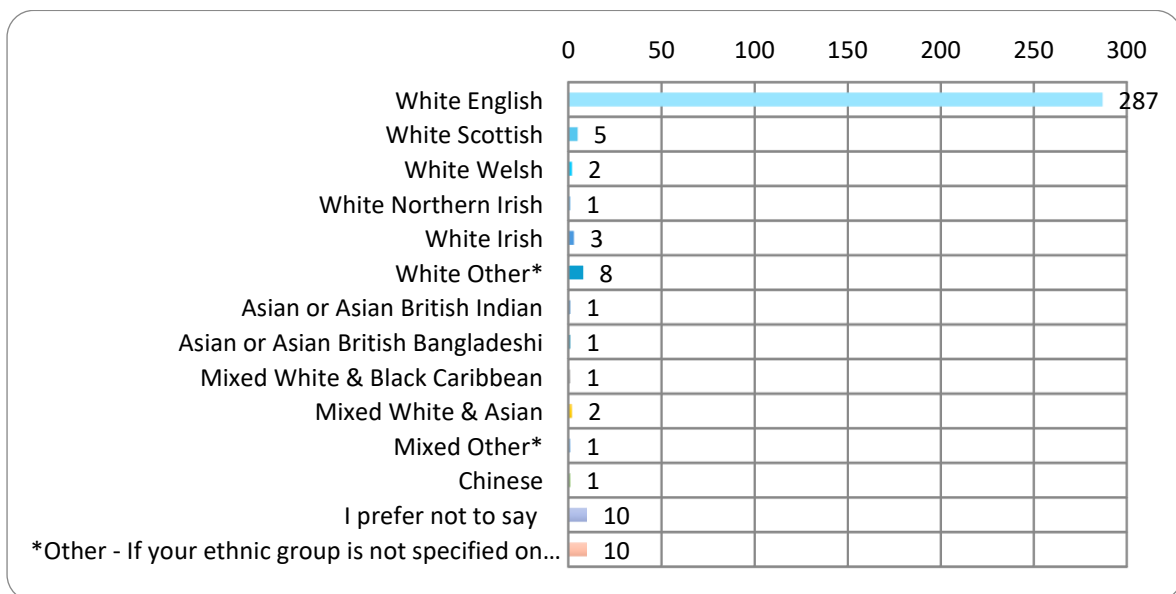
A Carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support. Both children and adults can be carers. **Are you a Carer?**



Are you?



To which of these ethnic groups do you feel you belong?



29 Appendix I – Contractor Questionnaire

The Pharmaceutical Needs Assessment (PNA) is a statutory obligation of The Kent Health and Wellbeing Board (HWB). The PNA is used to identify need for and improvement in or better access to pharmaceutical services for the Kent HWB population. The PNA is also used by NHS England as the basis for market entry applications to open new premises and may inform relocations of existing premises, applications to change core opening hours or to provide additional pharmaceutical services.

It is essential that the PNA is an accurate record of current pharmaceutical services and completion of this questionnaire will help to ensure that the PNA is as accurate as possible.

By completing this questionnaire you agree to your responses being collated, and processed by Kent County Council, which is producing the PNA on behalf of the Kent HWB. The information you provide will only be used for the purposes stated above.

Thank you for your participation.

Contractor code (ODS Code)	
Is this pharmacy one which is entitled to Pharmacy Access Scheme payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Possibly
Does this pharmacy hold a Local Pharmaceutical Services (LPS) contract? (i.e. it is not the 'standard' Pharmaceutical Services contract)	<input type="checkbox"/> Yes
Pharmacy telephone	
Pharmacy website address (if applicable)	

Which of the following services does the pharmacy provide, or would be willing to provide?						
	Currently providing under contract with			Willing to provide if commissioned	Not able or willing to provide	Willing to provide privately
	local NHS England Team	CCG	Local Authority			
Anticoagulant Monitoring Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anti-viral Distribution Service ⁽¹⁾	<input type="checkbox"/> ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹ These services are not listed in the Advanced and Enhanced Services Directions, and so are not 'Enhanced Services' if commissioned by the regional NHS England and NHS Improvement Team. The regional NHS England and NHS Improvement Team may commission them on behalf of the CCG or Local Authority, but when identified in the PNA they will be described as 'Other Locally Commissioned Services' or 'Other NHS Services'

Care Home Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia Testing Service ⁽¹⁾	<input type="checkbox"/> ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia Treatment Service ⁽¹⁾	<input type="checkbox"/> ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contraceptive service (not EC) ⁽¹⁾	<input type="checkbox"/> ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Contraception Service ⁽¹⁾	<input type="checkbox"/> ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Supply Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gluten Free Food Supply Service (i.e. not via FP10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Delivery Service (not appliances) ⁽¹⁾	<input type="checkbox"/> ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent Prescribing Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language Access Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication Review Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicines Assessment and Compliance Support Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minor Ailment Scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicines Optimisation Service ⁽¹⁾	<input type="checkbox"/> ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needle and Syringe Exchange Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obesity management (adults and children) ⁽¹⁾	<input type="checkbox"/> ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not Dispensed Scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On Demand Availability of Specialist Drugs Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Out of Hours Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Group Direction Service (name the medicines)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phlebotomy Service ⁽¹⁾	<input type="checkbox"/> ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescriber Support Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schools Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sharps Disposal Service ⁽¹⁾	<input type="checkbox"/> ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop Smoking Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervised Administration Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supplementary Prescribing Service (name therapeutic areas)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vascular Risk Assessment Service (NHS Health Check) ⁽¹⁾	<input type="checkbox"/> ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Which of the following screening services does the pharmacy provide, or would be willing to provide?						
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gonorrhoea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. pylori	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HbA1C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state)						
Which of the following vaccination services does the pharmacy provide, or would be willing to provide?						
	Currently providing under contract with			Willing to provide if commissioned	Not able or willing to provide	Willing to provide privately
	local NHS England Team	CCG	Local Authority			
Childhood vaccinations	<input type="checkbox"/> ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seasonal Influenza Vaccination Service	<input type="checkbox"/> ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COVID-19 vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis (at risk workers or patients) vaccinations	<input type="checkbox"/> ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HPV vaccinations	<input type="checkbox"/> ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meningococcal vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pneumococcal vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel vaccinations	<input type="checkbox"/> ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other – (please state)						

If currently providing an Independent Prescribing Service, what therapeutic areas are covered?	
--	--

If currently providing a Medicines Optimisation Service, what therapeutic areas are covered?	
--	--

Is there a particular need for a locally commissioned service in your area?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the service requirement and why?
---	---

Does your pharmacy have the capacity to meet an increase in demand for dispensing of medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your pharmacy have the capacity to meet an increase in demand for the services currently provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Contact name of person completing questionnaire on behalf of the contractor, if questions arise	Contact telephone number

30 Appendix J – Dispensing Practice Questionnaire

PNA Dispensing Practice Questionnaire 2021 - The Pharmaceutical Needs Assessment for Kent Health and Wellbeing Board Version 1 November 2021

The Pharmaceutical Needs Assessment (PNA) is a statutory obligation of The Kent Health and Wellbeing Board (HWB). The PNA is used to identify need for and improvement in or better access to pharmaceutical services for the Kent HWB population. The PNA is also used by NHS England as the basis for market entry applications to open new premises and may inform relocations of existing premises, applications to change core opening hours or to provide additional pharmaceutical services. It is essential that the PNA is an accurate record of current pharmaceutical services and completion of this questionnaire will help to ensure that the PNA is as accurate as possible. By completing this questionnaire, you agree to your responses being collated, and processed by Kent County Council, which is producing the PNA on behalf of the Kent HWB. The information you provide will only be used for the purposes stated above.

For queries relating to the information requested or the answers required please email PNA@kent.gov.uk

Please insert the name of the practice you are completing the questionnaire on behalf of:

Please insert the address or addresses of the premises for which the practice has premises approve to dispense from:

1. Are appliances dispensed from the premises?

	Please tick one box
Yes All types, or	
Yes excluding stoma appliances, or	
Yes excluding incontinence appliances, or	
Yes excluding stoma and incontinence appliances, or	
Yes just dressings, or	
No - appliances are not dispensed	

2. Delivery of dispensed items

Do you offer a delivery service?	Yes	No
----------------------------------	-----	----

If yes is the service available to all?	Yes	No
---	-----	----

If the service is restricted, please confirm the patient groups who may use the service.

--

3. Apart from English which other languages, if any, are available to patients from staff at the premises every day- please list main languages spoken

List languages spoken

4. Housing developments

There are currently a number of housing and other developments taking place across Kent with more planned and the PNA will need to identify whether the needs of those moving into new houses can be met by the existing spread of pharmacies, dispensing appliance contractor and dispensing doctor premises. Thinking about your dispensing service only please select the option that best reflects your practice's situation at the moment:

	Please tick one of the boxes
We have sufficient capacity within our existing premises and staffing levels to manage the increase in demand in our area.	
We don't have sufficient premises and staffing capacity at present but could make adjustments to manage the increase in demand in our area.	
We don't have sufficient premises and staffing capacity and would have difficulty in managing an increase in demand.	

5. Provision of services post Covid-19

We recognise that you will have made a number of changes to how your dispensing service is provided as a result of Covid-19. Please can you give us information on those changes that you will be taking into the 'new normal'?

--

6. Please provide us with your contact details.

Name:	
Job title:	
Email:	
Telephone number:	

31 Appendix K – Public Consultation Report

1. Introduction

As part of the pharmaceutical needs assessment process the Health and Wellbeing Board is required to undertake a consultation of at least 60 days with certain organisations. The purpose of the consultation is to establish if the pharmaceutical providers and services supporting the population of the Health and Wellbeing Board's area are accurately reflected in the final Pharmaceutical Needs Assessment (PNA) document. This report outlines the considerations and responses to the consultation and describes the overall process of how the consultation was undertaken.

In addition to the public consultation, an early engagement questionnaire was developed and made available on the 'Let's Talk Kent' website from 4 November to 19 December 2021. A similar survey was open to contractors during December 2021 and January 2022. The results of these are in the main body of the PNA document.

2. Consultation process

To complete this process, the Health and Wellbeing Board has consulted with those parties identified under regulation 8 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 as amended, to establish if the draft Pharmaceutical Needs Assessment addresses issues that they considered relevant to the provision of pharmaceutical services. Examples of consulted parties include:

- The Local Pharmaceutical Committee covering the county
- The Local Medical Committees covering the county
- Healthwatch Kent
- The Clinical Commissioning Groups/Integrated Care Board
- NHS Trusts
- NHS England
- Neighbouring Health and Wellbeing Boards, and
- Contractors on the pharmaceutical lists for the area of the Health and Wellbeing Board

In addition, the consultation documents were made available via Kent County Council's consultation and engagement website 'Let's talk Kent'. Those who asked to be kept informed of public health and general interest consultations received an email from the site to alert them of this consultation. This was sent to 5010 registered users.

The statutory consultees were contacted via email explaining the purpose of the Pharmaceutical Needs Assessment and the Health and Wellbeing Board welcomed their opinion on whether they agreed with the content of the proposed draft. They were directed to [Let's talk Kent](#) to access the document and consultation questionnaire.

We shared the PNA consultation on organic social media channels to increase awareness and engagement of the consultation. 10 posts were issued throughout the consultation period. The posts shared were seen by 24,788 people and generated 450 clicks to the consultation page. The breakdown of all social media responses is shown below:

Engagement levels with social media posts advertising the draft PNA consultation

	Reach / Impressions	Clicks
Facebook	15,198	314
Twitter	6,752	103
LinkedIn	2,838	33
Total Shared	24,788	450

Consultees were given the opportunity to respond by completing a set of questions and/or submitting additional comments. This was undertaken by completing the questions online. The questions developed were to assess the current provision of pharmaceutical services, have regard to any specified future circumstance where the current position may materially change and identify any current and future gaps in pharmaceutical services.

The consultation ran from 21 June until 21 August 2022.

The consultation page was viewed a total of 2,557 times by 1,025 visitors. This shows that most visitors viewed the page at least twice. The PNA document was added to the [Kent Public Health Observatory](#) due to its size and a link added the Let's talk Kent consultation page for people to access it.

Also available on the Let's talk Kent consultation page were word versions of the questionnaire for both the public and professionals and the Equality Impact Assessment. In total these documents were downloaded 43 times.

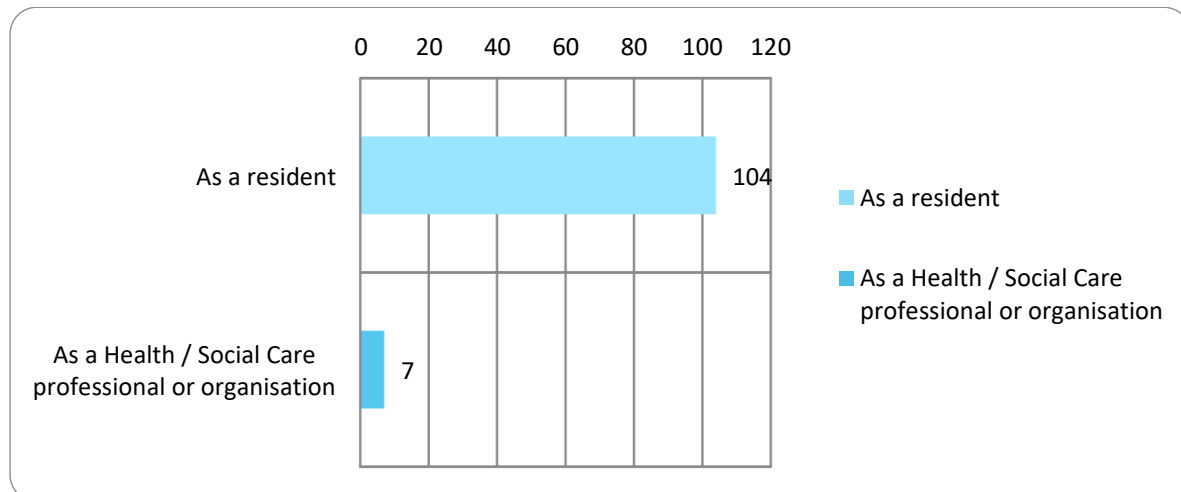
The consultation was open to both the public and organisations. The questions were the same for both with an additional question for the public as well as some optional demographic questions at the end.

This report outlines the considerations and responses to the consultation. It should be noted that participants in the consultation were not required to complete every question.

3. Responses

The consultation received 121 responses, including two hard copies which were entered into the electronic consultation questionnaire and six email responses. All responses have been considered in writing this report.

Respondents to the online questionnaire identified themselves as the following:

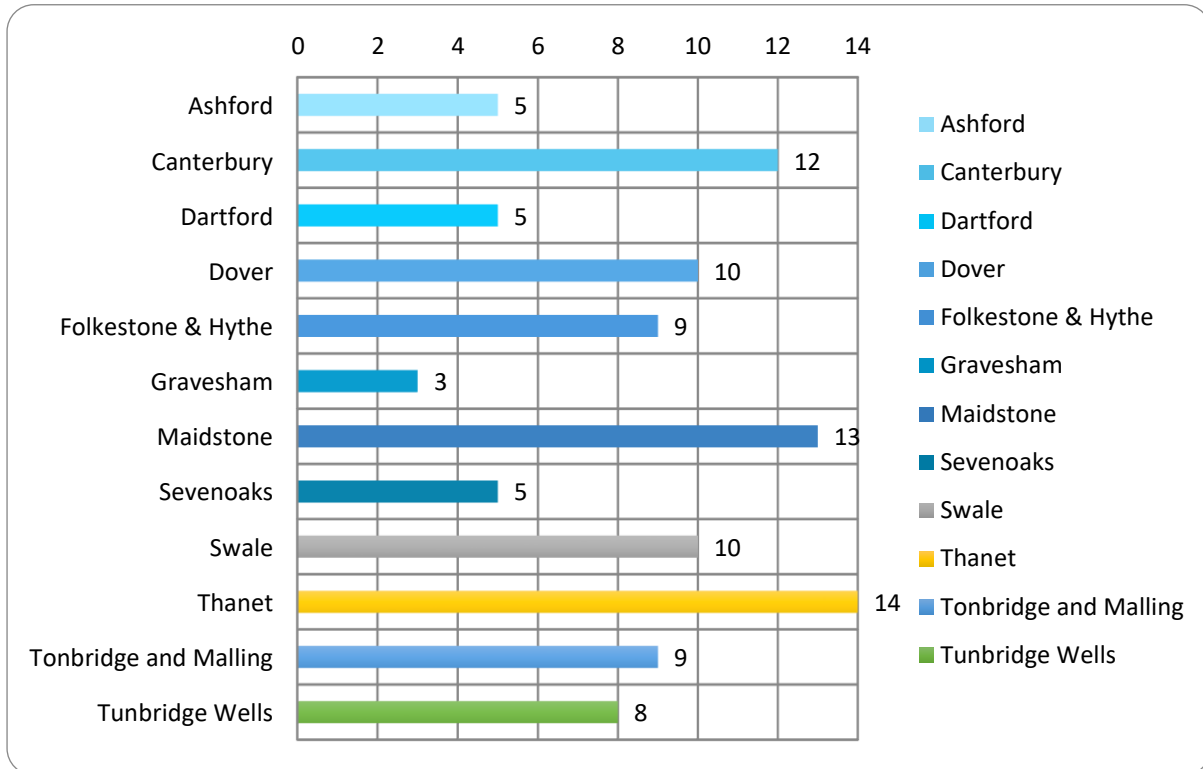


Responses were received from the following types of organisations:

- Local parish and district council e.g., Sevenoaks District Council
- Local private health service provider
- Kent County Council
- NHS England

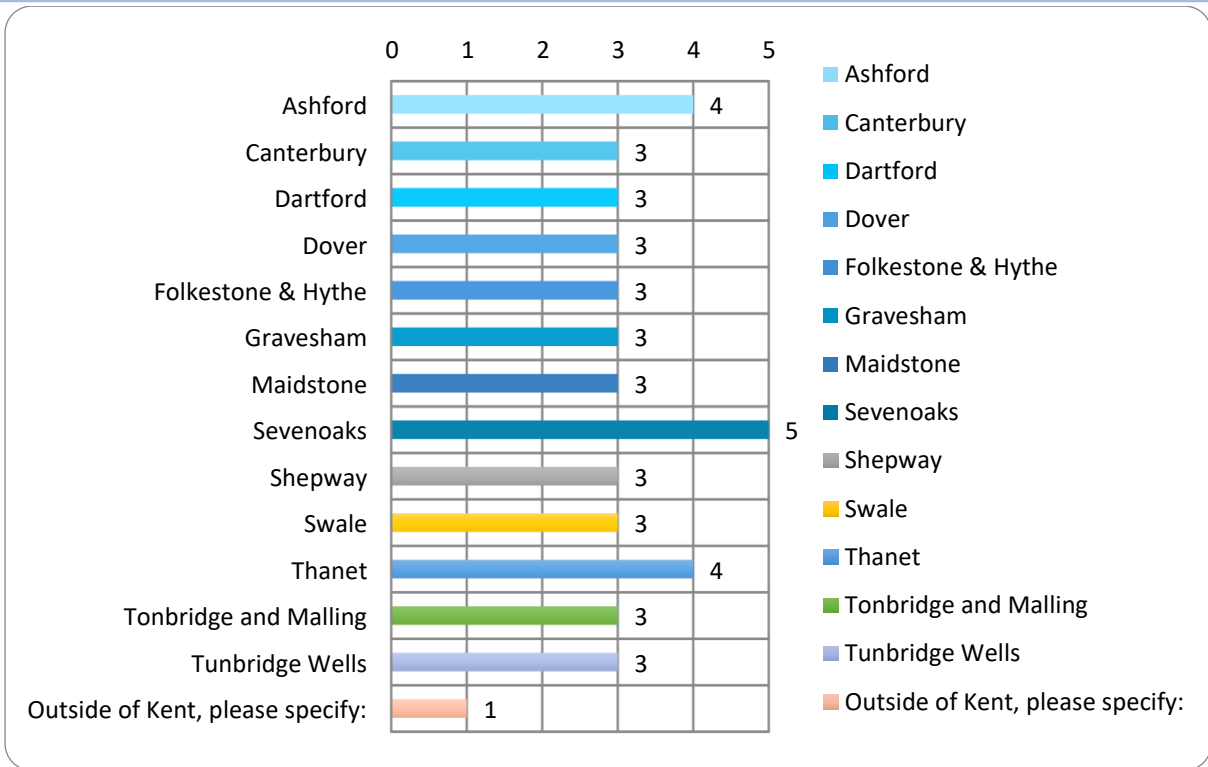
We asked respondents in the questionnaire to ‘tell us which district/borough you live in.’ 103 responses were received, and they identified themselves as living in the following districts:

District/Borough	Number of responses
Ashford	5
Canterbury	12
Dartford	5
Dover	10
Folkestone & Hythe	9
Gravesham	3
Maidstone	13
Sevenoaks	5
Swale	5
Thanet	10
Tonbridge and Malling	14
Tunbridge Wells	9



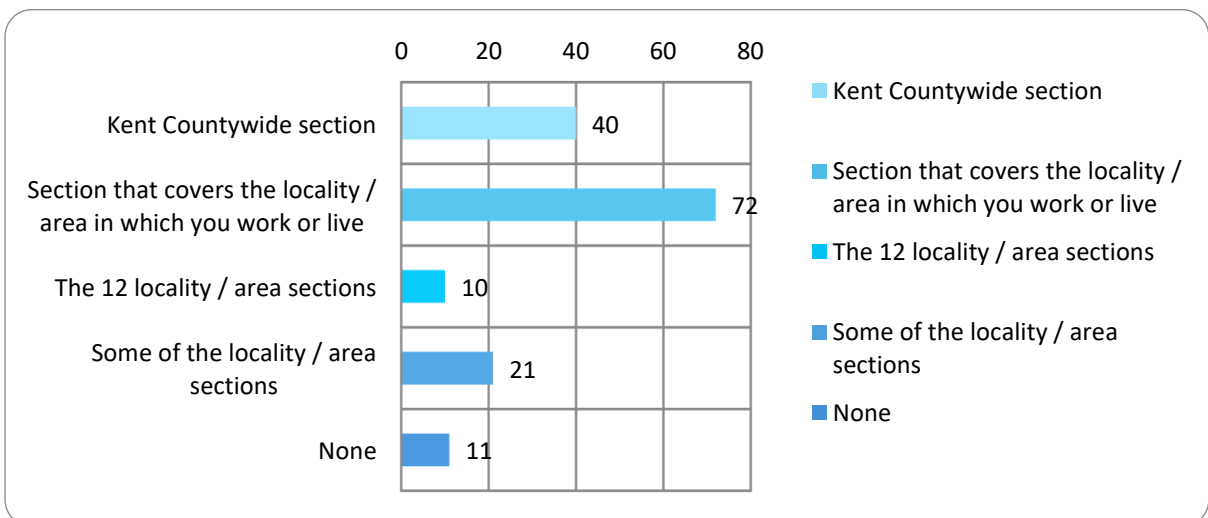
We asked respondents in the questionnaire to ‘tell us which locality you cover in your work.’ 44 responses were received, and they identified themselves as working in the following districts:

District/Borough	Number of responses
Ashford	4
Canterbury	3
Dartford	3
Dover	3
Folkestone & Hythe	3
Gravesham	3
Maidstone	3
Sevenoaks	5
Swale	3
Thanet	3
Tonbridge and Malling	4
Tunbridge Wells	3

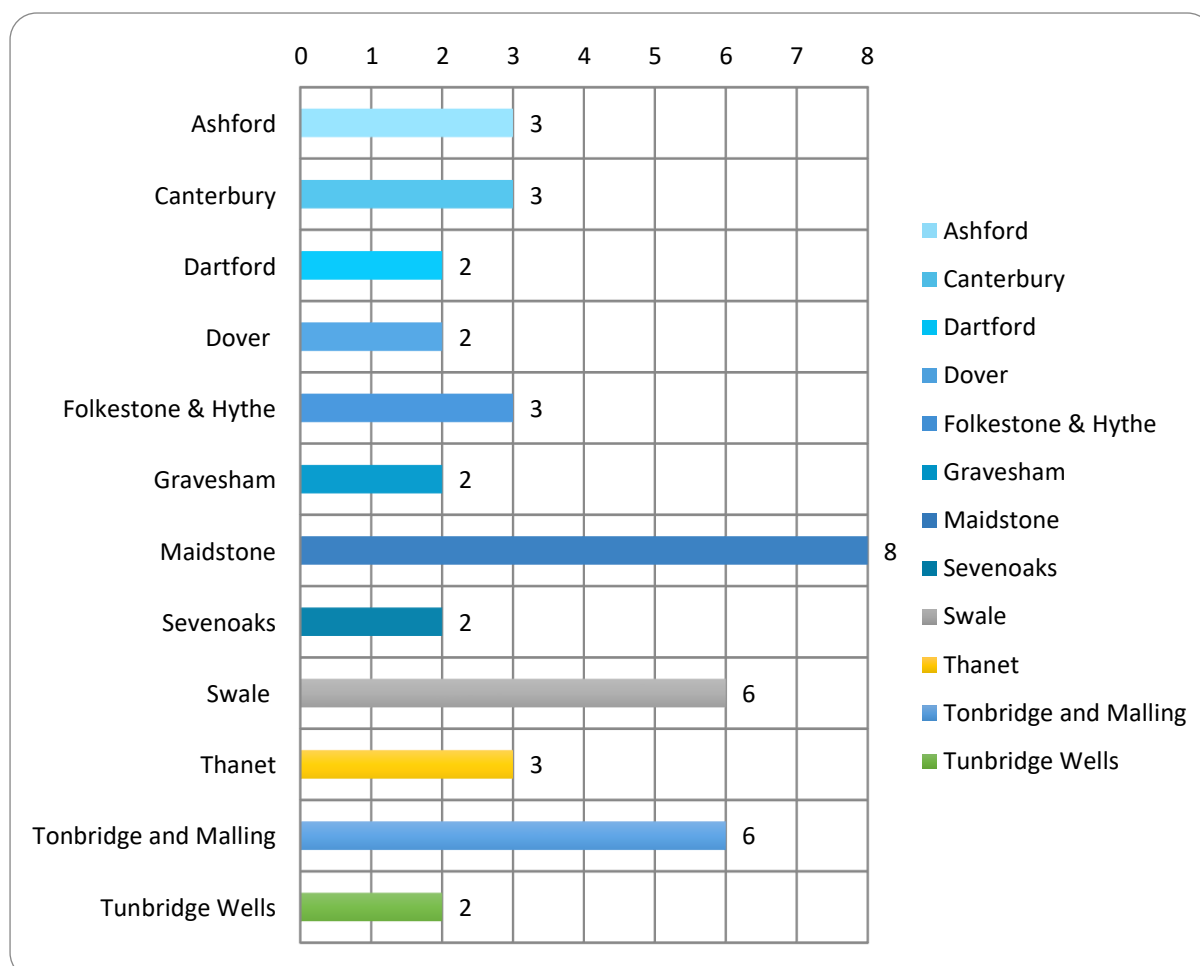


The person who responded as outside of Kent stated that they worked across the South East of England, as well as Hampshire, Dorset and Northampton.

We asked respondents to tell us **'Which of the following sections of the PNA document have you read?'** The following sections of the PNA document were identified:



Of those that selected 'Some of the locality / area sections' we asked them to identify 'which of the locality / area sections you have read'. The chart below shows the area sections that were identified:

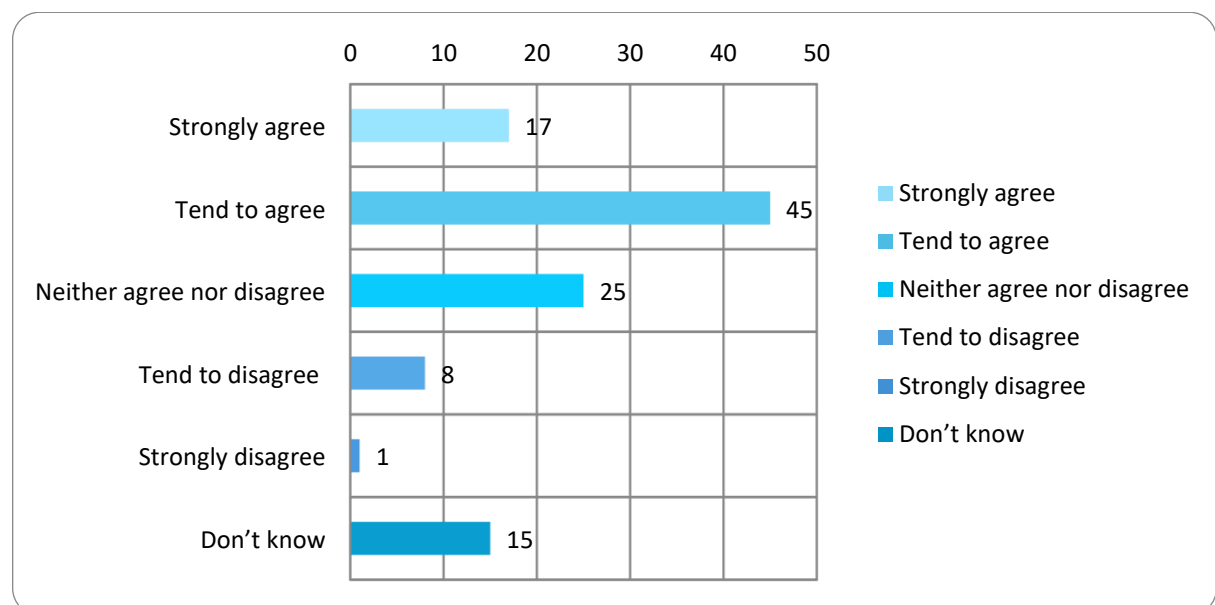


District/Borough	Number of responses
Ashford	3
Canterbury	3
Dartford	2
Dover	2
Folkestone & Hythe	3
Gravesham	2
Maidstone	8
Sevenoaks	2
Swale	6
Thanet	3
Tonbridge and Malling	6
Tunbridge Wells	2

4. Summary of questionnaire responses and Health and Wellbeing Board considerations

In asking 'To what extent do you agree or disagree that the information in the draft documents is a good reflection of the current pharmaceutical service provision within the locality(s) / area in which you work / live?

The Health and Wellbeing Board were pleased to note 113 responses were received in response to this question. 62 agreed (tend or strongly) to the question and eight (disagreed) and one email response strongly disagreed. Three were not relevant to the question or within the remit of the consultation.



The Health and Wellbeing Board was pleased to note the 52 comments from those who answered that they agreed (tend or strongly). Examples of the responses received are shown below:

- I found the report to be in-depth and comprehensive. The background populous reporting gave good insight into current and future needs. The latter being so important for future planning and pharmaceutical services to these areas
- The report is extremely detailed in challenges faced by local people, based on talking with friends and neighbours, being able to register with a GP and access a pharmacy
- Very clear analysis and metric data
- Because it appears to accurately reflect the situation
- all aspects and the section on Sevenoaks accurately reflects my experience of accessing health care facilities and the local

Sevenoaks District Council provided this comment:

- Based on the statistical data presented on the dispersal of pharmacies it is understandable that the conclusion has been drawn that the provision is adequate. However, I would argue that on the basis that we are seeing increases in population particularly in older-age demographics (more likely to place a demand on pharmacy services), who are less likely perhaps to be car drivers and more likely to be socially isolated. Sevenoaks exists in the top 50% of population per pharmacy in Kent and is above the England average. Therefore the addition of one pharmacy within area of Halstead would potentially add local value and better serve neighbouring areas of Knockhill, Badgers Mount and potentially Well Hill.

The Health and Wellbeing Board has relooked at the data for the Halstead, Knockholt, Badgers Mount and Well Hill areas and has not altered the conclusion, that there is sufficient pharmaceutical provision now and in the lifetime of the PNA.

Sevenoaks Parish Council raised concerns that the PNA did not reflect the finding of Health Watch 2022. The Health and Wellbeing Board note these comments but are unable to address them within the legislated remit of the PNA.

In response to the comment below regarding the survey of contractors, the Health and Wellbeing Board acknowledges the disappointing response from appliance contractor and dispensing practices. The Board provides assurance that contractors were encouraged to respond by issuing reminders by email, telephone calls, newsletters, professional body communications. The dispensing doctors and pharmaceutical contractor had representation on the PNA Steering Group via the Local Pharmaceutical Committee and Local Medical Committee.

- I am concerned about the percentage of respondents from Pharmacies, Appliance Contractors and Dispensing GP Practices. The response rates were 69%, 0% and 16.7% respectively. How confident can you be that the results are totally reflective of the current situation? I would have thought that as the survey is compulsory, responses to the questionnaires that you send should be mandatory. Having said that, this is a very good piece of work but subject to the number of areas that chose not to respond.

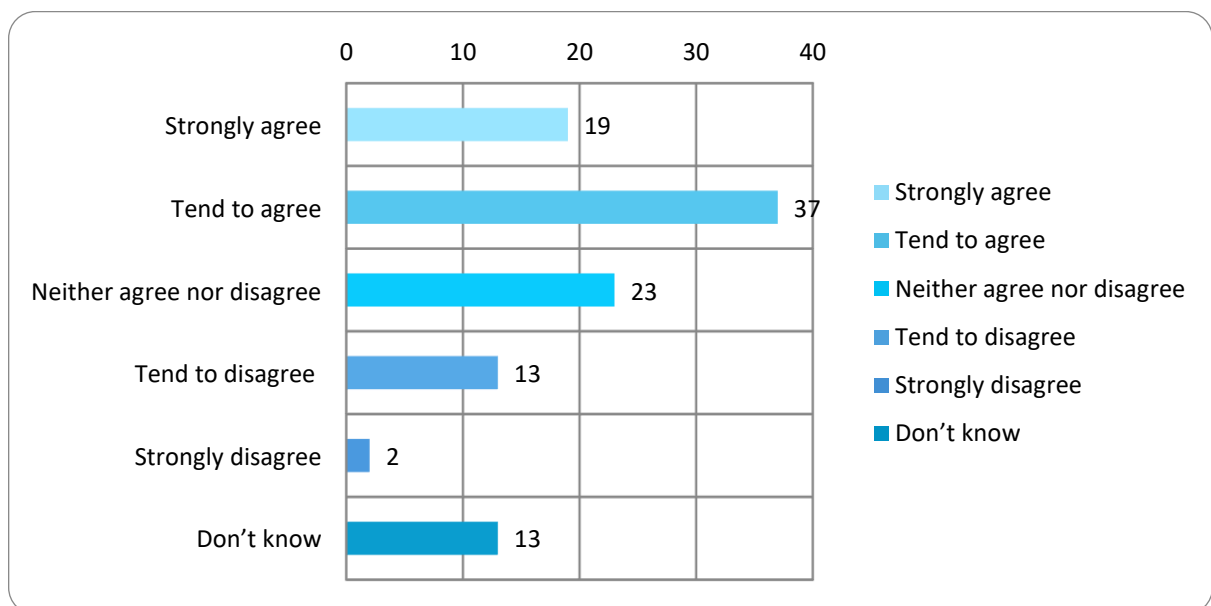
In answering 'tend to disagree' seven respondents explained why they gave this reply. There were concerns that the information regarding housing developments and pharmacies closing is changing continually, thus making the assessment of pharmaceutical provision inaccurate. The Health and Wellbeing Board acknowledge that data used in the PNA document is taken at a single point in time and that the situation is continually changing. The PNA document will be reviewed in totality in three years however if circumstances change

substantially in a particular area in line with the Regulations, a needs assessment may be undertaken for that area.

The one response that strongly disagreed did so because of concerns regarding increase in population in the Staplehurst area and the poor performance of pharmaceutical services. The population data in the PNA document has been checked and for the lifetime of the document (3 years) is correct. It is acknowledged that future provision of pharmaceutical services must be carefully monitored in light of housing developments and transport infrastructure.

The question **‘To what extent do you agree or disagree that the information in the draft documents is a good reflection of the needs of the population in the locality(s) / area in which you work / live?’**

The Health and Wellbeing Board were pleased to note 110 responses were received in response to this question. 56 agreed (tend or strongly) to the question and 15 disagreed. An email was also received which disagreed to this question.



59 comments were left in response to this question. Seven were not relevant to the question or within the remit of the consultation.

The Health and Wellbeing Board was pleased to note the 40 comments from those who answered that they agreed (strongly or tend to). Here is a sample of the comments received:

- It explained the numbers and requirements needed by residents for pharmacies in detail

- Accurate reflection
- The details in the report are thorough and address ALL the health care issues associated with the modern lifestyle in an ageing population. It leaves no stone unturned!
- As stated the draft document gave in depth area by area information with some surprising results. It could therefore importantly reflect the needs of the population and project future needs.
- It appears to match my own observations and experiences.

In answering 'tend to disagree' three respondents explained why in their specific localities/areas greater details was required to encompass complexities of the locality/area. It was noted that Swale is a particularly complex area with many services provided by Medway. The Health and Wellbeing Board has worked and will continue to work with Medway when considering pharmaceutical needs of Kent. Thanet residents highlighted that this area has particular health needs. These have been considered when writing the PNA document.

Ten responses were received that neither agreed nor disagreed. These were general comments about the PNA document which are discussed later in this report.

We asked respondents to '**tell us if they had any comments on the PNA document**'. 29 responses were received of these eight were not relevant.

The eight responses received that were not relevant to the PNA document remit did make valid points. These comments have been noted and will be used anonymously to inform discussions in other forums to improve quality of pharmaceutical services and the general health of the population of Kent.

The 21 comments have been grouped into the following, format, content, concerns, and quality of pharmaceutical services.

Format

Six comments were received about the format of the draft PNA document, of which two comments were pleased with the format and three related to the difficulty in seeing the detail on the maps.

- A formatting issue is when you zoom in on the maps they lose definition & cannot be read but maybe this will be rectified in the final document?

This issue has been improved in the final word version and work continues to improve in the PDF version.

The following comment was received regarding ease of access:

- Easy to access even for someone with little computer ability

Content

Seven comments were received regarding the complexity and length of the draft PNA document. Four stating that it is too complex and lengthy and two stating that more detail was required. A suggestion was made in one comment that each area section should have a short summary.

The Health and Wellbeing Board note that the length and complexity of the draft PNA document reflects the requirements of the Regulations, and the detailed information is required by NHS England to make determinations on applications for opening or closing of pharmacies. Consideration was given to providing a summary for each area section of the PNA document, the conclusion for each area section provides a synopsis of the information used to reach the conclusion.

Clarity was sort as to the identity of pharmacies in a table on pages 257/58. This was provided and the said table amended in the final version of the PNA document.

The following comment was received:

- The pressures on hospital and GP services is increasing. The government appears to have recognised that there has to be a move to treat/manage/prevent illness in the community which will place an increasing load on pharmacies and health centres. It was not clear to me if this had been fully recognised in the PNA document.

The Health and Wellbeing Board note that the increasing demand on pharmacies was considered when writing the draft PNA document, but it acknowledged that this is not clearly identified.

The following comment was received regarding locally commissioned services, which fall outside the remit of the PNA.

- For the more marginal services – e.g., screenings, giving up smoking advice etc - I would have liked to have seen details of the number of people using those services and something to indicate the effectiveness - e.g. how many people gave up smoking afterwards, or had a screening that led to a diagnosis of the condition for which they were screened. etc.

The locally commissioned pharmaceutical services are not with in the remit of the PNA process. These services are being reviewed currently by KCC Public Health Team.

Concerns

Population

Three comments raised concerns regarding the growing population of Kent and the need for pharmaceutical services. The Health and Wellbeing Board acknowledge that the PNA document has considered the known proposed housing developments, at this moment in time, when considering the future pharmaceutical needs over the next three years. It is noted that this situation can alter and there is the option over the next three years to review particular areas should the needs arise.

Access to pharmaceutical Services

Three comments were received regarding access to pharmaceutical services.

One related to the provision of an out of hours pharmacy at an acute trust. This is not within the remit of the PNA but has been forwarded to the relevant acute trust chief pharmacist.

A second raised concerns that pharmacies were closing for lunch breaks. This was legally permitted under the pandemic regulations but should not be the case now.

The third raised concerns about the imminent permanent closure of a local pharmacy, however on checking, NHS England have not yet received a closure application from the said pharmacy.

'If you are responding as a resident, do you have any other comments specifically about any of the following:

- **accessing either a pharmacy or dispensing doctor's surgery to obtain your prescribed medicines**
- **the advice given by the pharmacy or dispensing doctor's surgery around the safe and effective use of these medicines any general health advice offered to help you keep yourself well.'**

77 responses were received, 18 of these were not relevant to the PNA process or consultation.

Access

Eight responses were received regarding access to pharmaceutical services. These included concerns regarding reducing bus services, this is an area that the Health and Wellbeing Board will consider when asked to comment on applications for opening, closing or relocation of pharmacies.

The responses also raised the importance of delivery services from both dispensing doctors and community pharmacies to those with mobility problems. Although this is not within the

remit of the PNA, the Health and Wellbeing Board acknowledged that this is an important issue.

Responses also raised the issue of short-term closures of pharmacies, due to staff sickness or staffing capacity. One respondent suggested that a poster is displayed on the door when closed to say where the nearest open pharmacy is. The Health and Wellbeing Board noted that legislation during the pandemic permitted short term closures. This is now no longer in place. It also noted that national guidance regarding unforeseen short-term closure does include the posting of alternative pharmacies location and opening hours. This guidance was resent to pharmacist by Pharmaceutical Services Negotiating Committee (PSNC) on the 4 August 2022.

10 responses were about the increased demand on their pharmacy which has resulted in long queues and increased waiting times. This is a national issue due to increased service provision and a reduced number of pharmacists working in community pharmacy. At present high-level discussions are taking place to find solutions for this.

Prescribing and dispensing system

10 responses made comment on the prescribing and supply system for medicines.

A mixture of comments was received about the NHS App and electronic ordering repeat medication systems with equal numbers praising it and those stating how poor it is.

- We use the NHS app for ordering repeat prescriptions. The system works very well. Prescriptions can always be collected from the pharmacy the next day. One-off prescriptions are often ready the same day.

Comments relating to the prescribing and dispensing process also raised the issue the length of time between requesting a prescription, it being written and then dispensed. As was the lack of supplies in pharmacies which resulted in repeat visits.

Dispensing Doctors

There were three responses received which were specific to dispensing doctors; two of which asked the question why there are pharmacies near dispensing practices. This is an historic anomaly of legislation. General doctors' practices are permitted to dispense to patients who live greater than 1.6km from a pharmacy. It is the patient's choice as to where they have their medication dispensed.

Quality of Pharmaceutical Advice

Seven responses were received regarding poor quality of pharmaceutical advice or services provided, each of these related to a specific pharmacy. The Health and Wellbeing Board

take note of these comments. Quality of pharmaceutical services is not within the remit of the PNA process. Concerns regarding quality of pharmaceutical services should be referred to NHS England.

14 responses related to good provision of pharmaceutical advice; stating that the manner in which the advice was given was personable and professional.

The Kent and Medway Integrated Care Board (ICB) have recently initiated a programme of work focused on integrating community pharmacy clinical services into the wider NHS. The aim of this work is to improve patient experience, support health inequalities, improve accessibility and support reduction of pressure in the existing system.

5. Equality analysis

This section of the report details the demographics of the respondents to the consultation, the prevalence of those people with protected characteristics or caring responsibilities. These questions were optional for respondents to answer and were only asked to those in who completed the questionnaire as a resident. A total of 24 respondents provided answers to these questions.

The tables and statements below show the demographic profile of Kent residents responding to the consultation.

Question: Are you male or female?

	Consultation Total
Male	10
Female	13
Prefer not to say / blank	1

Question: Is your gender the same as your birth?

23 respondents answered this question, of which 22 stated that they were the same gender and one preferred not to answer the question.

Question: Which of these age groups applies to you?

	Consultation Total
35-49	1
50-59	3
60-64	2
65-74	12
75-84	5
Prefer not to say / blank	1

There were no respondents within the age range of 16 to 34.

Question: Do you regard yourself as belonging to a particular religion or holding a belief?

	Consultation Total
Yes	11
No	8
Prefer not to say / blank	5

Of those that said that answered yes, all stated that they were Christian.

Question: Do you consider yourself to be disabled as set out in the Equality Act 2010?

Of the 24 that responded five stated they considered themselves as having a disability. Three stated that they have a physical impairment and three that they have a longstanding illness or health condition. For this question respondents were able to select all that applied to them.

Question: Are you a Carer?

The consultation asked if respondents are Carers i.e., those that care unpaid for family and friends with illness. Of the 24 respondents, six stated that they were a Carer.

Question: Are you bisexual, gay man, heterosexual/straight or prefer not to say?

24 respondents answered the question asking about their sexual orientation, of which 20 stated they were heterosexual/straight and four preferred not to answer the question.

Question: To which of these ethnic groups do you feel you belong?

	Consultation Total
White English	19
Mixed White & Black African	1
White other background	2
Prefer not to say / blank	2

Of the two that stated, 'White other', one stated they were white European and the other stated white Anglo German.

We then asked respondents a question on the Equality Impact Assessment (EqIA) that was created for the consultation: **'We welcome your views on our equality analysis and if you**

think there is anything we should consider relating to equality and diversity, please add any comments.'

26 comments were received in total. Seven agreed with Equality Impact Assessment with one stating that it was 'Absolutely first-rate analysis'. Six stated the EqIA was a waste of time and resource and 12 comments raised points to be consider.

Comments were received regarding elderly; young and disabled persons being disadvantaged with access to pharmaceutical services. The Health and Wellbeing Board acknowledge these comments. They note that data regarding many different demographics including ages, disabilities and disease states is included in the PNA document and due regard has been taken of this information when coming to the conclusions.

The needs of the elderly and disabled are carefully considered when the Health and Wellbeing Board consider applications for relocation or new pharmacies. Often site visits are taken to review access for the elderly, disabled persons and parents with push chairs. These visits include looking at pavement surfaces, positions of bollards, car parking, bus routes, road crossings and talking to those who live locally.

The following comment was noted and will be carefully considered when future applications are received:

- 20 minutes ought to be a lesser distance in calculation for SENIORS (over 65s.) and if considered to be 40-minute walk RETURN this would be substantial exertion for those with mobility issues and over age70s.

The Health and Wellbeing Board noted that comments raised the need to consider delivery services particularly for residents of rural areas. It is noted that provision of delivery services is not part of the PNA, but it is a topic that is being discussed both locally and nationally. It also acknowledged that distance selling pharmacies provide an alternative means of obtaining medicines and provide a delivery service.

A comment raised the need for extended opening hours. The Health and Wellbeing Board note that the PNA document considers the provision of extended and weekend opening hours in each area.

The Board noted that concerns were raised about the possibility of digitally excluding people from services. This is an area that Health and Wellbeing Board will be mindful of.

The following comment made valid points:

- The Equality Impact Assessment appears to lack any possible issues that may be experienced by different protected groups & following mitigations, just saying 'No' to the questions seems to lack due thought & analysis. For example, disabled people, particularly with multi morbidity & the elderly are much more likely to have difficulty

accessing pharmacies personally for prescriptions but mitigations such as delivery of prescriptions is a useful counter. Not to identify any appears very poor. Similarly, where distance in rural areas is an issue, problems can become magnified. I can't believe that there are no issues for any of the protected characteristics and suggest a further look at this area is undertaken.

The Health and Wellbeing Board acknowledge these points and have amended the EQIA. It notes that:

- in determining the present and future pharmaceutical requirements of Kent residents' data on age, disease, car ownership, transport etc were considered in depth for each area.
- the emergence of distance selling pharmacies provides an alternative for those that require a medicines delivery service to their homes.
- each pharmacy has a legal duty to make provision for access by disabled persons
- the need for funded medicines services is being discussed both locally and nationally.

The responses to the questions about religious belief, disability, carers, sexual orientation and ethnicity were reviewed to ensure responses were received from a fair representation of Kents population.

6. Summary conclusions

The Health and Wellbeing Board is pleased to note that the overall response to the consultation has been positive. No concerns have been raised regarding non-compliance with the regulatory requirements, no pharmaceutical services provision have been missed and the main conclusions are agreed with.

The amended PNA will be reviewed and adopted by the Health and Wellbeing Board on the 1 September 2022 and published by the 1 October 2022 on the Kent Public Health Observatory website.

7. Amendments

The following amendments have been made to the pharmaceutical needs assessment document:

- Page 257/258 names of pharmacies added to table.
- Page 122 – replaced housing development map
- Page 126 – replaced Canterbury population density map
- Page 201 – replaced Folkestone & Hythe population density map
- Page 202 – replaced Folkestone & Hythe deprivation map
- Page 270 – changed figures for Staplehurst housing developments

32 Appendix L – Opening Hours

Pharmacy ODS Code (F-Code)	Contractor Name	Total Core Hours		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
FA015	Headcorn Pharmacy	40	Core	09:30-18:00	09:30-18:00	09:30-18:00	09:30-18:00	09:30-18:00	09:00-17:30	CLOSED
			Total	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-17:30	CLOSED
FA066	Singlewell Pharmacy	40	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED
			Total	09:00-13:00, 14:00-19:00	09:00-13:00, 14:00-19:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-19:00	09:00-14:00	CLOSED
FA286	Clarke & Coleman	40	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED
			Total	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-17:30	CLOSED
FA431	Paydens Pharmacy	40	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED
			Total	08:45-18:15	08:45-18:15	08:45-18:15	08:45-18:15	08:45-18:15	09:00-13:00	CLOSED
FA519	Hodgson Pharmacy	40	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED
			Total	09:00-13:00, 14:00-19:00	09:00-13:00, 14:00-19:00	09:00-13:00, 14:00-19:00	09:00-13:00, 14:00-19:00	09:00-13:00, 14:00-19:00	09:00-13:00, 14:00-18:00	CLOSED
FA759	Lloyds Pharmacy	40	Core	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-13:00	CLOSED
			Total	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-13:00	CLOSED
FA876	Boots The Chemists	40	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED
			Total	09:00-13:30, 14:00-18:00	09:00-13:30, 14:00-18:00	09:00-13:30, 14:00-18:00	09:00-13:30, 14:00-18:00	09:00-13:30, 14:00-18:00	09:00-13:30, 14:00-17:00	CLOSED
FAH18	Well Ashford - Brookfield Court	40	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED

			Total	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	09:00-13:00	CLOSED
FAH47	Paydens Pharmacy	40	Core	08:45-18:00	08:45-18:00	08:45-18:00	08:45-18:00	08:45-18:00	CLOSED	CLOSED
			Total	08:45-18:30	08:45-18:00	08:45-18:00	08:45-18:00	08:30-18:00	09:00-13:00	CLOSED
FAJ20	Paydens Pharmacy	41.5	Core	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-13:00	CLOSED
			Total	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	09:00-13:00	CLOSED
FAN67	Boots The Chemists	40	Core	09:30-17:30	09:30-17:30	09:30-17:30	09:30-17:30	09:30-17:30	09:30-15:30	CLOSED
			Total	09:00-13:00, 14:00-18:30	09:00-13:00, 14:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-13:00, 14:00-17:30	CLOSED
FAN75	Field Pharmacy	41.5	Core	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-13:00	CLOSED
			Total	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	09:00-13:00	CLOSED
FAP99	Well Queenborough - Railway Terrace	40	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED
			Total	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-12:30	CLOSED
FAR21	Rowlands Pharmacy	40	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED
			Total	09:00-13:00, 13:20-18:00	09:00-13:00, 13:20-18:00	09:00-13:00, 13:20-18:00	09:00-13:00, 13:20-18:00	09:00-13:00, 13:20-18:00	CLOSED	CLOSED
FAR29	White Cliffs Pharmacy	100	Core	05:00-22:00	05:00-22:00	05:00-22:00	05:00-22:00	05:00-22:00	05:00-20:00	CLOSED
			Total	05:00-22:00	05:00-22:00	05:00-22:00	05:00-22:00	05:00-22:00	05:00-20:00	CLOSED
FAR64	Boots The Chemist	40.5	Core	09:30-17:15	09:30-17:15	09:30-17:15	09:30-17:15	09:30-17:15	09:30-17:15	CLOSED
			Total	08:30-18:00	08:30-18:00	08:30-18:00	08:30-20:00	08:30-18:00	08:30-18:00	10:30- 16:30
FAV48	Lloyds Pharmacy	40	Core	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-17:30	CLOSED
			Total	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-17:30	CLOSED

FAX59	Kemsing Pharmacy	40	Core	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	CLOSED	CLOSED
			Total	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00
FC312	Williams Chemists	40	Core	09:00-18:15	09:00-18:15	09:00-18:15	09:00-18:15	09:00-18:15	CLOSED	CLOSED
			Total	09:00-13:00, 14:15-18:15	09:00-13:00, 14:15-18:15	09:00-13:00, 14:15-18:15	09:00-13:00, 14:15-18:15	09:00-13:00, 14:15-18:15	09:00-13:00, 14:15-18:15	09:00-13:00, 14:15-16:00
FC432	Boots The Chemists	40	Core	09:30-17:30	09:30-17:30	09:30-17:30	09:30-17:30	09:30-17:30	09:30-15:30	CLOSED
			Total	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-13:30, 14:30-17:30
FC768	Kamsons Pharmacy	40	Core	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	CLOSED	CLOSED
			Total	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-16:00
FCA09	Ferris Chemist	40	Core	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	CLOSED	CLOSED
			Total	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00
FCF82	Superdrug Pharmacy	40	Core	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	CLOSED
			Total	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	09:00-13:30, 14:00-17:30
FCP30	Kamsons Pharmacy	40	Core	09:00-17:30	09:00-17:30	09:00-16:30	09:00-17:30	09:00-17:30	09:00-13:00	CLOSED
			Total	08:45-18:15	08:45-18:15	08:45-18:15	08:45-18:15	08:45-18:15	08:45-18:15	09:00-13:00
FCP91	Day Lewis Pharmacy	40	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED
			Total	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00
FCR51	Grace Chemist	40	Core	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-11:30	CLOSED
			Total	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	09:00-13:00
FD300	Hadlow Pharmacy	40	Core	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-15:00	CLOSED
			Total	09:00-13:00, 14:00-18:30	09:00-13:00, 14:00-18:30	09:00-13:00, 14:00-18:30	09:00-13:00, 14:00-18:30	09:00-13:00, 14:00-18:30	09:00-13:00, 14:00-18:30	09:00-13:00, 14:00-17:00

FD496	Swalecliffe Pharmacy	58	Core	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-17:00	CLOSED
			Total	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-17:00	CLOSED
FD619	Delmergate Limited	1195.2	Core	00:00-07:12	00:00-07:12	00:00-07:12	00:00-07:12	00:00-07:12	00:00-07:12	CLOSED
			Total	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-17:30	CLOSED
FD647	Golf Road Pharmacies	43	Core	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	09:00-12:00	CLOSED
			Total	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	09:00-12:00	CLOSED
FD742	Paydens Pharmacy	40.5	Core	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-12:00	CLOSED
			Total	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-13:00	CLOSED
FD754	Newington Pharmacy	40	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED
			Total	08:30-13:30, 14:00-18:30	08:30-13:30, 14:00-18:30	08:30-13:30, 14:00-18:30	08:30-13:30, 14:00-18:30	08:30-13:30, 14:00-18:30	09:00-12:00	CLOSED
FD763	Paydens Pharmacy	40	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED
			Total	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-17:30	CLOSED
FDC87	Tesco Pharmacy	40	Core	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-15:00	CLOSED
			Total	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	10:00-16:00
FDF72	Boots The Chemist	40	Core	10:00-17:00	10:00-17:00	10:00-17:00	10:00-17:00	10:00-17:00	10:00-17:00	12:00-16:00
			Total	09:00-23:59	09:00-23:59	09:00-23:59	09:00-23:59	09:00-23:59	09:00-23:59	11:00-17:00
FDT19	River Pharmacy	40	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED
			Total	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	CLOSED
FDT33	Berkeley Pharma Ltd		Core	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	CLOSED	CLOSED
			Total	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	CLOSED	CLOSED

FDT87	Nb Pharmacy Ltd	40	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED
			Total	09:00-13:00, 14:00-19:00	09:00-13:00, 14:00-19:00	09:00-13:00, 14:00-19:00	09:00-13:00, 14:00-19:00	09:00-13:00, 14:00-19:00	09:00-13:00, 14:00-19:00	CLOSED
FDT89	Lloyds Pharmacy	40	Core	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	10:00-16:00
			Total	08:00-21:00	08:00-21:00	08:00-21:00	08:00-21:00	08:00-21:00	08:00-21:00	08:00-21:00
FDW29	Vision Pharmacy	100	Core	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	13:30-17:30
			Total	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00
FDY10	Well Sittingbourne - East Street	40	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED
			Total	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	09:00-12:15
FE414	Rusthall Pharmacy	40	Core	09:00-17:30	09:00-17:30	09:00-13:00	09:00-17:30	09:00-17:30	09:00-13:00	CLOSED
			Total	09:00-13:15, 13:45-17:30	09:00-13:15, 13:45-17:30	09:00-13:15, 13:45-17:30	09:00-13:15, 13:45-17:30	09:00-13:15, 13:45-17:30	09:00-13:15, 13:45-17:30	09:00-13:00
FEC04	Mistvale Chemists	40	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED
			Total	09:00-13:00, 14:00-19:00	09:00-13:00, 14:00-19:00	09:00-13:00, 14:00-19:00	09:00-13:00, 14:00-19:00	09:00-13:00, 14:00-19:00	09:00-13:00, 14:00-19:00	09:00-15:00
FED96	Paydens Pharmacy	40.5	Core	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-12:00	CLOSED
			Total	09:00-18:00	09:00-18:00	09:00-17:30	09:00-18:00	09:00-18:00	09:00-18:00	09:00-17:30
FEH10	Istead Rise Pharmacy	40	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED
			Total	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-16:00

FEJ82	Lloyds Pharmacy	101	Core	06:30-22:30	06:30-22:30	06:30-22:30	06:30-22:30	06:30-22:30	06:30-21:30	10:00-16:00
				Total	06:30-22:30	06:30-22:30	06:30-22:30	06:30-22:30	06:30-22:30	06:30-21:30
FEL35	Asda Pharmacy	40	Core	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	11:00-16:00
				Total	08:30-22:00	08:30-22:00	08:30-22:00	08:30-22:00	08:30-22:00	08:30-22:00
FER21	Heath Pharmacy	40	Core	09:00-18:30	09:00-17:30	09:00-13:30	09:00-17:30	09:00-17:30	09:00-13:30	CLOSED
				Total	09:00-13:00, 14:00-18:30	09:00-13:00, 14:00-17:30	09:00-13:30	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	09:00-13:30
FF040	New Romney Pharmacy	100	Core	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-21:00	10:30-16:30
				Total	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-21:00
FF221	G Currie Chemists	40	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED
				Total	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-14:00
FF255	Boots The Chemists	42	Core	09:30-17:30	09:30-17:30	09:30-17:30	09:30-17:30	09:30-17:30	09:30-17:30	CLOSED
				Total	09:00-14:00, 15:00-17:30	09:00-14:00, 15:00-17:30	09:00-14:00, 15:00-17:30	09:00-14:00, 15:00-17:30	09:00-14:00, 15:00-17:30	09:00-14:00, 15:00-17:30
FF270	Northdown Pharmacy	40	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED
				Total	09:00-13:00, 14:00-19:00	09:00-13:00, 14:00-19:00	09:00-13:00, 14:00-19:00	09:00-13:00, 14:00-19:00	09:00-13:00, 14:00-19:00	CLOSED
FF318	Delmergate Limited	40	Core	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	CLOSED	CLOSED
				Total	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	CLOSED

FF489	Eazi Health		Core	09:00-18:00	09:00-18:01	09:00-18:02	09:00-18:03	09:00-18:04	CLOSED	CLOSED
			Total	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	CLOSED
FF547	Swanley Pharmacy	40	Core	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-14:00	CLOSED
			Total	09:00-18:00	09:00-18:00	09:00-18:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-17:00
FF573	Lloyds Pharmacy	40	Core	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-13:00	CLOSED
			Total	09:00-13:00, 14:00-18:30	09:00-13:00, 14:00-18:30	09:00-13:00, 14:00-18:30	09:00-13:00, 14:00-18:30	09:00-13:00, 14:00-18:30	09:00-13:00, 14:00-18:30	09:00-13:00
FFE44	Boots The Chemist	40.5	Core	09:30-17:00	09:30-17:00	09:30-17:00	09:30-17:00	09:30-17:00	09:00-18:00	CLOSED
			Total	09:00-23:59	09:00-23:59	09:00-23:59	09:00-23:59	09:00-23:59	09:00-23:59	09:00-23:59
FFF04	Delmergate Limited	40	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED
			Total	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	CLOSED
FFH17	Lloyds Pharmacy	40	Core	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	09:30-12:00	CLOSED
			Total	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	08:30-12:00
FFQ34	Palm Bay Pharmacy	40	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED
			Total	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED
FFR87	Tesco Pharmacy	40	Core	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-15:00	CLOSED
			Total	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00
FFV03	Daysol Pharmacy	40	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED
			Total	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-14:00
FFV40	Guildhall Pharmacy	40	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED

			Total	09:00-13:00, 14:00-18:30	09:00-13:00, 14:00-18:30	09:00-13:00, 14:00-18:30	09:00-13:00, 14:00-18:30	09:00-13:00, 14:00-18:30	09:00-13:00	CLOSED
FG447	Lloyds Pharmacy	40	Core	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	09:00-17:30	CLOSED
			Total	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	09:00-17:30	CLOSED
FG484	Boots The Chemists	40	Core	09:30-17:30	09:30-17:30	09:30-17:30	09:30-17:30	09:30-17:30	09:30-15:30	CLOSED
			Total	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	10:00-16:00
FG853	Queen Street Pharmacy	40	Core	08:45-17:30	08:45-17:30	08:45-17:30	08:45-17:30	08:45-17:30	09:00-10:15	CLOSED
			Total	08:45-13:00, 14:00-17:30	08:45-13:00, 14:00-17:30	08:45-13:00, 14:00-17:30	08:45-13:00, 14:00-17:30	08:30-18:30	08:45-13:00	CLOSED
FGC22	Boots The Chemists	40	Core	09:30-17:30	09:30-17:30	09:30-17:00	09:30-17:00	09:30-17:00	09:30-17:00	CLOSED
			Total	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	10:00-16:00
FGF60	Oaks Pharmacy	40	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED
			Total	08:30-13:00, 14:00-18:00	08:30-13:00, 14:00-18:00	08:30-13:00, 14:00-18:00	08:30-13:00, 14:00-18:00	08:30-13:00, 14:00-18:00	09:00-12:30	CLOSED
FGJ99	Iwade Pharmacy	39	Core	09:00-18:00	09:00-18:00	09:00-18:30	09:00-18:30	09:00-18:30	09:00-11:30	CLOSED
			Total	09:00-13:30, 14:00-18:00	09:00-13:30, 14:00-18:00	09:00-13:30, 14:00-18:30	09:00-13:30, 14:00-18:30	09:00-13:30, 14:00-18:30	09:00-13:00	CLOSED
FGN90	Paydens Pharmacy	40	Core	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	CLOSED	CLOSED
			Total	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-12:00	CLOSED
FGQ86	Park Pharmacy	100	Core	07:00-22:00	07:00-22:00	07:00-22:00	07:00-22:00	07:00-22:00	07:00-22:00	08:00-18:00
			Total	07:00-22:00	07:00-22:00	07:00-22:00	07:00-22:00	07:00-22:00	07:00-22:00	08:00-

											18:00
FGR31	Superdrug Pharmacy	40	Core	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	CLOSED
			Total	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	09:00-13:30, 14:00-17:30	CLOSED
FH139	Boots The Chemist	40	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED
			Total	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-12:00	CLOSED
FH171	Your Local Boots Pharmacy	40	Core	09:00-18:30	09:00-18:00	09:00-18:30	09:00-18:00	09:00-18:15	09:00-18:15	CLOSED	CLOSED
			Total	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-16:00	CLOSED
FH199	Hawkhurst Pharmacy	40	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED
			Total	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-17:30	CLOSED
FH330	Boots	40	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED
			Total	08:00-18:00	08:00-18:00	08:00-18:00	08:00-18:00	08:00-18:00	08:00-18:00	08:00-18:00	10:30- 16:30
FH350	Walmer Pharmacy	40	Core	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	CLOSED	CLOSED
			Total	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	CLOSED	CLOSED
FH385	Central Pharmacy	101.5	Core	07:30-22:00	07:30-22:00	07:30-22:00	07:30-22:00	07:30-22:00	07:30-22:00	07:30-22:00	07:30- 22:00
			Total	07:30-22:00	07:30-22:00	07:30-22:00	07:30-22:00	07:30-22:00	07:30-22:00	07:30-22:00	07:30- 22:00
FH411	Ackers Chemists	40	Core	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	CLOSED	CLOSED
			Total	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	CLOSED
FH460	Kings Hill Pharmacy	40	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED

			Total	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-17:00	CLOSED
FH692	Swan Valley Pharmacy	40	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED
			Total	09:00-18:30	09:00-18:30	09:00-19:30	09:00-18:30	09:00-18:30	CLOSED	CLOSED
FH758	Kings Pharmacy	100	Core	07:30-22:30	07:30-22:30	07:30-22:30	07:30-22:30	07:30-22:30	07:30-22:30	09:00-19:00
			Total	07:30-22:30	07:30-22:30	07:30-22:30	07:30-22:30	07:30-22:30	07:30-22:30	09:00-19:00
FH765	Courts Pharmacy	40	Core	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	CLOSED	CLOSED
			Total	08:00-18:00	08:00-18:00	08:00-18:00	08:00-18:00	09:00-17:00	09:00-12:00	CLOSED
FHA37	Lyminge Pharmacy	40	Core	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-17:30	09:00-10:00	CLOSED
			Total	09:00-13:00, 14:00-18:30	09:00-13:00, 14:00-18:30	09:00-13:00, 14:00-18:30	09:00-13:00, 14:00-18:30	09:00-13:00, 14:00-17:30	09:00-13:00	CLOSED
FHA64	Lion Pharmacy	40	Core	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	CLOSED	CLOSED
			Total	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	CLOSED
FHF29	Paydens Ltd	40	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED
			Total	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-17:30	CLOSED
FHG47	Tesco Pharmacy	100	Core	08:00-22:30	06:30-22:30	06:30-22:30	06:30-22:30	06:30-22:30	06:30-22:00	10:00-16:00
			Total	08:00-22:30	06:30-22:30	06:30-22:30	06:30-22:30	06:30-22:30	06:30-22:00	10:00-16:00
FHJ53	Your Local Boots Pharmacy	40	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED
			Total	09:00-13:00, 14:00-18:30	09:00-13:00, 14:00-18:30	09:00-13:00, 14:00-18:30	09:00-13:00, 14:00-18:30	09:00-13:00, 14:00-18:30	09:00-13:00, 14:00-17:00	CLOSED
FHT34	Darnley Pharmacy	40	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED

			Total	08:30-13:00, 13:30-19:00	08:30-13:00, 13:30-19:00	08:30-13:00, 13:30-19:00	08:30-13:00, 13:30-19:00	09:00-13:00, 14:00-18:00	CLOSED	CLOSED
FHV64	Hill Pharmacy	39.5	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED
			Total	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-13:00	CLOSED
FHY22	Well Greatstone - Dunes Road	40	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED
			Total	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	CLOSED
FHY96	Boots The Chemists	40	Core	09:30-17:30	09:30-17:30	09:30-17:30	09:30-17:30	09:30-17:30	09:30-15:30	CLOSED
			Total	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	10:00- 16:00
FJ098	Day-Lewis Chemist	40	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED
			Total	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00	CLOSED
FJ121	Paydens Pharmacy	40	Core	09:00-18:15	09:00-18:30	09:00-18:30	09:00-18:30	09:00-17:30	CLOSED	CLOSED
			Total	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-13:00	CLOSED
FJ243	Hollis Pharmacy	40.166667	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-10:25	CLOSED
			Total	09:00-13:00, 14:15-18:00	09:00-13:00, 14:15-18:00	09:00-13:00, 14:15-18:00	09:00-13:00, 14:15-18:00	09:00-13:00, 14:15-18:00	09:00-13:00, 14:15-17:00	CLOSED
FJ305	Penenden Heath Pharmacy	40	Core	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	CLOSED	CLOSED
			Total	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED
FJ632	Day Lewis Pharmacy	40	Core	09:00-18:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-13:00	CLOSED
			Total	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-17:00	CLOSED
FJ719	Paydens Ltd	40	Core	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	CLOSED	CLOSED

			Total	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	09:00-13:00	CLOSED
FJ908	Boots The Chemists	40	Core	09:30-17:30	09:30-17:30	09:30-17:30	09:30-17:30	09:30-17:30	09:30-15:30	CLOSED
			Total	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	CLOSED
FJC80	Minster Pharmacy	40	Core	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	CLOSED	CLOSED
			Total	09:00-18:30	09:00-18:30	09:00-18:00	09:00-18:30	09:00-18:30	09:00-17:30	CLOSED
FJC85	Hobbs Pharmacy	40	Core	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-11:30	CLOSED
			Total	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	09:00-13:00	CLOSED
FJE07	Sturry Pharmacy	40	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED
			Total	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	CLOSED
FJE33	Imperial Pharmacy	40	Core	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	CLOSED	CLOSED
			Total	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-17:30	CLOSED
FJE58	Cheadles Dispensing Chemists	40	Core	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	CLOSED	CLOSED
			Total	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	CLOSED
FJE95	Well Lydd - High Street	40	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED
			Total	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	CLOSED
FJF07	East Street Pharmacy	100	Core	07:00-22:00	07:00-22:00	07:00-22:00	07:00-22:00	07:00-22:00	07:00-22:00	10:00-20:00
			Total	07:00-22:00	07:00-22:00	07:00-22:00	07:00-22:00	07:00-22:00	07:00-22:00	10:00-20:00
FJH19	Lloyds Pharmacy	40	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:30	09:00-18:30	09:00-17:00	CLOSED
			Total	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-17:00	CLOSED
FJK28	Bat & Ball Pharmacy	40	Core	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-12:45	CLOSED

			Total	09:00-13:00, 14:15-18:30	09:00-13:00, 14:15-18:30	09:00-13:00, 14:15-18:30	09:00-13:00, 14:15-18:30	09:00-13:00, 14:15-18:30	09:00-13:00	CLOSED
FJN16	Cheadles Chemist	40	Core	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	CLOSED	CLOSED
			Total	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED
FJP35	Austinoma Chemist Ltd	40	Core	09:00-19:00	09:00-19:00	09:00-12:00	09:00-19:00	09:00-19:00	09:00-12:00	CLOSED
			Total	09:00-19:00	09:00-19:00	09:00-13:00	09:00-19:00	09:00-19:00	09:00-12:00	CLOSED
FJP76	Paydens Pharmacy	40	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED
			Total	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-12:30	CLOSED
FJW93	Central Pharmacy	40	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED
			Total	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	CLOSED
FK196	Boots The Chemist	40	Core	09:30-17:30	09:30-17:30	09:30-17:30	09:30-17:30	09:30-17:30	09:30-15:30	CLOSED
			Total	09:00-20:00	09:00-20:00	09:00-20:00	09:00-20:00	09:00-20:00	09:00-19:00	10:00-16:00
FK397	Lloyds Pharmacy	40	Core	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:00	CLOSED
			Total	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:00	CLOSED
FK412	Lloyds Pharmacy	59.75	Core	08:30-18:45	08:30-18:45	08:30-18:45	08:30-18:45	08:30-18:45	09:00-17:30	CLOSED
			Total	08:30-18:45	08:30-18:45	08:30-18:45	08:30-18:45	08:30-18:45	09:00-17:30	CLOSED
FK530	Lloyds Pharmacy	101	Core	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-22:00	10:00-16:00
			Total	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-22:00	10:00-16:00
FK566	Your Local Boots Pharmacy	40	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED
			Total	08:30-13:00,	08:30-13:00,	08:30-13:00,	08:30-13:00,	08:30-13:00,	09:00-13:00	CLOSED

				14:00-18:00	14:00-18:00	14:00-18:00	14:00-18:00	14:00-18:00		
FKD01	Paydens Pharmacy	40	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED
			Total	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-17:00	CLOSED
FKG97	Morrisons Pharmacy	40	Core	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-15:00	CLOSED
			Total	09:00-13:30, 14:30-20:00	09:00-13:30, 14:30-20:00	09:00-13:30, 14:30-20:00	09:00-13:30, 14:30-20:00	09:00-13:30, 14:30-20:00	09:00-13:30, 14:30-19:00	10:00- 16:00
FKH43	Saxon Warrior Pharmacy	40	Core	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	CLOSED	CLOSED
			Total	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-13:00	CLOSED
FKR03	Lloyds Pharmacy	40	Core	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	12:00- 16:00
			Total	08:00-21:00	08:00-21:00	08:00-21:00	08:00-21:00	08:00-21:00	08:00-21:00	11:00- 17:00
FKR63	Ashworths Dispensing Chemists	40	Core	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:00	CLOSED	CLOSED
			Total	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-18:00	CLOSED
FKV58	Boots The Chemists	40	Core	09:30-17:30	09:30-17:30	09:30-17:30	09:30-17:30	09:30-17:30	09:30-15:30	CLOSED
			Total	09:00-17:30	09:00-17:30	08:30-17:30	09:00-17:30	09:00-17:30	09:00-17:00	CLOSED
FL061	Boots The Chemists	40	Core	09:30-17:30	09:30-17:30	09:30-17:30	09:30-17:30	09:30-17:30	09:30-15:30	CLOSED
			Total	09:00-12:30, 13:30-17:30	09:00-12:30, 13:30-17:30	09:00-12:30, 13:30-17:30	09:00-12:30, 13:30-17:30	09:00-12:30, 13:30-17:30	09:00-12:30, 13:30-17:30	CLOSED
FL233	Lloyds Pharmacy	40	Core	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-16:30	CLOSED
			Total	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-16:30	CLOSED
FL393	Estuary View Pharmacy	32	Core	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	00:00-00:00	CLOSED	CLOSED

			Total	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	CLOSED	CLOSED
FL417	Mcardle Pharmacy	40	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED
			Total	09:00-13:00, 14:00-18:30	09:00-13:00, 14:00-18:30	09:00-13:00, 14:00-18:30	09:00-13:00, 14:00-18:30	09:00-13:00, 14:00-18:30	09:00-13:00	CLOSED
FL499	Boots The Chemists	40	Core	09:30-17:30	09:30-17:30	09:30-17:30	09:30-17:30	09:30-17:30	09:30-15:30	CLOSED
			Total	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	10:00- 16:00
FL519	Newton Place Pharmacy	100	Core	07:00-22:30	07:00-22:30	07:00-22:30	07:00-22:30	07:00-22:30	07:00-22:30	10:00- 17:00
			Total	07:00-22:30	07:00-22:30	07:00-22:30	07:00-22:30	07:00-22:30	07:00-22:30	10:00- 17:00
FL902	Eastry Pharmacy	49	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	CLOSED
			Total	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-17:00	CLOSED
FL923	Well Swanley - Swanley Centre	40	Core	08:30-19:00	08:30-19:00	08:30-19:00	08:30-19:00	08:30-19:00	CLOSED	CLOSED
			Total	08:00-19:00	08:00-19:00	08:00-19:00	08:00-19:00	08:00-19:00	09:00-13:00	CLOSED
FLD05	Memorial Pharmacy	40	Core	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	CLOSED	CLOSED
			Total	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-12:00	CLOSED
FLD21	Taylors Pharmacy	40	Core	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	CLOSED	CLOSED
			Total	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	CLOSED
FLH05	Delmergate Limited	40	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-12:00	CLOSED
			Total	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-12:00	CLOSED
FLJ66	Gravesend Medical Centre Pharmacy	40	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED

			Total	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	CLOSED	CLOSED
FLK94	Lloyds Pharmacy	40	Core	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:00	CLOSED
			Total	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-17:00	CLOSED
FLL94	Lloyds Pharmacy	101	Core	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-22:00	10:00-16:00
			Total	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-22:00	10:00-16:00
FLM10	Strand Pharmacy	40	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED
			Total	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-12:30	CLOSED
FM106	Asda Store Pharmacy	100	Core	08:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-22:00	10:00-16:00
			Total	08:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-22:00	10:00-16:00
FM185	Well Dartford - Instone Road	40	Core	08:30-18:15	08:30-18:15	08:30-18:15	08:30-18:15	08:30-18:15	CLOSED	CLOSED
			Total	08:30-18:15	08:30-18:15	08:30-18:15	08:30-18:15	08:30-18:15	CLOSED	CLOSED
FM457	Kemsley Pharmacy	40	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED
			Total	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	CLOSED	CLOSED
FM706	Kamsons Pharmacy	40	Core	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-13:00	CLOSED
			Total	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-13:00	CLOSED
FM749	Hobbs Pharmacy	40	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED
			Total	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	CLOSED	CLOSED
FM756	Lloyds Pharmacy	102	Core	06:00-22:00	06:00-22:00	06:00-22:00	06:00-22:00	06:00-22:00	06:00-22:00	10:00-

										16:00
			Total	06:00-22:00	06:00-22:00	06:00-22:00	06:00-22:00	06:00-22:00	06:00-22:00	10:00-16:00
FM891	Boots The Chemists	40	Core	09:30-17:30	09:30-17:30	09:30-17:30	09:30-17:30	09:30-17:30	09:30-15:30	CLOSED
			Total	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	CLOSED
FMC95	Boots The Chemist	100	Core	08:30-00:00	08:30-00:00	08:30-00:00	08:30-00:00	08:00-00:00	08:00-00:00	10:00-16:00
			Total	08:00-23:59	08:00-23:59	08:00-23:59	08:00-23:59	08:00-23:59	08:00-23:59	10:00-23:59
FMG20	Paydens Pharmacy	40	Core	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	CLOSED	CLOSED
			Total	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:00	CLOSED
FMH74	Cheadles Chemist Canterbury	40	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED
			Total	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED
FMJ37	Boots The Chemists	40	Core	09:30-17:30	09:30-17:30	09:30-17:30	09:30-17:30	09:30-17:30	09:30-15:30	CLOSED
			Total	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	10:00-16:00
FMJ98	Baxters Pharmacy	40	Core	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-11:30	CLOSED
			Total	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	CLOSED
FMV16	Day Lewis Pharmacy	100	Core	07:00-22:30	07:00-22:30	07:00-22:30	07:00-22:30	07:00-22:30	07:00-22:30	10:00-17:00
			Total	07:00-22:30	07:00-22:30	07:00-22:30	07:00-22:30	07:00-22:30	07:00-22:30	10:00-17:00

FMW71	Link Pharmacy	100	Core	06:00-23:00	06:00-23:00	06:00-23:00	06:00-23:00	06:00-23:00	06:00-21:00	CLOSED
			Total	06:00-23:00	06:00-23:00	06:00-23:00	06:00-23:00	06:00-23:00	06:00-21:00	CLOSED
FN266	The Brent Pharmacy	40	Core	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	CLOSED	CLOSED
			Total	09:00-19:00	08:00-20:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-17:00	CLOSED
FN322	Boots The Chemists	40	Core	09:30-17:30	09:30-17:30	09:30-17:30	09:30-17:30	09:30-17:30	09:30-15:30	CLOSED
			Total	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00	CLOSED
FN394	Cairns Chemist	59	Core	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	09:00-18:00	CLOSED
			Total	08:30-19:00	08:30-19:00	08:30-19:00	08:30-19:00	08:30-19:00	09:00-18:00	CLOSED
FN439	Pender Pharmacy	40	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED
			Total	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-17:30	CLOSED
FN522	Boots The Chemists	40	Core	09:30-17:30	09:30-17:30	09:30-17:30	09:30-17:30	09:30-17:30	09:30-15:30	CLOSED
			Total	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	10:00-16:00
FN593	Delmergate Limited	40.5	Core	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-12:00	CLOSED
			Total	08:30-18:00	08:30-19:00	08:30-18:00	08:30-19:00	08:30-18:00	09:00-16:30	CLOSED
FN614	Morrisons Pharmacy	40	Core	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-15:00	CLOSED
			Total	08:30-20:00	08:30-20:00	08:30-20:00	08:30-20:00	08:30-20:00	08:30-14:00, 14:30-19:00	10:00-16:00
FN772	Cheadles Chemist	40	Core	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	CLOSED	CLOSED
			Total	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-14:00	CLOSED
FN979	Courts Pharmacy	40	Core	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	CLOSED	CLOSED
			Total	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-13:00	CLOSED

FNC20	Spires Pharmacy	44	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	CLOSED
			Total	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00
FNE00	Paydens Pharmacy	40	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED
			Total	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-12:00
FNH39	Catts Pharmacy	40	Core	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	CLOSED	CLOSED
			Total	09:00-18:30	09:00-18:30	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED
FNH47	Marden Pharmacy	40	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED
			Total	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00
FNP04	Bridge Pharmacy	40	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED
			Total	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-12:30
FNQ15	Lloyds Pharmacy	101	Core	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-22:00	10:00-16:00
			Total	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-22:00
FNX28	M D Moore Pharmacy	40	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED
			Total	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	09:00-13:00
FP204	Lloyds Pharmacy	40	Core	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-15:00	CLOSED
			Total	08:00-21:00	08:00-21:00	08:00-21:00	08:00-21:00	08:00-21:00	08:00-21:00	08:00-20:00
FP984	Courts Pharmacy	40	Core	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-15:00	CLOSED	CLOSED
			Total	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:00

FPC66	Penders Chemists	40	Core	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-11:30	CLOSED
			Total	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-16:00	CLOSED
FPC83	The Pharmacy	40	Core	09:00-18:00	09:00-18:00	09:00-13:00	09:00-18:00	09:00-18:00	09:00-13:00	CLOSED
			Total	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00	CLOSED
FPH74	Your Local Boots Pharmacy	40	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED
			Total	08:30-13:00, 14:00-19:00	08:30-13:00, 14:00-19:00	08:30-13:00, 14:00-19:00	08:30-13:00, 14:00-19:00	08:30-13:00, 14:00-19:00	08:30-12:00	CLOSED
FPH84	Paydens Pharmacy	40	Core	08:45-16:45	08:45-16:45	08:45-16:45	08:45-16:45	08:45-16:45	CLOSED	CLOSED
			Total	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	08:45-12:45	CLOSED
FPK82	Newington Pharmacy	40	Core	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	CLOSED	CLOSED
			Total	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	CLOSED
FPL19	Paddock Wood Pharmacy	40	Core	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	CLOSED	CLOSED
			Total	09:00-18:30	09:00-18:30	09:00-18:00	09:00-18:30	09:00-18:30	09:00-17:00	CLOSED
FPP49	Paydens Pharmacy	100	Core	07:00-22:00	07:00-22:00	07:00-22:00	07:00-22:00	07:00-22:00	07:00-22:00	08:00-18:00
			Total	07:00-22:00	07:00-22:00	07:00-22:00	07:00-22:00	07:00-22:00	07:00-22:00	08:00-18:00
FPQ66	Joydens Wood Pharmacy	40	Core	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-15:00	CLOSED
			Total	09:00-13:00, 14:00-18:30	09:00-13:00, 14:00-18:30	09:00-13:00, 14:00-18:30	09:00-13:00, 14:00-18:30	09:00-13:00, 14:00-18:30	09:00-13:00, 14:00-16:00	CLOSED

FPV78	Thales Pharmacy	100	Core	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	08:00-23:00	11:00-16:00
				Total	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	08:00-23:00
FPW09	Lloyds Pharmacy	101	Core	06:00-22:00	06:00-22:00	06:00-22:00	06:00-22:00	06:00-22:00	06:00-21:00	10:00-16:00
				Total	06:00-22:00	06:00-22:00	06:00-22:00	06:00-22:00	06:00-22:00	06:00-21:00
FPW21	Vigo Pharmacy	42.75	Core	08:45-17:30	08:45-17:30	08:45-17:30	08:45-17:30	08:45-17:30	09:00-13:00	CLOSED
				Total	08:45-13:00, 14:00-17:30	08:45-13:00, 14:00-17:30	08:45-13:00, 14:00-17:30	08:45-13:00, 14:00-17:30	08:45-13:00, 14:00-17:30	09:00-13:00
FPX45	Boots The Chemists	40	Core	09:30-17:30	09:30-17:30	09:30-17:30	09:30-17:30	09:30-17:30	09:30-15:30	CLOSED
				Total	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00
FQ129	Asda Pharmacy	100	Core	08:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-22:00	10:00-16:00
				Total	08:00-23:00	07:00-23:30	07:00-23:30	07:00-23:00	07:00-23:00	07:00-22:00
FQ178	Paydens Pharmacy	40	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED
				Total	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	09:00-17:30
FQ405	Mcqueen'S Pharmacy	40	Core	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-11:30	CLOSED
				Total	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-13:00
FQ667	Asda Pharmacy	100	Core	08:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-22:00	10:00-16:00
				Total	08:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-22:00

FQ778	Asda Pharmacy	100	Core	08:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-22:00	10:00-16:00
			Total	08:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-22:00	10:00-16:00
FQ889	Clockwork Pharmacy	40	Core	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-14:00	CLOSED
			Total	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-15:00	CLOSED
FQ897	Echo Pharmacy	40	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED
			Total	09:00-13:00, 14:00-19:00	09:00-13:00, 14:00-19:00	09:00-13:00, 14:00-19:00	09:00-13:00, 14:00-19:00	09:00-13:00, 14:00-19:00	CLOSED	CLOSED
FQ951	Aa Beggs	40	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED
			Total	08:45-18:15	08:45-18:15	08:45-18:15	08:45-18:15	08:45-18:15	09:00-13:00	CLOSED
FQD20	Boots The Chemists	40	Core	09:30-17:15	09:30-17:15	09:30-17:15	09:30-17:15	09:30-17:00	09:30-17:00	CLOSED
			Total	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	10:00-16:00
FQH13	Lloyds Pharmacy	40	Core	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-16:45	CLOSED
			Total	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-16:45	CLOSED
FQL85	Paydens	40	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED
			Total	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	CLOSED
FQP92	Instore Pharmacy	100	Core	08:00-22:30	06:30-22:30	06:30-22:30	06:30-22:30	06:30-22:30	06:30-22:00	10:00-16:00
			Total	08:00-22:30	06:30-22:30	06:30-22:30	06:30-22:30	06:30-22:30	06:30-22:00	10:00-16:00
FQQ44	Woolfs Pharmacy	42.5	Core	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	CLOSED	CLOSED
			Total	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	09:00-13:00	CLOSED

FQQ79	Tesco Pharmacy	40	Core	09:00-17:00	09:00-17:00	09:00-16:30	09:00-16:30	09:00-16:30	09:00-16:30	CLOSED
			Total	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00
FQR12	Carrs Pharmacy	45	Core	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	CLOSED
			Total	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-13:00
FQR52	Delmergate Limited	40	Core	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	CLOSED	CLOSED
			Total	08:30-13:00, 14:00-17:30	08:30-13:00, 14:00-17:30	08:30-13:00, 14:00-17:30	08:30-13:00, 14:00-17:30	08:30-13:00, 14:00-17:30	08:30-13:00, 14:00-17:30	CLOSED
FQT10	Boots The Chemists	40	Core	09:30-17:30	09:30-17:30	09:30-17:30	09:30-17:30	09:30-17:30	09:30-15:30	CLOSED
			Total	09:00-14:00, 15:00-17:30	09:00-14:00, 15:00-17:30	09:00-14:00, 15:00-17:30	09:00-14:00, 15:00-17:30	09:00-14:00, 15:00-17:30	09:00-14:00, 15:00-17:30	09:00-14:00, 15:00-17:30
FR888	Paydens Pharmacy	40	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED
			Total	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00
FRA98	Boots The Chemists	40	Core	09:30-17:30	09:30-17:30	09:30-17:30	09:30-17:30	09:30-17:30	09:30-15:30	CLOSED
			Total	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30
FRD04	Boots The Chemists	40	Core	09:30-17:30	09:30-17:30	09:30-17:30	09:30-17:30	09:30-17:30	09:30-15:30	CLOSED
			Total	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00
FRF29	Lloyds Pharmacy	40	Core	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-17:30	CLOSED
			Total	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-17:30
FRG18	Paydens Pharmacy	40	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED
			Total	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	09:00-17:30

FRK37	Regent Pharmacy	40	Core	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	CLOSED	CLOSED
			Total	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-17:30
FRL66	Tesco Pharmacy	42	Core	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	CLOSED
			Total	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00
FRM42	Lloyds Pharmacy	40	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-12:30	CLOSED
			Total	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-12:30
FRP09	Your Local Boots Pharmacy	47.5	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	08:30-17:00	CLOSED
			Total	09:00-12:00, 13:00-18:00	09:00-12:00, 13:00-18:00	09:00-12:00, 13:00-18:00	09:00-12:00, 13:00-18:00	09:00-12:00, 13:00-18:00	09:00-12:00, 13:00-18:00	08:30-12:00, 13:00-17:00
FRQ32	Paydens Ltd	40	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED
			Total	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-17:30
FRY03	Nicholson & Keep	40	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED
			Total	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	CLOSED
FRY69	Lloyds Pharmacy	40	Core	09:00-18:00	09:00-18:00	09:00-17:30	09:00-18:00	09:00-18:00	09:00-16:45	CLOSED
			Total	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-16:45
FT200	Ae Hobbs Ltd	40	Core	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-14:00	CLOSED
			Total	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30
FT585	Your Local Boots Pharmacy	40	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED
			Total	08:30-13:00, 14:00-18:00	08:30-13:00, 14:00-18:00	08:30-13:00, 14:00-18:00	08:30-13:00, 14:00-18:00	08:30-13:00, 14:00-18:00	08:30-13:00, 14:00-18:00	09:00-13:00, 14:00-17:00

FT747	The Charing Pharmacy	40	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED
			Total	09:00-18:00	08:00-18:00	08:00-18:00	08:00-18:00	08:00-18:00	08:00-18:00	09:00-13:00
FT769	Tesco Pharmacy	100	Core	08:00-22:30	06:30-22:30	06:30-22:30	06:30-22:30	06:30-22:30	06:30-22:00	10:00-16:00
			Total	08:00-22:30	06:30-22:30	06:30-22:30	06:30-22:30	06:30-22:30	06:30-22:30	06:30-22:00
FTG23	Superdrug Pharmacy	40	Core	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	CLOSED
			Total	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	09:00-17:30
FTH93	Your Local Boots Pharmacy	40	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED
			Total	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-17:00
FTJ35	Tesco Pharmacy	40	Core	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-15:00	CLOSED
			Total	08:00-21:00	08:00-21:00	08:00-21:00	08:00-21:00	08:00-21:00	08:00-21:00	08:00-21:00
FTJ96	Lloyds Pharmacy	40	Core	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	CLOSED	CLOSED
			Total	09:00-13:00, 14:00-19:00	09:00-13:00, 14:00-19:00	09:00-13:00, 14:00-19:00	09:00-13:00, 14:00-19:00	09:00-13:00, 14:00-19:00	09:00-13:00, 14:00-19:00	CLOSED
FTL24	Oxford Pharmacy	40	Core	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-12:45	CLOSED
			Total	08:35-18:30	08:35-18:30	08:35-18:30	08:35-18:30	08:35-18:30	08:35-18:30	09:00-13:00, 14:15-17:00
FTN04	Paydens Pharmacy		Core	08:30-17:00	08:30-17:00	08:30-17:00	08:30-17:00	08:30-17:00	CLOSED	CLOSED
			Total	08:30-17:00	08:30-17:00	08:30-17:00	08:30-17:00	08:30-17:00	08:30-17:00	CLOSED
FTR38	Greggswood Pharmacy	40	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED
			Total	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00

FTT47	Well Wye - Bridge Street	40	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED
			Total	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	CLOSED
FTW73	Lloyds Pharmacy	40	Core	08:00-18:30	08:00-18:30	08:00-18:30	08:00-18:30	08:00-18:30	09:00-13:00	Closed-00:00:00
			Total	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00
FV022	Boots The Chemists	40	Core	09:30-17:30	09:30-17:30	09:30-17:30	09:30-17:30	09:30-17:30	09:30-15:30	CLOSED
			Total	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-17:30	10:00-16:00
FV068	Paydens Pharmacy	40	Core	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-11:30	CLOSED
			Total	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:00	CLOSED
FV258	Kamsons Pharmacy		Core	08:30-18:00	08:30-18:00	09:00-13:00, 14:00-18:00	08:30-18:00	08:30-17:30	09:00-13:00	CLOSED
			Total	08:30-18:00	08:30-18:00	09:00-13:00, 14:00-18:00	08:30-18:00	08:30-17:30	09:00-13:00	CLOSED
FV493	Boots The Chemists	40	Core	09:30-17:30	09:30-17:30	09:30-17:30	09:30-17:30	09:30-17:30	09:30-15:30	CLOSED
			Total	08:30-18:00	08:30-18:00	08:30-18:00	08:30-20:00	08:30-18:00	08:30-18:00	10:30-16:30
FV631	Lloyds Pharmacy	40	Core	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-17:00	CLOSED
			Total	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-17:00	CLOSED
FV757	S & S Chopra	40	Core	09:00-17:30	09:00-17:30	09:00-17:00	09:00-17:30	09:00-17:30	09:00-12:00	CLOSED
			Total	08:30-19:00	08:30-19:00	08:30-19:00	08:30-19:00	08:30-18:30	09:00-15:00	CLOSED
FVE01	Lloyds Pharmacy	39	Core	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-13:00	CLOSED
			Total	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-13:00	CLOSED

FVE32	Eckersley Pharmacy	40	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED
			Total	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	09:00-12:30
FVH06	Touchwood Pharmacy	40	Core	09:00-18:00	09:00-18:00	09:00-13:00	09:00-18:00	09:00-18:00	09:00-13:00	CLOSED
			Total	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00
FVM32	Boots The Chemists	40	Core	09:30-17:30	09:30-17:30	09:30-17:30	09:30-17:30	09:30-17:30	09:30-15:30	CLOSED
			Total	09:00-14:00, 15:00-17:30	09:00-14:00, 15:00-17:30	09:00-14:00, 15:00-17:30	09:00-14:00, 15:00-17:30	09:00-14:00, 15:00-17:30	09:00-14:00, 15:00-17:30	09:00-14:00, 15:00-17:30
FVQ76	Superdrug Pharmacy	40	Core	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	CLOSED
			Total	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	09:00-13:30, 14:00-17:30
FVQ77	Pembury Pharmacy	40	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED
			Total	09:00-18:30	09:00-18:30	09:00-17:00	09:00-18:30	09:00-18:30	09:00-18:30	09:00-17:00
FVR62	Avicenna Pharmacy	46	Core	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-12:30	CLOSED
			Total	08:45-19:00	08:45-19:00	08:45-19:00	08:45-19:00	08:45-19:00	08:45-19:00	08:30-17:30
FVR90	Porter Chemist	40	Core	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	CLOSED	CLOSED
			Total	08:30-13:00, 14:00-17:30	08:30-13:00, 14:00-17:30	08:30-13:00, 14:00-17:30	08:30-13:00, 14:00-17:30	08:30-13:00, 14:00-17:30	08:30-13:00, 14:00-17:30	CLOSED
FW377	Medipharmacy	100	Core	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	08:00-21:00	10:00- 17:00
			Total	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	08:00-21:00
FW489	Pierremont Pharmacy	40	Core	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	CLOSED	CLOSED
			Total	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	09:00-11:00

FW500	Rowlands Pharmacy	40	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED
			Total	09:00-13:00, 13:30-18:00	09:00-13:00, 13:30-18:00	09:00-13:00, 13:30-18:00	09:00-13:00, 13:30-18:00	09:00-13:00, 13:30-18:00	09:00-13:00, 13:30-18:00	CLOSED
FW510	Delmergate Limited	40	Core	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-11:30	CLOSED
			Total	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	09:00-13:00
FW564	Meopham Pharmacy	40	Core	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-11:30	CLOSED
			Total	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	09:00-13:00
FW580	Sevenoaks Pharmacy	40	Core	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-11:30	CLOSED
			Total	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	09:00-13:00
FW759	Lawsat Pharm Ltd	43.5	Core	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-12:00	CLOSED
			Total	08:30-13:00, 14:00-18:00	08:30-13:00, 14:00-18:00	08:30-13:00, 14:00-18:00	08:30-13:00, 14:00-18:00	08:30-13:00, 14:00-18:00	08:30-13:00, 14:00-18:00	08:30-13:00
FWE33	Sheppey Hospital Pharmacy	40	Core	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	CLOSED	CLOSED
			Total	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	09:00-17:30
FWL74	Paydens Pharmacy	40	Core	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	CLOSED	CLOSED
			Total	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	09:00-17:00	CLOSED
FWL90	Asda Pharmacy	100	Core	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-21:00	10:00-16:00
			Total	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-21:00
FWN00	H 2 H Pharmacy		Core	08:00-17:00	08:00-17:00	08:00-17:00	08:00-17:00	08:00-17:00	CLOSED	CLOSED

Limited										
			Total	08:00-17:00	08:00-17:00	08:00-17:00	08:00-17:00	08:00-17:00	CLOSED	CLOSED
FWR04	Hobbs Pharmacy	40	Core	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	CLOSED	CLOSED
			Total	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-12:30	CLOSED
FWT48	The Village Pharmacy	40	Core	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-11:30	CLOSED
			Total	09:00-13:00, 13:30-18:30	09:00-13:00, 13:30-18:30	06:00-23:59	09:00-13:00, 13:30-18:30	09:00-17:30	09:00-13:00	CLOSED
FWT62	Asda Pharmacy	40	Core	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	11:00-16:00
			Total	09:00-13:00, 14:00-22:00	09:00-13:00, 14:00-22:00	09:00-13:00, 14:00-22:00	09:00-13:00, 14:00-22:00	09:00-13:00, 14:00-22:00	09:00-13:00, 14:00-21:00	10:00-16:00
FWT87	Asda Pharmacy	100	Core	08:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-22:00	10:00-16:00
			Total	08:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-22:00	10:00-16:00
FWW55	Asda Pharmacy	100	Core	08:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-22:00	10:00-16:00
			Total	08:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-22:00	10:00-16:00
FX044	Boots The Chemists	40	Core	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-14:00	CLOSED
			Total	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	CLOSED
FX082	Paydens	40	Core	09:00-18:00	09:00-18:00	09:00-17:30	09:00-18:00	09:00-18:00	CLOSED	CLOSED
			Total	09:00-19:00	09:00-19:00	09:00-17:30	09:00-19:00	09:00-19:00	09:00-13:00	CLOSED
FX457	Tesco Pharmacy	100	Core	08:00-22:30	06:30-22:30	06:30-22:30	06:30-22:30	06:30-22:30	06:30-22:00	10:00-16:00

			Total	08:00-22:30	06:30-22:30	06:30-22:30	06:30-22:30	06:30-22:30	06:30-22:00	10:00-16:00
FX518	Tyrell And Jones Pharmacy	40	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED
			Total	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-12:30	CLOSED
FX524	Thompson Pharmacy	40	Core	09:00-17:30	09:00-17:30	09:00-13:00	09:00-17:30	09:00-17:30	09:00-15:00	CLOSED
			Total	08:45-18:30	08:45-18:30	08:45-18:30	08:45-18:30	08:45-18:30	08:45-17:30	CLOSED
FX677	Village Pharmacy	40	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED
			Total	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-17:00	CLOSED
FX681	Borno Chemists	40	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED
			Total	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-13:30	CLOSED
FXK30	Leysdown Pharmacy	40	Core	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-14:00	CLOSED
			Total	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-17:00	CLOSED
FXN29	Amcare Ltd		Core	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	CLOSED	CLOSED
			Total	08:30-17:00	08:30-17:00	08:30-17:00	08:30-17:00	08:30-17:00	CLOSED	CLOSED
FXW55	Fittleworth Medical Limited		Core	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	09:00-13:00	CLOSED
			Total	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	CLOSED	CLOSED
FY051	Tesco Pharmacy	48	Core	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	10:00-16:00
			Total	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	10:00-16:00
FY348	Boots The Chemist	40	Core	09:30-17:30	09:30-17:30	09:30-17:30	09:30-17:30	09:30-17:30	09:30-15:30	CLOSED
			Total	08:00-18:00	08:00-18:00	08:00-18:00	08:00-19:00	08:00-19:00	08:00-19:00	11:00-

											17:00
FY439	Mistrys Chemists	40	Core	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	CLOSED	CLOSED	
			Total	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-15:00	CLOSED	
FY771	Rs Bains	40	Core	09:00-17:45	09:00-17:45	09:00-17:45	09:00-17:45	09:00-17:45	09:00-11:30	CLOSED	
			Total	09:00-13:00, 14:15-18:00	09:00-13:00, 14:15-18:00	09:00-13:00, 14:15-18:00	09:00-13:00, 14:15-18:00	09:00-13:00, 14:15-18:00	09:00-13:00	CLOSED	
FY992	Stone Pharmacy	40	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	CLOSED	CLOSED	
			Total	09:00-13:00, 14:00-18:30	09:00-13:00, 14:00-18:30	09:00-13:00, 14:00-18:30	09:00-13:00, 14:00-18:30	09:00-13:00, 14:00-18:30	09:00-13:00	CLOSED	
FYC62	Lloyds Pharmacy	40	Core	08:30-19:00	08:30-19:00	08:30-19:00	08:30-19:00	08:30-19:00	10:00-17:30	CLOSED	
			Total	08:30-19:00	08:30-19:00	08:30-19:00	08:30-19:00	08:30-19:00	08:30-17:30	CLOSED	
FYC81	Courts Pharmacy	40	Core	09:00-16:30	09:00-16:30	09:00-16:30	09:00-16:30	09:00-16:30	09:00-11:30	CLOSED	
			Total	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	09:00-12:00	CLOSED	
FYD13	Eakins Chemist	40	Core	09:00-18:00	09:00-18:00	09:00-17:30	09:00-18:00	09:00-18:00	CLOSED	CLOSED	
			Total	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-17:00	CLOSED	
FYX54	Paydens Pharmacy	40	Core	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-11:30	CLOSED	
			Total	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	09:00-13:00	CLOSED	

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From: Clair Bell, Cabinet Member for Adult Social Care and Public Health, KCC and Chair of Kent Health and Wellbeing Board

To: Kent Health and Wellbeing Board, 16 September 2022

Subject: **Kent and Medway Integrated Care System, Integrated Care Partnership and Kent Health and Wellbeing Board update**

Classification: Unrestricted

Summary

The Kent and Medway Integrated Care System become operational on 1 July 2022. This paper provides an update on the development of the system and its component parts. The introduction of Integrated Care Systems through the Health and Care Act 2022 has brought some minor changes that directly impact on the Kent Health and Wellbeing Board and will require some adjustments to its membership and responsibilities. There are also some wider issues for the Board to consider in the new ICS landscape, including its relationship with the developing place-level Health and Care Partnerships and a new expectation around engagement with adult social care providers. The paper suggests how these changes can best be managed and asks for the Board's approval of or initial thoughts on the proposals.

Recommendations

Kent Health and Wellbeing Board is asked to:

- 1) NOTE** the update on the development of the Kent and Medway Integrated Care System and Integrated Care Partnership.
- 2) NOTE** minor amendments to the role and membership of Health and Wellbeing Boards brought about through the Health and Care Act 2022 and draft guidance.
- 3) AGREE** that it will meet once per year and only additionally if required to fulfil its statutory purpose.
- 4) AGREE** the suggested arrangements set out in section 3.16 of this report for delegation of the responsibilities for Health and Wellbeing Boards to comment on specified plans and assessments.
- 5) AGREE** that the Kent and Medway Integrated Care Board will be asked to nominate up to two suitable representatives to join the Health and Wellbeing Board.
- 6) AGREE** that the invitation to NHS England to nominate a local representative to join the Health and Wellbeing Board will be renewed.
- 7) AGREE** that Kent Council Leaders will be asked to nominate a District Council representative to join the Health and Wellbeing Board.

8) AGREE that the Terms of Reference for the Health and Wellbeing Board will be refreshed and brought to the next meeting of the Health and Wellbeing Board for approval.

9) SHARE any initial views about the Board's future relationship and links with place-based Health and Care Partnerships covering the Kent area.

10) SHARE any initial views on the engagement of adult social care providers in the work of the Health and Wellbeing Board.

1. Background

1.1 Integrated Care Systems (ICSs) have been implemented across the country from 1 July 2022. ICSs were established by the Health and Care Act 2022 and are partnerships of health and care organisations that plan and deliver joined-up services to improve the health and wellbeing of people in their area.

1.2 The four core purposes of an ICS are:

- Improving outcomes in population health and healthcare
- Tackling inequalities in outcomes, experience, and access
- Enhancing productivity and value for money
- Supporting broader social economic development.

1.3 Kent and Medway ICS has been established, having been formally recognised as an ICS by NHS England in April 2021, building on the Kent and Medway Sustainability and Transformation Partnership which has brought together all the NHS organisations and the Kent and Medway councils since 2016.

1.4 Members of the Board will be familiar with the role and purpose of the ICS – a summary of the arrangements both nationally and for Kent and Medway is provided in Appendix 1 as a reference for the Board. This paper focuses on progress during the first few months of the ICS being established and discusses the impacts for the Health and Wellbeing Board (HWB) of the new system and its role within it.

2. Kent and Medway Integrated Care Partnership (ICP)

2.1 Kent and Medway ICS operates through two interrelated structures – the Integrated Care Board (ICB) and the Integrated Care Partnership (ICP). The place level arrangements for Kent and Medway are provided through four Health and Care Partnerships (HCPs). More information about the ICB and HCPs is included in Appendix 1. This paper focuses on the ICP as it has the closest relationship to the HWB.

2.2 Kent and Medway ICP held its first meeting as a formal ICP on 27 July 2022 and will meet monthly until December 2022 to support the development of the Integrated Care Strategy. The ICP Joint Committee is chaired by KCC's

Leader for the first two years. The ICP's Chair, Vice-chair (Leader of Medway Council) and the Chair of the ICB form a leadership group setting the vision and purpose for the ICP. The Terms of Reference for the ICP Joint Committee is attached as Appendix 2.

- 2.3 Kent and Medway has a strong foundation of partnership working to build the ICP on, further strengthened by examples of collaboration to achieve shared objectives during the Covid pandemic. ICPs are expected to highlight where coordination is needed on health and care issues and challenge partners to deliver the action required, which will require a culture of trust, collaboration and a willingness to innovate and explore new opportunities for integration.
- 2.4 Alongside the NHS and lead Local Authorities, membership of the Kent and Medway ICP also includes the Chairs of the four place-based HCPs and an elected District Council representative from within the geographies of each of the Health and Care Partnerships.
- 2.5 ICPs are encouraged to form relationships with a range of other stakeholders appropriate to the places they cover, by either inviting them to be members of the ICP committee or engaging with them in other ways, reflecting the importance of the wider determinants of health in achieving its objectives.
- 2.6 To achieve representation from wider stakeholders, some partners have joined the ICP as non-voting Participants, including representatives from both Kent and Medway Healthwatch, a representative from the Kent and Medway Voluntary, Community and Social Enterprise Steering Group and a representative from Kent Integrated Care Alliance.
- 2.7 All ICPs have been asked by NHS England to produce an interim Integrated Care Strategy by December 2022 to set out how the identified needs of the population will be met through the exercise of functions by the ICB, NHS England and the upper tier local authorities. Integrated Care Strategies need to be informed by Joint Strategic Needs Assessments and Joint Local Health and Wellbeing Strategies for their area and will in turn inform the 5-year joint forward plan that ICBs will produce.
- 2.8 At its meeting in July, the ICP identified the need for a mapping exercise to understand the range of activity going on across the system and with wider partners on social and economic development, which is one of the four core purposes of an ICS. This will support the ICP to identify how it can best engage with partners on these wider determinants of health without creating any duplication of existing work.
- 2.9 **Kent Health and Wellbeing Board is asked to NOTE the update on the development of the Kent and Medway Integrated Care System and Integrated Care Partnership.**

3. Health and Wellbeing Board update

- 3.1 The introduction of ICSs through the Health and Care Act 2022 brings some changes that directly impact on HWBs. [Draft guidance](#) was issued by DHSC at the end of July on the role of HWBs within the new system arrangements and their relationship with ICPs and ICBs. DHSC intends to use feedback from engagement on this draft guidance to update the guidance on the general duties and powers of HWBs later in the year.
- 3.2 The Act and the draft guidance bring relatively minor changes for the formal responsibilities and membership of HWBs. The responsibilities of HWBs outlined in the Health and Social Care Act 2012 still stand:
- assessing the health and wellbeing needs of their local population
 - publishing a joint strategic needs assessment (JSNA) and joint local health and wellbeing strategy (JLHWS)
 - promoting greater integration and partnership working.
- 3.3 The core statutory membership of HWBs is unchanged, other than requiring representation from the ICB to replace the previous clinical commissioning group representation.
- 3.4 The guidance recommends that ICSs build on the work of HWBs to ensure that action at a system-wide level adds value to what is being done at place. ICPs should identify priorities that can best be addressed at system level, while HWBs will continue to provide leadership across place level. The guidance suggests five principles for partners to adopt when developing relationships:
- building from the bottom up
 - following the principles of subsidiarity
 - having clear governance
 - ensuring that leadership is collaborative
 - avoiding duplication of existing governance mechanisms.
- 3.5 The guidance acknowledges that the relationship between an ICP and HWBs will vary depending on the number of HWBs in the system, their maturity and the existing partnership arrangements. It also says that in the small number of coterminous areas, local authorities and ICBs may choose to bring their HWB and ICP together if many of the same parties are involved.
- 3.6 HWBs and ICPs are expected to work collaboratively in the preparation of the integrated care strategy, having regard to the JSNA and JLHWS. The ambition is that ICPs should ensure their strategies only address the priorities that are best managed at system level, and not replace or duplicate the priorities that are best set locally. The NHS Confederation has commented that duplication between the two strategies may be inevitable in conterminous areas.

- 3.7 HWBs will need to consider the integrated care strategy when preparing their own JLHWS to ensure that they are complementary. HWBs will now be required to consider revising their JLHWS following the development of the integrated care strategy for their area, although there is no requirement to revise if it is sufficient. Conversely, HWBs should be active participants in the development of the integrated care strategy.
- 3.8 HWBs will continue to have a role in reviewing health and care commissioning plans. This means HWBs will continue to be engaged on the ICB's:
- joint forward plan (formerly clinical commissioning group (CCG) commissioning plan, which will be prepared before the start of each new financial year)
 - annual report
 - performance assessments.
- 3.9 Regarding the forward plan, the HWB must be provided with a draft and consult with the ICB on whether the draft takes proper account of the JLHWS. Following consultation, the ICB has the right to respond to the ICB and may give its opinion to NHS England. The forward plan must include a statement from the HWB as to whether the JLHWS has been taken into proper account. These duties do not change how HWBs previously engaged with CCGs on their commissioning plans – the change is from CCG to ICB and commissioning plan to forward plan.
- 3.10 There is a new requirement for ICBs to send HWBs a copy of their joint capital resource plan, outlining their planned capital resource use. It is intended that, in sharing these with HWBs, there will be opportunity to align local priorities, and provide consistency with strategic aims and plans.
- 3.11 **Kent Health and Wellbeing Board is asked to NOTE minor amendments to the role and membership of Health and Wellbeing Boards brought about through the Health and Care Act 2022 and draft guidance.**
- 3.12 System arrangements in Kent and Medway are in place, and the HWBs for Kent and Medway have already adapted to the new arrangements by closing down the Joint Health and Wellbeing Board and transferring the work of the Joint Board to the ICP. The Kent HWB works across three and a small section of the fourth HCPs, and there will be some duplication of membership of the Kent HWB and the ICP. To minimise duplication with the ICP and the risk of stretching resources that are also supporting the developing system, it is suggested that the HWB continues to meet under the same arrangements it had in place when the Joint HWB was operating; that is to meet once a year and only additionally if required to fulfil its' statutory purpose. As the ICS continues to develop, the HWB can review these arrangements and make changes if necessary.
- 3.13 **Kent Health and Wellbeing Board is asked to AGREE that it will meet once per year and only additionally if required to fulfil its statutory purpose.**

- 3.14 The changes brought about through the Act require (or give the opportunity for) the HWB to comment on several plans and assessments as set out above. This is a continuation of the role that is already in the HWB's Terms of Reference to review the commissioning plans for healthcare, social care and public health to ensure that they have due regard to the JSNA and JLHWS, and to take appropriate action if it considers that they do not.
- 3.15 Subject to approval of the previous recommendation that the HWB will usually meet only once per year, it is likely that the time period for responding to the plans and assessments set out above will sometimes fall between HWB meetings and there will not always be an opportunity to collectively agree the response at a Board meeting.
- 3.16 It is suggested that the Chair of the HWB is given delegated authority to respond on behalf of the Board where timescales mean it is not possible to bring a draft response to a meeting. It is suggested that where possible the Chair would email the draft response and any relevant background information to the members of the HWB and ask for comments before a final response is sent. If necessary, the Terms of Reference of the HWB allow the Chair to convene a special meeting of the Board at short notice to consider matters of urgency if requested by three or more members of the Board. This could provide a process to agree the response if agreement by correspondence cannot be reached.
- 3.17 **Kent Health and Wellbeing Board is asked to AGREE the suggested arrangements set out in section 3.16 of this report for delegation of the responsibilities for Health and Wellbeing Boards to comment on specified plans and assessments.**
- 3.18 The other change brought about by the Act is to the HWB's membership. The current membership of the HWB includes up to two representatives from the CCG. These members now need to be replaced with appropriate representation from the ICB. The new ICB representative(s) should be invited to join the HWB ahead of the next meeting so they can be in place from that meeting onwards. It should be noted that some senior roles within the ICB are still being appointed to, so it may not be possible for the ICB to identify the individual(s) that will join the HWB immediately.
- 3.19 **Kent Health and Wellbeing Board is asked to AGREE that the Kent and Medway Integrated Care Board will be asked to nominate up to two suitable representatives to join the Health and Wellbeing Board.**
- 3.20 It is also best practice for a local representative of NHS England to be a member of the HWB. An invitation has previously been sent but a representative has not been nominated so far. It is suggested that this update to the Board's membership provides a good opportunity to renew this invitation to NHS England.

- 3.21 **Kent Health and Wellbeing Board is asked to AGREE that the invitation to NHS England to nominate a local representative to join the Health and Wellbeing Board will be renewed.**
- 3.22 The HWB has a current vacancy in its representation from District Councils. Three elected Members representing the Kent District/Borough/City Councils are required, and these are nominated through Kent Council Leaders. One of the previous District representatives has left the HWB, so it is recommended that Kent Council Leaders is asked to nominate a replacement member.
- 3.23 **Kent Health and Wellbeing Board is asked to AGREE that Kent Council Leaders will be asked to nominate a District Council representative to join the Health and Wellbeing Board.**
- 3.24 Given the necessary changes to the responsibilities and membership of the HWB, it is suggested that the HWB's Terms of Reference is refreshed to reflect these changes. It is suggested that the Terms of Reference is revised over the autumn / winter as more understanding of the new arrangements emerges nationally and locally, and brought back to the next meeting of the HWB for approval.
- 3.25 Changes to the HWB's Terms of Reference would then need to be approved by Selection and Member Services Committee and County Council.
- 3.26 **Kent Health and Wellbeing Board is asked to AGREE that the Terms of Reference for the Health and Wellbeing Board will be refreshed and brought to the next meeting of the Health and Wellbeing Board for approval.**
- 3.27 While refreshing its Terms of Reference and membership, the HWB may also wish to consider the relationship and links it needs to form with the four Health and Care Partnerships (HCPs). In the Kent and Medway ICS, the HCPs are the place-level for the system. They will be the engine rooms of delivery in local areas and over time are expected to take on more autonomy for decision making and resource allocation. The 2022 Act and draft guidance makes clear that HWBs should provide leadership at place level, while ICPs focus on issues that require a system-wide focus. It will therefore be important that the HWB is well connected to the work of the HCPs that cover the Kent area. As part of this role, it is suggested that the HWB should review the draft local plans that HCPs will produce that cover the Kent area before they are signed off by the ICP.
- 3.28 It will be necessary to engage with the HCPs about how they could best link in with the HWB as their structures and governance develop. This could be incorporated into the work to refresh the HWB's Terms of Reference over the autumn / winter. At this stage, the HWB is asked to share any initial views on its future relationship with HCPs to guide these discussions.

- 3.29 **Kent Health and Wellbeing Board is asked to SHARE any initial views about the Board's future relationship and links with place-based Health and Care Partnerships covering the Kent area.**
- 3.30 In addition, another non-statutory guidance document issued by DHSC at the end of July on [the engagement of adult social care providers in ICPs](#) sets an expectation that adult social care providers from the independent, VCSE and public sectors should be represented at HWBs through provider forums. The guidance states that Care Associations and other provider organisations should be supported, encouraged and where appropriate, resourced to work closely with their local HWB to improve service delivery at place level. The involvement of directors of adult social services in HWBs and ICPs is not an adequate proxy for the voice of adult social care providers.
- 3.31 The Kent Integrated Care Alliance, which is an independent body supporting some local care providers, has become a member of the ICP. There is therefore a risk of duplication if the Alliance were also to be invited to join the HWB to help fulfil the expectation in the new guidance. Other guidance on the arrangements between HWBs and ICPs allows for local discretion, acknowledging that the arrangements will vary considerably from place to place, particularly in areas like Kent which is (nearly) coterminous with the ICP. This could be an example where a different approach is taken in Kent to avoid duplication.
- 3.32 The refresh of the HWB's Terms of Reference could consider whether / how the voice of adult social care providers needs to be more strongly included in the work of the HWB, engaging with Kent Integrated Care Alliance and other stakeholders to ask their views on this. As above, the HWB is asked to share any initial views on the engagement of adult social care providers in the work of the HWB to guide these initial discussions.
- 3.33 **Kent Health and Wellbeing Board is asked to SHARE any initial views on the engagement of adult social care providers in the work of the Health and Wellbeing Board.**

4. Conclusion

- 4.1 Kent and Medway ICS has been operational for two months. It has a strong foundation of partnership working to build on, but it is early days and structures and relationships are still developing. Further updates can be brought back to the HWB as necessary as the system continues to develop.
- 4.2 The changes brought about by the Health and Care Act and subsequent guidance that relate to HWBs require some minor amendments to be made to the Board's membership and Terms of Reference, as suggested in this paper.
- 4.3 It is a statutory requirement for an upper tier authority to maintain a HWB and for it to have the correct membership and fulfil its duties as outlined in the report. However, given Kent's coterminousity with a significant area of the

Kent and Medway ICS, a pragmatic approach is required. The guidance allows for local discretion in creating arrangements that will fulfil the system's purpose rather than creating layers of governance that duplicate or dilute efforts to improve the health of the local population.

- 4.4 This paper presents the HWB with a measured solution, to update membership as required and maintain meetings as necessary for business going forward. Wider thinking about the future relationship between the HWB and place-level HCPs, and on the engagement of adult social care providers in the work of the HWB, can be initiated as part of the proposed work to refresh the HWB's Terms of Reference.

5. Recommendations

Kent Health and Wellbeing Board is asked to:

1) NOTE the update on the development of the Kent and Medway Integrated Care System and Integrated Care Partnership.

2) NOTE minor amendments to the role and membership of Health and Wellbeing Boards brought about through the Health and Care Act 2022 and draft guidance.

3) AGREE that it will meet once per year and only additionally if required to fulfil its statutory purpose.

4) AGREE the suggested arrangements set out in section 3.16 of this report for delegation of the responsibilities for Health and Wellbeing Boards to comment on specified plans and assessments.

5) AGREE that the Kent and Medway Integrated Care Board will be asked to nominate up to two suitable representatives to join the Health and Wellbeing Board.

6) AGREE that the invitation to NHS England to nominate a local representative to join the Health and Wellbeing Board will be renewed.

7) AGREE that Kent Council Leaders will be asked to nominate a District Council representative to join the Health and Wellbeing Board.

8) AGREE that the Terms of Reference for the Health and Wellbeing Board will be refreshed and brought to the next meeting of the Health and Wellbeing Board for approval.

9) SHARE any initial views about the Board's future relationship and links with place-based Health and Care Partnerships covering the Kent area.

10) SHARE any initial views on the engagement of adult social care providers in the work of the Health and Wellbeing Board.

6. Background documents

Health and Wellbeing Board Guidance – Engagement Document: Draft guidance on the role of Health and wellbeing boards following the implementation of ICBs and ICPs

<https://www.gov.uk/government/publications/health-and-wellbeing-boards-draft-guidance-for-engagement>

Expected Ways of Working between ICPs and ASC providers: Provides guidance on how integrated care partnerships and adult social care providers are expected to work together.

<https://www.gov.uk/government/publications/adult-social-care-principles-for-integrated-care-partnerships>

7. Appendices

Appendix 1: Overview of the national context for Integrated Care Systems and the arrangements for the Kent and Medway Integrated Care System

Appendix 2: Kent and Medway Integrated Care Partnership Joint Committee Terms of Reference

8. Contact details

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Appendix 1 – Overview of the national context for Integrated Care Systems and the arrangements for the Kent and Medway Integrated Care System

National context

Integrated Care Systems (ICSs) have been implemented across the country from 1 July 2022. ICSs were established by the Health and Care Act 2022 and are partnerships of health and care organisations that plan and deliver joined-up services to improve the health and wellbeing of people in their area.

The Health and Care Act is part of the wider set of mutually reinforcing reforms that include the Integration White Paper, Health and Social Care Integration: joining up care for people, places and populations. The White Paper is significant because it sets out Government's intention for how ICSs will operate. This includes:

- A focus on a geographical Place as the key delivery mechanism
The expectation set out in the White Paper is that all local areas should aim to manage services and have associated budgets by 2026 and local 'Places' are expected to accelerate the routine pooling and alignment of NHS and social care budgets. Places will need to develop ambitious plans to increase the scope and proportion of health and care activity and spend to be overseen by and funded through place-based arrangements.
- Pooled budgets
There are clear expectations for pooled budgets at local level. Plans are in place to enhance existing mechanisms for pooled funding including a new policy framework for the Better Care Fund from 2023 and a review of regulations underpinning section 75 arrangements which can be made between local authorities and NHS bodies to pool resources and delegate certain NHS and local authority health-related functions to the other partners.
- Widespread shift from treatment of illness towards prevention
The intention is for a widespread shift in spending and prioritisation from the treatment of illness towards preventing it in the first place.

ICSs operate through two main interrelated structures – an Integrated Care Partnership and an Integrated Care Board. An Integrated Care Partnership (ICP) is a broad alliance of organisations and representatives concerned with improving the care, health, and wellbeing of the population, jointly convened by local authorities in that area and the NHS. The second part is a new NHS statutory body, the Integrated Care Board (ICB) which is responsible for the commissioning of healthcare services in the ICS area, bringing the NHS together locally to improve population health and care. The ICB succeeds clinical commissioning groups, which were disbanded on 30th June 2022.

The roles of the ICP and the ICB are distinct and complementary in supporting the objectives of the ICS. Their roles and relationships to each other are set out in Figure 1 below.

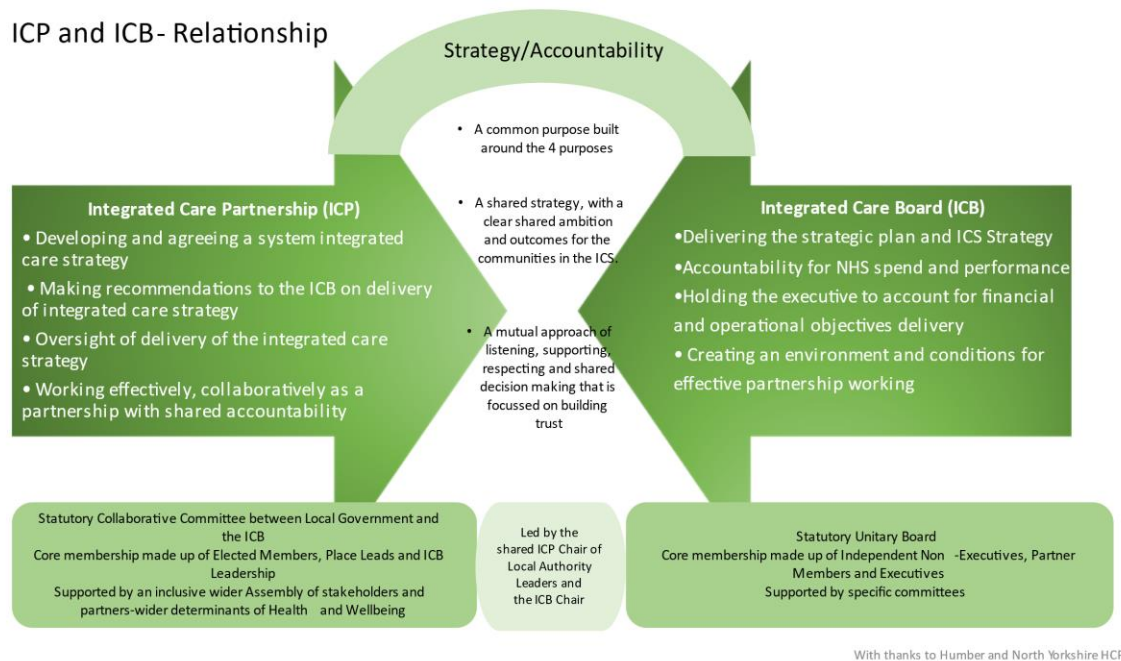


Figure 1: ICP and ICB roles and relationship

Kent and Medway Integrated Care System

Kent and Medway ICS has been established, having been formally recognised as an ICS by NHS England in April 2021, building on the Kent and Medway Sustainability and Transformation Partnership which has brought together all the NHS organisations and the Kent and Medway councils since 2016.

Kent and Medway ICS’s vision statement is:

“We will work together to make health and wellbeing better than any partner can do alone”.

The ICS has further expanded its vision and purpose to:

1. Give children the best start in life and work to make sure they are not disadvantaged by where they live or their background and are free from fear or discrimination.
2. Help the most vulnerable and disadvantaged in society to improve their physical and mental health; with a focus on the social determinants of health and preventing people becoming ill in the first place.
3. Help people to manage their own health and wellbeing and be proactive partners in their care so they can live happy, independent, and fulfilling lives; adding years to life and life to years.
4. Support people with multiple health conditions to be part of a team with health and care professionals working compassionately to improve their health and wellbeing.
5. Ensure that when people need hospital services, most are available from people’s nearest hospital; whilst providing centres of excellence for specialist care where that improves quality, safety and sustainability.
6. Make Kent and Medway a great place for our colleagues to live, work and learn.

A system diagram is attached at the end of this Appendix. This sets out the component parts of the Kent and Medway ICS and how they are linked together. Further information about the Integrated Care Board and Health and Care Partnerships in Kent and Medway is provided below (information about the Health and Care Partnership is provided in the main report).

Kent and Medway Integrated Care Board (ICB)

Kent and Medway ICB became operational on 1 July 2022, replacing the single Kent and Medway CCG and taking on some new responsibilities from NHS England / Improvement. The role of the ICB includes:

- Establishing joint working arrangements with partners that embed collaboration as the basis for delivery of joint priorities. The ICB may choose to commission jointly with local authorities across the whole system and at place where that is the relevant local authority footprint.
- Developing a plan to meet the health needs of the population within their area, having regard to the partnership's strategy and the local health and wellbeing strategy.
- Arranging for the provision of health services in line with the allocated resources across the ICS footprint through a range of collaborative leadership activities, including: putting contracts and agreements in place to secure delivery of its plan by providers; convening and supporting providers to lead major service transformation programmes; and putting in place personalised care.
- Allocating resources to deliver the plan by deciding how its national allocation will be spent across the system.
- Leading system implementation of the People Plan by aligning partners across each ICS to develop and support the 'one workforce'.
- Leading system-wide action on digital and data to drive system working and improved outcomes. This includes using joined-up data and digital capabilities to understand local priorities, track delivery of plans, monitor and address variation and drive continuous improvement in performance and outcomes.
- Working alongside councils to invest in local community organisations and infrastructure and, through joint working between health, social care and other partners including police, education, housing, safeguarding partnerships, employment and welfare services, ensuring that the NHS plays a full part in social and economic development and environmental sustainability.
- Driving joint work on estates, procurement, supply chain and commercial strategies to maximise value for money across the system and support these wider goals of development and sustainability.
- Establishing governance arrangements to support collective accountability between partner organisations for whole-system delivery and performance, underpinned by the statutory and contractual accountabilities of individual organisations, to ensure the plan is implemented effectively within a 'system financial envelope' set by NHSE.

The Kent and Medway ICB has an independent Chair. Membership of the Board also includes the ICB Chief Executive, Finance Director, Chief Medical Director and Chief Nurse and partner members from NHS and Foundation Trusts, Primary Medical

Services and KCC and Medway Councils (including KCC's Corporate Director for Adult Social Care and Health) and non-executive members.

The ICB has a committee focussed on prevention, population health and health inequalities that will work closely with the ICP.

Four place-based Health and Care Partnerships

Delivery at local place level is one of the key expectations of an ICS, and over time it is expected that decision making and resource allocation will happen at the most local level possible. The HCPs are all at different stages of development with some more established than others. The membership of each HCP includes a Public Health Consultant and senior manager from Adult Social Care.

Partnerships at place level are known in Kent and Medway as Health and Care Partnerships (HCPs). HCPs bring together all provider health organisations in a given area to work as one. Each organisation within a partnership retains its own budget but will agree with other partners how it is spent for the benefit of the local community. They will be responsible for the integration of community, primary and social care services at a local level. Kent and Medway's 42 Primary Care Networks (PCNs) are aligned to the HCP that covers their area.

There are four HCPs in Kent and Medway, as show in Figure 2.

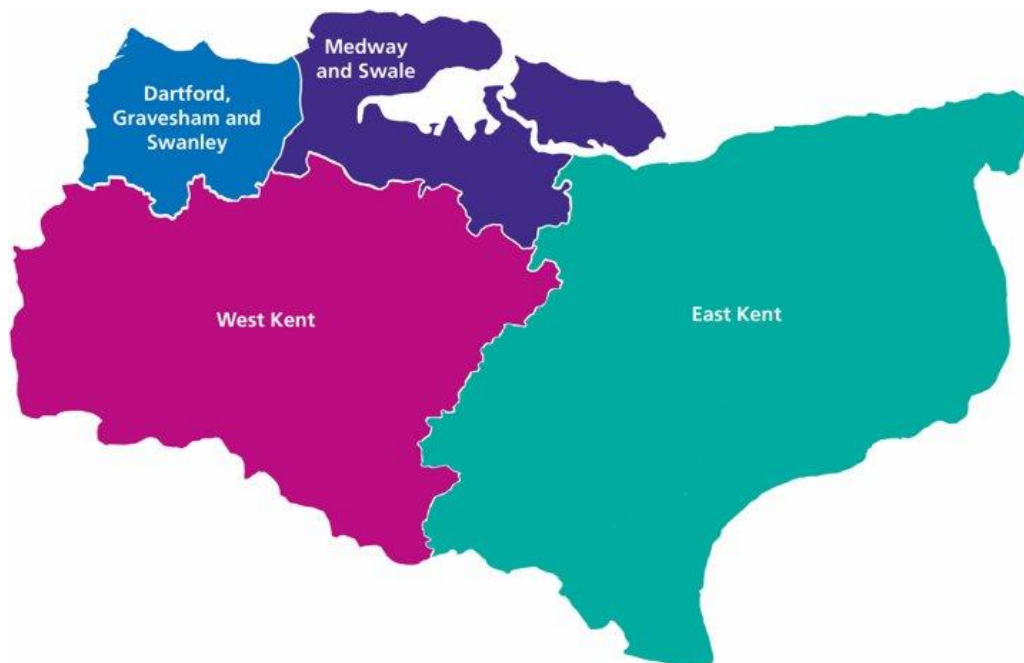


Figure 2: Map showing Kent and Medway HCP areas

HCPs will develop and oversee local delivery strategies and plans that support delivery of Kent and Medway system and national priorities as well as enabling delivery of local health and wellbeing priorities and tackling health inequalities in their area.

The voice of the public in Kent and Medway's ICS

Listening to the voice of people in our communities is an expected feature of the way that the ICS operates. There is a legal duty for ICBs to involve and consult with the public on planning and delivery. The Kent and Medway ICB is drafting an engagement framework which will cover how partners in the ICS will listen consistently to, and collectively act on, the experience and aspirations of local people and communities.

One of the first opportunities to ensure that ICS priorities and activity are being shaped by the voice of local people is through the development of the Integrated Care Strategy. The Department for Health and Social Care has directed that engagement with local people on development of the Integrated Care Strategy will be through the existing engagement channels of all partners to prevent duplication. In Kent and Medway this will include significant public engagement and consultation on the development of the two Health and Wellbeing Strategies.

In addition, Healthwatch has a specific statutory role within ICPs. As the public champions in health and social care, and with links into seldom heard communities, local Healthwatch organisations are well placed to support the work of the ICP.

The four HCPs are also planning how they will include the voice of people in their local areas and reflect this in their plans, which could include through citizen's panels, engagement with local community and patient groups and co-production of services.

- Regulation
- Scrutiny

Scrutiny committees

Regulatory bodies

Kent and Medway ICS system architecture (post July 2022)

- Needs analysis
- Strategy design
- Outcome dev't

Local Authority Health and Well-being Boards

Kent and Medway Integrated Care Partnership

Broadening Social and Economic Development Sub-committee

Inclusive membership and involvement at all levels
Including clinical and professional leadership

Voluntary, Community and Social Enterprise forum

People and Communities Advisory Group

K&M GP Board

- Allocating resource
- Securing services
- System Quality
- Performance Improvement
- Assurance

NHS England
(Specialised Commissioning)

NHS Integrated Care Board
(NHS Kent and Medway)

Kent County Council & Medway Council

Improving Outcomes and Experience Committee
Reducing Health Inequalities Committee
Productivity & Investment Committee

District Councils

Strategic change programmes

- East Kent transformation
- Vascular
- Stroke

System Programme and Delivery Boards

System Programme Board

- Mental Health, Learning Disabilities & Autism
- Cancer Alliance
- Children and Young People
- Digital and Data
- Workforce

Delivery Board

- Planned Care
- Urgent Care
- LMNS Board

Supports development of system strategy and outcomes; and oversees system delivery and improvement (with place-based partnerships)

- Place and neighbourhood priority setting
- Operational delivery
- Place based assurance

4 x Place Based Partnerships with 42 Primary Care Networks

Provider Collaboratives

Individual providers:

Health and social care including: primary care; FTs and NHS Trusts; voluntary and community services; independent sector

Kent and Medway Integrated Care Partnership Joint Committee

Terms of Reference

1. Introduction

1.1. In accordance with the powers set out under Section 116ZA of the National Health Service Act 2006 (as amended by Health and Care Act 2022), and the Local Government and Public Involvement in Health Act 2007, the following organisations have established an Integrated Care Partnership (ICP) Joint Committee:

1.1.1 Kent and Medway Integrated Care Board (ICB)

1.1.2 Kent County Council (KCC) and Medway Council, together known for the purposes of this terms of reference as the Local Authorities

1.2. The Integrated Care Partnership is established as a Joint Committee of the above parties, to whom they are accountable. The Joint Committee is authorised to act within these Terms of Reference, which set out the membership, remit, responsibilities, authority and reporting arrangements of the Joint Committee.

2. Principles

2.1. The ICP is founded, first and foremost, on the principle of equal partnership between the NHS and local government to work with and for the communities of Kent and Medway

2.2. The ICP plays a key role in nurturing the culture and behaviors of a system that works together to improve health and well-being for local people. In undertaking its work, the Joint Committee will respect the nine key partnership principles:

2.2.1. Come together under a distributed leadership model and commit to working together equally

2.2.2. Use a collective model of decision-making that seeks to find consensus between system partners and make decisions based on unanimity as the norm, including working through difficult issues where appropriate

2.2.3. Operate a collective model of accountability, where partners hold each other mutually accountable for their respective contributions to shared objectives within the remit of the Joint Committee

2.2.4. Agree arrangements for transparency and local accountability, including for example meeting in public with minutes and papers available online

- 2.2.5. Focus on improving outcomes for people, including improved health and wellbeing and reduced health inequalities
- 2.2.6. Ensure co-production and inclusiveness throughout the Integrated Care System (ICS) is championed
- 2.2.7. Support the triple aim (improved population health, quality of care and cost control), the legal duty on statutory bodies to collaborate and the principle that decision-making should happen at a local level (including provider collaboratives) where that is the most appropriate approach
- 2.2.8. Draw on the experience and expertise of professional, clinical, political, voluntary and community leaders
- 2.2.9. Create a learning system, sharing improvements across the system geography and with other parts of the country, crossing organisational and professional boundaries
- 2.3. In undertaking its work, the ICP will also ensure it continually champions the four purposes of an integrated care system as defined by NHS England:
 - 2.3.1. To improve outcomes in population health and healthcare
 - 2.3.2. To tackle inequalities in outcomes, experience and access
 - 2.3.3. To enhance productivity and value for money
 - 2.3.4. To help the NHS support broader social and economic development

3. Purpose

- 3.1. The purpose of the Joint Committee is:
 - 3.1.1. To produce an Integrated Care Strategy, developed with respective system partners and stakeholders, which covers the needs of the whole population of Kent and Medway
 - 3.1.2. To influence improvement in the wider determinants of health and broader social and economic development, in areas such as housing, climate, transport, sport and leisure, etc.
 - 3.1.3. In developing the strategy, this should include development of a plan to address the broad health and social care needs of the population within Kent and Medway
 - 3.1.4. Aligned to the Integrated Care Strategy, to develop and agree a suite of corresponding outcome measures - based on robust data, intelligence, research and innovation - to improve the health and well-being of the population at large
 - 3.1.5. To seek on-going assurance in delivery of the strategy and associated outcome

measures and, where required, agree actions to secure this assurance

3.1.6. To support the bringing together of health and care partnerships and coalitions with community partners which are well-situated to act on the wider determinants of health in the local area

3.2. The Joint Committee may from time to time have other responsibilities given to it by the Local Authorities and or the ICB, subject to compatibility with legislation and compliance with the decision-making process of the relevant body.

4. Responsibilities:

4.1. The Joint Committee is expected to facilitate coordination on health and well-being issues that no one part of the system can address alone and instead requires action by all partners. These include, but are not limited to:

4.1.1. Helping people live more independent, healthier lives for longer;

4.1.2. Addressing inequalities in health and wellbeing outcomes, experiences and access to health services;

4.1.3. Improving the wider social determinants that drive these inequalities, including employment, housing, education and environment;

4.1.4. Improving the life chances and health outcomes of babies, children, and young people; and

4.1.5. Improving people's overall wellbeing and preventing ill-health

4.2. Members of the Joint Committee will engage with stakeholders at system, place, and community levels in order to achieve the remit of the ICP.

4.3. In achieving its role, the Joint Committee will:

4.3.1. Develop and oversee delivery of an Integrated Care Strategy and a suite of corresponding outcome measures, for improving health and wellbeing across Kent and Medway. The Joint Committee will recommend approval of the Strategy and outcome measures to the ICB and Local Authorities for approval.

4.3.2. Ensure the Integrated Care Strategy:

- a. Is built bottom-up from population health management data and local assessments of need (including local authority joint strategic needs assessments), with a specific focus on reducing inequalities and improving population health
- b. Considers communities that have or may have specific and or unique characteristics
- c. Takes account of any local health and wellbeing strategies, prepared under section 116A of the Local Government and Public Involvement in Health Act 2007

- d. Addresses those challenges that the health and care system cannot address alone, especially those that require a longer timeframe to deliver, such as tackling health inequalities and the underlying social determinants that drive poor health outcomes
 - e. Includes (as part of any mandatory requirements):
 - integration strategies, for example, setting of a strategic direction and work plan for organisational, financial, clinical and informational forms of integration
 - a joint workforce plan, including the NHS, local government, social care and VSCE workforce
 - arrangements for any agreed pooled funding and Section 75 agreements¹
 - f. is published and made widely available
 - g. is reviewed annually
- 4.3.3. Receive from local authority partners on an agreed basis, updated assessments of need and, on receipt, consider whether the current Integrated Care Strategy should be revised, based on the updated information
- 4.3.4. Take account of available clinical and social research, innovation, and best practice, drawing on the expertise of appropriate academia and other stakeholders
- 4.3.5. Align partner ambitions through convening and involving all stakeholders across health, social care and more widely across sectors, in developing strategy and action to improve health and wellbeing and wider socio-economic conditions for the Kent and Medway population
- 4.3.6. Bolster its understanding of need and expected outcomes, particularly for the most vulnerable and groups with the poorest health and well-being; through insights gained from engagement and collaboration with various sectors, for example the voluntary community and social enterprise (VCSE) sector, Healthwatch, the criminal justice system and service users
- 4.3.7. Produce, publish and annually review an engagement strategy that emphasises the work of the ICP and the key priorities and expected outcomes in the Integrated Care Strategy
- 4.3.8. As a Joint Committee between the ICB and Local Authorities, ensure intelligence is shared in a timely manner that enables the evolving needs of the local health and care services to be widely understood and opportunities for at scale

¹ This may also include any other local funding and resourcing arrangements that may be agreed between the parties from time to time.

collaboration, maximised

4.3.9. Receive information as is required to enable review and on-going assurance regarding delivery of the strategy and expected outcomes

4.3.10. Within the agreed levels of any delegated authority of the Joint Committee, agree appropriate action amongst partners to secure the required assurances

4.3.11. Undertake any other responsibilities that may be agreed by the Local Authorities and or the ICB

5. Delegated authority and cooperation

5.1. The Joint Committee is authorised by and accountable to Kent and Medway ICB, Kent County Council and Medway Council.

5.2. All partner members agree to co-operate with any reasonable request made by the Joint Committee to enable it to fulfil its responsibilities, insofar as respective partner member organisational governance arrangements allow.

5.3. In line with the requirements of the Health and Care Act 2022, the Joint Committee shall:

5.3.1. Develop an Integrated Care Strategy, and related outcome measures and assurance arrangements that cover the needs of the whole population. The Strategy and outcome measures will be recommended by the Joint Committee to the ICB and Local Authorities for formal approval through their individual governance arrangements

5.3.2. Request any information necessary from partner members to enable effective review and on-going assurance regarding delivery of the Integrated Care Strategy and associated outcome measures. All information requests between the partner members and with the Joint Committee will be managed in accordance with the relevant legislation and any partner sharing agreements in place

5.3.3. Agree actions amongst ICP partner members to secure the required assurances regarding delivery of the Integrated Care Strategy and outcomes, in so far as partner member schemes of delegation allow this

6. Membership, Chair and Leadership Team

6.1. Membership of the Joint Committee will be made up of elected, non-executive and clinical and professional members as follows:

6.1.1. Leader of KCC

- 6.1.2. Leader of Medway Council
- 6.1.3. Chair of the Kent and Medway ICB
- 6.1.4. Two additional Local Authority elected executive members from KCC, who hold an appropriate portfolio responsibility related to Joint Committee business
- 6.1.5. Two additional Local Authority elected executive members from Medway Council, who hold an appropriate portfolio responsibility related to Joint Committee business
- 6.1.6. One additional ICB Non-Executive Director
- 6.1.7. An ICB Partner Member who can bring the perspective of primary care
- 6.1.8. The Chairs of the four Kent and Medway Health and Care Partnerships
- 6.1.9. An elected District Council representative from within the geographies of each of the four Kent and Medway Health and Care Partnerships
- 6.2. Members are not permitted to have deputies to represent them.
- 6.3. The Chair of the Joint Committee shall be either the Leader of Kent County Council or Medway Council and will be elected at the first meeting of the Joint Committee to serve as Chair for a two-year period. The Chair will rotate every two years between the Local Authority leaders.
- 6.4. The Joint Committee shall have the following standing non-voting attendees (these shall be known as Participants):
 - 6.4.1. Medway Council Chief Executive
 - 6.4.2. Kent County Council Head of Paid Service, or nominated representative
 - 6.4.3. Kent and Medway ICB Chief Executive
 - 6.4.4. Kent and Medway Directors of Public Health
 - 6.4.5. Kent and Medway ICB Medical Director
 - 6.4.6. A representative from each of Kent Healthwatch and Medway Healthwatch
 - 6.4.7. A representative from the Kent and Medway Voluntary, Community and Social Enterprise Steering Group
 - 6.4.8. Kent and Medway Local Authority directors of adult and children's social care
 - 6.4.9. A representative from Kent Integrated Care Alliance
 - 6.4.10. A representative from the Kent, Surrey and Sussex Academic Health and Science Network
 - 6.4.11. A representative from the Local Medical Committee
- 6.5. The Chair may call additional individuals to attend meetings to inform discussion. Attendees may present at Joint Committee meetings and contribute to discussions as

invited by the Chair but are not allowed to participate in any vote.

- 6.6. The Chair may invite or allow individuals to attend meetings held in private as observers. Observers may not present or contribute to any discussion unless invited by the Chair and may not vote.
- 6.7. To support the Chair and recognising the collective model of accountability, a Leadership Team comprising the two Local Authority leaders and the Chair of the ICB will be established to agree the forward plan (in discussion with partner members), meeting agendas, and other items of business relating to the Joint Committee.
- 6.8. In the event that the Joint Committee Chair is not available to chair the meeting (due to absence or a conflict of interest), the other Local Authority leader will preside over the matter(s) to be discussed. Where neither leader is available to preside, the ICB Chair will preside over matters.

7. Meetings and Voting

- 7.1. Meetings of the Joint Committee will be open to the public. The public and other Observers may be excluded from the meeting, whether for the whole or part of the proceedings, where the Joint Committee determines that discussion in public would be prejudicial to the public interest or the interests of ICB or Local Authorities by reason of:
 - 7.1.1. The confidential nature of the business to be transacted
 - 7.1.2. The matter being commercially sensitive or confidential
 - 7.1.3. The matter being discussed is part of an on-going investigation
 - 7.1.4. The matter to be discussed contains information about individual patients or other individuals which includes sensitive personal data
 - 7.1.5. Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings is to be discussed
 - 7.1.6. Any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time
 - 7.1.7. To allow the meeting to proceed without interruption, disruption and/or general disturbance
- 7.2. Meetings held in public will be referred to as Part 1 meetings. Meetings or parts of meetings held in private will be referred to as Part 2 meetings.
- 7.3. When the Chair of the Joint Committee deems it necessary in light of the urgent circumstances to call a meeting at short notice, the notice period shall be such as they shall specify. Where possible this will be agreed by the Leadership Team.
- 7.4. The aim of the Joint Committee will be to achieve consensus decision-making wherever possible. Where a formal vote is required each member of the Joint Committee shall

have one vote. The Joint Committee shall reach decisions by a majority of members' present, subject always to the meeting being quorate. Where a majority vote is not achieved the proposal will not be passed. The Chair shall not have a second or casting vote, where the vote is tied.

- 7.5. All Members, Participants and any other individuals involved in the discussions are required to declare any interest relating to any matter to be considered at each meeting, in accordance with the partner member's relevant policy on standards and managing conflict of interests. Where the partner member does not have such a policy or policies, the ICB's policy on business standards and managing conflicts of interest shall apply.

8. Quorum

- 8.1. A quorum shall be nine voting members:
 - 8.1.1. One of whom shall come from each of the two Local Authorities and one from the ICB
 - 8.1.2. One of whom shall be from the Leadership Team
 - 8.1.3. A minimum of two of the four health and care partnership areas shall be represented by their respective chair or district council representative
- 8.2. Whilst not part of the quorum, the Joint Committee shall endeavor to always have a public health representative in attendance, unless a conflict of interest precludes this.
- 8.3. At the discretion of the Chair, members who are not physically present at a Joint Committee meeting but are present through tele-conference or other acceptable media, shall be deemed to be present and count towards the quorum as appropriate.
- 8.4. Members of the Joint Committee have a collective responsibility for the operation of the Joint Committee. They will participate in discussion, review evidence, and provide objective expert input to the best of their knowledge and ability, and endeavor to reach a collective view.

9. Dispute resolution

- 9.1. Where a dispute or concern arises, this should be brought to the attention of the Chair. The matter will be discussed by the Leadership Team, who will agree a course of action by consensus, having sought appropriate advice where required and having due regard to the principles of the ICP set out in paragraph 2. Where a consensus cannot be reached, the matter will be referred to the Joint Committee for discussion.

10. Frequency and Notice of Meetings

- 10.1. The Joint Committee shall meet at least quarterly.
- 10.2. Notice of any Joint Committee meeting must indicate:

10.2.1. Its proposed date and time, which must be at least five (5) clear working days after the date of the notice, except where a meeting to discuss an urgent issue is required (in which case as much notice as reasonably practicable in the circumstances should be given)

10.2.2. Where it is to take place

10.3. Notice of a Joint Committee meeting must be given to each member of the Joint Committee in writing. Failure to effectively serve notice on all members of the Joint Committee does not affect the validity of the meeting, or of any business conducted at it.

10.4. Where Joint Committee meetings are to be held in public the date, times and location of the meetings will be published in advance on the websites of KCC, Medway Council and the ICB. Other technological and communication media may also be used to maximise public awareness of the work of the ICP.

11. Policy and best practice

11.1. The Joint Committee is authorised by KCC, Medway Council and the ICB to instruct professional advisors and request the attendance of individuals and authorities from outside of the partner members with relevant experience and expertise if it considers this necessary for or expedient to the exercise its responsibilities.

11.2. The Joint Committee is authorised to obtain such information from partner members as is necessary and expedient to the fulfilment of its responsibilities and partner members will cooperate with any such reasonable request.

11.3. The Joint Committee is authorised to establish such sub-committees as the Joint Committee deems appropriate in order to assist the Joint Committee in discharging its responsibilities.

11.4. The Joint Committee will be conducted in accordance with the ICB policy on business standards, specifically:

11.4.1. There must be transparency and clear accountability of the Joint Committee.

11.4.2. The Joint Committee will hold a Register of Members Interests which will be presented to each meeting of the Joint Committee and available on the websites of the ICB and Local Authorities

11.4.3. Members must declare any interests and /or conflicts of interest at the start of the meeting. Where matters on conflicts of interest arise, the individual must withdraw from any discussion/voting until the matter(s) is concluded

11.5. The Joint Committee shall undertake a self-assessment of its effectiveness on an annual basis. This may be facilitated by independent advisors if the Joint Committee considers this appropriate or necessary.

11.6. Members of the Joint Committee should aim to attend all scheduled meetings.

11.7. Joint Committee members, participants and other observers must maintain the highest standards of personal conduct and in this regard must comply with:

11.7.1. The laws of England

11.7.2. The Nolan Principles

11.7.3. Any additional regulations or codes of practice adopted by the Member's appointing body

12. Secretariat

12.1. The Leadership Team will agree the secretariat arrangements to the Joint Committee. The duties of the secretariat include but are not limited to:

12.1.1. Agreement of the agenda with the Chair together with the collation of connected papers;

12.1.2. Taking the minutes and keeping a record of matters arising and issues to be carried forward.

12.2. Before each Joint Committee meeting an agenda and papers will be sent to every Joint Committee member and where appropriate published on the the websites of KCC, Medway Council and the ICB, excluding any confidential information, no less than five (5) clear working days in advance of the meeting.

12.3. If a Joint Committee member wishes to include an item on the agenda, they must notify the Chair via the Joint Committee's Secretary no later than twenty (20) clear working days prior to the meeting. In exceptional circumstances for urgent items this will be reduced to ten (10) clear working days prior to the meeting. The decision as to whether to include the agenda item is at the absolute discretion of the Chair.

12.4. A copy of the minutes of Joint Committee meetings will be presented to KCC, Medway Council and the ICB. These will be presented in the most appropriate way as determined by these organisations.

13. Confidentiality

13.1. Joint Committee meetings may in whole or in part be held in private as detailed at paragraph 7. Any papers relating to a private meeting will not be available for inspection by the press or the public. For any meeting or any part of a meeting held in private all attendees must treat the contents of the meeting, any discussion and decisions, and any relevant papers as confidential.

13.2. Decisions of the Joint Committee will be published by the Joint Committee except where these have been made in a private meeting. Where decisions have been made in private a summary of the decision will be made public without any confidential information being disclosed.

14. Review of Terms of Reference

14.1. The terms of reference of the Joint Committee will be approved by the Local Authorities and the ICB and shall be reviewed by the parties annually.

Approved: July 2022

Version Control:

Version No	Amendment	Amendment Owner	Date of Amendment
1	Original Document	ICB Executive Director of Corporate Governance	July 2022

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From: Clair Bell, Cabinet Member for Adult Social Care and Public Health
Anjan Ghosh, Director of Public Health

To: Kent Health and Wellbeing Board, 16 September 2022

Subject: 2022 Kent Joint Strategic Needs Assessment (JSNA) Summary Report

Classification: Unrestricted

Summary:

This report describes the latest changes made to the Kent Joint Strategic Needs Assessment (JSNA) development process and provides a summary of new priorities emerging from key population highlights from various reports, needs assessments and population profiles done over the last 2 years. Latest intelligence, based on available data, shows most if not all HCP (Health and Care Partnership) footprints are experiencing similar patterns of ill health around falls, obesity, and mental health including suicide.

Recommendation(s):

The Kent Health and Wellbeing Board is asked to **COMMENT** and **ENDORSE** the following recommendations:

- The new NHS ICB (Integrated Care Board) and HCPs need to adopt a broader consistent structure for outlining priorities for population health improvement, encompassing primary prevention, (behaviour change), secondary prevention (early diagnosis and treatment including health checks) for those at risk of LTCs (Long Term Conditions) e.g. Cancer and Mental Health; and tertiary prevention (recovery, rehabilitation and reablement of patient with complex needs), ensuring better quality of care.
- As part of the Whole System Approach to Healthy Weight programme, a long-term obesity plan needs to be developed and aligned with the Kent Public Health and ICB strategies, optimising existing pathways with better referral criteria, emphasising more on population level focus, and ensuring impact on wider determinants of health.
- Greater emphasis from the ICB board and KCC is required on smoking prevention as well as cessation, integrating directly into local care and acute care models. Better emphasis on workforce planning to enhance Making Every Contact Count (MECC) particularly on frontline services (e.g. NHS Trusts) that have yet to implement as such, and increase referrals into existing One You and other relevant social prescribing services.
- Local senior leadership (county and district) to go further and faster in better data sharing with the NHS and instruct their data infrastructure teams to work with their respective NHS counterparts in moving towards a common solution for data sharing and linkage, linking into the NHS led Population Health Management programme.

1. Background

1.1. The JSNA summary / exception report is a routine annual report presented to the Kent Health & Wellbeing Board. This report is broadly divided into two sections:

- A high-level description of key population highlights taken from various reports and latest population profiling tools and latest updates to the Kent JSNA currently available on the Kent Public Health Observatory (KPHO) [website](#). COVID impacts on Kent population are discussed separately in the COVID Impact Assessment report so are not included here.
- Recent changes and updates made to the Kent JSNA development process.

1.2. The last JSNA exception report was published in 2019. In 2020, the exception report was replaced by the Kent & Medway Health Needs Assessment which was submitted to the Joint Kent & Medway Health & Wellbeing Board as part of the Kent & Medway ICS (Integrated Care System) submission for their 5 Year Long Term Plan to NHS England. Exception reporting was again stood down in 2021 while the Kent Public Health department focused their attention and resources towards the COVID pandemic.

1.3. In 2022, new developments have taken place such as the creation of the Kent & Medway Integrated Care Board and the rollout of the Population Health Management programme. These and other developments will have a significant impact on the JSNA development process and so it is expected the data sources, tools and reports are likely to change.

1.4 The Kent Public Health Strategy will describe, among other things, the development of the Research, Innovation and Improvement Function for the Public Health department. Over time, this will allow us to develop a more robust evidence base for effectiveness of intervention activities for prevention which will feed into the prioritisation process for strategy and action planning going forward.

2. Key Population Highlights

2.1 Demographic Changes

2.1.1 The Office for National Statistics (ONS) has released the first results from [Census 2021](#) in June 2022. Further insights will be released over the next 2 years, and we expect future JSNA exception reports to cover some of these. Some of the key demographic features include:

- Kent remains the most populous county within the Southeast at 1,576,100. The population in Kent grew by 112,400 people between 2011 and 2021 which is equal to a 7.7% increase.
- In 2021, Maidstone was the most populous local authority within Kent at 175,800. Maidstone's population accounts for 11.2% of the total population of Kent. Maidstone also experienced the

highest increase in absolute terms in total population where the population rose by 20,600 between 2011 and 2021. This is the largest increase of all twelve local authorities in Kent and equates to a 13.3% increase.

2.1.2 However, Dartford saw the highest percentage total population increase with 19.9% or 19,400 people. Tunbridge Wells experienced the smallest increase in population between the 2011 and 2021 Census, rising by 300 people or a 0.3% increase.

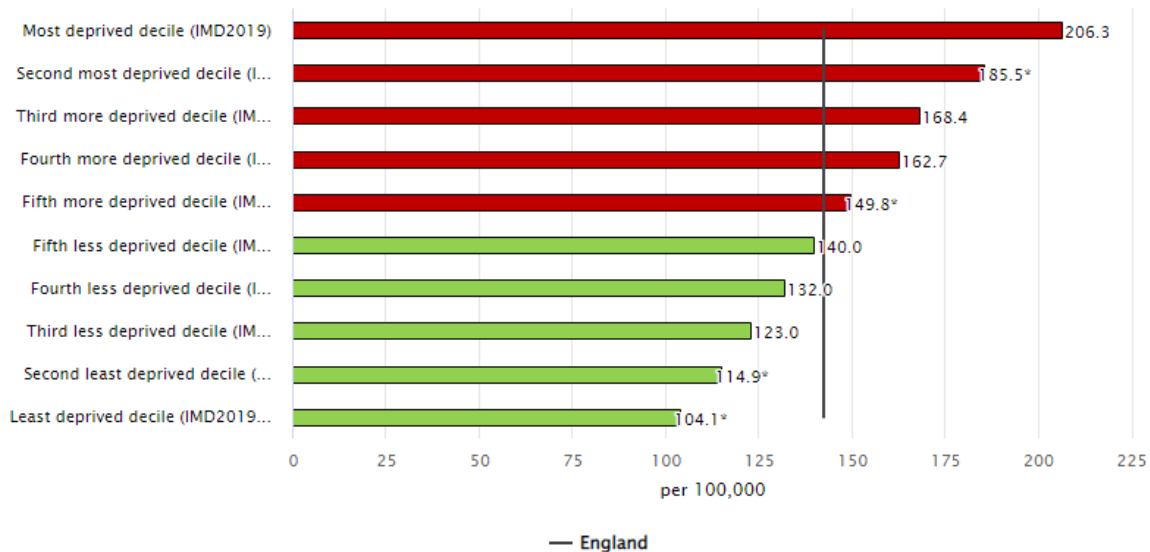
2.1.3 The latest KCC housing led forecasts suggests the Kent population is due to grow by 91,000 (5.7%) from 2020 to 2025. Dartford, Ashford, and Dover are predicted to see the highest percentage population growth increases. Older people are the fastest growing group of people in Kent. Latest projections estimate that the population aged 65 and over will grow by 9.8% over the same period, compared to 4.7% for those under 65.

2.1.4 In 2020 the leading causes of premature (preventable) death in the Kent population for the under 75 age group were:

- Cancer - 48.9 per 100,000 population
- Cardiovascular diseases - 25.4 per 100,000 population
- Respiratory disease - 16.0 per 100,000 population
- Liver disease - 16.0 per 100,000 population

2.1.5 The above death rates showed no significant change from the previous time period but the overall difference in rates by deprivation still continue to be wide, with 5 worst deciles higher than the England average (see Figure 1).

Figure 1 Under 75 all cause premature mortality rate by deprivation decile (3 year range for 2017-19)



Source: Fingertips

2.2 Health Care Partnership (HCP) & Primary Care Network (PCN) Profiles

- 2.2.1 Following the submission of the Kent & Medway 5 Year Long Term Plan in late 2019, the Public Health Observatory and Medway Council Public Health Intelligence team have created annually updated population profiles for each Health Care Partnership (HCPs) and Primary Care Network (PCNs), which are currently available on the KPHO [website](#).
- 2.2.2 The overall aim of the work is to highlight the health and social care needs of each area and to identify priority areas to explore further. Excerpts of the latest profiles, updated in May 2022, are shown in Appendix 1 for the 4 HCPs describing performance across 41 indicators against England average. A key summary for each HCP is shown below.
- 2.2.3 East Kent performs relatively worse in 8 indicators which are smoking status at time of delivery, teenage conceptions, A&E attendances, hospital admissions for self-harm, falls in the elderly, suicide and cancer mortality.
- 2.2.4 West Kent performs relatively worse in 4 indicators which are smoking status, A&E attendances, hospital admissions for self-harm and falls in the elderly.
- 2.2.5 Dartford Gravesham & Swanley performs worse in 13 indicators which are smoking prevalence, adult and childhood obesity, physical inactivity, breast cancer screening coverage, smoking status at time of delivery, A&E attendances, hospital admissions for diabetes, Ambulatory Care Sensitive Conditions, falls and hip fracture, and suicides.
- 2.2.6 Sheppey and Sittingbourne PCNs form the Kent footprint of the Medway & Swale HCP. Sheppey PCN performs worse in 7 indicators which include Life expectancy, premature mortality, obesity, A&E attendances, and hospital admissions for asthma. Sittingbourne PCN performs worse in one indicator which is A&E attendances.

2.3 Smoking

- 2.3.1 Prevalence of smoking in Kent is 13.4%, 1.3% above the national average (12.1%), based 2020 data. (see table 1)
- 2.3.2 Although smoking rates have declined nationally and in Kent, smoking still remains the main cause of preventable disease as mentioned above.
- 2.3.3 Mortality rates due to smoking are 3 times higher in the most deprived areas than the affluent areas demonstrating that smoking is intrinsically linked to inequalities.
- 2.3.4 The recent [Khan review](#) recommends further measures, particularly to prevent the take up of smoking among young people, which is intended to inform a new national tobacco control strategy later in 2022.

Table 1 Overall prevalence of smoking by district

District	Estimated Prevalence
Ashford	12.7%
Canterbury	9%
Dartford	16.8%
Dover	13.6%
Folkestone & Hythe	11.9%
Gravesham	17.6%
Maidstone	14.1%
Sevenoaks	11.3%
Swale	17.7%
Thanet	16.1%
Tonbridge and Malling	10.3%
Tunbridge Wells	11.3%

2.3.5 Table 2 shows the highest smoking rates in Dartford, Gravesham, Thanet and Swale districts.

2.3.6 Smoking rates are typically higher among routine and manual workers and other deprived groups (see table 2). Relatively affluent districts may have high concentration of smokers in pockets of deprivation. Smoking estimates among routine and manual workers in West Kent range from 15.1% to 38.7% (2019 data).

Table 2 Smoking prevalence among Routine and Manual workers

District	Estimated Prevalence (R&M workers)
Ashford	16.5%
Canterbury	10.9%
Dartford	48.2%
Dover	26%
Folkestone & Hythe	31.2%
Gravesham	12.4%
Maidstone	22.8%
Sevenoaks	15.1%
Swale	24.6%
Thanet	43.4%
Tonbridge and Malling	15.2%
Tunbridge Wells	38.7%

2.4 Health Checks

2.4.1 Following reduced rates during the COVID period, Health Checks uptake have increased over the past year and likely to continue the upward trend, helping towards meeting our constitutional coverage targets for this year.

2.4.2 However, some practices have opted out of the Health Checks programme and this has increased the need for Kent Community Health Foundation NHS

Trust to step in and pick up this unmet need and offer checks for these practice populations and minimise risk of further health inequalities caused by inequitable health checks provision.

2.5 Coastal Excess

2.5.1 Further to the Chief Medical Officer's Annual Report in 2021, last year's [Annual Public Health Report](#) for Kent focused on the health of coastal communities and a description of 'coastal excess' in terms of health inequalities. There are 12 coastal towns in the county with a population between 5,000 to 225,000, which were included in the analyses.

2.5.2 The key findings are:

- There is a higher burden of disease in coastal towns compared to non-coastal towns in Kent. This is the case for all health conditions investigated and is most evident for chronic pulmonary obstructive disease and coronary heart disease. Risk factors such as obesity and smoking also show a coastal excess when compared to non-coastal towns, Kent and England.
- Disease burden varies across coastal towns, with Dover, Folkestone, Margate and Ramsgate containing some of the wards with the highest coastal excess. This coastal effect remains even after adjusting for differences in demographics and deprivation.
- Premature mortality from all causes and cancer are also significantly higher in these areas, as well as higher rates of hospital admissions related to alcohol and self-harm.
- Six out of the seven domains of deprivation are worse in coastal areas. This means that economic growth needs to be linked with health in local plans in these areas.
- Lack of local data continues to hinder efforts for more detailed analysis of the health of local communities, both on and beyond the coastal fringe.

2.5.3 The stark nature of health inequalities implies the need to work with local providers to further improve provision of health and social care services, particularly around prevention of long-term conditions which contribute the most towards premature mortality.

2.6 Children And Young People

2.6.1 The children under 5 years Health Needs Assessment was completed earlier this year. Key findings include:

- The social gradient in health is being accentuated in Kent. There is a changing picture of need and indicative measures of poor future health status are being observed.
- Children aged 0-4 years are mostly seen in isolation, by a range of individuals and services, without their peers, but when their family is present.

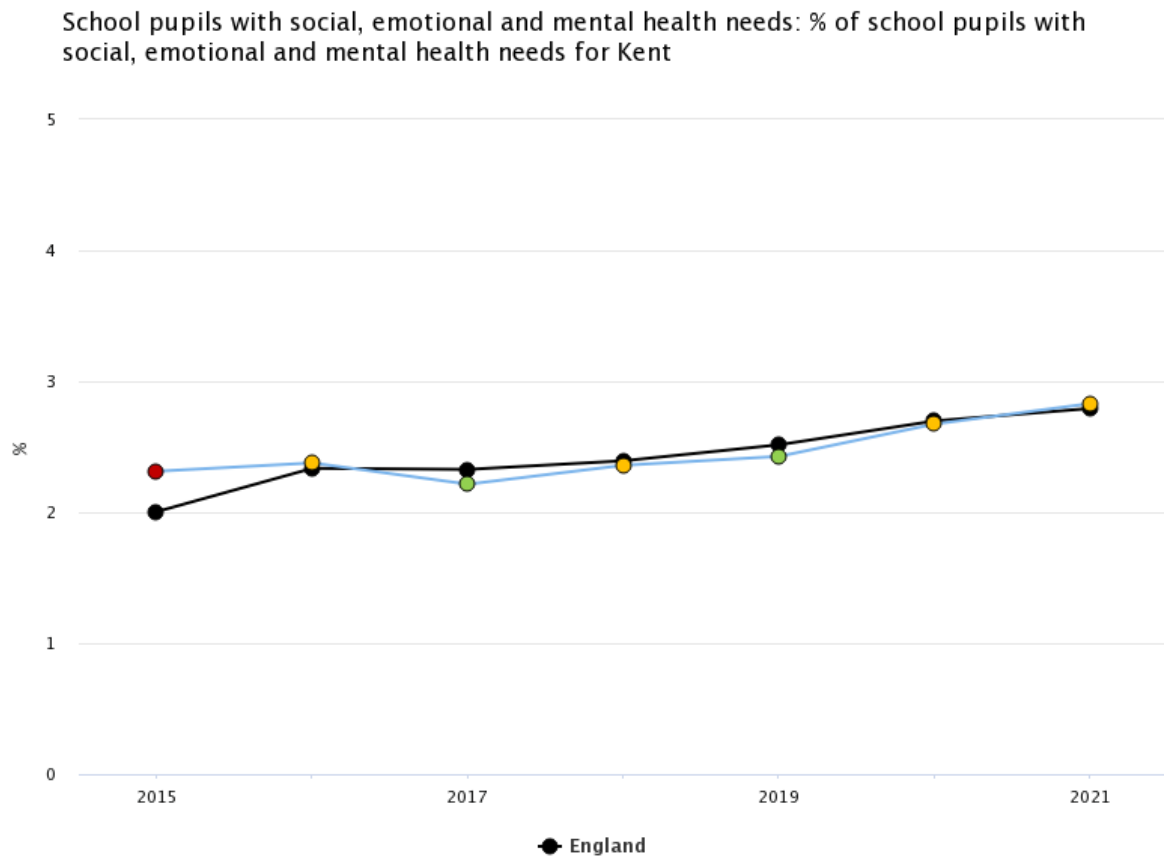
- The approach to prevention of poor health outcomes is inconsistent and not helped by reduced workforce capacities.
- Changes to the support infrastructures have impacted most negatively in areas where there was greater dependency upon them.
- Infant mental health is not prioritised and understanding of the impacts misplaced.
- The provision and levels of support is variable and children with more complex needs are needing to be managed.

2.6.2 Increasing demand for education health care plans (EHCP)s from years 5 – 11 is of concern, where social, emotional & mental health are identified as the primary needs. Reasons for these are multi factorial. Children and young people will have experienced the Covid-19 pandemic and the environments for education at home and schooling challenging (see Figure 2). Prevention, early identification, and support of emotional and mental health needs thus remains a priority.

2.6.3 Assessment of the health needs of looked after children including unaccompanied asylum-seeking children have highlighted again another example of little or no local data availability and data integration, which essential for further deep dive analyses. Better understanding of differentiation of needs by deprivation and ethnicity in key services areas such as hearing screening, SEND and child weight.

2.6.4 In Kent, over 1 in 4 children in reception year (26.6%) were classified as having excess weight (England 27.7%) in 2020/21. Tonbridge and Malling had the highest (23.4%) prevalence of excess weight in Year R in West Kent in 2020/21. For obesity, in West Kent, obesity and severe obesity have increased in Tonbridge and Malling and Sevenoaks since the previous year.

Figure 2



Source: Fingertips

2.7 Adult Obesity

2.7.1 The estimated proportion of adults aged 18 and over in Kent classified as overweight and obese in 2020/21 was 63.2% (England, 63.5%). The prevalence of overweight and obesity remains high across most Kent districts, with Dartford and Swale (70.6%, 70.4%) being the highest and Sevenoaks the lowest (55.3%) in 2020-21.

2.7.2 The proportion of people classified as obese has steadily increased from 23.1% in 2015/16 to 26.0% in 2020/21. Among the Kent districts, Ashford, Swale and Thanet, had the higher (>30%) adult obesity prevalence while Maidstone had the least (20.4%).

2.7.3 The whole system approach programme to healthy weight in Kent began in 2020 by engaging the stakeholders from across the 'system'. Programme roll out across each HCP was carried on different timescales. Stakeholders in each area were involved in system mapping, action mapping, and drafting of visions, planning, and delivering of actions to promote healthy weight among the Kent population.

2.7.4 Local engagement work across each of the areas revealed similar themes concerning socio economic determinants were considered major causes of

obesity while current prevention activities are more focused on individual life factors.

2.8 Mental Health

- 2.8.1 Self-harm in adults has increased (Emergency Hospital Admissions for self-harm per 100,000 patients) in Kent and is above the national average of 181 per 100,000. The rate in Thanet is 339 per 100,000, followed closely by Dover (294 per 100,000). Only Dartford and Gravesham are below the national average.
- 2.8.2 Thanet is the only district in Kent where the admissions due to alcohol are approaching the national average. Overall, in Kent the trend is down.
- 2.8.3 Recorded Quality Outcomes Framework (QOF) prevalence of depression has increased. The last needs assessment in 2019 reported a real increase in prevalence of depression, through National Psychiatric Morbidity Survey Data, by 7% from 2007 to 2014.
- 2.8.4 Modelled estimates of depression, anxiety and all common mental illness to people over 16 years old in Kent and Medway is 16% (9% for over 65s). Seven of the Kent districts have higher and increasing prevalence of common mental illness. The areas of highest prevalence are Dover, Folkstone and Hythe, Swale (17%) and Thanet at 18.2% is the highest in Kent.
- 2.8.5 Recent QOF data triangulates with this and shows an increase of 14.6% compared to 12.3% nationally. Kent has the 4th highest depression QOF prevalence in England and the highest incidence of depression of 1.7%.
- 2.8.6 QOF prevalence for all mental illness has increased, 0.84% or 16,227 people, but this is below the national average.
- 2.8.7 Thanet and Folkestone and Hythe continue to have the highest prevalence of severe mental illness (32 and 33 per 1000 working population) based on 2018 data on ESA claimant rates, compared to 27.3 nationally and 16.1 in Sevenoaks.
- 2.8.8 ONS data published in 2020 showed that the three-year rolling aggregate rate for suicide per 100,000 in Kent is 10.3 per 100,000 for the period 2017-19 compared to a national average of 10.1 per 100,000, but not statistically significantly different. District variation exists, with Canterbury and Thanet continue to have year on year rates above the national average. Male rates of suicide continue to be higher than female rates, which is similar the national and historic picture.
- 2.8.9 It has been noted nationally and locally that ethnicity data for understanding impact of ethnicity in suicide is poor. National research shows that Black men

are also at risk (alongside white men) of higher rates of suicide but again data is poor quality. Emerging national research also points to increasing risk of suicide for BAME women compared to white women (again local and national data is often not collected or poor. Therefore, it is a local recommendation to investigate this further.

3. Engagement And Insight

- 3.1 'Kent and Medway Listens' is an engagement project set up over the last year by KCC, Medway Council and Kent & Medway Partnership NHS Trust to understand the pressures impacting mental wellbeing of the local population, particularly seldom heard communities.
- 3.2 Voluntary organisations across the 4 HCPs held listening events with approximately 1,400 individuals who were selected based on their background i.e., deprivation, ethnic and religious minorities, refugee status, coastal communities. An additional 3,300 individuals shared their thoughts through the 'Kent and Medway Listens' digital platform.
- 3.3 Fifty community-initiated projects were funded to immediately address the pressures impacting mental wellbeing that were being raised through the listening events for e.g., Befriending services, support through accredited courses for gainful employment and local community walking groups.
- 3.4 Key themes that emerged include:
 - Wider determinants of health such as growing financial concerns, poor housing and the inability to access health services were impacting mental wellbeing.
 - Local communities expressed distrust with the system borne out of lack of change, the frustration around siloed working and wider societal issues such as racism.
 - VCS partner organisations expressed difficulty in providing much needed services due to the short-term funding opportunities from commissioners.
- 3.5 These themes indicate a need for a system wide approach to tackle health inequalities on an individual and population level. Collaborating with voluntary organisations highlighted the need for an integrated and sustainable approach to address the wider determinants of health.
- 3.6 Over 100 different suggestions for actions were generated by four HCP level workshops and were presented to system leaders at an event in July 2022. System leaders committed to driving progress on a range of issues through such projects as the ICB Health Inequalities Strategy and the Kent Public Health Strategy.

4. JSNA Development Process

4.1 Key Principles

4.1.1 A brief internal consultant led review was undertaken earlier this year on the development process. The following key principles were discussed that would help shape future development:

- Granularity – analytical outputs to be localised as far as possible at sub-Kent geographical level, linked to local priorities at a granular level and acknowledge relevant themes such as ‘coastal excess’.
- Complementary - Minimise duplication against national Public Health intelligence resources such as Fingertips.
- Automation - Advanced use of information systems such as Microsoft Power BI where automated data processing can be designed to flag outliers or metrics with significant increases/decreases to identify key areas of concern.
- Customization - Ability to quickly generate custom profiles for an area
- Deep dive analytics - Ability to undertake service evaluation, exploratory regression analysis, depending linked dataset availability.
- Forward planning – Ability to undertake capacity planning / demand modelling as a regular feature in health needs assessments.
- Peer review - Undertake peer review publication of JSNA products where feasible and appropriate

4.2 Completed Health Needs Assessments

4.2.1 The following reports were completed by the Public Health team in the last 2 years, most of them available on the Kent Public Health Observatory (KPHO) website:

- 0-5 years Health Needs Assessment (2022 – to be published)
- Unaccompanied Asylum Seekers Needs Assessment (2022 – to be published)
- [Kent Annual Public Health Report](#) (2021)
- [Rough Sleepers Needs Assessment](#) (2021)
- [Alcohol Needs Assessment for Kent](#) (2021)
- [Domestic Abuse Needs Assessment](#) (2021)
- [NCMP analytical reports](#) (2021)
- [NCMP analytical reports](#) (2020)
- [Kent Childhood Weight Health Needs Assessment](#) (2020)
- [Domestic Abuse Needs Assessment](#) (2020)
- [SEND Health Needs Assessment](#)(2020)
- [Maternal Weight Needs Assessment](#) (2019)
- [East Kent Needs Assessment](#) (2019)

4.3 Other JSNA products

- 4.3.1 JSNA Infographics – the latest set of infographics have been published for this year and available on the [website](#). Format and design may change in the future and move towards automated update processes and pull together various analytical outputs from Fingertips in an improved user-friendly version.
- 4.3.2 JSNA Health & Social Care Maps – Current maps are available both as an instant atlas and static PDF formats, using similar national data sources as like the ICP and PCN profiles mentioned above. A new format and design will be agreed later this year which will apply some of the key principles outlined above eg. use of Power BI platform for interactive dashboard reporting
- 4.3.3 JSNA [population cohort model](#) – this is a forward planning tool that was commissioned by the Kent Health & Wellbeing Board in 2017 to generate and quantify a more explicit understanding of the impact of prevention interventions on the Kent population. The tool uses specialist simulation modelling software known as systems dynamics, increasingly used methodology for health care system planning elsewhere in the NHS. The model has been used extensively in many needs assessments and reports, most notably, 5-year Long Term Plan submission by Kent & Medway ICS. More recently an adapted version was used regularly for local COVID response work and the whole systems obesity programme in Kent. The model is now undergoing refresh and updates and is likely to be used for scenario testing to contribute towards the Kent Public Health Strategy development.
- 4.3.4 Stakeholder Insight – this has been generally a qualitative exercise where proactive engagement work is carried out with the wider public around the views and attitudes of health and wellbeing. The Kent & Medway Listens project is the latest example of this. Broader engagement work will be commenced later in the year by the Public Health Communication teams in support of the Kent Public Health Strategy development. The final report once completed will be published on the KPHO website.

4.4 Other important activities relevant to the JSNA development process

4.4.1 Linked dataset development

- 4.4.1.1 Kent has had a long track record in linked dataset development, based on the success of the [Kent Integrated Dataset](#). Over the last few years, a number of linked datasets have been developed out of different IT initiatives such as the Mede analytics commissioner tool and Kent & Medway Care Record but all have had varying levels of success and usefulness in their use for population health analytics.
- 4.4.1.2 Going forward, a new linked dataset is being developed by the NHS called the [KERNEL](#) which will feature in the new Data and Digital strategy currently being developed by the Kent & Medway ICB. KERNEL development has

already started, and a detailed business case is being worked to estimate the costs and resources for data integration between NHS and local government. Alongside this, a new model for data access has been set up by the county wide analytics oversight group known as the Shared Health & Care Analytics Board of which Public Health has core membership of.

4.4.1.3 Two other council led projects also involve linked dataset (district and county council) development for case finding and population segmentation, by consultancy partners Xantura and Policy in Practice. Early results of both pilots have been positive and further discussions have taken place to explore the feasibility integrating NHS data in these projects, particularly around information governance arrangements.

4.4.2 'Bridges to Health' Population Segmentation

4.4.2.1 This is the local rollout of an NHS England programme which involves a data driven approach using advanced population segmentation analyses for broader Population Health Management to improve population health and care outcomes. See Appendix 2 which lists the segments and detailed breakdown.

4.4.2.2 The Kent & Medway CCG / ICB has commissioned [Outcome Based Healthcare](#), consultancy partner to NHS England, to utilise locally linked data to generate detailed population profiles that can be used for viewing system transformation programmes through a person-centred (and segment-specific) lens by baselining, tracking and monitoring changes following interventions or service redesign for specific cohorts. The approach in the long term can also help target specific cohorts/populations, with different needs, in different ways depending on the care they need, and improve coordination of care by focusing on different population segments/subsegments at local level. It can also help Improve resource utilisation efficiency, understand drivers of demand more accurately, and forecast and plan for changes in demand.

4.4.2.3 The project is due to start in August 2022 in West Kent and Medway & Swale HCPs, and will continue for a year, generating monthly data extracts for analysis and reporting. The work is closely being monitored by the Public Health team who intend to apply the results of the work to the JSNA Cohort Model development and well as other health needs assessment work.

4.4.3 Research Innovation and Improvement

4.4.3.1 Over the last 2 years, the National Institute for Health Research (NIHR) have been advocating the need to build up Public Health research expertise and capability, based in local government. A new research programme called Health Determinants Research Collaboration is actively inviting

4.4.3.2 A research study was undertaken in late 2020 by Centre for Health Science Studies (CHSS) based at University of Kent indicated significant interest amongst KCC senior officers and members to become more 'research active' and building a sustainable function. Over the last year, academics from local

and regional organisations have contacted the Public Health team to collaborate on variety of research activities.

4.4.3.3 Future research collaboration will pave the way strengthening local evidence base for prevention activities that we as a system commission and the JSNA development process will be the medium where we can showcase that strong local evidence base and provide rigour in our decision-making processes in planning, investing and commissioning prevention intervention activities.

5. Conclusion

5.1 Latest exceptions and population highlights show cross cutting themes affecting several HCP footprints such as falls prevention, obesity, mental health including suicide.

6. Recommendations

The Kent Health and Wellbeing Board is asked to **COMMENT** and **ENDORSE** the following recommendations:

- The new NHS ICB (Integrated Care Board) and HCPs need to adopt a broader consistent structure for outlining priorities for population health improvement, encompassing primary prevention, (behaviour change), secondary prevention (early diagnosis and treatment including health checks) for those at risk of LTCs (Long Term Conditions) e.g. Cancer and Mental Health; and tertiary prevention (recovery, rehabilitation and reablement of patient with complex needs), ensuring better quality of care.
- As part of the Whole System Approach to Healthy Weight programme, a long-term obesity plan needs to be developed and aligned with the Kent Public Health and ICB strategies, optimising existing pathways with better referral criteria, emphasising more on population level focus, and ensuring impact on wider determinants of health.
- Greater emphasis from the ICB board and KCC is required on smoking prevention as well as cessation, integrating directly into local care and acute care models. Better emphasis on workforce planning to enhance Making Every Contact Count (MECC) particularly on frontline services (e.g NHS Trusts) that have yet to implement as such, and increase referrals into existing One You and other relevant social prescribing services.
- Local senior leadership (county and district) to go further and faster in better data sharing with the NHS and instruct their data infrastructure teams to work with their respective NHS counterparts in moving towards a common solution for data sharing and linkage, linking into the NHS led Population Health Management programme.

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APPENDIX 1

EAST KENT

Indicator	Compared to England
Life expectancy at birth (Male)	Similar
Life expectancy at birth (Female)	Similar
Smoking Prevalence in adults (18+) - current smokers (APS)	Similar
Percentage of adults (aged 18+) classified as overweight or obese	Similar
Children with excess weight Year 6, three year average	Similar
Percentage of physically inactive adults	Better
Admission episodes for alcohol-specific conditions	Better
Air pollution: fine particulate matter	Not compared
Total number of prescribed antibiotic items per STAR-PU	Higher
Breast cancer screening coverage (females aged 50-70)	Better
Cervical cancer screening coverage (females aged 25-49)	Better
Bowel cancer screening coverage (persons aged 60-74)	Better
Infant mortality rate	Similar
Low birth weight of term babies	Better
Stillbirth rate	Similar
Smoking status at time of delivery	Worse
AE attendances (0-4 years)	Worse
Percentage of 5 year olds with experience of visually obvious dental decay	Better

WEST KENT

Indicator	Compared to England
Life expectancy at birth (Male)	Better
Life expectancy at birth (Female)	Better
Smoking Prevalence in adults (18+) - current smokers (APS)	Better
Percentage of adults (aged 18+) classified as overweight or obese	Similar
Children with excess weight Year 6, three year average	Better
Percentage of physically inactive adults	Better
Admission episodes for alcohol-specific conditions	Better
Air pollution: fine particulate matter	Not compared
Total number of prescribed antibiotic items per STAR-PU	Higher
Breast cancer screening coverage (females aged 50-70)	Better
Cervical cancer screening coverage (females aged 25-49)	Better
Bowel cancer screening coverage (persons aged 60-74)	Better
Infant mortality rate	Better
Low birth weight of term babies	Better
Stillbirth rate	Similar
Smoking status at time of delivery	Worse
AE attendances (0-4 years)	Worse
Percentage of 5 year olds with experience of visually obvious dental decay	Better

Indicator	Compared to England
Under 18s conception rate / 1,000	Better
Emergency hospital admissions for asthma (< 19 yrs)	Better
Emergency hospital admissions for epilepsy (< 19 yrs)	Better
Emergency hospital admissions for diabetes (< 19 yrs)	Similar
Hospital admissions for mental health conditions (0-17 years)	Better
Hospital admissions as a result of self-harm (10-24 years)	Worse
Hospital admissions due to substance misuse (15-24 years)	Similar
Hypertension: QOF prevalence (all ages)	Lower
Diabetes: QOF prevalence (17+)	Lower
CHD: QOF prevalence (all ages)	Lower
CKD: QOF prevalence (18+)	Higher
Stroke: QOF prevalence (all ages)	Similar
Deaths from circulatory disease, under 75 years	Better
Deaths from all cancer, under 75 years	Better
Cancer diagnosed at early stage (experimental statistics)	Not compared
Unplanned hospitalisation for chronic ACSC	Better
Depression: Recorded prevalence (aged 18+)	Higher
Serious Mental Illness: QOF prevalence (all ages)	Lower

Indicator	Compared to England
Suicide rate (Persons)	Similar
Suicide rate (Male)	Similar
Estimated dementia diagnosis rate (aged 65 and over)	Not compared
Emergency hospital admissions due to falls (persons aged 65 and over)	Worse
Emergency hospital admissions for hip fracture (persons aged 65 and over)	Similar
Osteoporosis: QOF prevalence (50+)	Higher

DARTFORD GRAVESHAM AND SWANLEY

Indicator	Compared to England
Life expectancy at birth (Male)	Similar
Life expectancy at birth (Female)	Similar
Smoking Prevalence in adults (18+) - current smokers (APS)	Worse
Percentage of adults (aged 18+) classified as overweight or obese	Worse
Children with excess weight Year 6, three year average	Worse
Percentage of physically inactive adults	Worse
Admission episodes for alcohol-specific conditions	Better
Air pollution: fine particulate matter	Not compared
Total number of prescribed antibiotic items per STAR-PU	Similar
Breast cancer screening coverage (females aged 50-70)	Worse
Cervical cancer screening coverage (females aged 25-49)	Similar
Bowel cancer screening coverage (persons aged 60-74)	Similar
Infant mortality rate	Similar
Low birth weight of term babies	Similar
Stillbirth rate	Similar
Smoking status at time of delivery	Worse
AE attendances (0-4 years)	Worse
Percentage of 5 year olds with experience of visually obvious dental decay	Better

Indicator	Compared to England
Under 18s conception rate / 1,000	Similar
Emergency hospital admissions for asthma (< 19 yrs)	Better
Emergency hospital admissions for epilepsy (< 19 yrs)	Similar
Emergency hospital admissions for diabetes (< 19 yrs)	Worse
Hospital admissions for mental health conditions (0-17 years)	Better
Hospital admissions as a result of self-harm (10-24 years)	Similar
Hospital admissions due to substance misuse (15-24 years)	Similar
Hypertension: QOF prevalence (all ages)	Lower
Diabetes: QOF prevalence (17+)	Similar
CHD: QOF prevalence (all ages)	Lower
CKD: QOF prevalence (18+)	Lower
Stroke: QOF prevalence (all ages)	Lower
Deaths from circulatory disease, under 75 years	Similar
Deaths from all cancer, under 75 years	Similar
Cancer diagnosed at early stage (experimental statistics)	Not compared
Unplanned hospitalisation for chronic ACSC	Worse
Depression: Recorded prevalence (aged 18+)	Higher
Serious Mental Illness: QOF prevalence (all ages)	Lower

Indicator	Compared to England
Suicide rate (Persons)	Worse
Suicide rate (Male)	Worse
Estimated dementia diagnosis rate (aged 65 and over)	Not compared
Emergency hospital admissions due to falls (persons aged 65 and over)	Worse
Emergency hospital admissions for hip fracture (persons aged 65 and over)	Worse
Osteoporosis: QOF prevalence (50+)	Lower

SHEPPEY PCN

Indicator	Compared to England
Job Seekers Allowance rate (16-64 years)	Higher
Fuel poverty	Not compared
Life expectancy (Female)	Worse
Life expectancy (Male)	Similar
Estimated smoking prevalence (QOF)	Higher
Year 6: Prevalence of overweight (including obesity)	Worse
Admission episodes for alcohol-specific conditions	Better
Total number of prescribed antibiotic items per STAR-PU	Higher
Breast cancer screening coverage (females aged 50-70)	Better
Cervical cancer screening coverage (females aged 25-49)	Similar
Bowel cancer screening coverage (persons aged 60-74)	Similar
A&E attendances (0-4 years)	Worse
Emergency hospital admissions for asthma (< 19 yrs)	Worse
Hospital admissions as a result of self-harm (10-24 years)	Similar
CHD prevalence	Higher
Stroke prevalence	Similar
PAD prevalence	Similar
Heart failure prevalence	Higher

Indicator	Compared to England
AF prevalence	Similar
Hypertension prevalence	Higher
Cancer prevalence	Higher
Diabetes prevalence	Higher
COPD prevalence	Higher
Serious mental illness prevalence	Lower
Depression prevalence	Higher
Dementia prevalence	Similar
Premature mortality from all causes	Worse
Cancer mortality U75	Worse
CVD mortality U75	Worse
Osteoporosis prevalence 50+	Similar
Hip fracture adm 65+	Similar

SITTINGBOURNE PCN

Indicator	Compared to England
Job Seekers Allowance rate (16-64 years)	Similar
Fuel poverty	Not compared
Life expectancy (Female)	Similar
Life expectancy (Male)	Similar
Estimated smoking prevalence (QOF)	Higher
Year 6: Prevalence of overweight (including obesity)	Similar
Admission episodes for alcohol-specific conditions	Better
Total number of prescribed antibiotic items per STAR-PU	Higher
Breast cancer screening coverage (females aged 50-70)	Better
Cervical cancer screening coverage (females aged 25-49)	Better
Bowel cancer screening coverage (persons aged 60-74)	Better
A&E attendances (0-4 years)	Worse
Emergency hospital admissions for asthma (< 19 yrs)	Similar
Hospital admissions as a result of self-harm (10-24 years)	Similar
CHD prevalence	Lower
Stroke prevalence	Lower
PAD prevalence	Lower
Heart failure prevalence	Similar

Indicator	Compared to England
AF prevalence	Similar
Hypertension prevalence	Higher
Cancer prevalence	Higher
Diabetes prevalence	Similar
COPD prevalence	Similar
Serious mental illness prevalence	Lower
Depression prevalence	Higher
Dementia prevalence	Similar
Premature mortality from all causes	Similar
Cancer mortality U75	Similar
CVD mortality U75	Similar
Osteoporosis prevalence 50+	Similar
Hip fracture adm 65+	Better

Bridges to Health Segment Definitions



1	Healthy / Generally Well	People who are 'healthy or generally well', though may have acute, but self-limiting problems. The principal care processes involved relate to primary prevention, with the aim of slowing people developing a first long term condition or disability.
2	Maternal Health	People during prenatal, delivery and perinatal care.
3	Acute	People with an acute illness, and are likely to return to their former level of health. Acute illness is defined as an illness that develops quickly, often severe, and lasts a relatively short period of time (often less than 1 month). Occurrences of acute episodes are often outcomes themselves for people in other segments.
4	Long Term Conditions	People with one or more Long Term Conditions (LTCs) have chronic illnesses that are rarely resolved, but which can be treated to maintain stability, and often slow progression.
5	Disability	People with one or more serious disability, including both physical and learning disabilities.
6	Incurable cancer	People with cancer who have a trajectory described as having a reasonably predictable decline in physical health over a period of weeks, months, or, in some cases, years. Almost all people in this segment are expected to die over a period of 12 months, and therefore often receiving care from palliative care services.
7	Organ Failure	People with one or more organ system failure, or suffer frequent serious exacerbations of chronic illness. This includes people with neurological conditions, or organ failure (heart, lung, liver, kidney).
8	Frailty and Dementia	People with moderate or severe frailty who are 65 years and over, or dementia, who are typically on a gradual course of decline.

Source: Lynn J, Straube BM, Bell KM, et al. Using population segmentation to provide better health care for all: the "Bridges to Health" model. *The Milbank Quarterly* 2007; 85(2):185-208.

Kent & Medway 'Core' Segments - Configuration



<p>1 Healthy / Generally Well</p>	<p>4 LTCs</p>	<p>5 Disability</p>	<p>6 Incurable Cancer</p>	<p>7 Organ Failure</p>	<p>8 Frailty and Dementia</p>
<p>People who are currently healthy / generally well:</p> <p>Defined as people who do not meet the criteria of any other segments</p> <p>All ages</p>	<p>People with one or more LTCs:</p> <p>Defined as:</p> <ul style="list-style-type: none"> Alcohol Dependence Asthma Atrial Fibrillation Bronchiectasis Cancer Cerebrovascular Disease Chronic Kidney Disease Chronic Liver Diseases Chronic Pain COPD Coronary Heart Disease Cystic Fibrosis Depression Diabetes Epilepsy Heart Failure Hypertension Inflammatory Bowel Disease Multiple Sclerosis Osteoarthritis Osteoporosis Parkinson's Disease Peripheral Vascular Disease Pulmonary Heart Disease Rheumatoid Arthritis Serious Mental Illness <p>All ages</p>	<p>People with a learning disability or physical disability:</p> <p>Defined as:</p> <ul style="list-style-type: none"> Learning Disability Physical Disability (Includes neurological, congenital, musculoskeletal, visual and hearing disability) <p>All ages</p>	<p>People with cancer who are expected to die over a short period:</p> <p>Defined as people with a diagnosis of cancer who are also on the GP palliative care register or people receiving palliative care in secondary care</p> <p>All ages</p>	<p>People with one or more organ failure conditions:</p> <p>Defined as:</p> <ul style="list-style-type: none"> End Stage Renal Failure Liver Failure Neurological Organ Failure (Includes Motor Neurone Disease, Huntington's Disease, End Stage Parkinson's Disease and End Stage Multiple Sclerosis) Severe COPD Severe Heart Failure Severe Interstitial Lung Disease <p>All ages</p>	<p>People with frailty and/or dementia:</p> <p>Defined as:</p> <ul style="list-style-type: none"> Dementia (18+) Moderate Frailty (65+) Severe Frailty (65+) <p>Frailty based on electronic Frailty Index (eFI)</p> <p>People expected to die over a period of 12 months: Defined as people on the GP palliative care register in segments 6, 7 or 8</p> <p>Outcomes Based Healthcare</p>
<p>NHS Kent and Medway</p> <p>Risk Factors</p> <ul style="list-style-type: none"> Smoking Obesity <p>Additional Conditions</p> <ul style="list-style-type: none"> Autistic Spectrum Disorder 					