

DRAFT Pharmaceutical Needs Assessment 2025

Medway
Health and Wellbeing Board

This Pharmaceutical Needs Assessment (PNA) has been produced by Soar Beyond, contracted by Medway Council. The production has been overseen by the PNA Steering Group for Medway Health and Wellbeing Board with authoring support from Soar Beyond Ltd. All information is correct at the time of writing in March 2025.

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Abbreviations

AS	Advanced Service
AUR	Appliance Use Review
BSA	Business Services Authority
CCG	Clinical Commissioning Group
CHD	Coronary Heart Disease
COPD	Chronic Obstructive Pulmonary Disease
CP	Community Pharmacy
CPCF	Community Pharmacy Contractual Framework
CPCS	Community Pharmacist Consultation Service
CPE	Community Pharmacy England
CVD	Cardiovascular Disease
DAC	Dispensing Appliance Contractor
DHSC	Department of Health and Social Care
DMS	Discharge Medicines Service
DRUMs	Dispensing Review of Use of Medicines
DSP	Distance Selling Pharmacy
EHC	Emergency Hormonal Contraception
ES	Essential Service
HLE	Healthy Life Expectancy
HLP	Healthy Living Pharmacy
HWB	Health and Wellbeing Board
ICB	Integrated Care Board
ICS	Integrated Care System
IMD	Index of Multiple Deprivation
JLHWS	Joint Local Health and Wellbeing Strategy
JSNA	Joint Strategic Need Assessment
LARC	Long-Acting Reversible Contraception
LAS	Local Authority-commissioned Service
LGBTQ+	Lesbian, Gay, Bisexual, Transgender and Queer
LFD	Lateral Flow Device
LPS	Local Pharmaceutical Service

LSOA	Lower-layer Super Output Area
LTC	Long Term Condition
LTP	Long Term Plan
MSOA	Middle-layer Super Output Area
NES	National Enhanced Service
NHS	National Health Service
NHSE	NHS England
NMS	New Medicine Service
NPA	National Pharmacy Association
ONS	Office for National Statistics
PAD	Peripheral Arterial Disease
PhAS	Pharmacy Access Scheme
PNA	Pharmaceutical Needs Assessment
PCN	Primary Care Network
PCS	Pharmacy Contraception Service
PCT	Primary Care Trust
PGD	Patient Group Direction
PLPS	Pharmaceutical and Local Pharmaceutical Services
PoCT	Point-of-Care Testing
PQS	Pharmacy Quality Scheme
QOF	Quality and Outcomes Framework
SAC	Stoma Appliance Customisation
SCS	Smoking Cessation Service
STI	Sexually Transmitted Infection

Executive summary

Introduction

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

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

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

This PNA has been produced through the PNA Steering Group on behalf of Medway HWB by Medway Council with authoring support from Soar Beyond Ltd.

National Health Service (NHS) pharmaceutical services in England

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

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

Pharmaceutical service providers in Medway

Medway has 51 community pharmacies (as of February 2025), for a population of around 284,578. In addition to the 51 community pharmacies, Medway has four main dispensing doctor practices providing pharmaceutical services from a total of five sites.

Conclusions

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

Section 1: Introduction

1.1 Background and context

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

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

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

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

The initial PNAs were published in 2011 (see Table 1 for timelines)

Table 1: Timeline for PNAs

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

¹ [UK Statutory Instruments. The National Health Service](#) (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. July 2017. [Accessed March 2025]

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

This PNA for Medway HWB fulfils this regulatory requirement.

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

- There was an **update to the PLPS Regulations 2013 in May 2023** which in the main was in response to the number of requests for temporary closures. Key changes were made for:
 - Notification procedures for changes in core opening hours
 - Notification procedures for 100-hour pharmacies to be able to reduce their hours to no less than 72 hours per week
 - Local arrangements with ICBs for the temporary reduction in hours
 - All pharmacies requiring a business continuity plan that allows them to deal with temporary closures
- **Clinical Commissioning Groups (CCGs)** are now replaced by **Integrated Care Boards (ICBs)** as part of Integrated Care Systems (ICS). In an ICS, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards and improving the health of the population they serve.
- **Integrated Care Boards** took on the delegated responsibility for the commissioning of pharmacy services from NHS England from 1 April 2023.
- **Independent Prescribing 'Pathfinder' Programme**² – NHSE has developed a programme of pilot sites, referred to as 'pathfinder' sites, across integrated care systems enabling a community pharmacist prescriber to support primary care clinical services. This presents a unique opportunity for community pharmacy to redesign current pathways and play an increasing role in delivering clinical services in primary care. This will prepare community pharmacy and the system for when all pharmacists will graduate as prescribers from 2026.
- The Community Pharmacy sector has **workforce challenges** and pressures reported by the National Pharmacy Association (NPA)³ and Healthwatch England⁴. Both highlighted the current rate of **store closures** for 2024 was higher than previous years mainly due to a combination of funding and workforce challenges. A recent report commissioned by NHSE found that around 47% of pharmacies were not profitable in their last accounting year⁵.

² [NHS England. Independent prescribing.](#) [Accessed March 2025]

³ InPharmacy. [NPA warns that pharmacy closures are at record high levels.](#) May 2024. [Accessed March 2025]

⁴ Healthwatch. [Pharmacy closures in England.](#) September 2024. [Accessed March 2025]

⁵ [Economic Analysis of NHS Pharmaceutical Services in England.](#) March 2025 [Accessed March 2025]

- **Pharmacy First Service⁶** – The Pharmacy First service commenced on 31 January 2024 and builds upon the Community Pharmacist Consultation Service (CPCS). The service incorporates the elements of the CPCS, i.e. minor illness consultations with a pharmacist and the supply of urgent medicines. Consultations are available to patients under a clinical pathway for seven clinical conditions which they can access either by referral from general practice, NHS 111 and urgent and emergency care settings or by attending or contacting the pharmacy directly without referral.
- **Hypertension Case-Finding Service⁷** requirements were updated from 1 December 2023 and means the service can be provided by suitably trained and competent pharmacy staff; previously, only pharmacists and pharmacy technicians could provide the service.
- **Hepatitis C testing service** was decommissioned from 1 April 2023. The service was focused on provision of Point-of-Care Testing (POCT) for Hepatitis C antibodies to People Who Inject Drugs (PWIDs), i.e. individuals who inject illicit drugs such as steroids or heroin, but who haven't yet moved to the point of accepting treatment for their substance use. Where people tested positive for Hepatitis C antibodies, they were referred for a confirmatory test and treatment, where appropriate.
- New Community Pharmacy Contract 2025/26: From October 2025 antidepressants will be added to the **New Medicine Service** (NMS) and **Emergency Hormonal Contraception** (EHC) will be added to the Contraception Service. At the time of writing and analysis this PNA refers to the services as per the previous framework.

1.3 Key upcoming changes

An announcement was made in March 2025 which included changes to some of the services and changes to the Pharmaceutical and Local Pharmaceutical Services (PLPS) Regulations 2013. Some of the key changes are listed below:

- Regulation change: Ability to change core opening hours: These amendments to the PLPS Regulations are intended to allow pharmacy owners greater flexibility in adjusting their opening hours to better align with the needs of patients and likely users. While the changes have not yet come into force, they are expected to take effect during the lifespan of this PNA.
- DSPs will no longer be permitted to provide Advanced and Enhanced services on their premises, though remote provision will still be allowed where specified.
- Funding and fees: Additional funding has been allocated and agreed for the Community Pharmacy Contractual Framework for 2025/2026.
- Service developments:
 - From October 2025 the Pharmacy Contraception Service will be expanded to include Emergency Hormonal Contraception.
 - New Medicine Service will be expanded to include depression from October 2025.

⁶ [Community Pharmacy England. Pharmacy First Service](#). March 2025 [Accessed March 2025]

⁷ [Community Pharmacy England. Hypertension Case-Finding service](#). March 2025. [Accessed March 2025].

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

1.4 Purpose of the PNA

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

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

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

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

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

1.5 Scope of the PNA

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

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

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

- How the localities were determined

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

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

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

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

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

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

1.5.1 Pharmacy contractors

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

There are 10,436 community pharmacies in England in January 2025 at the time of writing (this includes DSPs).⁸ This number has decreased from 11,071 community pharmacies since the previous PNA was published in 2022.

1.5.1.1 Community Pharmacies (CPs)

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

⁸ [National Health Service Business Services Authority \(NHS BSA\). Pharmacy Openings and Closures.](#) March 2025. [Accessed March 2025]

NHSE is responsible for administering opening hours for pharmacies, which is handled locally by ICBs through the delegated responsibility. A pharmacy normally has 40 core contractual hours or 72+ for those that opened under the former exemption from the control of entry test. These hours cannot be amended without the consent of the ICB. All applications for the amendment of hours are required to be considered and outcomes determined within 60 days and if approved may be implemented 30 days after approval⁹.

1.5.1.2 Distance-Selling Pharmacies (DSPs)

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

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

Figures for 2023-24 show that in England there were 409 DSPs¹⁰, accounting for 3.4% of the total number of pharmacies. This has increased slightly from 2020-21, when there were 372 DSPs, accounting for 3.2% of all pharmacy contractors.

1.5.1.3 Pharmacy Access Scheme (PhAS) providers¹¹

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

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

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

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

1.5.1.4 Local Pharmaceutical Service (LPS) providers

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

⁹ [Community Pharmacy England. Changing Core Opening Hours](#). June 2024. [Accessed March 2025]

¹⁰ [NHS BSA. General Pharmaceutical Services in England 2015-16 – 2023-24](#). October 2024. [Accessed March 2025]

¹¹ [DHSC. 2022 Pharmacy Access Scheme: guidance. May 2023](#). [Accessed March 2025]

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

1.5.2 Dispensing Appliance Contractors (DACs)

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

DACs must provide a range of Essential Services such as dispensing of appliances, advice on appliances, signposting, clinical governance and home delivery of appliances. In addition, DACs may provide the Advanced Services of AUR and SAC. As of November 2024¹² there were a total of 111 DACs in England.

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

1.5.3 Dispensing doctor practices

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

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

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

1.5.4 Other providers of pharmaceutical services in neighbouring areas

Medway borders with the Kent HWB districts of Gravesham, Maidstone, Tonbridge and Malling, and Swale.

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

¹² [NHS BSA. Dispensing contractors' data](#). [Accessed March 2025]

1.5.5 Pharmaceutical services

The Community Pharmacy Contractual Framework (CPCF), last agreed in 2019,¹³ is made up of three types of services:

- Essential Services
- Advanced Services
- Enhanced Services

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

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

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

1.5.5.1 Essential Services (ES)¹⁴

The Essential Services of the community pharmacy contract **must** be provided by all contractors:

- **ES1: Dispensing medicines** – The supply of medicines and appliances ordered on NHS prescriptions, together with information and advice, to enable safe and effective use by patients and carers, and maintenance of appropriate records.
- **ES2: Repeat dispensing/electronic repeat dispensing (eRD)** – The management and dispensing of repeatable NHS prescriptions for medicines and appliances, in partnership with the patient and the prescriber.
- **ES3: Disposal of unwanted medicines** – Acceptance, by community pharmacies, of unwanted medicines from households and individuals which require safe disposal.
- **ES4: Public health (promotion of healthy lifestyles)** – Each financial year (1 April to 31 March), pharmacies are required to participate in up to six health campaigns at the request of NHS England. This generally involves the display and distribution of leaflets provided by NHSE. In addition, pharmacies are required to undertake prescription-linked interventions on major areas of public health concern, such as encouraging smoking cessation.

¹³ [DHSC. Community Pharmacy Contractual Framework: 2019 to 2024. May 2023.](#) [Accessed March 2025]

¹⁴ [Community Pharmacy England. Essential Services. February 2025.](#) [Accessed March 2025]

- **ES5: Signposting** – The provision of information to people visiting the pharmacy who require further support, advice or treatment that cannot be provided by the pharmacy, on other health and social care providers or support organisations who may be able to assist them. Where appropriate, this may take the form of a referral.
- **ES6: Support for self-care** – The provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families.
- **ES7: Discharge Medicines Service (DMS)** – From 15 February 2021, NHS trusts are able to refer patients who would benefit from extra guidance around new prescribed medicines for provision of the DMS at their community pharmacy. The service has been identified by NHSE's Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital.
- **ES8: Healthy Living Pharmacy (HLP)** – From 1 January 2021, being a HLP is an essential requirement for all community pharmacy contractors in England. The HLP framework is aimed at achieving consistent provision of a broad range of health promotion interventions through community pharmacies to meet local needs, improving the health and wellbeing of the local population and helping to reduce health inequalities.
- **ES9: Dispensing Appliances** – Pharmacists may regularly dispense appliances in the course of their business, or they may dispense such prescriptions infrequently, or they may have taken a decision not to dispense them at all. Whilst the Terms of Service requires a pharmacist to dispense any (non-Part XVIII A listed) medicine 'with reasonable promptness', for appliances the obligation to dispense arises only if the pharmacist supplies such products 'in the normal course of business'.

Medway HWB through the PNA steering group have decided that all Essential Services are Necessary Services in Medway for the purposes of the Medway PNA.

1.5.5.2 Advanced Services (AS)¹⁵

There are nine Advanced Services within the Community Pharmacy Contractual Framework (CPCF). Advanced Services are not mandatory for providers to provide and therefore community pharmacies can choose to provide any of these services as long as they meet the requirements set out in the Secretary of State Directions. The Advanced Services are listed below and the number of pharmacy participants for each service in Medway can be seen in [Section 3.8](#) and in [Section 6.2](#) by locality.

¹⁵ [Community Pharmacy England. Advanced Services. February 2025](#). [Accessed March 2025]

- **AS1: Pharmacy First service** – The Pharmacy First service commenced on 31 January 2024 and builds upon the Community Pharmacist Consultation Service (CPCS). The service will also incorporate the elements of the CPCS, i.e. minor illness consultations with a pharmacist and the supply of urgent medicines. Consultations are available to patients under a clinical pathway for seven clinical conditions which they can access either by referral from general practice, NHS 111 and urgent and emergency care settings or by attending or contacting the pharmacy directly without referral.
- **AS2: Flu vaccination service** – A service to sustain and maximise uptake of flu vaccine in at-risk groups by providing more opportunities for access and improve convenience for eligible patients to access flu vaccinations. This service is commissioned nationally.
- **AS3: Pharmacy Contraception Service (PCS)** – The PCS started on 24 April 2023, allowing the on-going supply of oral contraception from community pharmacies. From 1 December 2023, the service included both initiation and on-going supply of oral contraception. The supplies are authorised via a PGD, with appropriate checks, such as the measurement of the patient's blood pressure and body mass index, being undertaken, where necessary. From October 2025 this will include Emergency Hormonal Contraception too.
- **AS4: Hypertension case-finding service** – This service was introduced in October 2021. The service has two stages – the first is identifying people at risk of hypertension and offering them blood pressure measurement (a 'clinic check'). The second stage, where clinically indicated, is offering ambulatory blood pressure monitoring (ABPM). The blood pressure and ABPM results will then be shared with the GP practice where the patient is registered.
- **AS5: New Medicine Service (NMS)** – The service provides support to people who are prescribed a new medicine to manage a Long-Term Condition (LTC), which will generally help them to appropriately improve their medication adherence and enhance self-management of the LTC. Specific conditions/medicines are covered by the service. From October 2025 this will extend to antidepressants.
- **AS6: Smoking Cessation Service (SCS)** – This service is commissioned as an Advanced service from 10 March 2022. It enables NHS trusts to refer patients discharged from hospital to a community pharmacy of their choice to continue their smoking cessation care pathway, including providing medication and behavioural support as required, in line with the NHS LTP care model for tobacco addiction.
- **AS7: Appliance Use Review (AUR)** – To improve the patient's knowledge and use of any 'specified appliance' by:
 - Establishing the way the patient uses the appliance and the patient's experience of such use
 - Identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient
 - Advising the patient on the safe and appropriate storage of the appliance

- Advising the patient on the safe and proper disposal of appliances that are used or unwanted.
- **AS8: Stoma Appliance Customisation (SAC)** – This service involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste.
- **AS9: Lateral Flow Device (LFD) service** – The lateral flow device tests supply service for patients potentially eligible for COVID-19 treatments (LFD service) is commissioned as an Advanced service from 6 November 2023. The objective of this service is to offer eligible at-risk patients access to LFD tests to enable testing at home for COVID-19, following symptoms of infection. A positive LFD test result will be used to inform a clinical assessment to determine whether the patient is suitable for and will benefit from NICE recommended COVID-19 treatments.

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

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

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

1.5.5.3 National Enhanced Services (NES)

Under the pharmacy contract, Enhanced Services are those directly commissioned by NHSE.

There is currently one National Enhanced Service commissioned in Medway.

- **NES1: COVID-19 vaccination service** – This service is provided from selected community pharmacies who have undergone an Expression of Interest Process and commissioned by NHSE. Pharmacy owners must also provide the Flu Vaccination Service and is provided for a selected cohort of patients.

Enhanced Services are all considered relevant for the purpose of this PNA.

1.5.6 Other services

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

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

1.6 Process for developing the PNA

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

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

- **Step 1: Project set up** and governance established between Medway Council Public Health and Soar Beyond Ltd.
- **Step 2: Steering Group** – On 12 November 2024, Medway PNA Steering Group was established. The terms of reference and membership of the group can be found in Appendix C.
- **Step 3: Project management** – At this first meeting, Soar Beyond Ltd and the local authority presented and agreed the project plan and ongoing maintenance of the project plan. Appendix B shows an approved timeline for the project.
- **Step 4: Review of existing PNA and JSNA** – Through the project manager, the PNA Steering Group reviewed the existing PNA and JSNA.
- **Step 5a: Public questionnaire** on pharmacy provision – A public questionnaire to establish views about pharmacy services was agreed by the Steering Group and circulated to residents via various channels. A total of 974 responses were received. A copy of the public questionnaire can be found in Appendix D with detailed responses.
- **Step 5b: Pharmacy contractor questionnaire** – The Steering Group agreed a questionnaire to be distributed to the local community pharmacies to collate information for the PNA. A total of 16 responses were received, which is a small percentage (31%) of the number of pharmacies, so the finding should be interpreted with some care. This low response rate was due to several factors, including the challenging environment for community pharmacies, the timing of the survey during a busy period, and collective action from the National Pharmacy Association advising against engaging in non-essential activities. A copy of the pharmacy questionnaire can be found in Appendix E with detailed responses.
- **Step 5c: Dispensing practice questionnaire** – A questionnaire was agreed and distributed to all dispensing practices across Medway. There were two responses to this questionnaire. Due to the low response rate, the Steering Group agreed for these not to be included in the PNA and the data required to be gathered from other sources.

- **Step 6: Mapping of services** – Details of services and service providers were collated and triangulated to ensure the information that the assessment was based on was the most robust and accurate. The Pharmacy Contracting function within the ICB, as the commissioner of service providers and services classed as necessary and relevant, was predominantly used as a base for information due to its contractual obligation to hold and maintain pharmaceutical lists on behalf of NHSE. Information was collated, ratified and shared with the Steering Group before the assessment was commenced. The pharmaceutical list dated February 2025 was used for this assessment.
- **Step 7: Preparing the draft PNA for consultation** – The Steering Group reviewed and revised the content and detail of the draft PNA. The process took into account the demography, health needs of residents in the local area, JSNA and other relevant strategies in order to ensure the priorities were identified correctly. As the PNA is an assessment taken at defined moment in time, the Steering Group agreed to monitor any changes and, if necessary, to update the PNA before finalising or publish with accompanying supplementary statements as per the regulations, unless the changes had a significant impact on the conclusions. In the case of the latter the group were fully aware of the need to reassess.

1.7 Localities for the purpose of the PNA

The PNA Steering Group, at its first meeting, considered how the localities within Medway geography would be defined.

In the 2022-2025 Medway Pharmaceutical Needs Assessment, localities were selected based on the seven Primary Care Networks (PCNs) used by the Medway and Swale Health and Care Partnership. PCNs are designed to bring together groups of GP practices to work collaboratively, often with other health and social care providers, to deliver integrated services to their local populations. However, the GP practices within a PCN are not always immediate neighbours, resulting in some PCNs covering several non-adjacent areas. This is the case for some PCNs in Medway. Consequently, some Medway PCNs represent disparate areas, making them unsuitable for use as PNA localities, which need to assess and plan pharmaceutical services within a specific area.

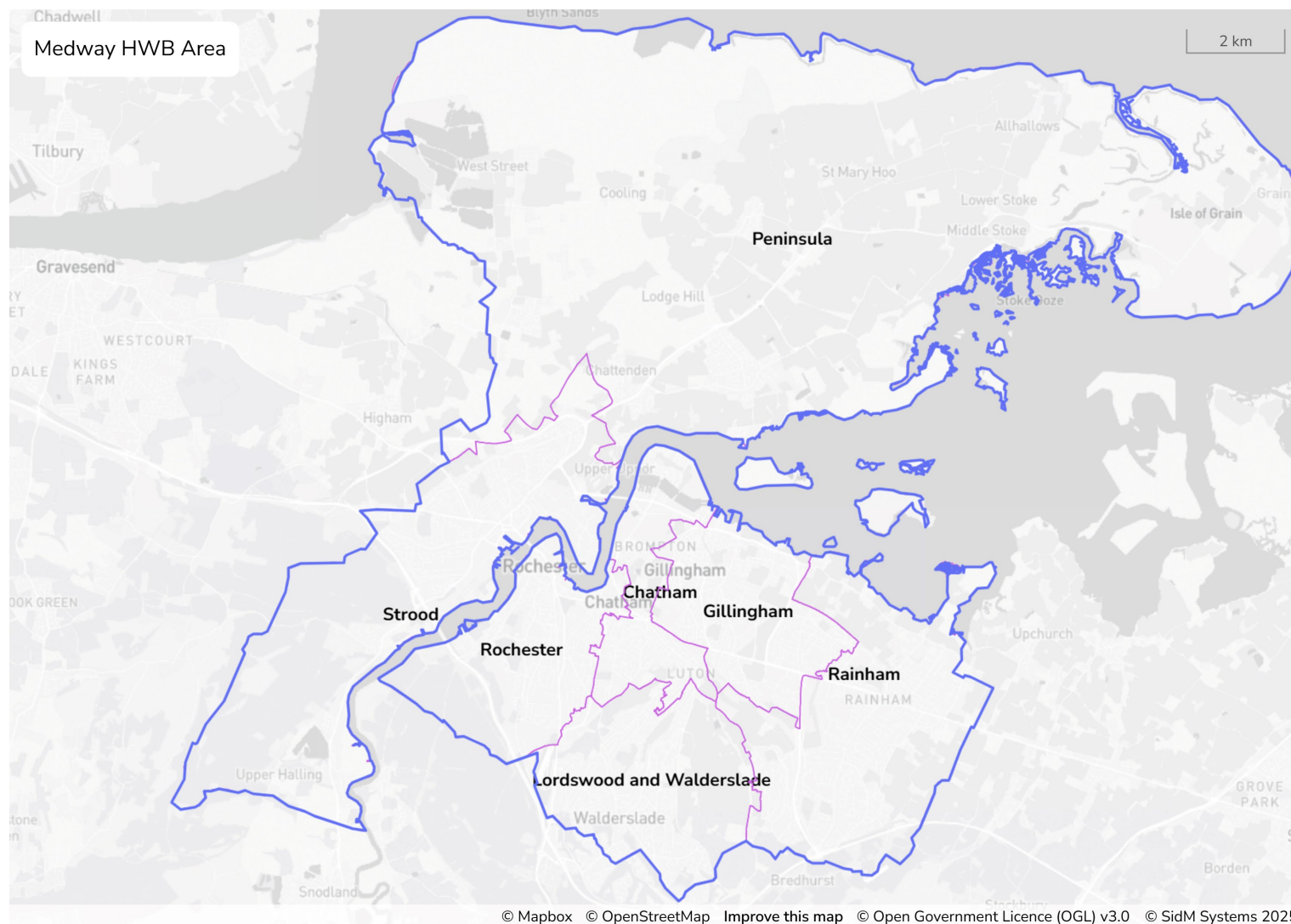
Therefore, alternative boundaries have been created to be used as localities for the PNA:

- Chatham
- Gillingham
- Lordswood and Walderslade
- Peninsula
- Rainham
- Rochester
- Strood

These boundaries are based on the main built-up areas of Medway and considered the population characteristics of these areas, such as deprivation, population density, and urban/rural classifications.

A list of providers of pharmaceutical services within these localities is found in Appendix A. The information contained in Appendix A has been provided by the ICB, NHS Kent and Medway ICB and Medway Council. Once collated it was ratified by the steering group during the second steering group meeting.

Figure 1: Map of Medway HWB area*



Boundaries : ■ Neighbourhood ■ Local Authority

*Please note the map legend shows Medway localities as 'Neighbourhood'.

Section 2: Context for the PNA

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

This section aims to present health needs data that might be of relevance to pharmacy services. It is not an interpretation of pharmaceutical service provision requirements for Medway. This section should be read in conjunction with these detailed documents. Appropriate links have been provided within each subsection. There are opportunities for the ICB and HWB to maximise Community Pharmacy Contractual Framework (CPCF) services to support the Medway Health and Wellbeing Strategy.

2.1 NHS Long Term Plan (LTP)¹⁶

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

Priority clinical areas in the LTP include:

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

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

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

¹⁶ [NHS. NHS Long Term Plan](#). [Accessed March 2025]

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

The LTP has implications for the current Community Pharmacy Contractual Framework Essential Services ([1.5.5.1](#)) and Advanced Services ([1.5.5.2](#)), by providing benefits to the ICS to maximise these services into care pathways. Services such as the Hypertension case-finding service, Pharmacy First, PCS and NMS can help meet the needs of the LTP.

2.2 Core20PLUS5¹⁷

‘Core20PLUS5 is a national NHSE approach to support the reduction of health inequalities at both national’ and ICS level. The targeted population approach focuses on the most deprived 20% of the national population (CORE20) as identified by the Index of Multiple Deprivation (IMD) and those within an ICS who are not identified within the core 20% but who experience lower than average outcomes, experience or access e.g. people with a learning disability and hidden deprivation within the gypsy and roma populations (PLUS). Additionally, there are five key clinical areas:

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

¹⁷ [NHSE. Core20PLUS5 \(adults\) – an approach to reducing healthcare inequalities](#). [Accessed March 2025]

2.3 The 10 Year Health Plan

The NHS's forthcoming 10-Year Health Plan¹⁸ aims to modernise healthcare in England by focusing on three pivotal shifts:

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

Collectively, these shifts aim to create a modernised NHS that delivers efficient, patient-centred care, meeting the evolving needs of the population.

2.4 Neighbourhood Health Guidelines¹⁹

In January 2025, NHS England published the Neighbourhood Health Guidelines 2025/26 to assist ICBs, local authorities, and health and care providers in advancing neighbourhood health initiatives ahead of the forthcoming 10-Year Health Plan. There are six core components:

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

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

¹⁸ [NHS. Three Shifts](#). [Accessed March 2025]

¹⁹ [NHSE. Neighbourhood health guidelines 2025/26](#). March 2025. [Accessed April 2025]

2.5 Pioneers of reform – Strategic commissioning²⁰

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

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

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

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

2.6 Joint Strategic Needs Assessment (JSNA)

The purpose of JSNAs and related JLHWSs (see below) is 'to improve the health and wellbeing of the local community and reduce inequalities for all ages. They are not an end in themselves, but a continuous process of strategic assessment and planning – the core aim is to develop local evidence-based priorities for commissioning that will improve the public's health and reduce inequalities. Their outputs, in the form of evidence and the analysis of needs, and agreed priorities, will be used to help to determine what actions local authorities, the local NHS and other partners need to take to meet health and social care needs, and to address the wider determinants that affect health and wellbeing'.²¹ The PNAs should therefore be read alongside the JSNAs.

The Medway JSNA²² is made of 30 topic specific chapters as well as other supporting information to inform the commissioning of health and social care and provide strategic direction.

2.7 Medway Joint Local Health and Wellbeing Strategy (JLHWS) 2024-2028

Building on the evidence provided by the JSNA, the Medway JLHWS²³ provides a high level framework for improving health and wellbeing across Medway to inform commissioning across the health and care system.

The strategy outlines the key priorities and the actions being taken to meet Medway's health and wellbeing needs. The four priority themes are:

- Healthier, longer lives for everyone
- Reduce poverty and inequality
- Safe, connected and sustainable places

²⁰ [NHS Confederation. Strategic Commissioning – what does it mean? March 2025](#). [Accessed April 2025]

²¹ [Gov.uk - Department of Health. JSNAs and JHWS statutory guidance](#). August 2022. [Accessed March 2025]

²² [Medway Council. Medway's Joint Strategic Needs Assessment \(JSNA\)](#). [Accessed March 2025]

²³ [Medway Council. Joint Local Health and Wellbeing Strategy. April 2022](#). [Accessed March 2025]

- Connected communities and cohesive services

2.8 Kent and Medway Integrated Care Strategy²⁴

In an integrated care system, NHS organisation work together with others to manage resources. This ensures NHS standards are delivered and the health of the population improves. The ICS is responsible for setting the strategy and goals for improving health and care of residents. It oversees the quality and safety, decision-making, governance and financial management of services. The goal is to create a health and care system fit for the future, with transformed services that join up around the people who use them.

The integrated care strategy for Medway is part of the overarching strategy for Kent and Medway. The strategy sets out six outcomes:

- Give children and young people the best start in life
- Tackle the wider determinants to prevent ill health
- Support happy and healthy living
- Empower people to best manage their health conditions
- Improve health and care services
- Support and grow our workforce

2.9 Medway the place

Medway is located 30 miles from central London and is made up of six towns: Chatham, Gillingham, Peninsula, Rainham, Rochester and Strood. It takes its name from the River Medway and is predominantly urban. The notable exception is Peninsula, which is quite rural.²⁵

Public transport is well developed with extensive bus and train networks, due to the proximity to London. There are local shuttle busses to the four local university campuses²⁶. Medway Mobility is a weekly bus service specifically designed for people in the Medway area who are frail and elderly or have a disability.²⁷

An understanding of the size and characteristics of Medway population, including how it can be expected to change over time, is fundamental to assessing population needs and for the planning of local services. This section provides a summary of the demographics of Medway residents, how healthy they are, and what changes can be expected in the future.

²⁴ [Kent and Medway ICS. Integrated Care Strategy](#). [Accessed March 2025]

²⁵ [Gov.uk - Department for Environment, Food & Rural Affairs. 2011 Local Authority Rural Urban Classification. August 2021](#). [Accessed March 2025]

²⁶ [The Hub. Travel and Transport. March 2025](#). [Accessed March 2025]

²⁷ [Medway Mobility bus service. Medway Council](#). [Accessed March 2025]

2.9.1 Population characteristics

To find an accurate estimate for the current population of Medway, two datasets were used together to form an updated prediction of older data using the newest available data. The most recently released mid-year estimates at the Lower layer Super Output Area (LSOA)²⁸ level are the population estimates for 2022.²⁹ This dataset was used to rebase the population projections that were released in 2020 (based on 2018 data) that predicted the population growth of local authorities from 2018 to 2043.

The rebase of the 2020 Office for National Statistics (ONS) population projections³⁰ predicts the Medway population to be 284,578 in 2025 (a 1.9% increase from the figures used in the 2022 PNA). At locality level, the population estimates range from 25,577 in Peninsula to 56,962 in Gillingham.

Figure 2 shows that the most densely populated area in Medway is Gillingham and the least densely populated is Peninsula.

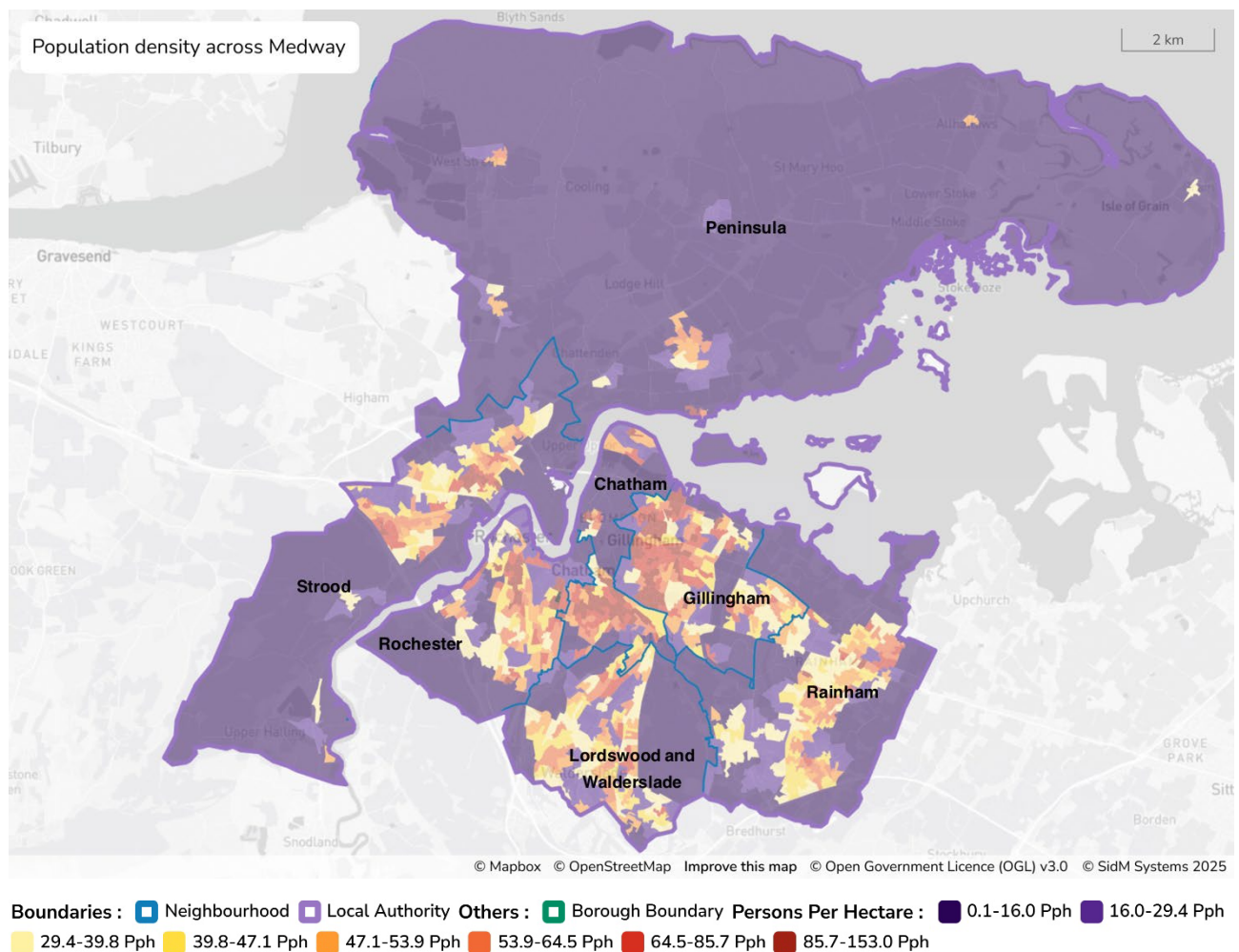
²⁸ [“Lower layer Super Output Areas \(LSOAs\) are made up of groups of Output Areas \(OAs\), usually four or five. They comprise between 400 and 1,200 households and have a usually resident population between 1,000 and 3,000 persons.”](#) ONS. Statistical geographies. [Accessed March 2025]

²⁹ [ONS. Lower layer Super Output Area population estimates \(supporting information\). Estimates for 2022. November 2024.](#) [Accessed March 2025]

³⁰ Rebase of the 2018-based population projections (released 2020) (1) using the Mid-2019 to Mid-2022 population estimates at LSOA level (released 2024) (2).

- (1) [2018-based ONS. Population projections for local authorities : Table 2. March 2020.](#) [Accessed March 2025]
- (2) [ONS. Mid-2019 to Mid-2022 Lower layer Super Output Area population estimates \(supporting information\).](#) November 2024. [Accessed March 2025]

Figure 2: Map of population density across Medway by locality*



*Please note the map legend shows Medway localities as 'Neighbourhood'.

Source: ONS Open Geography Portal, 2020

2.9.1.1 Age

Table 2 shows the population distribution by age across Medway and in comparison, with the regional and national estimates. Compared with England, in Medway there is a higher proportion of children aged 0-4 (6% compared in Medway to 5.3% in England) and 5-17 years (17.0% compared to 15.5%). The only other age group above the national proportion is adults aged 40-54 years, 20.6% compared to 19.1% in England.

In Medway, 28.5% of the population are aged 55 years or older, compared with 32.1% in England. The localities with the highest proportion of people aged 55 and over are Peninsula and Rainham.

Table 2: Total population estimates across Medway in 2025 by locality and age groups

Area	Total population	0-4 years	5-17 years	18-24 years	25-39 years	40-54 years	55-65 years	66-80 years	80+ years
Chatham	32,280	7.3%	18.9%	8.7%	22.9%	20.9%	10.6%	8.2%	2.4%
Gillingham	56,962	6.2%	17.7%	9.1%	22.1%	20.3%	11.9%	9.8%	2.9%
Lordswood and Walderslade	39,588	5.7%	17.5%	6.8%	19.6%	20.6%	13.0%	13.0%	3.6%
Peninsula	25,577	5.9%	16.6%	6.5%	18.1%	19.9%	13.7%	15.1%	4.1%
Rainham	47,082	4.9%	15.5%	6.7%	16.4%	20.0%	12.8%	17.4%	6.3%
Rochester	37,982	5.8%	15.5%	8.2%	22.1%	21.6%	11.9%	11.0%	3.9%
Strood	45,110	6.2%	17.6%	6.9%	20.3%	20.9%	12.3%	11.7%	4.1%
Medway³¹	284,578	6.0%	17.0%	7.6%	20.3%	20.6%	12.3%	12.3%	3.9%
South East of England³²	9,482,507	5.2%	15.8%	7.6%	18.9%	19.8%	14.1%	13.8%	5.6%
England³²	57,690,32	5.3%	15.5%	8.3%	20.4%	19.1%	13.8%	13.2%	5.1%

Source: Office for National Statistics (ONS). Rebase of 2018-based population projections (released 2020) using the Mid-2019 to Mid-2022 ONS population estimates at LSOA level (released 2024).

Table 2 provides the details of each of the age groups for the localities in Medway. In summary:

- 0-4 years: Highest in Chatham (7.3%) and lowest in Rainham (4.9%), which is the only locality below the England average (5.3%).
- 5-17 years: Highest in Chatham (18.9%) and lowest in Rainham and Rochester, which are similar to the England estimate (15.5%).
- 18-24 years: Highest in Gillingham (9.1%) and lowest in Peninsula (6.5%). Medway overall (7.6%) is below England (8.3%)
- 25-39 years: Highest in Chatham (22.9%) and lowest in Rainham (16.4%). Average in Medway (20.3%) is similar to the national average (20.4%).
- 40-54 years: Largest age group overall with the highest proportion in Rochester (21.6%) and the lowest in Peninsula (19.9%), all above the England value (19.1%).
- 55-65 years: Below national estimate (13.8%) for this age group in all localities. Highest in Peninsula (13.7%) and lowest in Chatham (10.6%).

³¹ Rebase of the 2018-based population projections (released 2020) (1) using the Mid-2019 to Mid-2022 population estimates at LSOA level (released 2024) (2).

(1) [2018-based ONS. Population projections for local authorities : Table 2. March 2020](#). [Accessed March 2025]

(2) [ONS. Mid-2019 to Mid-2022 Lower layer Super Output Area population estimates \(supporting information\). November 2024](#). [Accessed March 2025]

³² [ONS. Mid-2023: Estimates of the population for England and Wales. July 2024](#). [Accessed March 2025]

- 66-80 years: Highest in Rainham (17.4%) and lowest in Chatham (8.2%). Medway overall (12.3%) is below the England average (13.2%).
- 80+ years: Highest in Rainham (6.3%) and lowest in Chatham (2.4%). Medway average (3.9%) is lower than the national average (5.1%).

2.9.1.2 Sex

The projections for the sex structure of Medway are similar to the England estimates. Figure 3 show the Medway population profile by age and sex. Table 3 shows the details of the age structure by sex in Medway and England.

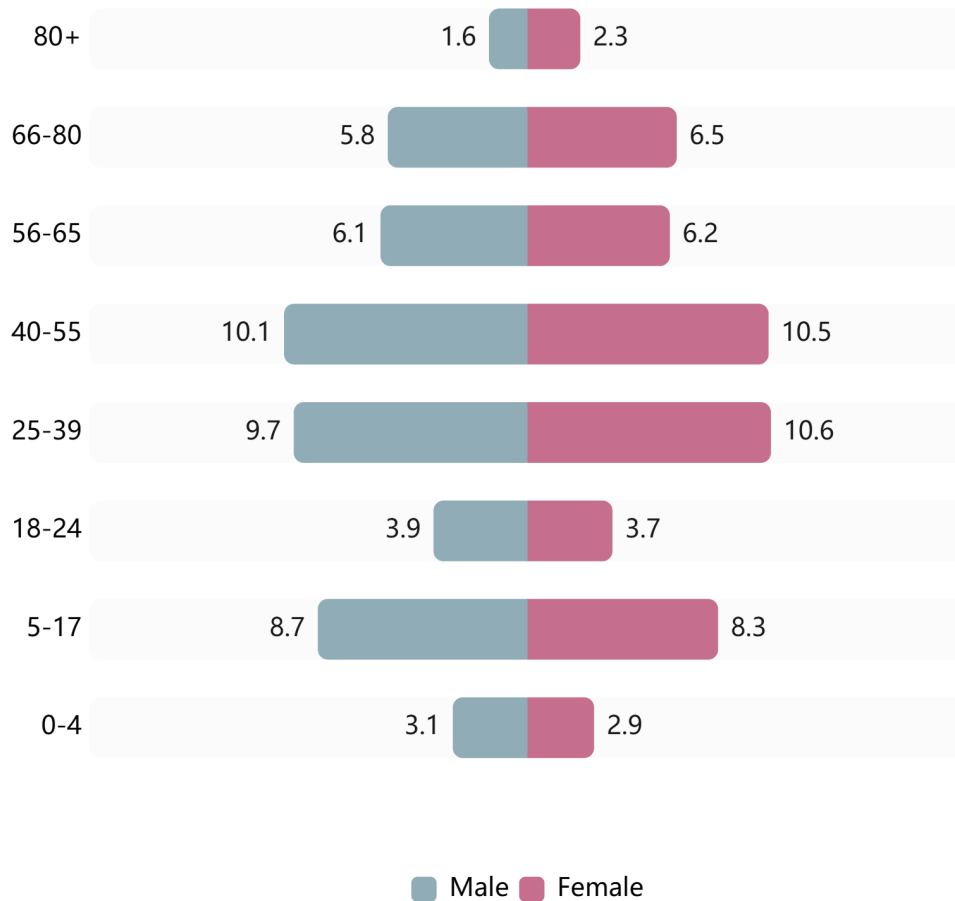
Table 3: Comparison showing the percentage of the Medway and England population structure projections

Age groups	Medway projections for 2025 (%) ³¹			England projections for 2023 (%) ³²			Difference between Medway and England (%)		
	Female	Male	Total	Female	Male	Total	Female	Male	Total
0-4	2.9	3.1	6.0	2.6	2.7	5.3	0.3 (H)	0.4 (H)	0.7 (H)
5-17	8.3	8.7	17.0	7.6	7.9	15.5	0.7 (H)	0.8 (H)	1.5 (H)
18-24	3.7	3.9	7.6	4.1	4.3	8.4	0.4 (L)	0.4 (L)	0.8 (L)
25-39	10.6	9.7	20.3	10.4	9.9	20.3	0.2 (L)	0.2 (L)	0 (S)
40-55	10.5	10.1	20.6	10.4	10.0	20.4	0.1 (H)	0.1 (H)	0.2 (H)
56-65	6.2	6.1	12.3	6.3	6.1	12.4	0.1 (L)	0 (S)	0.1 (L)
66-80	6.5	5.8	12.3	6.9	6.2	13.1	0.4 (L)	0.4 (L)	0.8 (L)
80+	2.3	1.6	3.9	3.0	2.1	5.0	0.7 (L)	0.5 (L)	1.2 (L)

Key:	Higher than England value	(H)	Lower than England value	(L)	Similar to England value	(S)
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Figure 3: 2025 estimate (%) for the age profile of residents across Medway³¹

Age and Gender - 2025 (in %)

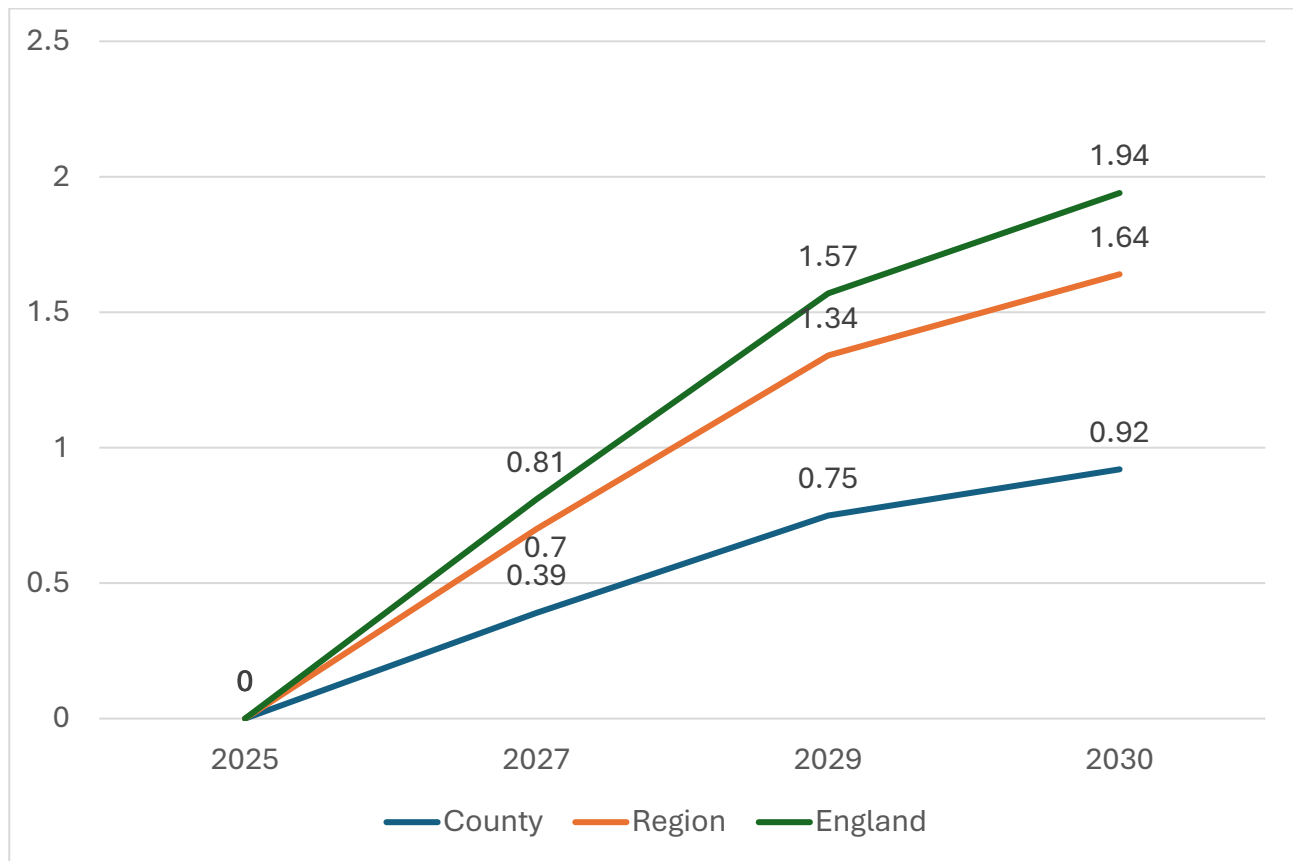


Total Population : 284,578

2.9.2 Predicted population growth

Population projections are an indication of the future trends in population. They are trend-based projections, which means assumptions for future levels of births, deaths and migration are based on observed levels mainly over the previous five years. They show what the population will be if recent trends continue. They are not forecasts and do not attempt to predict the impact that future government or local policies, changing economic circumstances or other factors might have on demographic behaviour.

Figure 4 below shows that between 2025 and 2030, the population of Medway is projected to grow by 0.92%, which is below the projected national (1.94%) and regional growth (1.64%).

Figure 4: Estimated cumulative projected growth in Medway (all ages) %³¹

Between 2025 and 2030 the overall population of Medway is projected to grow by 2,615 (0.92%). As shown in Table 4, all areas within Medway are expected to experience slight growth, with Rainham seeing the largest increase both in number (847 people) and percentage (1.80%). In contrast, Chatham is projected to have the smallest growth, with an increase of 109 people (0.33%). Other areas, including Gillingham, Rochester, Strood, and the Peninsula, show similarly modest growth trends, reflecting a generally stable population across the region over the five-year period.

Table 4: Total population projections (% growth and count from previous year) by locality across the next five years³¹

Area	2025	2026	2027	2028	2029	2030	Total growth from 2025 to 2030
Chatham	32,280	32,309 (0.09%)	32,328 (0.06%)	32,348 (0.06%)	32,367 (0.06%)	32,389 (0.07%)	109 (0.33%)
Gillingham	56,962	57,046 (0.15%)	57,112 (0.12%)	57,181 (0.12%)	57,245 (0.11%)	57,313 (0.12%)	351 (0.62%)
Lordswood and Walderslade	39,588	39,664 (0.19%)	39,729 (0.16%)	39,791 (0.16%)	39,852 (0.15%)	39,909 (0.14%)	321 (0.81%)

Area	2025	2026	2027	2028	2029	2030	Total growth from 2025 to 2030
Peninsula	25,577	25,636 (0.23%)	25,689 (0.21%)	25,741 (0.20%)	25,789 (0.19%)	25,839 (0.19%)	262 (1.02%)
Rainham	47,082	47,249 (0.35%)	47,435 (0.39%)	47,607 (0.36%)	47,774 (0.35%)	47,929 (0.32%)	847 (1.80%)
Rochester	37,982	38,051 (0.18%)	38,124 (0.19%)	38,194 (0.18%)	38,259 (0.17%)	38,326 (0.18%)	344 (0.91%)
Strood	45,110	45,193 (0.18%)	45,280 (0.19%)	45,355 (0.17%)	45,424 (0.15%)	45,485 (0.13%)	375 (0.83%)
Medway	284,578	285,148 (0.20%)	285,697 (0.19%)	286,219 (0.18%)	286,711 (0.17%)	287,193 (0.17%)	2,615 (0.92%)

Looking at the age groups, the largest growth across Medway is expected to be in those aged 80+, with an increase of 2,735 (24.5%) which is higher than the England projection (20%). The population change for children aged 0-4 is projected to decrease by 1.92%.

Table 5: Population projections (% growth and count from previous year) by age groups across Medway over the next five years³¹

Year	2025	2026	2027	2028	2029	2030	Growth from 2025 to 2030
0-4	17,015	16,920 (-0.56%)	16,841 (-0.47%)	16,780 (-0.36%)	16,727 (-0.32%)	16,689 (-0.23%)	-326 (-1.92%)
5-17	48,470	48,418 (-0.11%)	48,305 (-0.23%)	48,064 (-0.50%)	47,730 (-0.69%)	47,224 (-1.06%)	-1,246 (-2.57%)
18-24	21,775	22,216 (2.03%)	22,732 (2.32%)	23,283 (2.42%)	23,822 (2.31%)	24,462 (2.69%)	2,687 (12.34%)
25-39	57,691	57,038 (-1.13%)	56,266 (-1.35%)	55,487 (1.38%)	54,857 (-1.14%)	54,238 (-1.13%)	-3453 (-5.99%)
40-55	58,594	58,710 (0.20%)	58,946 (0.40%)	59,336 (0.66%)	59,891 (0.94%)	60,514 (1.04%)	1,920 (3.28%)
56-65	34,990	35,123 (0.38%)	35,105 (-0.05%)	35,001 (-0.30%)	34,502 (-1.43%)	34,038 (-1.34%)	-1,085 (-3.09%)
66-80	34,883	35,134 (0.72%)	35,005 (-0.37%)	35,124 (0.34%)	35,578 (1.29%)	36,133 (1.56%)	999 (2.86%)
80+	11,160	11,589 (3.84%)	12,497 (7.84%)	13,144 (5.18%)	13,604 (3.50%)	13,895 (2.14%)	2,735 (24.5%)

2.9.3 Number of households

There was a 5% growth in the number of households between 2011 and 2021 in Medway as shown in Table 6.

Table 6: Changes in the number of households between 2011 and 2021 and the percentage change

	2011	2021	% change
Number of households	106,209	111,458	+5.0

Source: ONS census 2021

Between 2011 and 2021 there has been a 5% increase in the number of households in Medway.

Table 7: Number of dwellings and the percentage change

Area	Total dwellings 2022	Total dwellings 2024	% change
Medway	117,250	119,080	+1.6

Source: ONS Council Tax: stock of properties 2024 ³³

In terms of the number of dwellings there has been a 1.6% increase from 2022 to 2024.

While there has been an overall increase in dwellings over the past decade, the growth trajectory has not been linear. The rate of new dwelling construction peaked in 2019/20 and has since declined. For example, although there were 570 new dwellings in 2023/24 compared to 380 in 2013/14—a 50% increase over that period—the 2023/24 figure is lower than the peak years and also below the average for English unitary authorities..³⁴

2.9.4 Household projections³⁵

Household projections are not an assessment of housing need and do not take account of future policies. They are an indication of the likely increase in households given the continuation of recent demographic trends.

In 2043, the projected number of households in Medway is expected to be 122,493, an 8.2% increase from September 2022. One person households will account for 30.5% and households with dependent children will account for 28.3%. This is the total projected number of households in the reference year based on the 2018-based projections.

2.9.5 Planned developments

Figure 5 shows the projected housing units on major sites across Medway and whether these have started on site at the time of writing. This includes housing units, care homes and student accommodation units.

³³ [ONS. Council Tax: stock of properties, 2024. October 2024.](#) [Accessed March 2025]

³⁴ [Local Government Association \(LGA\). Understanding Planning in Medway, Population projections.](#) [Accessed March 2025]

³⁵ [LGA. Understanding Planning in Medway, Household projections. August 2024.](#) [Accessed March 2025]

The map illustrates a concentration of planned residential development in urban centres, particularly in Gillingham, Chatham, and central Medway. Notably, Gillingham alone is projected to accommodate around 600 new units, with further major clusters in Chatham (998 units), and additional development in adjacent areas such as Rainham, and Strood.

While a number of developments have already commenced, a substantial proportion remains in the planning phase and is yet to begin construction. This information is important for anticipating future population shifts and identifying areas where additional pharmaceutical provision may be required.

In addition, the presence of planned care home developments, particularly around the Gillingham area, reinforces the need for pharmacy services to support an ageing population, including the provision of compliance aids, medicines reviews, and domiciliary support.

Table 8 below summarises the number of planned housing units and associated projected population growth by locality across Medway over the next five years. While the total planned housing development is over 7,000 units, the expected population growth is modest, at approximately 0.92% across the area. Notably, Rainham is projected to see the highest proportional increase in population (1.80%) despite having a smaller share of new housing, indicating potentially higher occupancy rates or younger household formation.

Table 8: Number of planned housing units and the percentage of projected population growth per locality³⁶

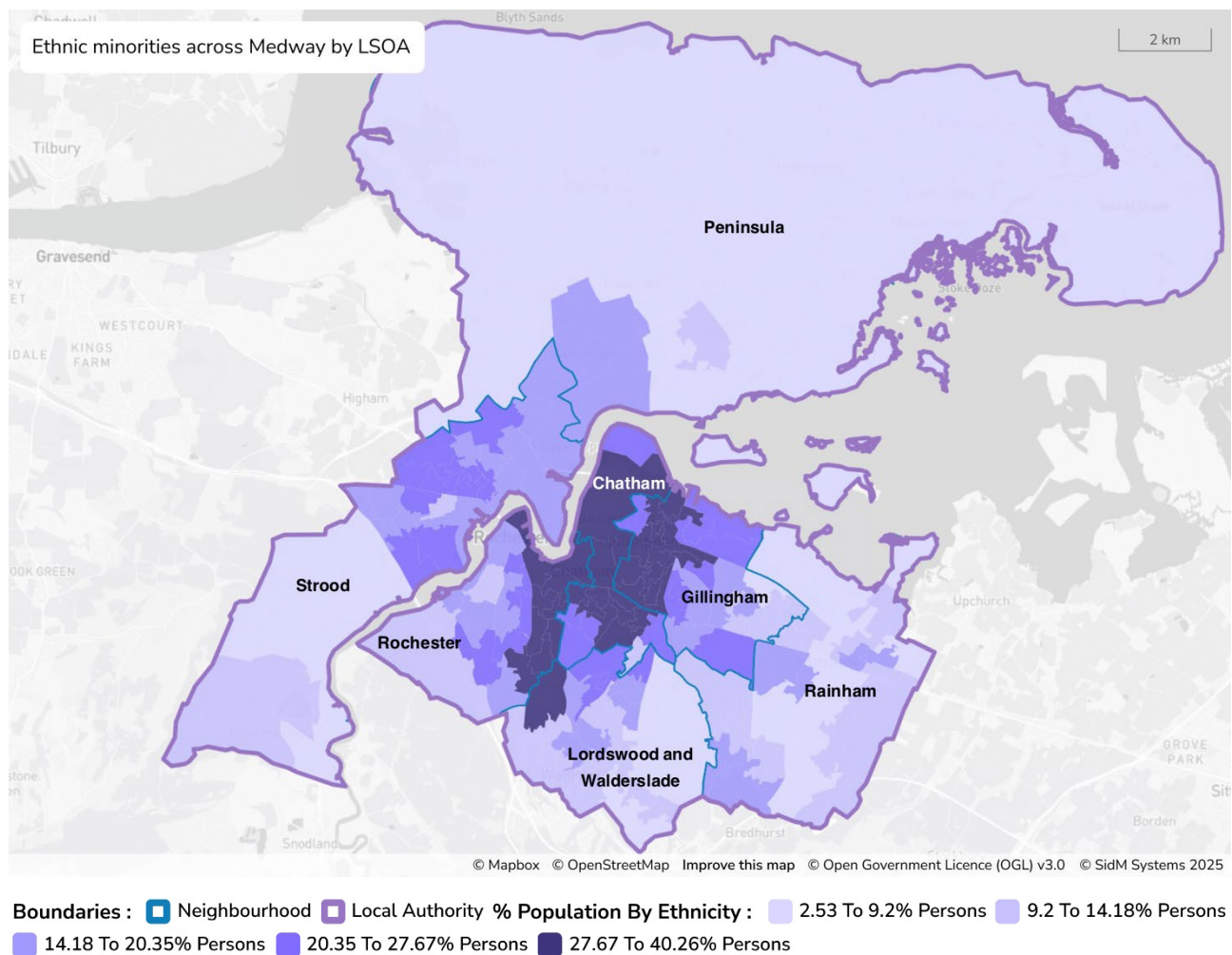
Area	Planned Housing units for the next five years (including care homes and student accommodation)	Projected population growth % in the next five years (up to 2030)
Chatham	998	109 (0.33%)
Gillingham	597	351 (0.62%)
Lordswood and Walderslade	1,349	321 (0.81%)
Peninsula	812	262 (1.02%)
Rainham	556	847 (1.80%)
Rochester	2,384	344 (0.91%)
Strood	898	375 (0.83%)
Medway	7,594	2,615 (0.92%)

2.9.6 Ethnicity

Ethnicity across Medway varies significantly by locality, and this can be seen in the map below.

³⁶ Medway Council. Medway Housing Data. January 2025.

Figure 5: Ethnic minorities (excluding all White) across Medway by LSOA



Using the March 2021 ONS data, 84.3% of usual residents in Medway identified as White and 15.7% identified as being from an ethnic minority group. In Medway, excluding those who identify as White, the most common ethnic groups were Asian (5.9%) or Black/Black British/Black Welsh/Caribbean/African (5.6%).

Table 9 shows the proportions of the population in each ethnic group from the 2021 Census.³⁷ The table shows how the population identified themselves.

Table 9: Percentages of people showing the ethnicity profile across Medway, 2021

Area	White	Asian	Black, Black British, Black Welsh, Caribbean or African	Mixed or Multiple ethnic groups	Other ethnic group
Chatham	76.3%	7.6%	9.7%	3.6%	2.7%
Gillingham	78.2%	8.3%	8.2%	3.6%	1.8%

³⁷ [ONS. Ethnic group. March 2023](#). [Accessed March 2025]

Area	White	Asian	Black, Black British, Black Welsh, Caribbean or African	Mixed or Multiple ethnic groups	Other ethnic group
Lordswood and Walderslade	88.4%	3.5%	5.0%	2.2%	0.9%
Peninsula	92.9%	2.2%	2.9%	1.6%	0.5%
Rainham	91.4%	4.0%	1.9%	2.0%	0.8%
Rochester	79.5%	9.2%	5.7%	3.5%	2.0%
Strood	85.8%	5.0%	5.4%	2.7%	1.1%
Medway	84.3%	5.9%	5.6%	2.8%	1.4%
South East of England	86.3%	7.0%	2.4%	2.8%	1.5%
England	81.0%	9.6%	4.2%	3.0%	2.2%

Source: ONS, 2021

Summary:

White populations:

- Highest: Peninsula (92.9%) has the highest white population of all the localities.
- Lowest: Chatham (76.3%) has the lowest of all localities.
- Medway overall (84.3%) is slightly higher than the England value (81.0%).

Asian population:

- Highest: Rochester (9.2%), has the highest Asian population.
- Lowest: Peninsula (2.2%), consistent with high white population.
- Medway average (5.9%) is below the England value (9.6%).

Black, Black British, Black Welsh, Caribbean or African population:

- Highest: Chatham (9.7%) has the highest black population.
- Lowest: Rainham (1.9%) has a very low percentage compared to the other localities, followed by Peninsula (2.9%)
- Medway (5.6%) is slightly above the England value (4.2%).

Mixed/Multiple ethnic groups:

- Joint highest: Chatham (3.6%) and Gillingham (3.6%).
- Lowest: Peninsula (1.6%), again consistent with high white population.
- Medway (2.8%) is slightly below the England average (3.0%).

Other ethnic groups:

- Highest: Chatham (2.7%), which is the only locality, for Medway, above the England average.

- Lowest: Peninsula (0.5%), again consistent with high white population.
- Medway (1.4%) is lower than the England value (2.2%).

2.9.7 Religion

Table 10 shows the percentage of people who identified with a particular religious group, as defined by a set of census categories. The largest religious group in Medway is Christianity (45.1%), with 43% marking no religion.

Table 10: Percentage of people showing the religion comparison, 2021³⁸

Religion	Medway	South East of England	England
No religion	43.0%	40.2%	36.7%
Christian	45.1%	46.5%	46.3%
Buddhist	0.4%	0.6%	0.5%
Hindu	1.1%	1.7%	1.8%
Jewish	0.1%	0.2%	0.5%
Muslim	2.7%	3.3%	6.7%
Sikh	1.6%	0.8%	0.9%
Other religion	0.6%	6.1%	0.6%
Not answered	5.5%	6.1%	6%

Source: ONS, 2021

2.9.8 Household languages

Table 11 shows the proportion of households who have English as their main language across Medway.

Table 11: Number of households with English as their main language³⁹

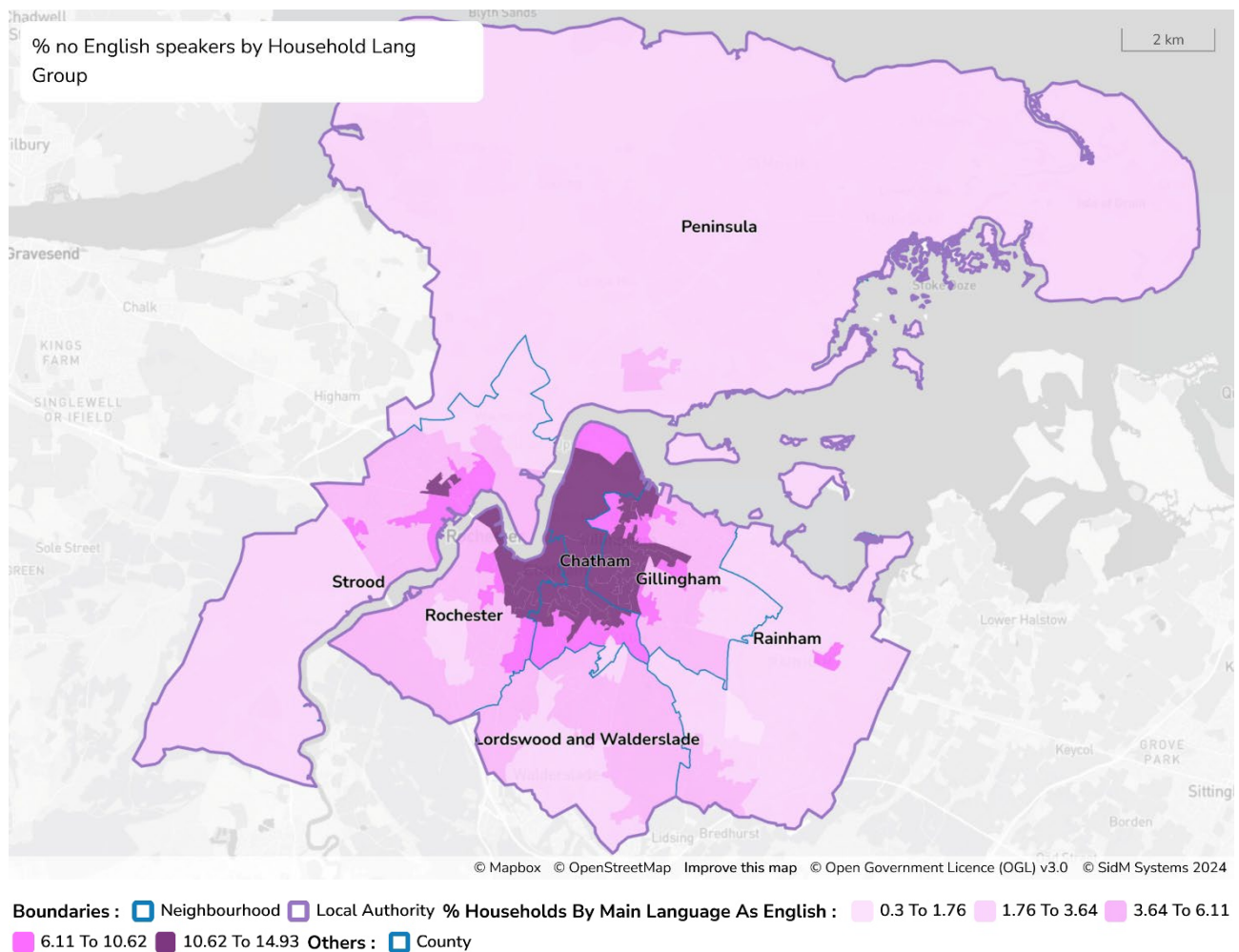
Category	Number
All adults in household with English as their main language	102,839
At least one adult in household with English as their main language	3,427
No people in household with English as their main language	4,799
One person 3-15 years in household with English as their main language	1,393

Source: ONS, 2021

³⁸ [ONS. Census 2021 - Religion. March 2023](#). [Accessed April 2025]

³⁹ [ONS. Household language. November 2022](#). [Accessed March 2025]

Figure 6: Map to show areas where English is not spoken across households in Medway



From the map it can be seen areas within Medway with the highest number of households where no one speaks English, with Chatham being the highest and Peninsula being the lowest.

2.9.9 Other groups

2.9.9.1 Disability

The 2021 census compared disability status, with respondents stating if they were disabled under the Equality Act 2010⁴⁰, with their day-to-day activities limited a little, or a lot.

Around 7.8% of the population in Medway identified themselves as being disabled and “limited a lot”. There was 10.6% that said they were disabled and “limited a little”.⁴¹

⁴⁰ [Legislation. Equality Act 2010. February 2025](#). [Accessed March 2025]

⁴¹ [ONS. How life has changed in Medway: Census 2021. January 2023](#). [Accessed March 2025]

2.9.9.2 Homeless population

Medway has 453 households in temporary accommodation, equating to a crude rate of 4.0 per 1,000 households⁴². This is statistically significantly lower than the England average of 4.6 per 1,000, based on non-overlapping confidence intervals. However, it remains above the South East regional average of 3.4 per 1,000, although significance cannot be confirmed due to unavailable confidence interval data for the region.

2.9.9.3 Traveller population

In Medway, the Gypsy or Irish Traveller population totals 749 (0.27%) and all localities have a higher proportion than the national average of 0.12%. Of the localities, Chatham has the highest proportion (0.52%, 164 individuals), while Gillingham and Rainham have the lowest (both 0.18%). Other notable areas include Lordswood and Walderslade (0.36%) which, other than Chatham, is higher than the rest; the other localities range between 0.18% and 0.29%. These figures highlight localised variations within Medway.

Table 12: The number and percentage of Gypsy or Irish Traveller populations across Medway

Area	Gypsy or Irish Traveller (number and % per locality)
Chatham	164 (0.52%)
Gillingham	100 (0.18%)
Lordswood and Walderslade	141 (0.36%)
Peninsula	50 (0.20%)
Rainham	85 (0.18%)
Rochester	108 (0.29%)
Strood	95 (0.21%)
Medway⁴³	749 (0.27%)
England⁴⁴	67,815 (0.12%)

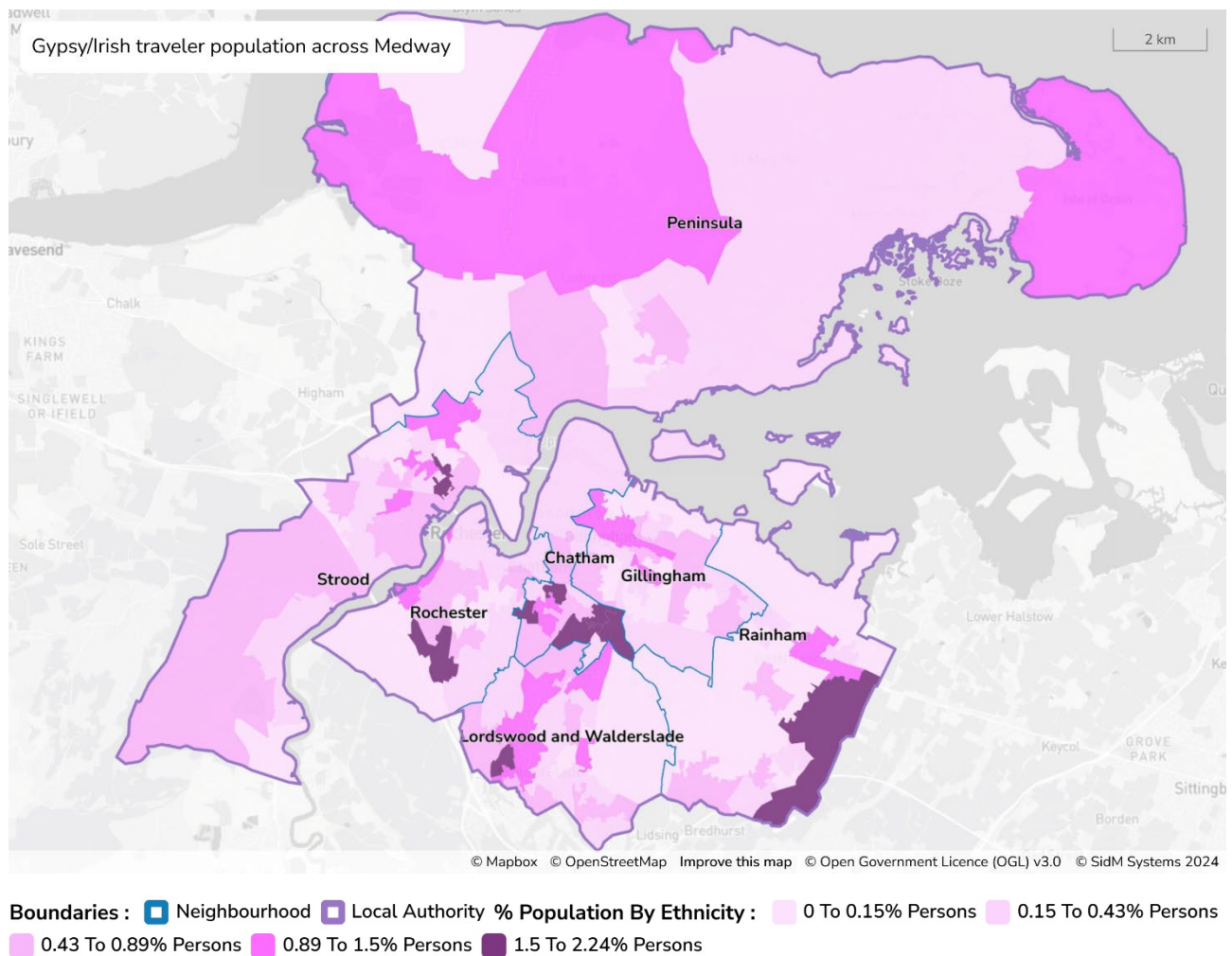
Source: ONS, 2021

⁴² [DHSC. Fingertips Public health profiles - Homelessness: households in temporary accommodation 2023/24 Crude rate – per 1,000](#). [Accessed March 2025]

⁴³ [ONS. Ethnic group. March 2023](#). [Accessed March 2025]

⁴⁴ [ONS. Gypsy or Irish Traveller populations, England and Wales: Census 2021. October 2023](#). [Accessed March 2025]

Figure 7: Map to show Gypsy or Irish Traveller population across Medway



2.10 Deprivation

The socioeconomic status of an individual or population is determined by characteristics including income, education and occupation, and lower socioeconomic status. These are associated with poorer health outcomes, including low birthweight, CVD, diabetes and cancer.

IMD data (2019) combines socioeconomic indicators to produce a relative socioeconomic deprivation score and include the domains of:

- Income
- Employment
- Health deprivation and disability
- Education, skills and training
- Barriers to housing and services
- Crime
- Living environment

Income and employment domains carry the most weight in the overall IMD rank.

Medway is a unitary local authority ranked 98 out of a total of 317 local authorities in England, where 1 is the most deprived and 317 is the least deprived⁴⁵. Medway is more deprived compared to the rest of England since 2015, where Medway was ranked 121.⁴⁶

In terms of decile ranking, 1 being the most deprived and 10 being the least deprived, Medway (4.91) is more deprived than the national average (5.50).⁴⁷

There is a distinct difference in levels of deprivation across the seven localities in Medway, with Chatham being the most deprived and Rainham being least deprived.

Figure 8: Map to show IMD score by Lower Super Output Area (LSOA) across Medway

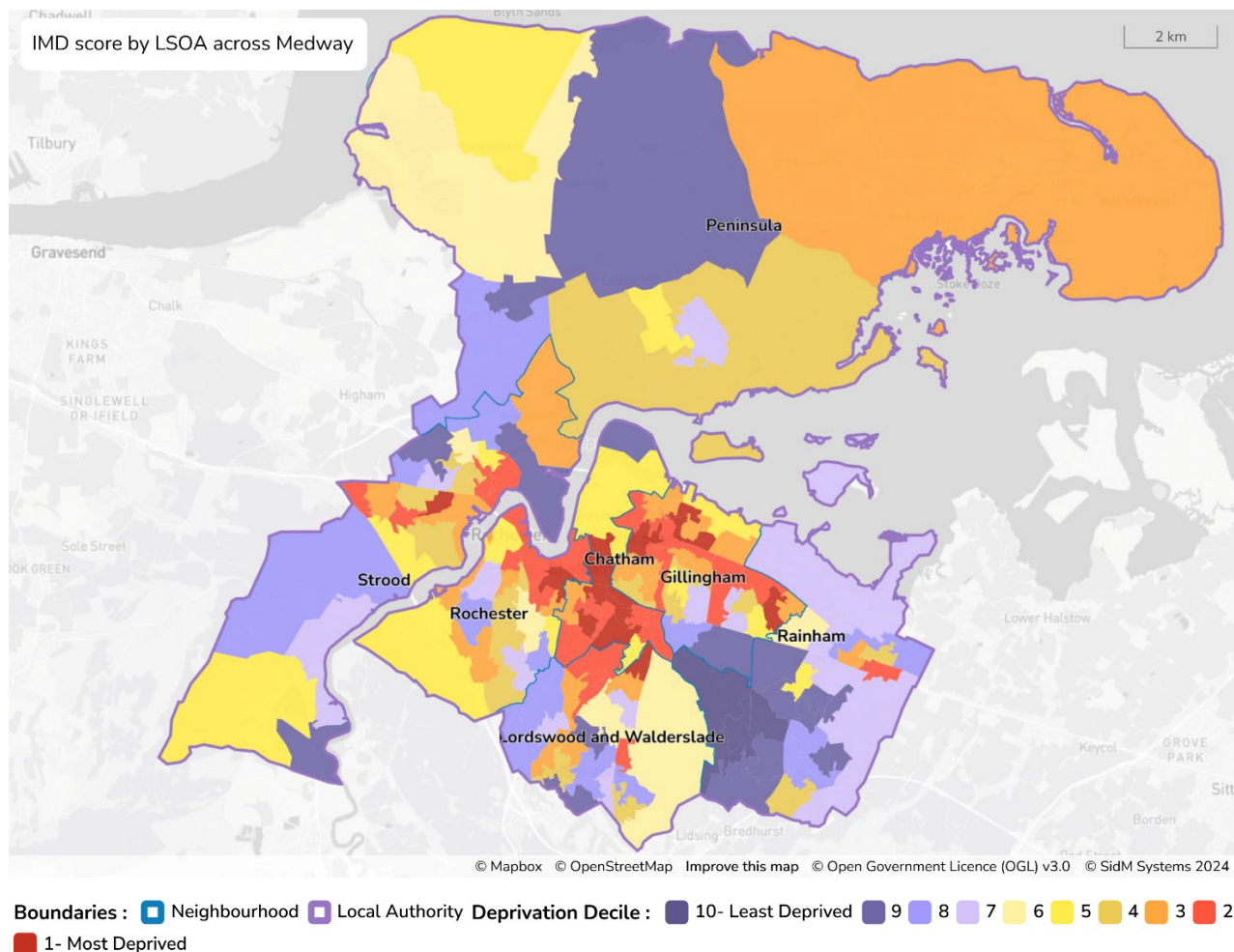


Table 13: Percentage of registered patients by IMD quintile in Medway localities and comparison with England

Area	1 (Most deprived)	2	3	4	5 (Least deprived)
Chatham	62.61%	9.71%	16.71%	0%	10.98%

⁴⁵ [Ministry of Housing, Communities & Local Government. IoD2019 Interactive Dashboard – Local Authority Focus.](#) [Accessed March 2025]

⁴⁶ [Medway Area Profile. Domains of Deprivation. July 2023.](#) [Accessed March 2025]

⁴⁷ [ONS. Health state life expectancies by national deprivation deciles, England: 2018 to 2020. April 2022.](#) [Accessed March 2025]

Gillingham	37.11%	43.17%	9.17%	8.13%	2.42%
Lordswood and Walderslade	15.71%	25.02%	18.52%	32.71%	8.04%
Peninsula	0%	46.92%	17.54%	21.67%	13.76%
Rainham	3.15%	9.66%	9.79%	38.35%	39.05%
Rochester	24.32%	36.29%	22.19%	17.19%	0%
Strood	18.91%	31.72%	20.68%	18.61%	10.07%
Medway	24.02%	28.92%	15.71%	19.37%	11.97%
England	20.94%	20.98%	20.08%	19.3%	18.7%

Considering the deprivation level by the percentage of registered patients by IMD quintile:

- Chatham has the highest percentage of most deprived (62.61%), followed by Gillingham (37.11%).
- Rainham has the highest proportion of least deprived (39.05%) followed by Peninsula (13.76%).
- Medway overall is above the England average for quintiles 1 (24.02%) and 2 (28.92%), which shows is a more deprived area than the England average.

2.11 Health of the population

Population health indicators provide a high-level overview of the collective health of populations at a national, regional and local level. These indicators allow comparisons to be made regarding the health of different populations and can highlight issues or trends in time that require a more detailed investigation.

For health indicators (including health behaviours and long term conditions), where Quality Outcomes Framework (QOF) prevalence data is used, it should be noted that QOF indicators in the Health Outcomes dashboards are released at GP level. To derive figures at the various levels, the Department of Health and Social Care (DHSC) aggregates GP-level data based on the geographic location of each GP practice. We follow the same approach to DHSC when deriving figures for Medway and the Medway localities. However, it's important to note that this methodology may not fully reflect the actual distribution of patients with specific conditions within a given geography. This is because the data is aggregated at GP level, rather than being available at a more granular level such as the Lower Super Output Area (LSOA).

Where data is available on Fingertips,⁴⁸ those values have been used; otherwise, we have aggregated GP level data. It is also important note that recorded prevalence is not the same as actual prevalence. It can only be used as a guide to understand prevalence but it can be assumed that recorded prevalence will be lower than actual prevalence.

⁴⁸ [Fingertips](#). Department of Health and Social Care (DHSC). [Accessed March 2025]

2.11.1 Life expectancy

Between 2021 and 2023, life expectancy at birth in Medway was slightly below the England average for both males and females. However, as the confidence intervals overlap, these differences are not statistically significant. Nonetheless, they suggest a small but persistent local gap in life expectancy which should be monitored over time⁴⁹.

Table 14: Life Expectancy age between 2021-2023

Indicator	Medway	England
LE for males (years)	78.1	78.7
LE for females (years)	82.1	82.6

2.11.2 Healthy life expectancy

Healthy Life Expectancy (HLE) at birth for Medway residents is slightly higher for females (58.9% years) than males (58.4 years) and both are significantly lower than the England healthy life expectancy, 61.9 years for females and 61.5 years for males.⁵⁰

Table 15: Healthy Life Expectancy age between 2021-2023

Indicator	Medway	South East of England	England
HLE for males (years)	58.4	63.5	61.5
HLE for females (years)	58.9	64.4	61.9

2.11.3 Health behaviours

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

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

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

2.11.3.1 Smoking

Data from the CORE20PLUS5 data indicates that, in England, a third of all smokers live in the most deprived two deciles.⁵¹ The data for NHS Kent and Medway ICB, that covers the HWB area, is shown below:

- There are 163,000 smokers and 26% of people in routine and manual occupations smoke
- Smoking costed the ICB £58.6M a year

⁴⁹ [ONS. Life expectancy, for local areas of Great Britain: between 2001 to 2003 and 2021 to 2023.](#)

[Accessed April 2025]

⁵⁰ [ONS. Health state life expectancy, all ages, UK. December 2024.](#) [Accessed March 2025]

⁵¹ [Action on Smoking and Health \(ASH\). Impact of smoking on Core20PLUS5 in NHS Kent and Medway ICB. January 2024.](#) [Accessed March 2025]

Annually, in the ICB, smoking causes 11,840 hospital admissions and 2,306 premature deaths.

Additional impact on communities in the ICB:

- 85,256 smoking households live in poverty
- 10,264 people out of work due to smoking
- 31,500 people receive informal care from friends and family because of smoking.

It should be noted that these figures are for both Kent and Medway and from a population perspective Kent has a much larger population than Medway so should be interpreted with care.

Table 16 shows the prevalence of smoking across Medway.

Medway shows varying smoking rates, from 11.0% in Rainham to 19.2% in Chatham. Most localities have smoking rates higher than the England average (14.7%), except Rainham (11.0%) and Peninsula (14.1%).⁵²

Table 16: The percentage of patients aged 15+ showing smoking prevalence per locality (2024)

Area	Smoking (QOF Prevalence, % of patients (aged 15+) who are recorded as current smokers)
Chatham	19.2%
Gillingham	16.3%
Lordswood and Walderslade	17.5%
Peninsula	14.1%
Rainham	11.0%
Rochester	16.6%
Strood	17.4%
Medway	16.5%
England	14.7%

⁵² [DHSC. Fingertips Public health profiles – Smoking prevalence in adults \(aged 15 and over\) – current smokers \(QOF\). October 2023.](#) [Accessed March 2025]

2.11.3.2 Obesity

In 2022-23 68% of adults in Medway were classified as obese⁵³ or overweight (using self-reported height and weight).⁵⁴ The QOF Obesity indicator ranges from 12.6% in Rochester to 15.8% in Gillingham. Medway localities have a higher prevalence than the England average (11.4%).⁵⁵

Table 17: The percentage of patients aged 18+ showing obesity prevalence per locality (2024)

Area	Obesity (QOF Prevalence, % of patients aged 18+ on the practice disease register as living with obesity in the previous 12 month)
Chatham	12.9%
Gillingham	15.8%
Lordswood and Walderslade	13.8%
Peninsula	12.7%
Rainham	14.0%
Rochester	12.6%
Strood	14.9%
Medway	13.8%
South East of England	11.4%
England	12.8%

2.11.3.3 Alcohol misuse

Hospital admission rates for alcohol-attributable conditions are not available at the locality level for Medway. However, for Medway as a whole, there were 1,428 admission episodes per 100,000 persons for alcohol related conditions (broad definition); this makes the Medway rate lower than both the regional average (1,569) and the England average (1,824).

⁵³ Obesity is defined as a person with a BMI greater than or equal to 30 kg/m² (27.5 kg/m² for those of the following family background: South Asian, Chinese, other Asian, Middle Eastern, Black African or African – Caribbean).

⁵⁴ [DHSC. Fingertips Public health profiles – Overweight \(including obesity\) prevalence in adults, \(using adjusted self-reported height and weight\) \(18+ yrs\) Proportion - %](#). [Accessed March 2025]

⁵⁵ [DHSC. Fingertips Public health profiles – Obesity: QOF prevalence \(new definition\)](#). [Accessed March 2025]

2.11.3.4 Substance misuse

Table 18: Deaths from drug misuse (standardised rate per 100,000) 2021-2023⁵⁶

Indicator	Medway	South East of England	England
Substance misuse	8.1	4.3	5.5

There is a higher rate of deaths from substance misuse across Medway when compared to the rest of East of England and England figures.

2.11.3.5 Sexual health

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

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

Barriers to accessing sexual health services may include limited awareness, cultural and language differences, stigma associated with discussing sexual health, and the absence of inclusive education and service provision for LGBTQ+ communities. These challenges are well-documented in national evidence reviews, including by Public Health England (2019), which highlights the need for targeted interventions to improve equity in access and outcomes⁵⁷.

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

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

⁵⁶ [DHSC. Fingertips Public health profiles – Deaths from drug misuse \(Persons\) Directly standardised rate – per 100,000](#). [Accessed March 2025]

⁵⁷ [Public Health England. Improving access to sexual and reproductive health services: A review of the literature. November 2019](#). [Accessed March 2025]

Table 19: The detection rates per 100,000 showing the sexual health indicators in Medway

Indicator	Medway	South East of England	England
Chlamydia detection rate per 100,000 (aged 15-24) (Persons) (2023)	1,492	1,271	1,546
HIV diagnosed prevalence rate per 1,000 (aged 15-59) (2023)	2.12	1.91	2.40
New STI diagnoses (excluding chlamydia, under 25 years) per 100,000 (2023)	465	369	520
Rate of total prescribed Long-Acting Reversible Contraception (LARC) (excluding injections) rate per 1,000 (2023)	38	52	44
Under-18 conception rate per 100,000 (2021)	21	11	13

Summary:

- Medway (1,492 per 10,000 people) as a whole has a lower chlamydia detection rate compared to England (1,546 per 10,000).⁵⁸
- Medway (2.03 per 1,000) HIV diagnosed prevalence rate is lower than the England's (2.33 per 1,000) average.⁵⁹
- Sexually transmitted infection (STI) diagnosis in Medway are below the England level.⁶⁰
- The rate of LARC prescribing per 1,000 is lower in Medway (35) compared to the level in England (44).⁶¹

Medway's rate of under-18 conception per 100,000 (21) is much higher than the England average (13).⁶²

⁵⁸ [DHSC. Fingertips Public health profiles – Chlamydia detection rate per 100,000 aged 15 to 24 \(Persons\).](#) October 2024. [Accessed March 2025]

⁵⁹ [DHSC. Fingertips Public health profiles – HIV diagnosed prevalence rate per 1,000 aged 15 to 59.](#) October 2024. [Accessed March 2025]

⁶⁰ [DHSC. Fingertips Public health profiles – Total prescribed LARC excluding injections rate / 1,000.](#) October 2024. [Accessed March 2025]

⁶¹ [DHSC. Fingertips Public health profiles – New STI diagnoses \(excluding chlamydia aged under 25 years\) per 100,000. October 2024.](#) [Accessed March 2025]

⁶² [DHSC. Fingertips Public health profiles – Under 18s conception rate / 1,000. October 2024.](#) [Accessed March 2025]

2.12 Burden of disease

2.12.1 Long term conditions

Long-term conditions are more prevalent in people over the age of 60 (58%) compared with people under the age of 40 (14%), and in people in more deprived groups, with those in the poorest social class having a 60% higher prevalence than those in the richest social class and 30% more severity of disease.⁶³

The JLHWS for Medway lists the following as the top five causes of death in 2021:⁶⁴

- Cancer: 663 deaths
- Cardiovascular diseases: 551
- COVID-19 (due to): 441
- Respiratory: 267
- Dementia, including Alzheimer's: 217

Cancer is the biggest cause of premature death, followed by cardiovascular diseases.

Table 20 shows the Quality and Outcomes Framework (QOF) prevalence in Medway per locality. QOF data shows recorded prevalence, therefore the anticipated prevalence may be higher with unmet need for the conditions which contribute to premature mortality.

As previous noted, the QOF indicators in the Health Outcomes dashboards are released at GP level. To derive figures at district, borough, region, and England levels, the Department of Health and Social Care (DHSC) aggregates GP-level data based on the geographic location of each GP practice. We follow the same approach to DHSC when deriving figures for localities. However, it's important to note that this methodology may not fully reflect the actual distribution of patients with specific conditions within a given geography. This is because the data is aggregated at GP level, rather than being available at a more granular level such as the Lower Super Output Area (LSOA). Where data is available on Fingertips,⁶⁵ those values have been used; otherwise, we have aggregated GP level data.

⁶³ [The King's Fund. Long-term conditions and multi-morbidity. 2012-2013.](#) [Accessed March 2025]

⁶⁴ [Medway. Joint Local Health and Wellbeing Strategy 2024 to 2028.](#) [Accessed March 2025]

⁶⁵ [Fingertips. Department of Health and Social Care \(DHSC\).](#) [Accessed March 2025]

Table 20: Percentage of patients recorded on GP practice disease registers per locality for long term conditions (2024)

Area	Asthma	COPD	Atrial fibrillation	Heart failure	Stroke	CHD	PAD	Hypertension	Diabetes	Cancer	Rheumatoid arthritis
Chatham	5.5%	1.8%	1.6%	0.9%	1.2%	2.3%	0.4%	14.7%	8.8%	3.1%	0.9%
Gillingham	5.9%	1.9%	1.9%	1.0%	1.2%	2.6%	0.4%	15.2%	9.3%	3.6%	1.0%
Lordswood and Walderslade	6.1%	1.9%	1.6%	0.8%	1.4%	2.3%	0.4%	13.8%	8.4%	3.3%	0.9%
Peninsula	6.9%	2.0%	2.3%	1.0%	1.6%	3.0%	0.4%	17.2%	8.6%	4.1%	1.1%
Rainham	6.2%	1.6%	2.4%	1.1%	1.6%	3.0%	0.4%	18.6%	8.8%	4.6%	0.9%
Rochester	5.6%	1.6%	1.8%	1.1%	1.4%	2.4%	0.4%	13.9%	8.0%	3.4%	0.8%
Strood	5.6%	1.7%	1.7%	0.9%	1.3%	2.3%	0.5%	14.6%	7.9%	3.2%	0.7%
Medway	6.0%	1.8%	1.8%	1.0%	1.4%	2.5%	0.4%	15.1%	8.5%	3.6%	0.9%
South East of England	6.4%	1.7%	2.4%	1.0%	1.9%	2.8%	0.5%	15.0%	7.1%	4.2%	0.8%
England	6.5%	1.9%	2.2%	1.1%	1.9%	3.0%	0.6%	14.8%	7.7%	3.6%	0.8%

Asthma:⁶⁶

- Asthma prevalence across Medway (6%) is lower than the South East of England (6.4%) and England averages (6.5%)
- Lordswood and Walderslade (6.1%), and Rainham (6.2%) are only slightly above the Medway average.
- Peninsula (6.9%) exceeds the local and national average
- Chatham (5.5%), Rochester (5.6%) and Strood (5.6%) report the lowest prevalence.

Chronic Obstructive Pulmonary Disease (COPD):⁶⁷

- Prevalence is similar to the England average (1.9%) for all localities.
- The localities with the lowest prevalence is Rainham (1.6%) and Rochester (1.6%).
- Peninsula (2.0%) is the only one slightly above the national average.

Atrial fibrillation:⁶⁸

- Medway as a whole is below the South East of England (2.4%) and England (2.2%) averages
- Peninsula (2.3%) and Rainham (2.4%) have the highest rates across Medway
- Chatham (1.6%) and Lordswood and Walderslade (1.6%) have the lowest rates.

Heart failure:⁶⁹

- Medway localities generally have a similar prevalence compared to the England average (1.1%).
- Rainham (1.1%) and Rochester (1.1%) report the highest prevalence but still the same as the England average.

Stroke:⁷⁰

- Rates are all lower than the England average (1.9%) and similar to one another, ranging from 1.2% (Chatham and Gillingham) to 1.6% (Peninsula and Rainham).

Coronary Heart Disease (CHD):⁷¹

- Medway (2.5%) prevalence is lower than the South East of England (2.8%) and England (3.0%) averages
- All localities are below the Medway average with Peninsula (3.0%) and Rainham (3.0%) have prevalences that are the same as the national average (3.0%).

Peripheral Arterial Disease (PAD):⁷²

⁶⁶ [DHSC. Fingertips Public health profiles – Asthma: QOF prevalence \(6+ yrs\).](#) [Accessed March 2025]

⁶⁷ [DHSC. Fingertips Public health profiles – COPD: QOF prevalence.](#) [Accessed March 2025]

⁶⁸ [DHSC. Fingertips Public health profiles – Atrial Fibrillation: QOF prevalence \(All ages\).](#) [Accessed March 2025]

⁶⁹ [DHSC. Fingertips Public health profiles – Heart Failure: QOF prevalence \(All ages\).](#) [Accessed March 2025]

⁷⁰ [DHSC. Fingertips Public health profiles – Stroke: QOF prevalence Proportion - %.](#) [Accessed March 2025]

⁷¹ [DHSC. Fingertips Public health profiles – CHD: QOF prevalence.](#) [Accessed March 2025]

⁷² [DHSC. Fingertips Public health profiles – PAD: QOF prevalence \(All ages\).](#) [Accessed March 2025]

- Prevalence is uniformly lower than the national average (0.6%), with most localities reporting rates of 0.4%, apart from Strood (0.5%).

Hypertension:⁷³

- Medway average (15.1%) is only slightly higher than the South East of England (15.0%) and England (14.8%) averages for Hypertension prevalence
- The lowest prevalence is in Lordswood and Walderslade (13.8%), the highest prevalence is in Rainham (18.6%)
- Only Lordswood and Walderslade (13.8%) and Rochester (13.9%) have rates that are below the national average (14.8%).

Diabetes:⁷⁴

- Medway (8.5%) has a higher prevalence than the South East of England (7.1%) and national average (7.7%).
- Gillingham (9.3%), Rainham (8.8%), Chatham (8.8%) report higher prevalence than areas like Strood (7.9%) and Rochester (8.0%), but all localities are above the national average.

Cancer:⁷⁵

- Most localities align closely with the national average (3.6%), hovering around 3.1%–3.6%.
- Peninsula (4.1%) and Rainham (4.6%), again, have slightly higher prevalence than the national average.

Rheumatoid arthritis:⁷⁶

- Localities are aligned with the England average (0.8%), with most reporting rates of 0.7%–0.9%.
- Peninsula (1.1%) and Gillingham (1.0%) have slightly higher rates compared to the national average.

2.12.2 Mental health

Table 21: Percentage of patients recorded on GP practice disease registers per locality for conditions that affect mental health (2024)

Area	Learning difficulties	Depression (2023)	Epilepsy	Dementia	Mental health (all ages)
Chatham	0.7%	15.5%	1.0%	0.4%	0.9%
Gillingham	0.6%	17.1%	1.0%	0.6%	0.7%

⁷³ [DHSC. Fingertips Public health profiles – Hypertension: QOF prevalence.](#) [Accessed March 2025]

⁷⁴ [DHSC. Fingertips Public health profiles – Diabetes: QOF prevalence.](#) [Accessed March 2025]

⁷⁵ [DHSC. Fingertips Public health profiles – Cancer: QOF prevalence Proportion - %.](#) [Accessed March 2025]

⁷⁶ [DHSC. Fingertips. Public health profiles – Rheumatoid Arthritis: QOF prevalence Crude rate - %.](#) [Accessed March 2025]

Area	Learning difficulties	Depression (2023)	Epilepsy	Dementia	Mental health (all ages)
Lordswood and Walderslade	0.8%	18.2%	0.9%	0.7%	0.8%
Peninsula	0.4%	17.4%	0.8%	0.6%	0.7%
Rainham	0.5%	14.2%	0.8%	0.6%	0.6%
Rochester	0.7%	17.8%	0.9%	0.9%	0.9%
Strood	1.1%	18.0%	0.8%	0.3%	0.8%
Medway	0.7%	16.8%	0.9%	0.6%	0.8%
South East of England	0.6%	13.8%	0.8%	0.8%	0.9%
England	0.6%	13.3%	0.8%	0.8%	1.0%

Learning difficulties:⁷⁷

- Prevalence is relatively consistent across localities, most ranging between 0.5% to 0.8%.
- Strood (1.1%) is much higher than the national average (0.6%).

Depression (based on the latest available data from 2023):⁷⁸

- Depression rates seem consistently higher in Medway (17.0%) than that of both the regional (13.8%) and national level (13.3%).
- Chatham (15.5%) and Rainham (14.2%) are the only localities across Medway that are lower than 17%.
- Lordswood and Walderslade (18.2%) and Strood (18.0%) have notably higher rates compared to the other localities.

Epilepsy:⁷⁹

- Rates are very consistent between localities being the same as, if not slightly higher than, the national average, fluctuating between 0.8% and 1.0%.
- Chatham and Gillingham have a prevalence of 1.0%.

Dementia:⁸⁰

- Dementia prevalence is generally the same as, if not lower than, the national average.

⁷⁷ [DHSC. Fingertips Public health profiles – Learning disability: QOF prevalence \(All ages\).](#) [Accessed March 2025]

⁷⁸ [DHSC. Fingertips Public health profiles – Depression: QOF prevalence – retired after 2022/23 Proportion - %.](#) [Accessed March 2025]

⁷⁹ [DHSC. Fingertips Public health profiles – Epilepsy: QOF prevalence \(18+ yrs\) Proportion - %.](#) [Accessed March 2025]

⁸⁰ [DHSC. Fingertips Public health profiles – Dementia QOF prevalence Proportion - %.](#) [Accessed April 2025]

- Chatham (0.4%) and Strood (0.3%) have a notably lower prevalence than the national average (0.8%).
- Only Rochester (0.9%) is above the national average.

Mental health (all ages):⁸¹

- All localities have rates below the national average (1.0%).
- Rainham (0.6%) has the lowest prevalence. Rochester (0.9%) and Chatham (0.9%) have the highest.

⁸¹ [DHSC. Fingertips Public health profiles – Mental health \(all ages\) Proportion - %](#). [Accessed March 2025]

Section 3: NHS pharmaceutical services provision, currently commissioned

3.1 Overview

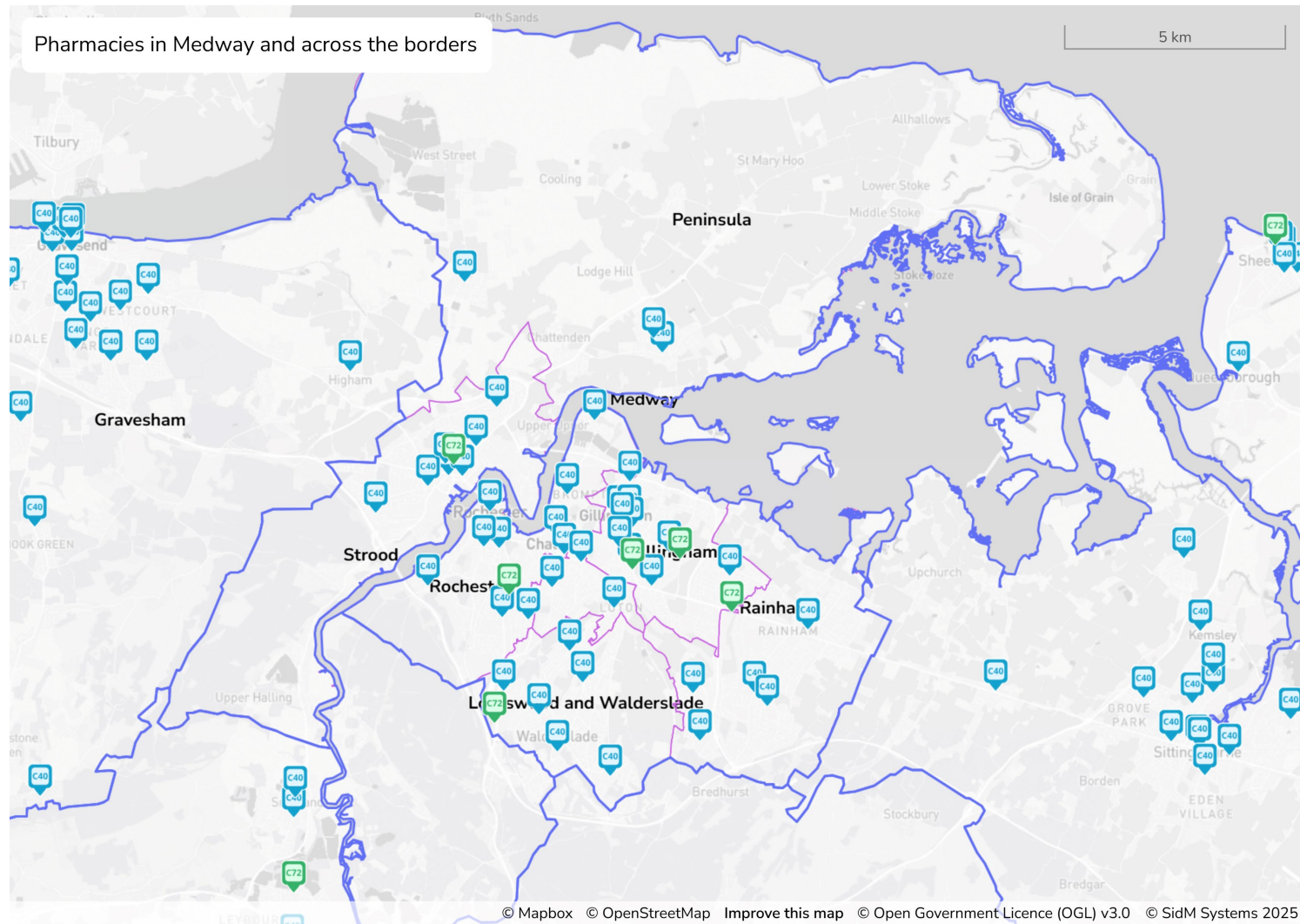
There are a total of 57 contractors in Medway.

Table 22: Contractor type and number in Medway

Type of contractor	Number
40-hour community pharmacies (including PhAS)	44
72-hour plus community pharmacies	6
DSP	1
LPS providers	0
DAC	1
Dispensing doctor practices	4 main practices (5 including all satellite sites)
Total	56 (57 including all sites)

A list of all contractors in Medway and their opening hours can be found in Appendix A. Figure 10 shows all contractor locations within Medway.

Figure 9: Map of pharmacies in Medway and across borders



Boundaries :  Neighbourhood  Local Authority **Healthcare-Pharmacy :**  Community 40h  Community 72h+  Dispensing Appliance Contractor

 Dispensing GP Practice  Distance Selling Pharmacy

3.2 Community pharmacies

Table 23: Number of community pharmacies and population in Medway as well as the ratio of pharmacies per 100,000

Number of community pharmacies	Population projection for Medway in 2025	Ratio of pharmacies per 100,000 population*
51 (includes one DSP)	284,578	17.9

Correct as of February 2025

Community pharmacies are described in [Section 1.4.1.1](#). There are 51 community pharmacies in Medway, which has decreased from 53 in the last PNA. This decrease has reduced the number of community pharmacies per 100,000 population down to 17.9 which is lower than the England average of 18.1 community pharmacies per 100,000 population. Although the England average has also reduced (from 20.6) it cannot be used as a direct comparator due to the rural nature of Medway and the supplemented access of dispensing doctor practices within Medway.

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

Residents in Medway may also find community pharmacies in the bordering districts of Kent more accessible and or more convenient as shown in Figure 10 above.

Table 24 shows the change in the numbers of pharmacies over recent years compared with regional and national averages.

Table 24: Number of community pharmacies per 100,000 population in Medway and England

	Medway	England
2023-24	17.9	18.1
2021-22	19.3	20.6

Source: Office for National Statistics (ONS). Rebase of 2018-based population projections (released 2020) using the Mid-2019 to Mid-2022 ONS population estimates at LSOA level (released 2024).and NHS Business Services Authority (BSA) for number of pharmacies

[Section 1.5.5.1](#) lists the Essential Services of the pharmacy contract. It is assumed that provision of all these services is available from all contractors. Further analysis of the pharmaceutical service provision and health needs for each locality is explored in [Section 6.2](#).

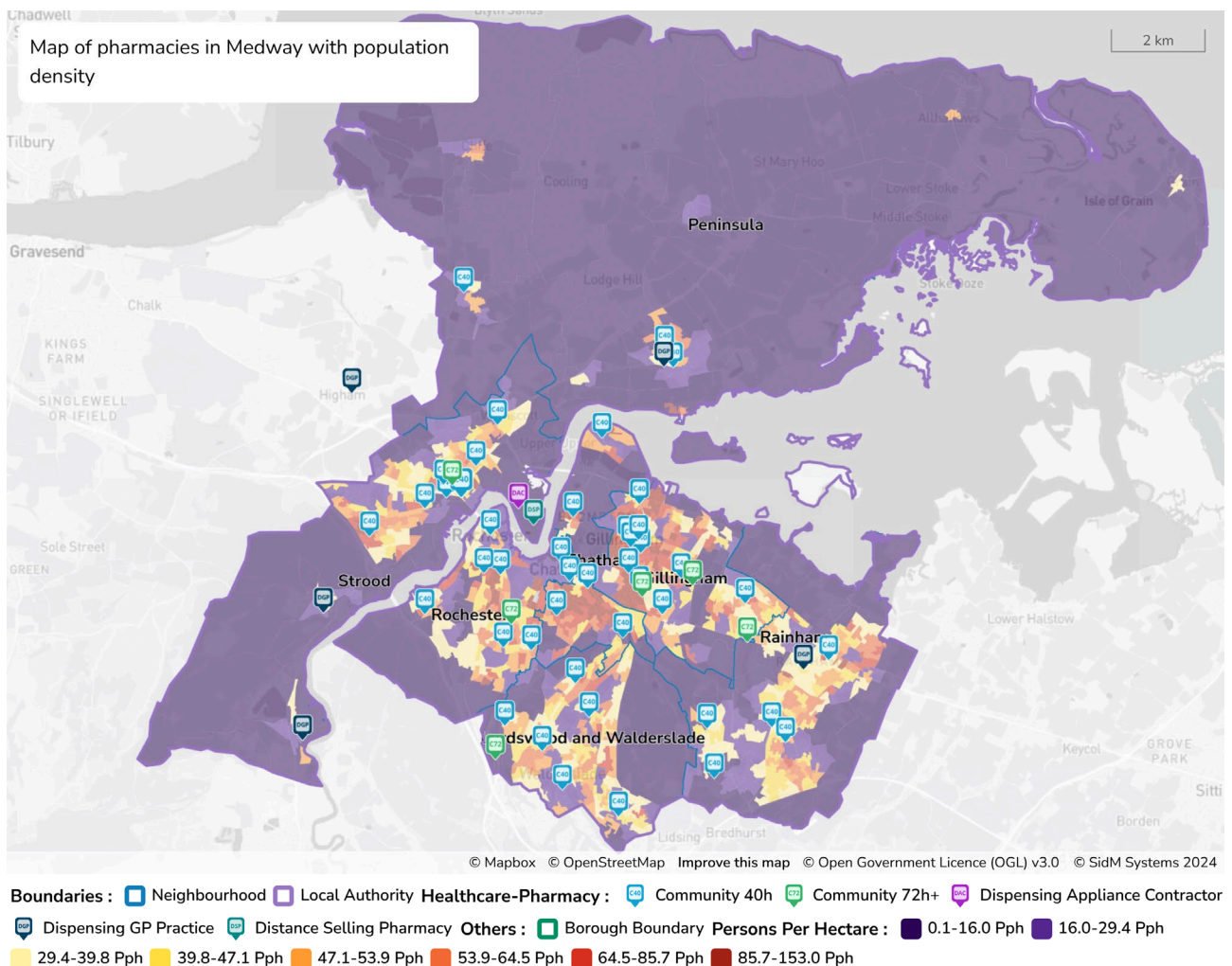
Details of the community pharmacies in Medway can be found in Appendix A.

Table 25 provides a breakdown, by locality, of the average number of community pharmacies per 100,000 population. The number and rate of community pharmacies vary by locality. As shown in Figure 11, community pharmacies are typically located in areas of high population density and less so in rural areas.

Table 25: Average number of community pharmacies in 100,000 population by locality

Area	Number of community pharmacies	Total population	Average number of community pharmacies per 100,000 population
Chatham	5	32,280	15.5
Gillingham	12	56,962	21.1
Lordswood and Walderslade	7	39,588	17.7
Peninsula	3	25,577	11.7
Rainham	6	47,082	12.7
Rochester	9	37,982	23.7
Strood	9	45,110	20.0
Medway (February 2025)	51	284,578	17.9
England (2023)⁸²	10,436	57,690,323	18.1

Figure 10: Map of pharmacies in Medway with population density



⁸² [NHS BSA. General Pharmaceutical Services in England 2015-16 – 2023-24. October 2024.](#) [Accessed March 2025]

3.2.1 Distance-Selling Pharmacies (DSPs)

Distance Selling Pharmacies are described in [Section 1.5.1.2](#).

There is one DSP in Medway, located in Strood. This is a reduction from the two DSPs open at the time of writing the last 2022 PNA. Details can be found in Appendix A.

As part of the terms of service for DSPs, provision of all services offered must be offered throughout England. Therefore residents do have access and may access DSPs from outside of Medway. There has been an overall increase in the number of DSPs in England as mentioned in [Section 1.5.1.2](#) and with the increased uptake of electronic prescription services (EPS) it provides more choice and flexibility for patients.

3.3 Dispensing Appliance Contractors (DACs)

Dispensing Appliance Contractors are described in [Section 1.5.2](#).

There is one DAC in Medway based in Strood. Details can be found in Appendix A.

The community pharmacy contractor questionnaire received 16 responses to the appliance dispensing question and 81% of them reported that they dispense all types of appliances.

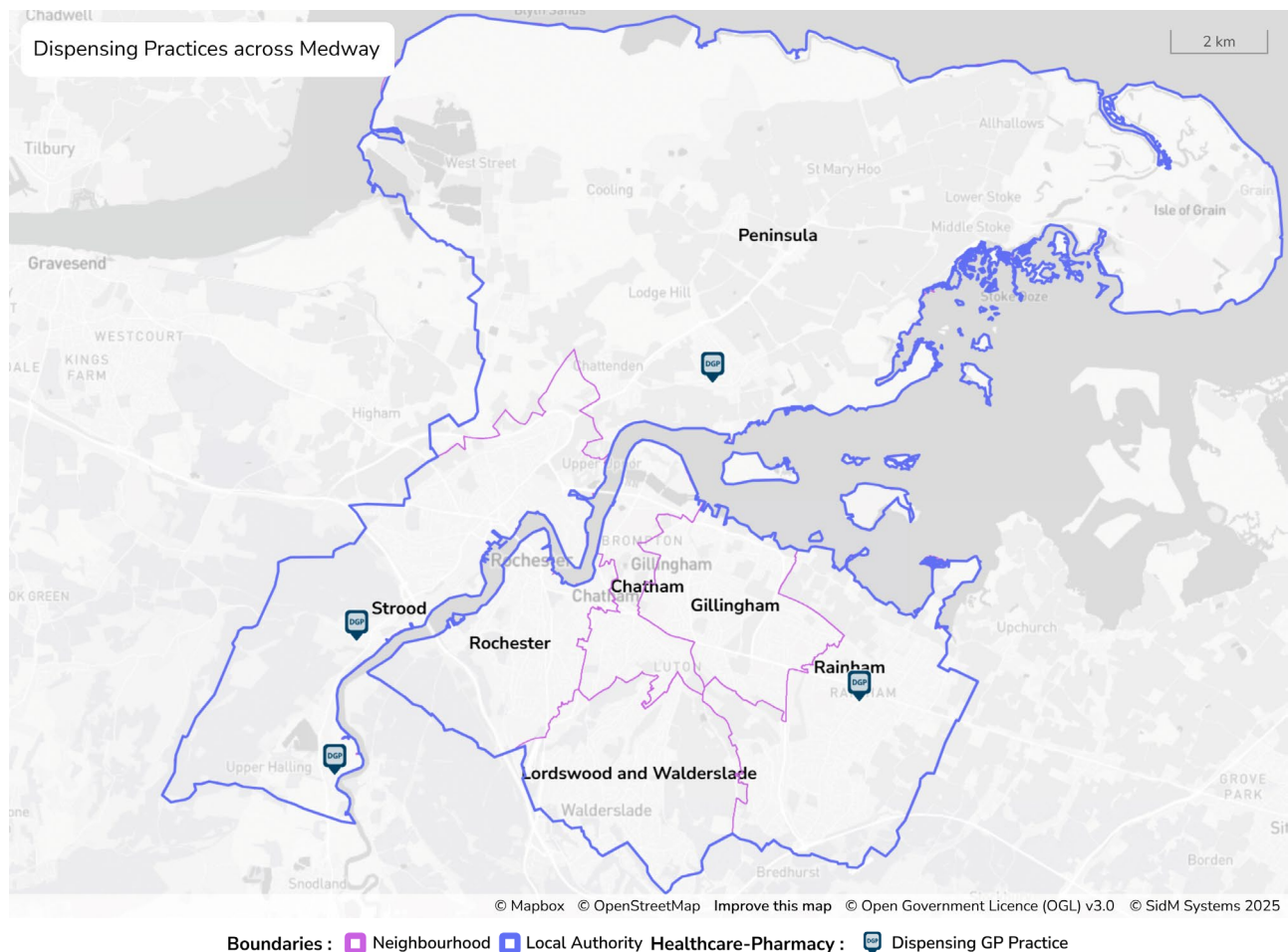
As part of the Essential Services of appliance contractors, a free delivery service is available to all patients. It is therefore likely that patients will obtain appliances delivered from DACs outside Medway.

There are 111 DACs in England⁸³.

⁸³ [NHSBSA. General Pharmaceutical Services in England 2015-16 – 2023-24. October 2024](#). [Accessed March 2025]

3.4 Dispensing doctor practices

Figure 11: Dispensing GP practices across Medway



Dispensing doctor practices are described in [Section 1.5.3](#).

In addition to the 51 community pharmacies (including the DSP), Medway has 4 dispensing doctor practices, providing access through a total of 5 sites. Details can be found in Appendix A. However, it should be noted that the dispensing doctor practices can only dispense to a defined list of residents within a controlled locality.

- Peninsula: two dispensing doctor practices⁸⁴
- Strood: two dispensing doctor practices (one main and one branch)
- Rainham: one dispensing doctor practice

3.5 Pharmacy Access Scheme (PhAS) pharmacies

The Pharmacy Access Scheme is described in [Section 1.5.1.3](#).

There are four PhAS providers in Medway and details of these can be found in Appendix A.

⁸⁴ Please note that one of the dispensing practices in Peninsula is located outside of the borough boundaries, in Gravesham (Kent) but belongs to Medway HWB area.

3.6 Pharmaceutical service provision provided from outside Medway

Medway borders with Kent HWB, with which has good transport links. Populations may therefore find community pharmacies in Kent more accessible and/or more convenient.

It is not practical to list here all those pharmacies outside Medway area by which Medway residents will access pharmaceutical services. A number of providers lie within close proximity to the borders of Medway area boundaries as shown in Figure 10. Further analysis of cross-border provision is undertaken in [Section 6](#).

Analysis of dispensing data has highlighted out approximately 386,692 prescription items dispensed each month (between August – September 2024), accounting for an average of 7,582 items per community pharmacy in Medway.⁸⁵ This is higher than both the England average of 7,109 items per pharmacy monthly and the South East of England average of 6,953 in 2023-24.⁸⁶

The total number of items dispensed for Medway (January to December 2024) was 5,710,852. Of these items 94% were dispensed by a pharmacy as opposed to in-house prescribing or an appliance contractor. Of this 94%, 85% of items were dispensed in Medway pharmacies, with 9% dispensed in pharmacies in Kent or outside Kent. If just looking at Medway Pharmacies, they dispensed 5,358,875 items, with 91% being dispensed by Medway pharmacies and 9% dispensed in pharmacies in Kent(1%) and outside Kent (8%).

3.7 Access to community pharmacies and dispensing doctor practices

Community pharmacies in Medway are particularly located around areas with a higher density of population, as seen in Figure 11.

A previously published article⁸⁷ suggests:

- 89% of the population in England has access to a community pharmacy within a 20-minute walk
- This falls to 14% in rural areas
- Over 99% of those in areas of highest deprivation are within a 20-minute walk of a community pharmacy

The same study found that access is greater in areas of high deprivation. Higher levels of deprivation are linked with increased premature mortality rates and therefore greater health needs.

⁸⁵ [NHSBSA. Dispensing Contractors' Data August to October 2024](#) [Accessed March 2025]

⁸⁶ [NHSBSA. General Pharmaceutical Services in England 2015-16 – 2023-24. October 2024](#). [Accessed March 2025]

⁸⁷ Todd A, Copeland A, Husband A. [The positive pharmacy care law: an area-level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England](#). BMJ Open 2014, Vol. 4, Issue 8.

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

3.7.1 Travel analysis

3.7.1.1 Car or van availability

Census 2021 data shows that the overall percentage of households who have access to a car or van is 80.8% in Medway, which is slightly lower (83.1%) than those in South East of England and higher (76.5%) when compared to England.⁸⁸

Table 26: Percentage of households across the localities in Medway with access to at least one car or van

Area	Percentage of households with access to at least one car or van
Chatham	71.4%
Gillingham	73.9%
Lordswood and Walderslade	85.3%
Peninsula	90.4%
Rainham	87.2%
Rochester	76.2%
Strood	83.7%
Medway	80.8%
South East of England	83.1%
England	76.5%

3.7.2 Travel analysis: routine daytime access to community pharmacies

The following maps and table below show travel times to community pharmacies using a variety of options.

⁸⁸ ONS. 2021 Census Profile for areas in England and Wales. [Accessed March 2025] [2021 Census Profile for areas in England and Wales - Nomis \(nomisweb.co.uk\)](https://www.nomisweb.co.uk/census/2021)

Table 27: Percentage and count of the population that can access a community pharmacy in Medway within 10, 20 and 30 minutes using different transport methods

Transport	Number (%) of residents within 10 minutes	Number (%) of residents within 20 minutes	Number (%) of residents within 30 minutes
Walking	158,448 (55.7%)	255,402 (89.8%)	267,680 (94.1%)
Driving (off-peak)	279,420 (98.2%)	284,139 (99.85%)	284,277 (99.9%)
Driving (peak)	278,962 (98.0%)	284,095 (99.8%)	284,313 (99.9%)
Public transport (off-peak)	161,899 (56.9%)	246,905 (86.8%)	268,219 (94.3%)
Public transport (peak)	162,101 (57.0%)	246,806 (86.7%)	278,392 (97.8%)

Summary:

- 99.85% of the population who have access to private transport in Medway can get to a pharmacy within 20 minutes driving at peak times, and 99.9% off peak
- 89.8% of the population are able to walk to the pharmacy within 20 minutes
- 86.7% are able to travel via public transport to a pharmacy within 20 minutes

There are wide differences in the travel analysis for the different localities in Medway, predominantly due to the rurality of areas like Peninsula, as described in [Section 2.9](#).

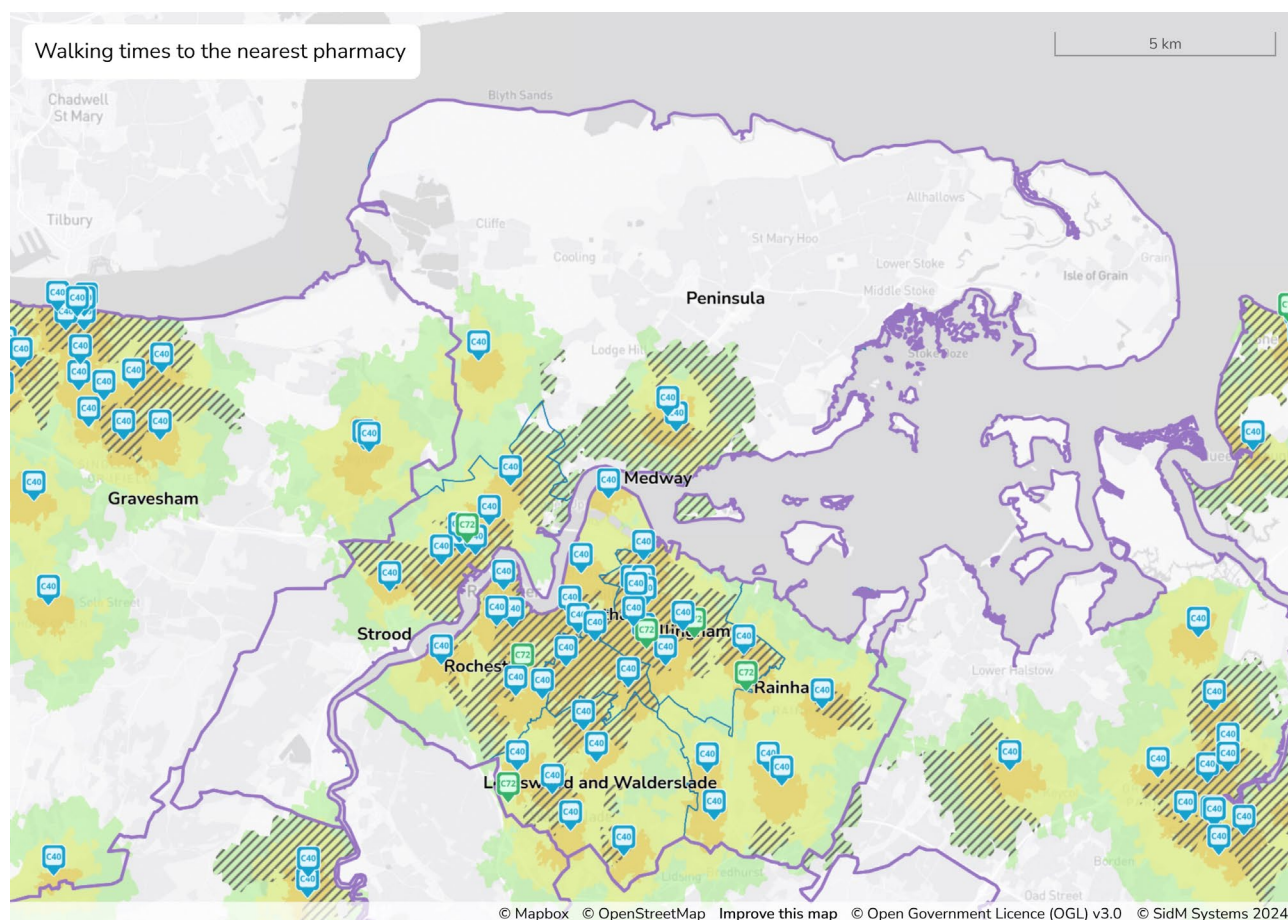
A breakdown of travel within each locality is shown in the tables and maps below and within [Section 6.2](#).

3.7.2.1 Walk access to community pharmacies in Medway


Table 28: Percentage of population by locality that can access a community pharmacy in Medway within 10, 20 and 30 minutes by walk

Area	10 minutes	20 minutes	30 minutes
Chatham	82.6%	100%	100%
Gillingham	71.7%	97.7%	100%
Lordswood and Walderslade	50.9%	98.0%	99.9%
Peninsula	26.8%	43.4%	56.7%
Rainham	39.9%	96.1%	99.8%
Rochester	67.5%	98.9%	99.8%
Strood	43.2%	77.0%	87.5%
Medway	55.7%	89.8%	94.1%

Figure 12: Average walk times to community pharmacies in Medway



Travel time (mins)

Boundaries : Neighbourhood Local Authority **Others :** 0-10 Min 0-20 Min 0-30 Min Most Deprived(1,2) - : Community 40h
 Community 72h+

Summary:

- Within 10 minutes: Access varies widely, from 26.8% in the Peninsula to 82.6% in Chatham. Medway overall has 55.7% access.
- Within 20 minutes: Most areas have high access, with over 95% in Chatham, Gillingham, Lordswood and Walderslade, Rainham, and Rochester. Medway overall reaches 89.8%.
- Within 30 minutes: Nearly all areas have over 99% access, except Peninsula (56.7%) and Strood (87.5%). Medway overall reaches 94.1%.

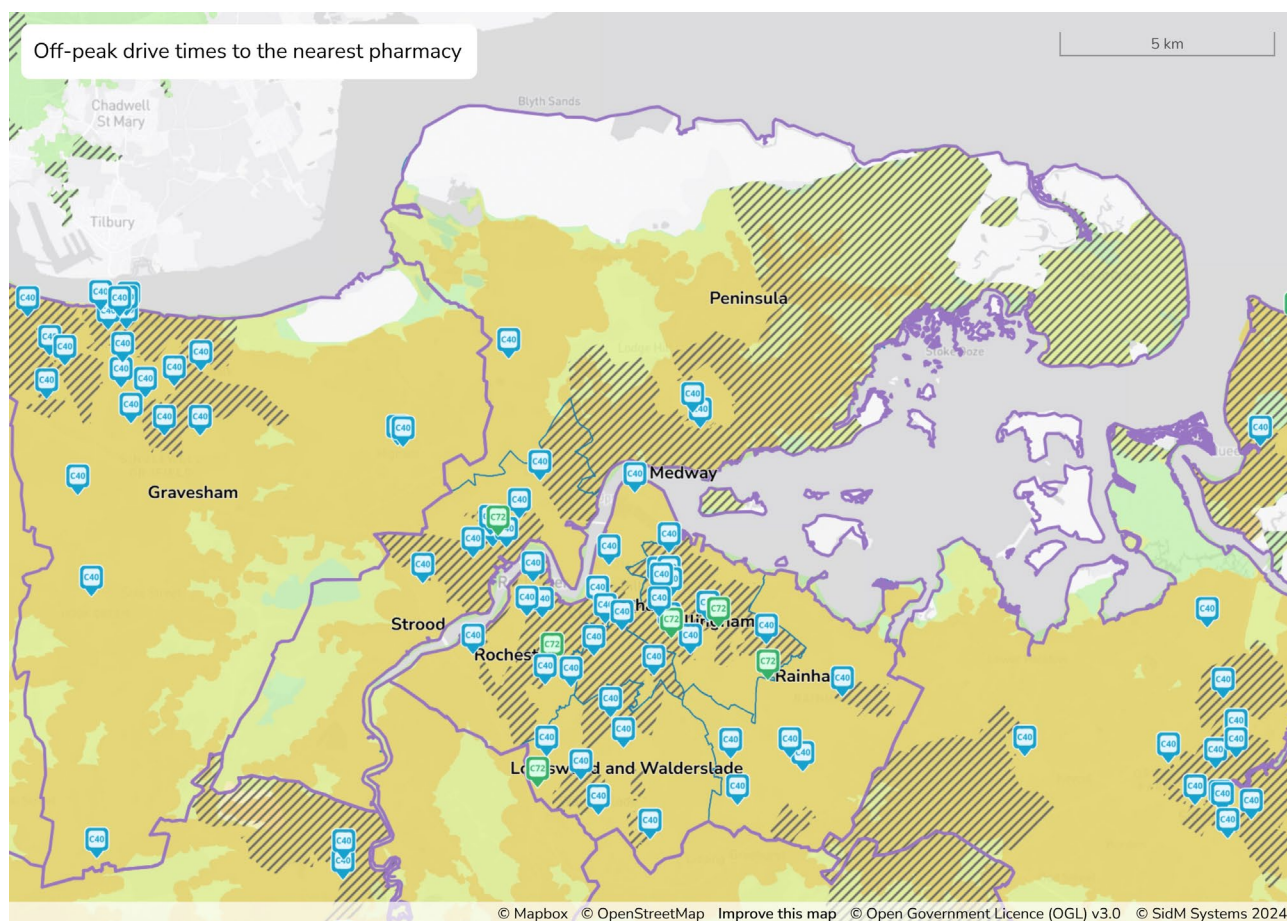
3.7.2.2 Private transport access to community pharmacies in Medway

Table 29: Percentage of population by locality that can access a community pharmacy in Medway within 10, 20 and 30 minutes by private transport

Area	10 minutes (off-peak)	20 minutes (off-peak)	30 minutes (off-peak)	10 minutes (peak time)	20 minutes (peak time)	30 minutes (peak time)
Chatham	100%	100%	100%	100%	100%	100%

Area	10 minutes (off-peak)	20 minutes (off-peak)	30 minutes (off-peak)	10 minutes (peak time)	20 minutes (peak time)	30 minutes (peak time)
Gillingham	100%	100%	100%	100%	100%	100%
Lordswood and Walderslade	100%	100%	100%	100%	100%	100%
Peninsula	80.9%	98.4%	98.8%	80.1%	98.2%	99%
Rainham	99.98%	99.98%	99.98%	99.98%	99.98%	100%
Rochester	99.95%	100%	100%	99.92%	100%	100%
Strood	99.5%	99.97%	100%	99.9%	99.96%	99.98%
Medway	98.2%	99.85%	99.9%	98.0%	99.8%	99.9%

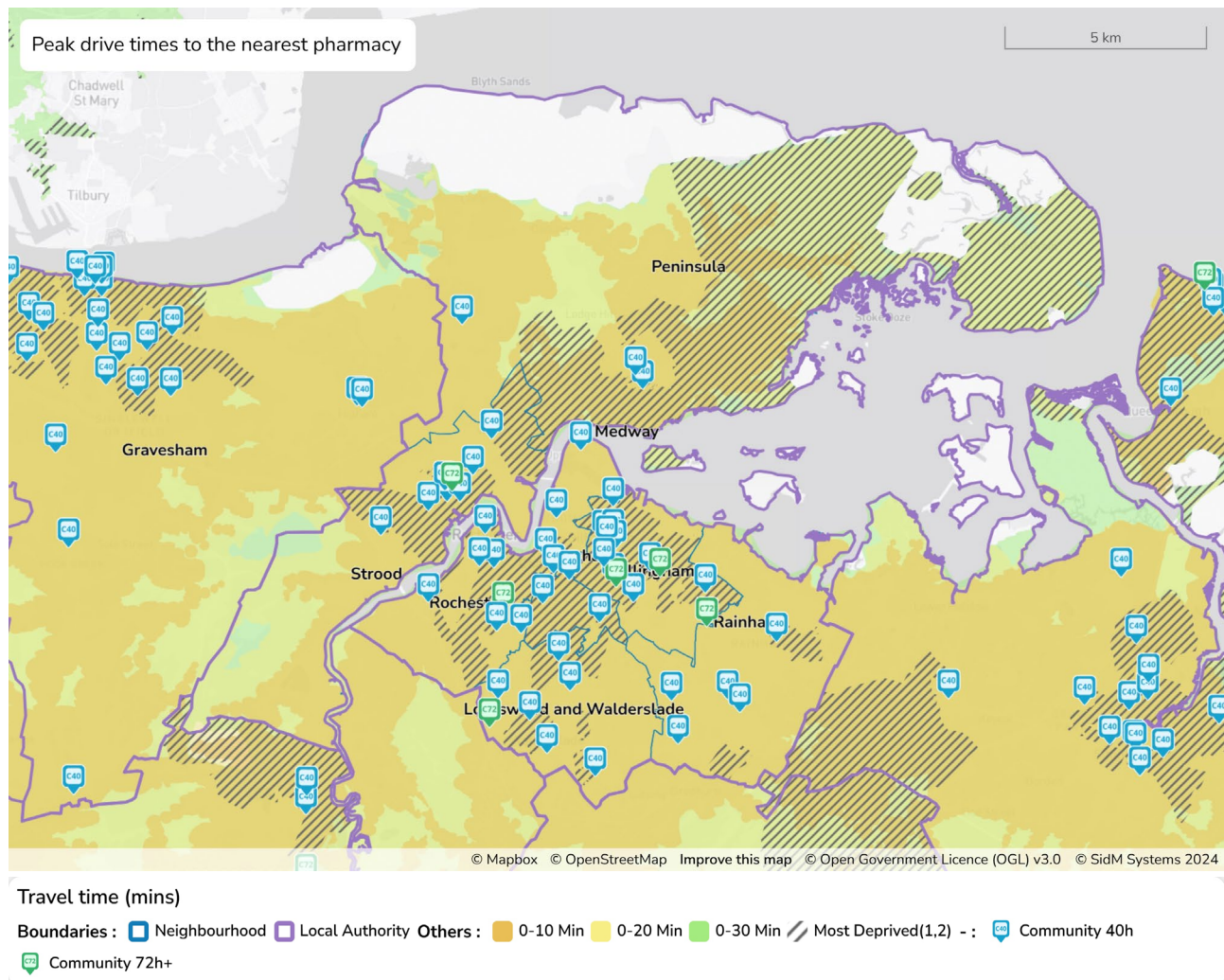
Figure 13: Drive times by private transport to the nearest pharmacy in Medway (off peak).



Travel time (mins)

Boundaries : Neighbourhood Local Authority Others : 0-10 Min 0-20 Min 0-30 Min Most Deprived(1,2) - : Community 40h Community 72h+

Figure 14: Drive times by car to the nearest pharmacy in Medway (peak)



Summary:

- Access is consistently high across Medway for those who have access to private transport, with slightly lower coverage in the Peninsula, especially within 10 minutes.

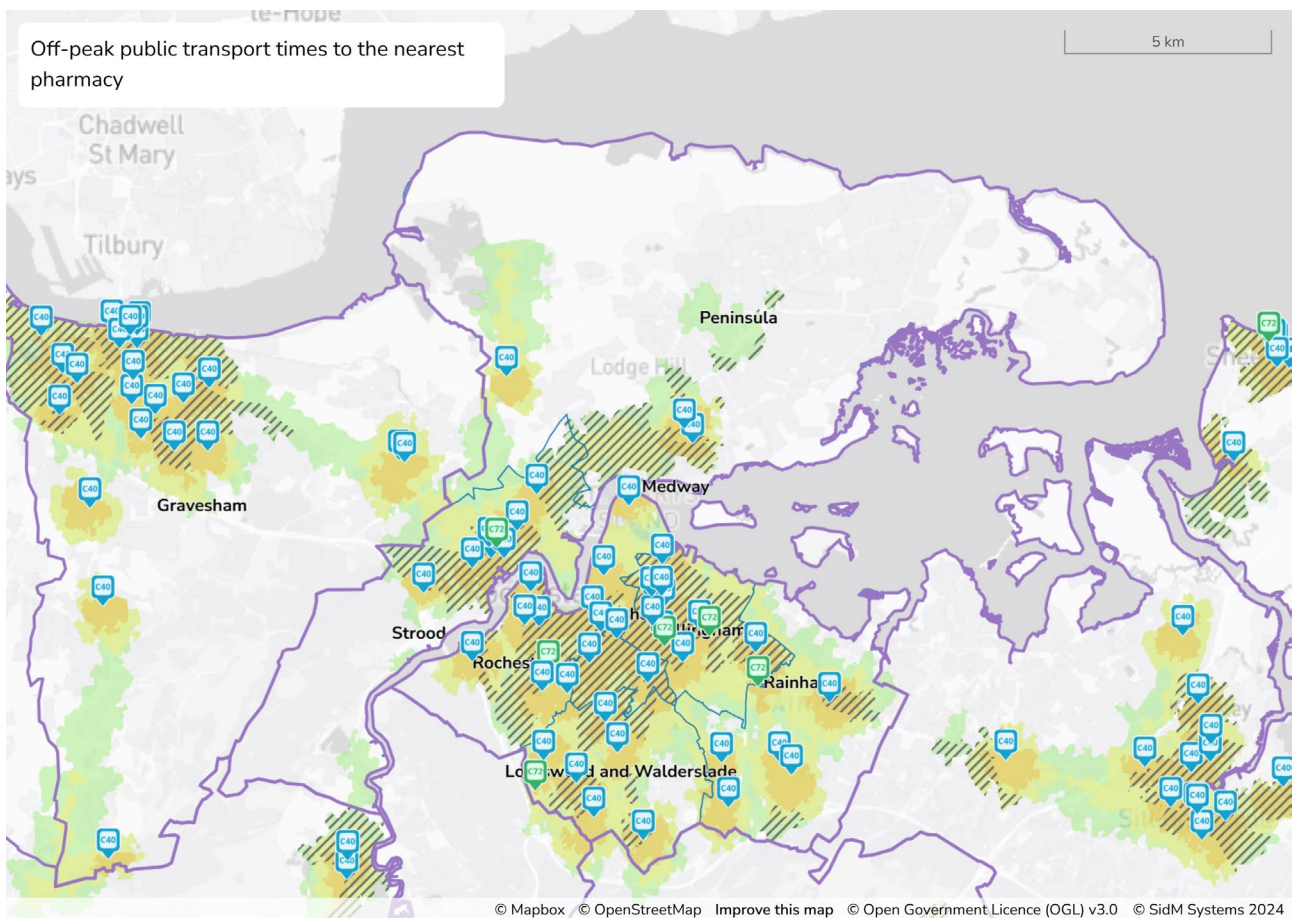
3.7.2.3 Public transport access to community pharmacies in Medway

Table 30: Percentage of population by locality that can access a community pharmacy in Medway within 10, 20 and 30 minutes by public transport

Area	10 minutes (off-peak)	20 minutes (off-peak)	30 minutes (off-peak)	10 minutes (peak time)	20 minutes (peak time)	30 minutes (peak time)
Chatham	82.64%	99.86%	100%	82.8%	100%	100%
Gillingham	71.6%	98.5%	99.9%	71.4%	98.3%	100%
Lordswood and Walderslade	56.9%	95.8%	99.7%	56.7%	98.4%	99.97%
Peninsula	27.1%	47.5%	67.2%	27.1%	36.7%	81.2%

Area	10 minutes (off-peak)	20 minutes (off-peak)	30 minutes (off-peak)	10 minutes (peak time)	20 minutes (peak time)	30 minutes (peak time)
Rainham	40%	84.3%	96.7%	41.4%	84.4%	99.7%
Rochester	69.8%	96.7%	98.6%	68.2%	95.6%	99.4%
Strood	43.5%	71.1%	87.4%	44.5%	75.6%	97.7%
Medway	56.9%	86.8%	94.2%	57.0%	86.7%	97.8%

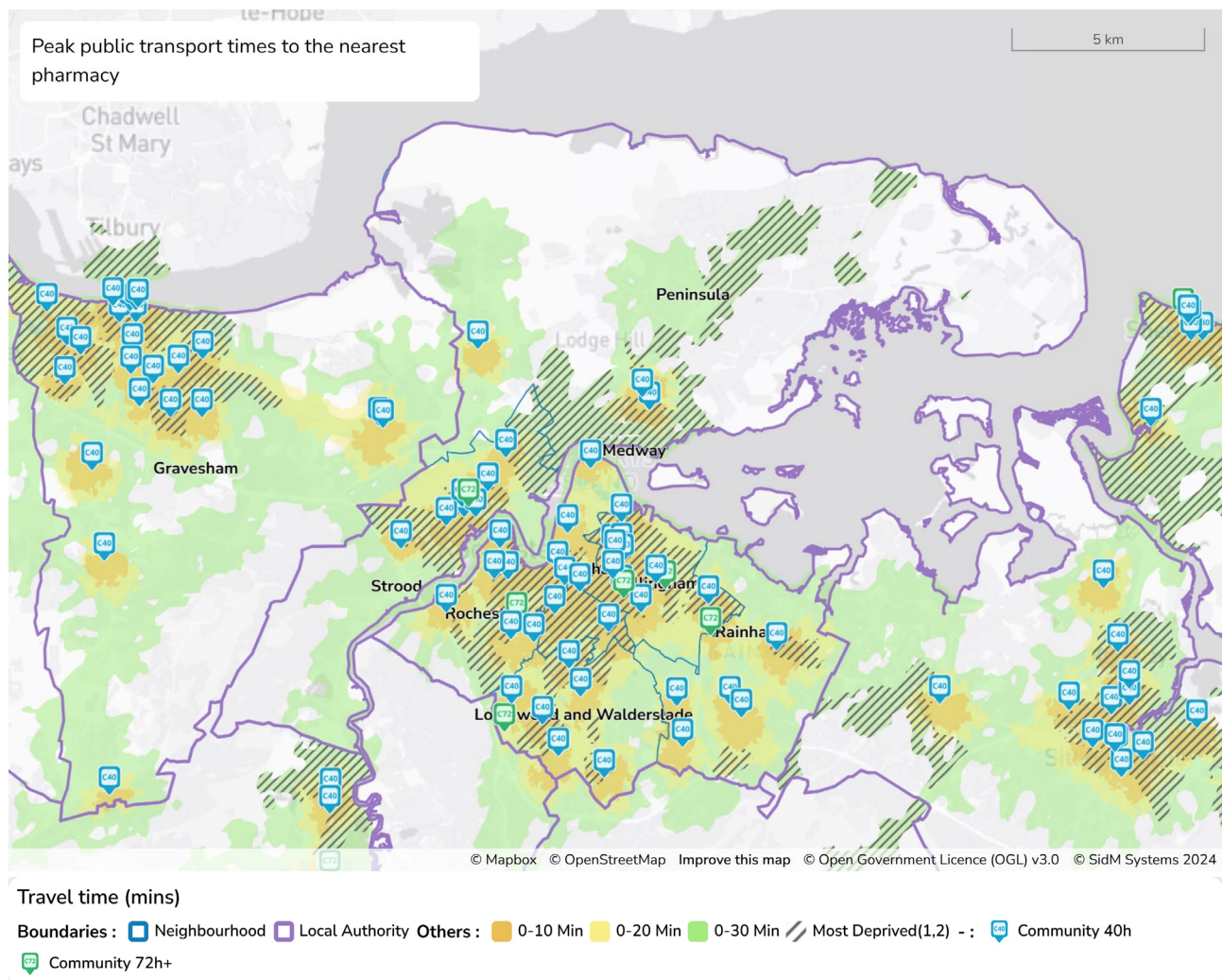
Figure 15: Public transport times to the nearest pharmacy in Medway (off peak)



Travel time (mins)

Boundaries : ■ Neighbourhood ■ Local Authority ■ Others : ■ 0-10 Min ■ 10-20 Min ■ 20-30 Min ■ 30-40 Min ■ Most Deprived(1,2) - : ■ Community 40h ■ Community 72h+

Figure 16: Public transport times to the nearest pharmacy in Medway (peak)



Summary:

- Access by public transport is generally good across Medway, especially within 30 minutes. The Peninsula has significantly lower access across all timeframes.

3.7.3 Weekend and evening provision

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

In the 2022 PNA, Medway had six 100-hour pharmacies (11%) and in February 2025 there are still six 72+ hour pharmacies open. Hence the number of 72+ hour pharmacies has remained constant.

However, there has been national decrease in the number of 72+ hour pharmacies. The number of 100-hr community pharmacies in England in 2022 was 9.4% and now there are 7.7% of 72+ hour pharmacies.⁸⁹

⁸⁹ [NHSBSA. Pharmacy Openings and Closures. November 2024.](#) [Accessed March 2025]

There is at least one 72+ hour pharmacy in each locality except Chatham and Peninsula. Details can be found in Appendix A.

Table 31: Number and percentage of 72-hour community pharmacies

Area	Number (%) of 72+ hour pharmacies
Chatham	0
Gillingham	2 (17%)
Lordswood and Walderslade	1 (14%)
Peninsula	0
Rainham	1 (17%)
Rochester	1 (11%)
Strood	1 (11%)
Medway	6 (12%)
England	806 (7.7%)

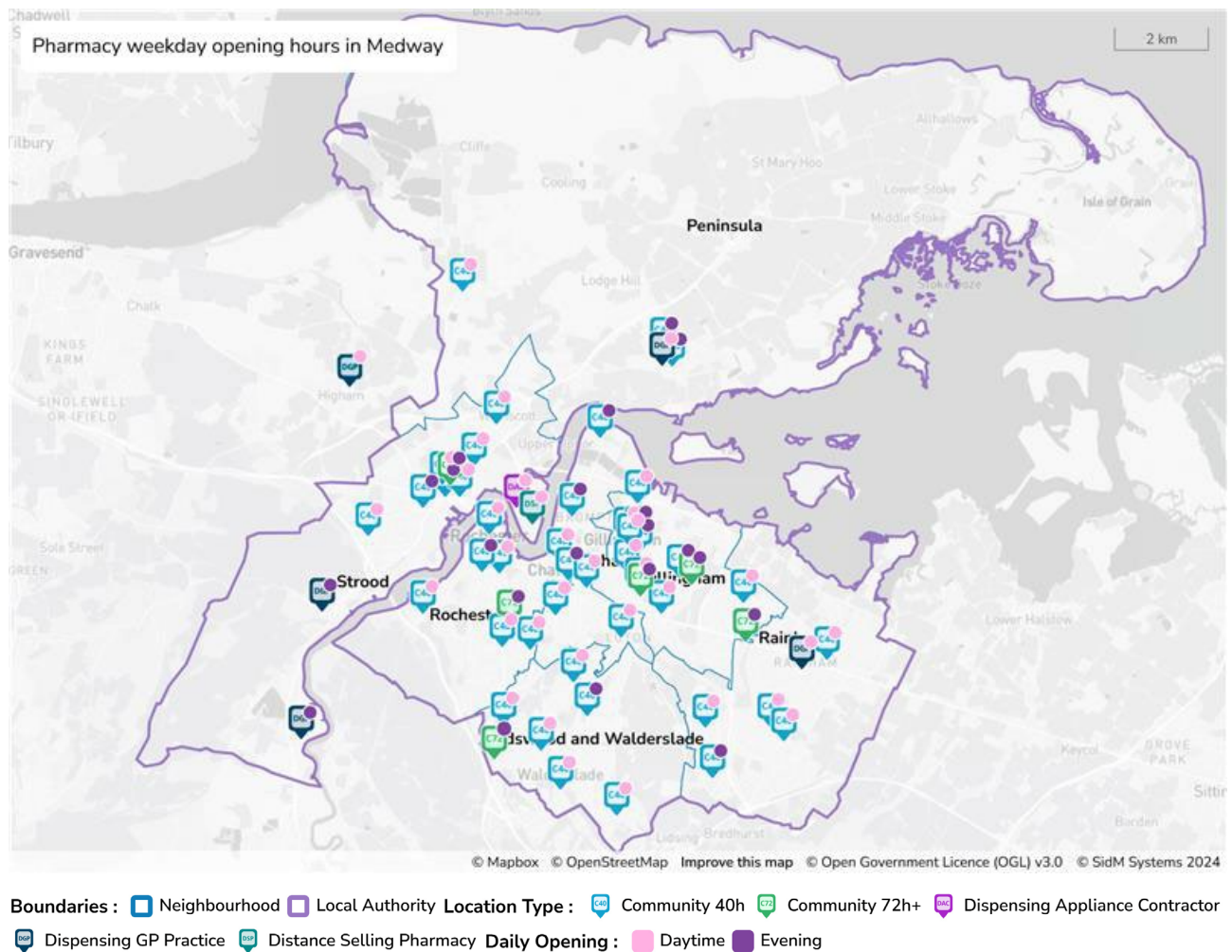
3.7.3.1 Routine weekday evening access to community pharmacies

The number, location and opening hours of community pharmacy providers open beyond 6 pm, Monday to Friday (excluding bank holidays), vary within each locality. Full details of all pharmacies' opening hours can be found in Appendix A. 'Average' access is difficult, given the variety of opening hours and locations. Access is therefore considered at locality level in Table 32, which shows that 37% of pharmacies are open beyond 6 pm across Medway.

Table 32: Number and percentage of community pharmacy providers (including DSPs) open Monday to Friday (excluding bank holidays) beyond 6 pm, and on Saturday and Sunday

Area	Number (%) of pharmacies open beyond 6 pm	Number (%) of pharmacies open on Saturday	Number (%) of pharmacies open on Sunday
Chatham	2 (40%)	2 (40%)	0 (0%)
Gillingham	5 (42%)	9 (75%)	2 (17%)
Lordswood and Walderslade	2 (29%)	7 (100%)	2 (29%)
Peninsula	2 (67%)	2 (67%)	0 (0%)
Rainham	2 (33%)	6 (100%)	2 (33%)
Rochester	3 (33%)	9 (100%)	2 (22%)
Strood	3 (33%)	6 (67%)	2 (22%)
Medway	19 (37%)	41 (80%)	10 (20%)

Figure 17: Map with community pharmacies in Medway open during daytime and evening on weekdays

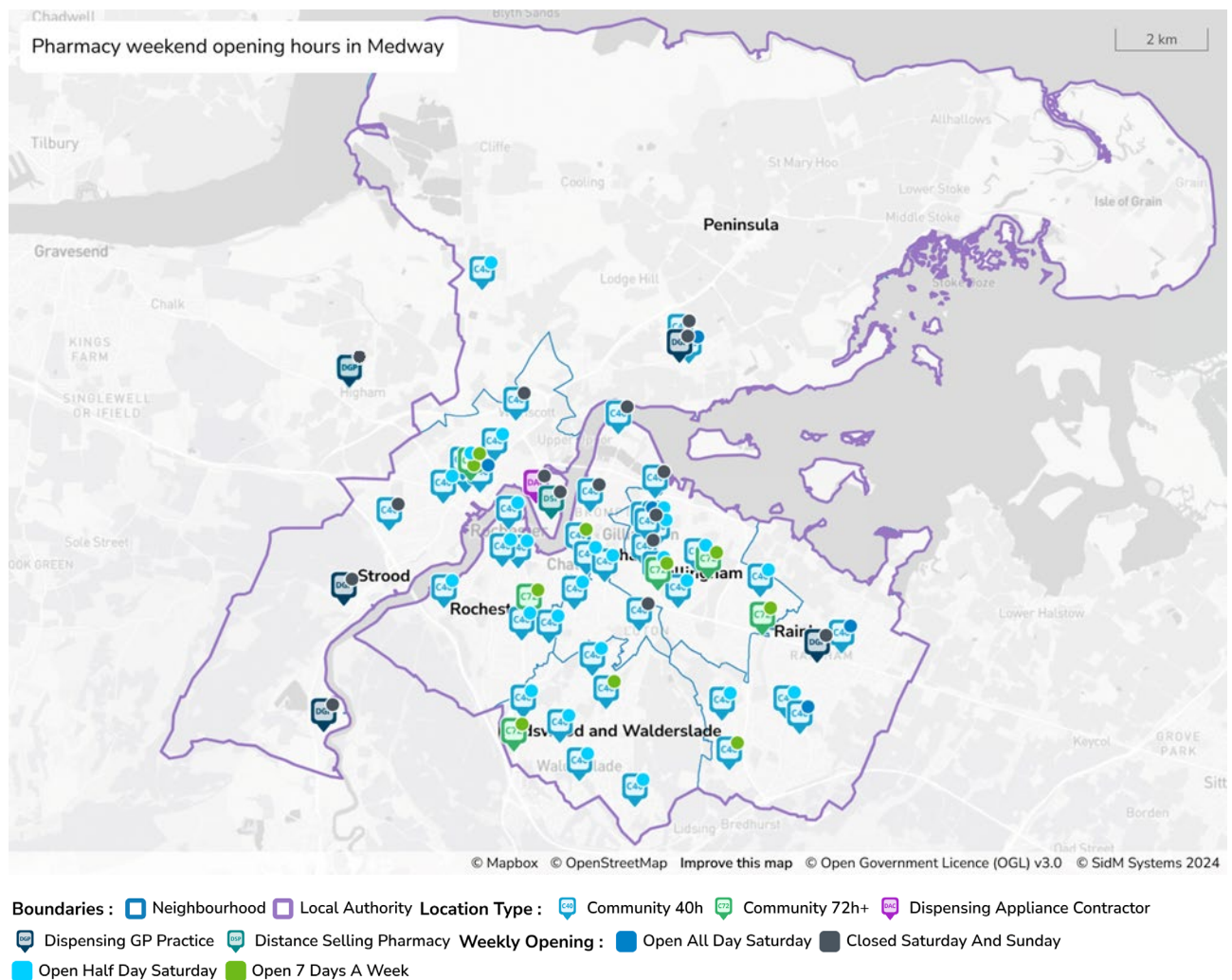


3.7.3.2 Routine Saturday daytime access to community pharmacies

The number, location and opening hours of community pharmacy providers open on Saturdays vary within each locality. Of the pharmacies in Medway, 41 (80%) are open on Saturdays, the majority of which are open into the late afternoon. See Table 32 above and Figure 18 below.

‘Average’ access is difficult given the variety of opening hours and locations. Access is therefore considered at locality level in [Section 6.2](#). Full details of all pharmacies open on a Saturday can be found in Appendix A.

Figure 18: Map with community pharmacies in Medway open during the weekend



3.7.3.3 Routine Sunday daytime access to community pharmacies

The number, location and opening hours of community pharmacy providers open on Sundays vary within each locality. Fewer pharmacies (10, 20%) are open on Sundays than any other day in Medway, which typically mirrors availability of other healthcare providers open on a Sunday. See Table 32 and Figure 18 above. Full details of all pharmacies open on a Sunday can be found in Appendix A.

3.7.3.4 Routine bank holiday access to community pharmacies

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

Kent and Medway ICB commissions a number of pharmacies to be open on nominated bank holidays, including Christmas Day and New Year's Day, to ensure that there are pharmacies open on these days so patients can access medication if required. Details of pharmacies open during bank holidays are available on the website www.nhs.uk.

3.8 Advanced Service provision from community pharmacy

Advanced services look to easing the burden on primary care services by providing access to a healthcare professional in a high street setting.

[Section 1.5.5.2](#) lists all the Advanced Services that may be provided under the pharmacy contract. As these services are discretionary, not all providers will provide them all of the time. To understand provision across all districts data has been sourced by various methods to populate Table 33.

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

Details of individual pharmacy providers can be seen in Appendix A.

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

It should be noted that services, such as AUR and SAC have lower dispensing through Community Pharmacies as DACs (a specialised supplier of medical appliances and devices) provides these services.

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

Table 33: The percentage of providers who have claimed payment of Advanced and Enhanced Services provision by community pharmacies (including DSPs) across Medway, those shown in brackets are the ones who signed up to the service

Service	Chatham	Gillingham	Lordswood and Walderslade	Peninsula	Rainham	Rochester	Strood	Medway
Pharmacy First	80% (60%)	92% (100%)	100% (100%)	100% (100%)	67% (100%)	100% (100%)	100% (100%)	92% (96%)
Flu Vaccination service	100% (100%)	83% (83%)	100% (100%)	100% (100%)	50% (67%)	89% (100%)	89% (89%)	86% (90%)
Pharmacy Contraception Service	20% (60%)	50% (75%)	57% (86%)	67% (100%)	17% (50%)	44% (67%)	44% (78%)	43% (73%)
Hypertension Case Finding Service	40% (60%)	92% (92%)	71% (86%)	100% (100%)	67% (100%)	67% (100%)	100% (100%)	78% (92%)
New Medicine Service	100% (100%)	92% (92%)	100% (100%)	100% (100%)	100% (100%)	78% (78%)	100% (100%)	94% (94%)
Smoking Cessation Service	0% (80%)	0% (50%)	0% (43%)	0% (67%)	0% (50%)	0% (56%)	0% (33%)	0% (51%)
Appliance Use Review	0%	0%	0%	0%	0%	0%	0%	0%
Stoma Appliance Customisation	0%	0%	0%	0%	0%	0%	0%	0%
LFD Service	20% (80%)	33% (58%)	57% (71%)	67% (67%)	33% (83%)	33% (67%)	44% (56%)	39% (67%)
COVID-19 Vaccination Service	- (20%)	- (42%)	- (43%)	- (33%)	- (17%)	- (56%)	- (33%)	- (37%)

Source: NHS BSA August-November 2024 based on claims from dispensing data (and in brackets pharmacies signed up to the service where available).

* This service is typically provided by the DACs.

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

Newer advanced services are increasing in activity based on activity recorded in the 2022 PNA. The Hypertension case finding service previously had low uptake across all localities however data suggests very good uptake for the majority of contractors in all localities.

The Smoking Cessation Service as described in [Section 1.5.5.2](#) currently has low uptake locally as well as nationally, however on average half of the pharmacies have signed up to start providing this service in all districts. This service relies on a referral from secondary care. Therefore numbers should be interpreted with care as they are low due to referral not due to the lack of appetite to provide them.

3.9 Enhanced Service provision from community pharmacy

There is currently one National Enhanced Service commissioned through community pharmacies from NHSE in Medway. This is the COVID-19 vaccination service.

As shown in Table 33 there is a spread across all localities of community pharmacies sign up to providing this service. Actual provision numbers are not available at the time of writing as this activity is seasonal. This service is also accessible to residents from other healthcare providers.

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

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

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

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

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

Table 34 and Table 35 detail the services provided across Medway. A list of all contractors and commissioned services can be found in Appendix A.

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

Medway Council commissions five services from community pharmacies in Medway.

Currently commissioned services by Medway Council are:

- **LAS1: Stop smoking**
- **LAS2: NHS health checks**
- **LAS3: Sexual health**
- **LAS4: Supervised consumption**
- **LAS5: Needle exchange**

Table 34: Number and percentage of providers for Medway Council commissioned services

Area	Stop smoking	NHS health checks	Sexual health	Supervised consumption	Needle exchange
Chatham	3 (60%)	0	2 (40%)	2 (40%)	1 (20%)
Gillingham	9 (75%)	1 (8%)	8 (67%)	6 (50%)	4 (33%)
Lordswood and Walderslade	6 (86%)	1 (14%)	4 (57%)	4 (57%)	1 (14%)
Peninsula	2 (67%)	1 (33%)	3 (100%)	1 (33%)	1 (33%)
Rainham	3 (50%)	1 (17%)	2 (33%)	1 (17%)	0
Rochester	5 (56%)	1 (11%)	7 (78%)	6 (67%)	1 (11%)
Strood	3 (33%)	1 (11%)	5 (56%)	4 (44%)	1 (11%)
Medway	31 (61%)	6 (12%)	31 (61%)	24 (47%)	9 (18%)

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

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

4.2 ICB-commissioned services

The ICB that covers the HWB geography, NHS Kent and Medway ICB, commissions only one service across Medway.

- **ICBS1: Palliative care** stockist service

The ICB also commissions an anticoagulation service but it is not currently provided by any community pharmacy in Medway.

Table 35: Number and percentage of providers for NHS Kent and Medway ICB commissioned services in Medway

Area	Palliative care
Chatham	0
Gillingham	2 (17%)
Lordswood and Walderslade	2 (29%)
Peninsula	0
Rainham	0
Rochester	2 (22%)
Strood	0
Medway	6 (12%)

4.3 Other services provided from community pharmacies

There were 16 respondents to the community pharmacy contractor questionnaire, found in Appendix E. Of respondents, only one stated that they currently would not have sufficient capacity in regards to its premises and staffing levels to manage an increase in demand.

A report of the community pharmacy contractor questionnaire responses is detailed in Appendix E.

4.3.1 Collection and delivery services

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

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

Free delivery is required to be offered without restriction by all DSPs to patients who request it throughout England. There is one DSP based in Medway, and there are 409 throughout England. Free delivery of appliances is also offered by DACs, and there are 111 DACs throughout England.

4.3.2 Services for less-abled people

Under the Equality Act 2010,⁹⁰ community pharmacies are required to make 'reasonable adjustments' to their services to ensure they are accessible by all groups, including less-abled persons.

From the 974 responders to the public questionnaire, 56% have identified that they have a disability.

4.4 Other services provided by dispensing doctor practices

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

Three of the four dispensing practices in Medway have signed up for DSQS this year.

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

- Flu vaccination
- Contraception
- Hypertension management
- Stop smoking services
- COVID-19 vaccination
- NHS health checks
- Sexual health services

4.5 Other NHS commissioned providers

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

4.5.1 NHS hospitals

NHS hospital trusts and private hospitals do not provide services under the community pharmacy contractual framework and are therefore outside the scope of the PNA.

⁹⁰ [Legislation. Equality Act 2010. February 2025.](#) [Accessed April 2025]

4.5.2 Personal administration of items by GP practices

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

4.5.3 Substance misuse services

There are local services in Medway that can help individuals affected by drug and alcohol.

Treatment for adult substance misuse is provided by The Forward Trust, and Open Road provide the recovery service. This Medway Treatment and Recovery Service is called River.

Support for young people who use substances is provided by Open Road's Young Person's Service.

4.5.4 Flu vaccination service by GP Practices

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

4.6 Other services

The following services may increase the demand for pharmaceutical service provision:

4.6.1 Urgent care centres

- Medway Oncall Care MedOCC, Medway Hospital, Windmill Road, Gillingham, ME7 5NY

4.6.2 Extended hours provided by PCNs

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

There are six 72-hour pharmacies in Medway. Details are available in Appendix A.

4.6.3 Community nursing prescribing

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

4.6.4 Dental services

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

4.6.5 End of life services

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

- Here 2 Care
- Wisdom Hospice
- Right at Home Medway

4.6.6 Sexual health centres

Sexual health services in Medway are run from the hub located at 4 Clover Street, Chatham, ME4 4DT. This service provides support and treatment for:

- Contraception
- HIV
- Psychosexual therapy

4.7 Other services

The following are services provided by NHS pharmaceutical providers in Medway, commissioned by organisations other than NHSE or provided privately, and therefore out of scope of the PNA.

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

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

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

Services will vary between provider and are occasionally provided free of charge, e.g. home delivery.

Community Pharmacies are contractually obliged to clarify on their patient leaflet which services are NHSE-funded, local authority-funded and privately funded.

Section 5: Findings from the public questionnaire

A public questionnaire about pharmacy provision was developed by the steering group to understand the views of the public in Medway. This survey is designed to understand how, why and when the residents use pharmaceutical services in Medway. Although not statistically relevant it allows for any areas to be flagged for further investigation if required.

This survey was publicised through various channels listed below through the support of the steering group members and local council communications team. Due to the methodology applied there was no control on which particular demographic completed the survey, however efforts were made through the steering group to support completion to be representative.

This questionnaire was available online through Medway Council consultations website page between 20 December 2024 and 5 February 2025. Paper copies and an easy read version were also available under request.

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

- Social media channels
- Medway Council staff and network including:
 - Residents newsletters and portal
 - Care providers Forum
 - Manager briefings
 - Headway newsletter for schools
 - Medway Diversity Forum
- Healthwatch Medway network including website and newsletter
- Kent and Medway ICB network including bulletin and hospital engagement groups

There were 974 responses, all to the online survey, from a population of 284,578 (0.34%), so the findings should be interpreted with some care regarding the representation of the community as a whole. It should also be noted that the demographics of respondents do not fully reflect population demographics with certain groups not adequately represented limiting how generalisable the findings are. A report of the results can be found in Appendix D.

5.1 Demographic analysis

- 73% of the respondents identified themselves as female, 24% as male, 3% preferred not to say.
- The majority answering the survey were aged between 65-74 (32%), followed by the 55-64 (24 %) age group, and the 75+ age group (21 %). There were no responses for the under 18 and two responses 18-24 age groups.
- 56% identified themselves as disabled and 3% preferred not to say.
- The majority of respondents came from a White British background (94%) and 2% preferred not to say. The ethnicity distribution of the remaining 6% were dispersed across 17 different ethnicities, a full breakdown can be found in Appendix D.

- For religion, most of the respondents identified as Christian (61%), followed by 27% who answered no religion or belief; nine of the respondents preferred not to say and the remaining 6% were a mixture of Pagan, Hindu, Sikh, Jewish and Muslim
- The sexual orientation of respondents was predominantly heterosexual (85%), 10% preferred not to say, 1% identified themselves as gay or lesbian and 2% as bisexual.

Due to small numbers, responses are not broken down by locality. A detailed report of the results can be found in Appendix D.

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

5.2 Visiting a pharmacy

- 90% had a regular or preferred local community pharmacy. Only 4% stated that they exclusively used an online pharmacy and 4% said that they used a combination of both.
- Most of the respondents (38%) visited a pharmacy once a month and was closely followed by option for a few times a month (29%). A further 23% opted for once every few months. Only 3% went once a week and 6% did it once every six months. 4% of the respondents stated that they had not visited/ contacted a pharmacy in the last six months.
- The most popular response for the time and day most convenient to the respondent was Monday between 9am-1pm (22.3%), followed by Wednesday between 1pm-7pm (12.1%).
- Since respondents could select multiple options for this question it is important to note that the number that didn’t choose from all the options available was 2.7%.

5.3 Reason for visiting a pharmacy

- The main reason for visiting a pharmacy for most (84%) was to collect prescriptions for themselves. A further 53% went to buy over-the-counter medicines.
- 46% of responses visited to collect prescriptions for somebody else.
- 41% indicated that they went to get advice from a pharmacist and 35% went to use a pharmacy service such as a flu jab or blood pressure check.
- Of the 4% of respondents that stated other reasons, “I don’t, I get it delivered” was the most frequent comment that was made (44% of respondents that stated other reasons).

5.4 Choosing a pharmacy

- Respondents were asked to evaluate the importance of certain factors when choosing a pharmacy.
- The responses show that availability of medication was a very important factor (80%) when choosing a pharmacy. This was followed by quality of service (expertise) (71%), location of pharmacy (66%) and customer service (65%).

- The following were considered as not being important at all: Public transport (78%), accessibility (wheelchair/buggy access) (65%), communication (languages/interpreting service) (62%) and parking (32%).

5.5 Access to a pharmacy

- The main way patients access a pharmacy is by car, with 50% using this method. The next most common method was to walk (40%).
- Only 2% indicated that they do not travel to a pharmacy but instead use a delivery service/online pharmacy.
- 85% reported that they were able to travel to a pharmacy in less than 20 minutes. Overall 96% were able to get to their pharmacy within 30 minutes. 1% stated that it took them longer between 30-40 minutes to get to their pharmacy and 4% said that they did not travel to the pharmacy.

Although not statistically relevant, the survey findings indicate that community pharmacies are well-used and valued, particularly by older adults and those with disabilities, with 90% of respondents having a regular pharmacy and most visiting monthly. Access is generally good, with 85% reaching a pharmacy within 20 minutes, primarily by car.

Key factors influencing pharmacy choice include medication availability, service quality, and location. Pharmacies are primarily used for prescription collection, over-the-counter purchases, and health advice. However, low representation from younger people and ethnic minorities suggests a need for more inclusive engagement next time to ensure the needs of all population groups are understood and met.

Section 6: Analysis of health needs and pharmaceutical service provision

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

6.1 Pharmaceutical services and health needs

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

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

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

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

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

The breakdown of Advanced, Enhanced and Locally Commissioned Service provision by locality can be found in Sections [3.8](#), [3.9](#), [4.1](#) and [4.2](#) respectively.

For the purpose of the PNA, the Medway geography has 7 localities:

- Chatham
- Gillingham
- Lordwood and Walderslade
- Peninsula
- Rainham
- Rochester
- Strood

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

- National priorities as set out by the NHS Long Term Plan and Core20PLUS5

- The local strategies across the area for the health needs of the population of Medway from the JSNA, JLHWS and the ICS
- Population changes and housing developments across the next three years
- IMD and deprivation ranges compared with the relative location of pharmacy premises
- The burden of diseases and the lifestyle choices people make across Medway
- The health profiles based on ONS and QOF data

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

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

There are 57 contractors in Medway, of which 51 are community pharmacies (including one DSP). Table 22 in [Section 3.1](#) provides a breakdown by contractor type and Table 32 in [Section 3.7.3.1](#) provides a breakdown of the number and percentage of community pharmacies open beyond 6 pm and weekends. Individual community pharmacy opening times are listed in Appendix A.

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

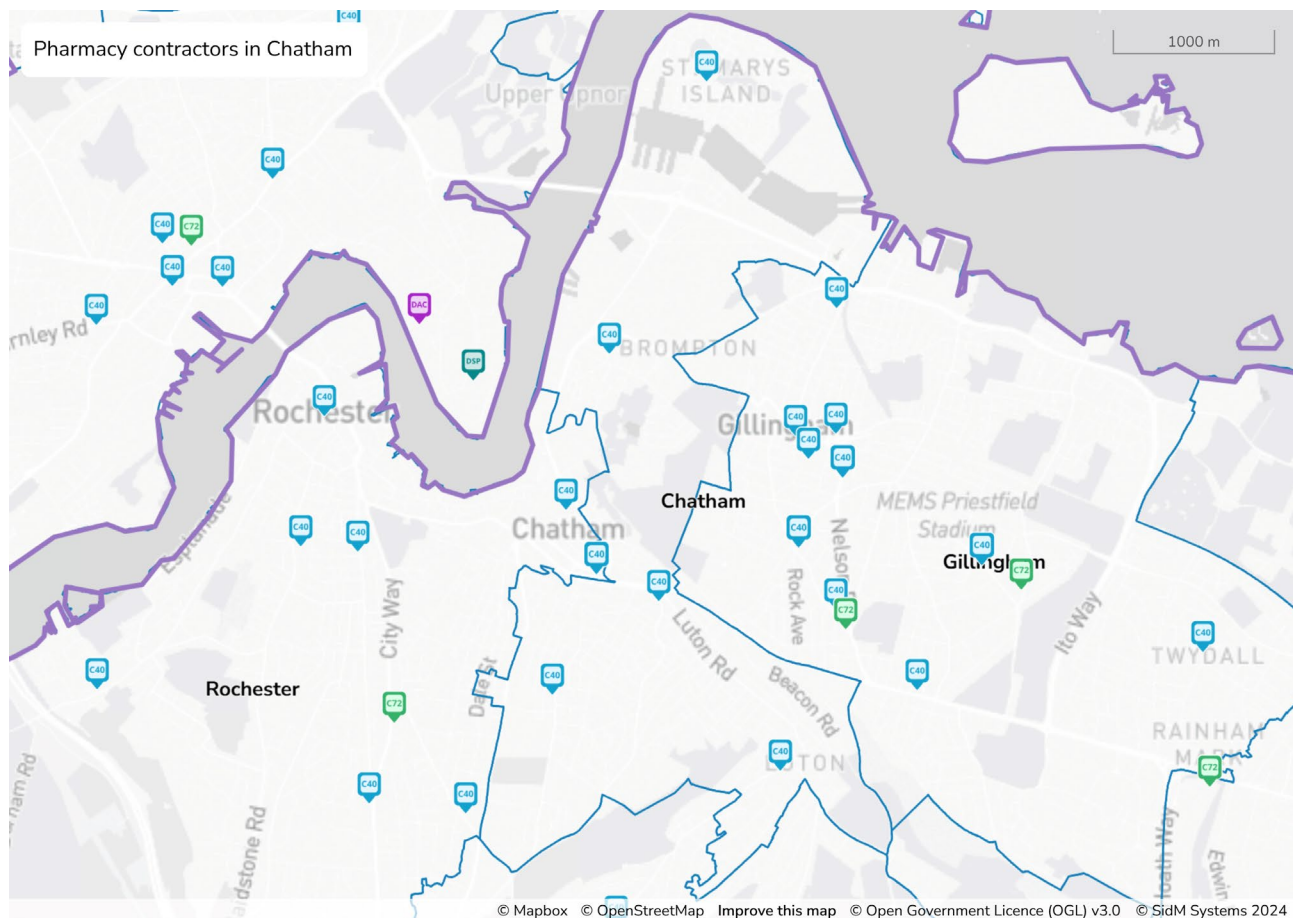
6.2 PNA localities

The health needs of the Medway population influence pharmaceutical service provision in Medway. Health and population information was not always provided on a locality basis; where it was provided it has been discussed in the relevant locality section. Where data was only available at area level it will be discussed in [Section 6.3](#).

The locality boundaries used in this PNA have been updated from those used in the 2022 PNA. While the previous assessment was based on Primary Care Network (PCN) footprints, this version uses ward and Middle-layer Super Output Area (MSOA) aligned geographies to improve consistency with public health data and JSNA reporting. As a result, the localities are not directly comparable between PNAs. However, where possible, high-level comparisons have been made to identify key changes or trends in pharmaceutical service provision.

6.2.1 Chatham

Figure 19: Providers across Chatham



Chatham locality has a population of 32,280, of which 76.3% is White, 7.6% is Asian, 9.7% is Black, 3.6% is mixed ethnicity, and 2.7% is other ethnicity. This is the most diverse locality relative for Medway. This locality is one of two localities with the highest relative level of deprivation. Population density is one of the highest in the county

The number of households in Chatham that own at least one car or van is 71.4% which is below the Medway level (80.8%) and the England average (76.5%).

Travel analysis across Chatham showed:

- 100% of the population can reach a community pharmacy in 20 minutes walking and in 10 minutes drive (for those who have access to private transport).
- Between 99.9% and 100% of the population can reach a community pharmacy by public transport in 20 minutes depending on the time of the day.

The health of the population of Chatham showed the following:

- Chatham has the highest level of smoking levels, higher than Medway and England averages.
- Diabetes is higher than the Medway and England rates.
- Obesity levels are higher than England levels, and lower than Medway levels.
- COPD and rheumatoid arthritis levels are close to the Medway and England levels.

6.2.1.1 Necessary Services: essential services current provision

Essential services must be provided by all community pharmacies. There are five community pharmacies in Chatham, which is a reduction of two pharmacies compared with the Medway Central locality in 2022. The estimated average number of community pharmacies per 100,000 population is 15.5, which is lower than the Medway average of 17.9.

All five community pharmacies (100%) hold a standard 40-core hour contract.

Of the five community pharmacies:

- Two pharmacies (40%) are open after 6 pm on weekdays
- Two pharmacies (40%) are open on Saturdays
- No pharmacies (0%) are open on Sundays

There are also a number of accessible providers open in the neighbouring localities of Gillingham, Lordswood and Walderslade, Rochester, Peninsula and Strood, and in Kent HWB.

Chatham residents also have access to DSPs in the borough and nationwide.

6.2.1.2 Necessary Services: gaps in provision

Based on the spread of community pharmacies across the locality, there is adequate access to the essential services across Chatham.

The current community pharmacy network is expected to be able to accommodate the predicted population increase of 0.33% by 2030 and the projected increase in dwellings of 998 by 2030.

To secure access in the weekend and evenings there two pharmacies open up to 6pm weekdays and two pharmacies open Saturday. Details are found in Appendix A.

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

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

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

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

6.2.1.3 Other relevant services: current provision

Table 36 shows the pharmacies providing Advanced and Enhanced services in Chatham locality. It is important to note a discrepancy in certain services where the percentage of pharmacies claiming payment exceeds those officially listed as signed up for the service. This may be due to pharmacies not informing the ICB of their enrolment, with the payment claim serving as a clear indication that the service is being provided.

Table 36: Number and percentage of community pharmacies signed up and providing Advanced and Enhanced Services in Chatham

Service	Pharmacies signed up	Pharmacies providing*
Pharmacy First	3 (60%)	4 (80%)
Seasonal influenza vaccination	5 (100%)	5 (100%)
Pharmacy contraception	3 (60%)	1 (20%)
Hypertension case-finding	3 (60%)	2 (40%)
New Medicine Service	5 (100%)	5 (100%)
Smoking cessation	4 (80%)	0 (0%)
Lateral Flow Device tests supply	4 (80%)	1 (20%)
COVID-19 vaccination service	1 (20%)	N/A

*Based on pharmacies claiming payment in August-November 2024

Advanced Services look to easing the burden on primary care services by providing access to a healthcare professional in a high street setting, however the absence of a service due to a community pharmacy not signing up does not result in a gap due to availability of services similar from other healthcare providers. The Smoking Cessation Service provision is currently low however this is due to the reliance of secondary care referral however 80% of the pharmacies are signed up to provide the service in Chatham.

Based on the information available, there is good access to other relevant services across Chatham through the existing community pharmacy network. Some services, like the COVID-19 vaccination are also available through other providers and from pharmacies in the neighbouring localities.

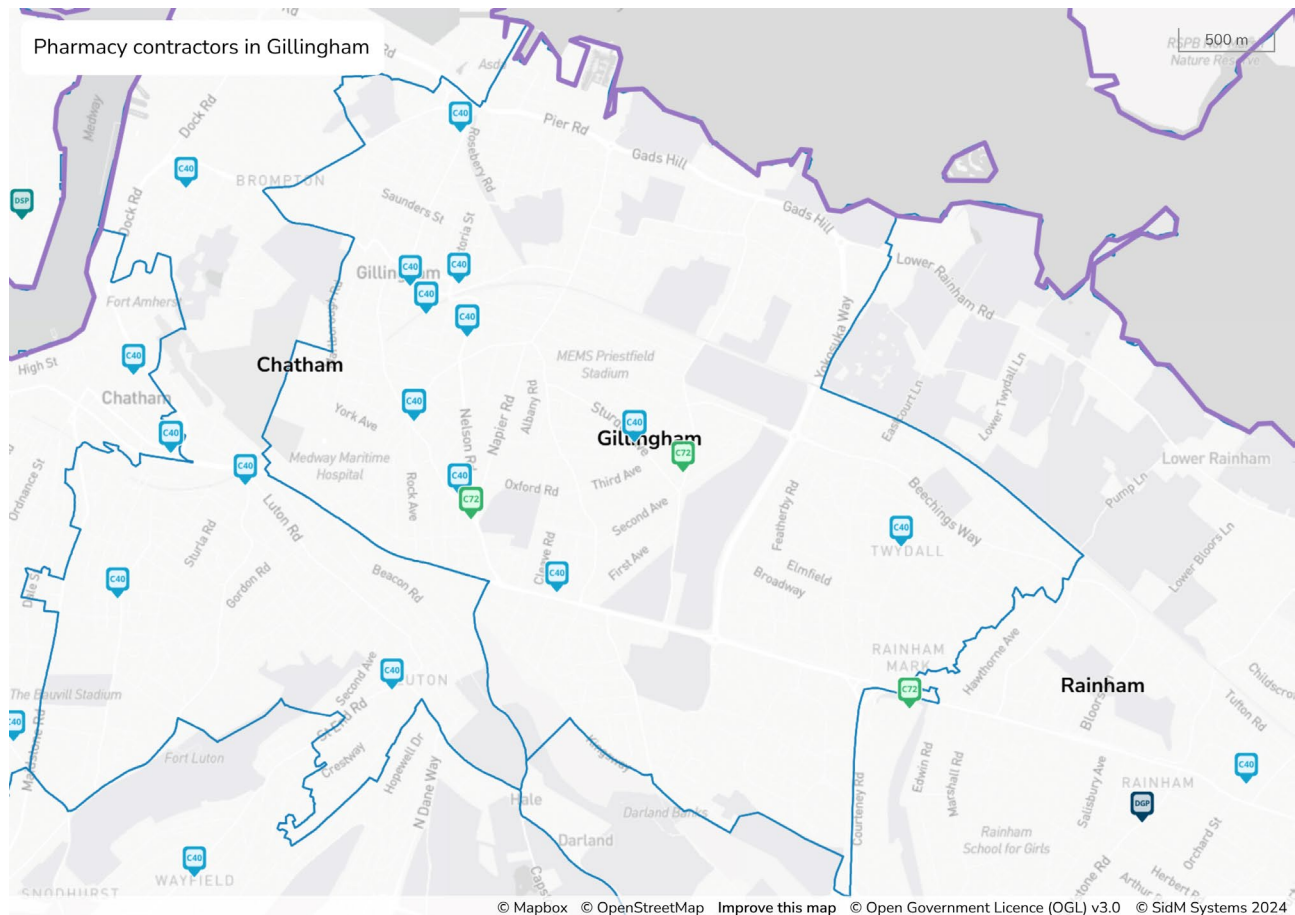
No gaps in the provision of other relevant services have been identified for Chatham

6.2.1.4 Improvements and better access: gaps in provision

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

6.2.2 Gillingham

Figure 20: Providers across Gillingham



Gillingham has a population of 56,962, of which 78.2% is White, 8.3% is Asian, 8.2% is Black, 3.6% is mixed ethnicity and 1.8% other ethnicity. This the second most diverse locality in Medway. This locality has relatively higher deprivation in the north of the locality and relatively less deprived in south. Population density is highest throughout most of the locality, with Gillingham being the largest town in Medway. The south-east of the locality has a relatively lower population density.

The number of households in Gillingham that own at least one car or van is 73.9% which is below the Medway average (80.8%) and England (76.5%).

Travel analysis across Gillingham showed:

- 97.7% of the population can reach a community pharmacy in 20 minutes walking, and 100% within 30 minutes.
- 100% of the population that have access to private transport can reach a community pharmacy in 10 minutes in peak and off-peak times.
- 98.3% of the population can reach a community pharmacy by public transport in 20 minutes in peak times, and 98.5% during off-peak times. This increases to 100% within 100 minutes.

The health of the population of Gillingham has key health challenges listed below:

- Smoking prevalence is lower than the Medway average but higher than the average for England.
- Obesity prevalence is higher than both the England and Medway levels.
- COPD levels are above Medway levels, and just below England levels.
- Hypertension and diabetes levels are above both England and national levels.
- GP practice recorded levels of depression are higher than the Medway and National averages.

6.2.2.1 Necessary Services: essential services current provision

Essential services must be provided by all community pharmacies. There are 12 community pharmacies in Gillingham, which is an increase of two pharmacies compared with the Gillingham South locality in 2022. The estimated average number of community pharmacies per 100,000 population is 21.1, which is higher than the England average of 18.1 and the Medway average of 17.9.

There are 10 (83%) pharmacies that hold a standard 40-core hour contract and two (17%) 72+hour pharmacies. There are no DSPs, no DACs and no Dispensing Practices in Gillingham.

Of the 12 community pharmacies,

- 10 (83%) hold a standard 40-core hour contract.
- 2 (17%) are a 72+hour pharmacy.

Please see for the location of providers by contractor type.

Of the 12 community pharmacies:

- Five pharmacies (42%) are open after 6 pm on weekdays
- Nine pharmacies (75%) are open on Saturdays
- Two pharmacies (17%) are open on Sundays

There are also a number of accessible providers open in the neighbouring localities of Rainham, Lordswood and Walderslade and Chatham.

Gillingham residents also have access to DSPs nationwide.

6.2.2.2 Necessary Services: gaps in provision

Based on the spread of community pharmacies across the locality, there is adequate access to the essential services across Gillingham.

The current community pharmacy network is expected to be able to accommodate the predicted population increase of 0.62% by 2030 and the projected increase in dwellings by 597 by 2030.

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

With the projected increased footfall, pharmacies may experience greater demand, and it is recommended that they review their internal systems, processes, and workforce skills to ensure they can effectively manage the increase.

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

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

6.2.2.3 Other relevant services: current provision

Table 37 shows the pharmacies providing Advanced and Enhanced services in Gillingham locality.

Table 37: Number and percentage of community pharmacies signed up and providing Advanced and Enhanced Services in Gillingham

Service	Pharmacies signed up	Pharmacies providing*
Pharmacy First	12 (100%)	11 (92%)
Seasonal influenza vaccination	10 (83%)	10 (83%)
Pharmacy contraception	9 (75%)	6 (50%)
Hypertension case-finding	11 (92%)	11 (92%)
New Medicine Service	11 (92%)	11 (92%)
Smoking cessation	6 (50%)	0 (0%)
Lateral Flow Device tests supply	7 (58%)	4 (33%)
COVID-19 vaccination service	5 (42%)	N/A

*Based on pharmacies claiming payment in August-November 2024

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

Based on the information available, there is adequate access to the other relevant services across Gillingham through the existing community pharmacy network.

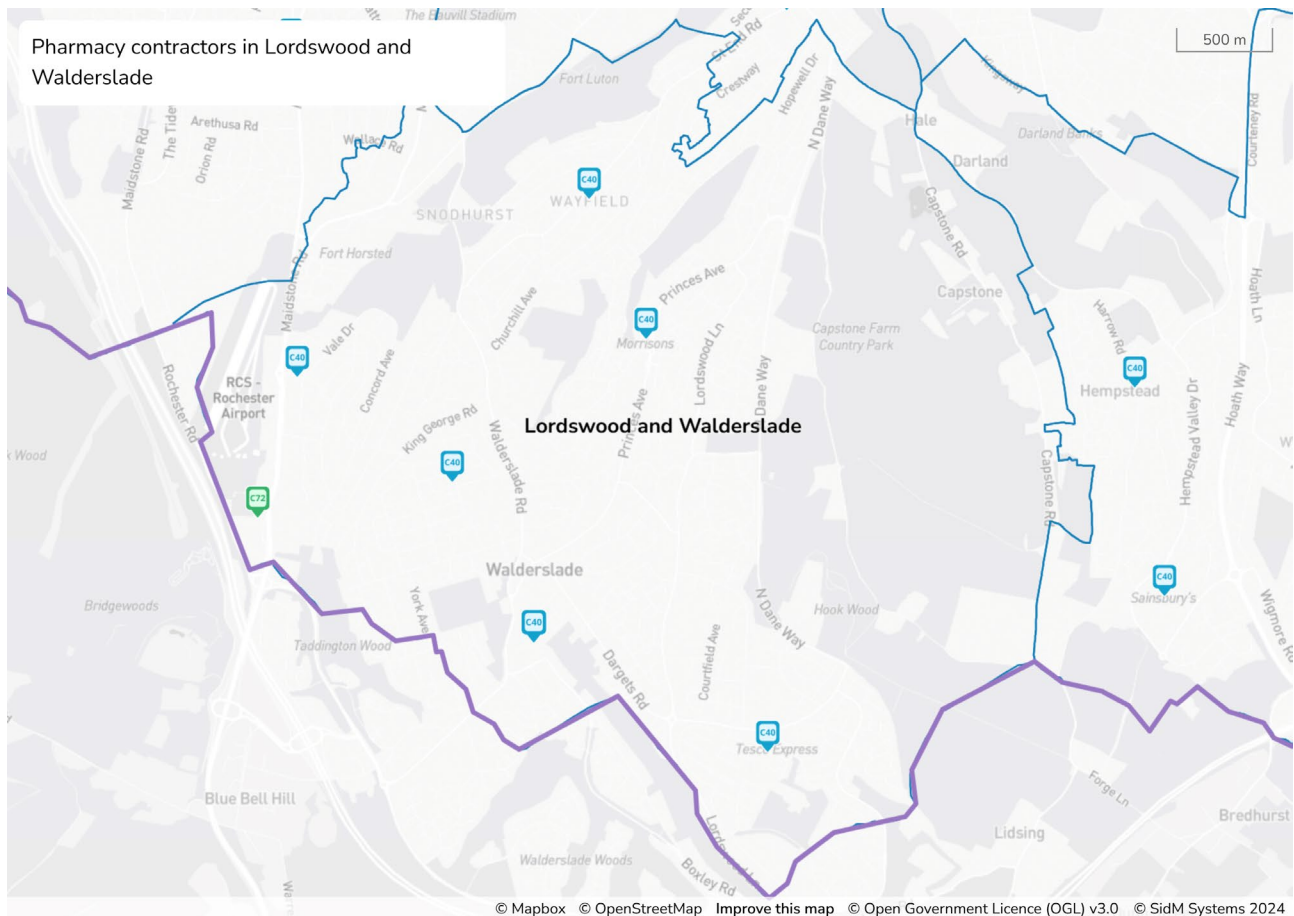
No gaps in the provision of other relevant services have been identified for Gillingham locality

6.2.2.4 Improvements and better access: gaps in provision

No gaps have been identified in either the necessary services or any other relevant services that if provided either now or in the future would secure improvements or better access to the essential or specified advanced and enhanced services across Gillingham

6.2.3 Lordswood and Walderslade

Figure 21: Providers across Lordswood and Walderslade



Lordswood and Walderslade has a population of 39,588 of which 88.4% is white, 3.5% is Asian, 5% is Black, 2.2% is mixed ethnicities and 0.9% is other ethnicity. This locality has lower deprivation in the west, relatively higher deprivation in the central and southwest part of the locality while the east has moderate depreciation. Population density is mixed in the locality, the central and southern parts of the locality as higher pockets of population density. The western and far eastern parts of the locality have low population density.

The number of households in Lordswood and Walderslade that own at least one car or van is 85.3% which is above the Medway level (80.8%) the England level (76.5%).

Travel analysis across Lordswood and Walderslade showed:

- 98% of the population can reach a community pharmacy in 20 minutes walking.
- 100% of the population with access to private transport can reach a community pharmacy in 10 minutes.
- Between 95.8%-98.4% of the population can reach a community pharmacy by public transport in 20 minutes depending on the time of the day.

The health of the population of Lordswood and Walderslade showed the following needs:

- Smoking prevalence is lower than the Medway average and higher than the average for England.

- Obesity prevalence is higher than both the England and the same as Medway levels.
- Asthma levels are higher than both Medway and England levels.
- COPD levels are slightly lower than Medway levels and slightly higher than England levels.
- Diabetes levels are slightly lower than Medway levels and higher than England levels.
- GP practice recorded levels of depression are higher than the Medway and National averages.

6.2.3.1 Necessary Services: essential services current provision

Essential services must be provided by all community pharmacies. There are seven community pharmacies in Lordswood and Walderslade, which is a reduction by three pharmacies compared with the Medway South locality in 2022. The estimated average number of community pharmacies per 100,000 population is 17.7, which is slightly lower than Medway average of 17.9.

There are six (85.7%) pharmacies that hold a standard 40-core hour contract and one (14.3%) 72+ hour pharmacy. There are no DSPs, no DACs and no Dispensing Practices in Lordswood and Walderslade.

Of the seven community pharmacies,

- 6 (86%) hold a standard 40-core hour contract.
- 1 (14%) is a 72+hour pharmacy.

Of the seven community pharmacies:

- Two pharmacies (29%) are open after 6 pm on weekdays
- Seven pharmacies (100%) are open on Saturdays
- Two pharmacies (29%) are open on Sundays

There are also a number of accessible providers open in the neighbouring localities of Rainham, Gillingham, Chatham and Rochester, as well as in Kent.

Lordswood and Walderslade residents also have access to DSPs in the borough and nationwide.

6.2.3.2 Necessary Services: gaps in provision

Based on the spread of community pharmacies across the locality, there is adequate access to the essential services across Lordswood and Walderslade.

The current community pharmacy network is expected to be able to accommodate the predicted population increase of 0.81% by 2030 and the projected increase in dwellings by 1,349 units by 2030.

To support access in the weekend and evenings there is one 72-hour pharmacy in Lordswood and Walderslade supported by other pharmacies open on an evening and weekend. Details are found in Appendix A.

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

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

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

No gaps in the provision of Necessary Services have been identified for Lordswood and Walderslade locality.

6.2.3.3 Other relevant services: current provision

Table 38 shows the pharmacies providing Advanced and Enhanced services in Lordswood and Walderslade locality.

Table 38: Number and percentage of community pharmacies signed up and providing Advanced and Enhanced Services in Lordswood

Service	Pharmacies signed up	Pharmacies providing*
Pharmacy First	7 (100%)	7 (100%)
Seasonal influenza vaccination	7 (100%)	7 (100%)
Pharmacy contraception	6 (86%)	4 (57%)
Hypertension case-finding	6 (86%)	5 (71%)
New Medicine Service	7 (100%)	7 (100%)
Smoking cessation	3 (43%)	0 (0%)
Lateral Flow Device tests supply	5 (71%)	4 (57%)
COVID-19 vaccination service	3 (43%)	-

*Based on pharmacies claiming payment in August-November 2024

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

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

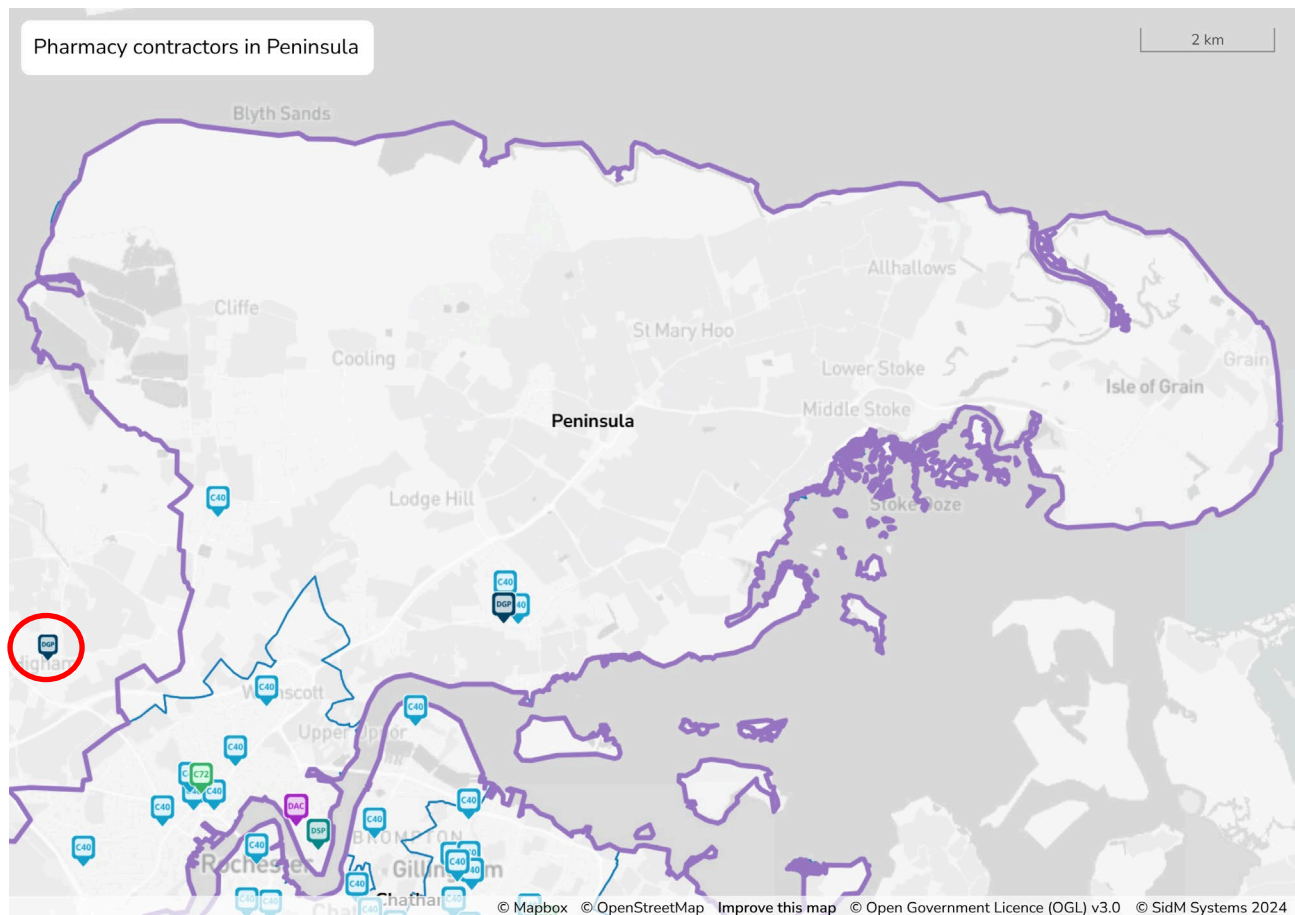
No gaps in the provision of other relevant services have been identified for Lordswood and Walderslade locality

6.2.3.4 Improvements and better access: gaps in provision

No gaps have been identified in either the necessary services or any other relevant services that if provided either now or in the future would secure improvements or better access to the essential or specified advanced and enhanced services across Lordswood and Walderslade

6.2.4 Peninsula

Figure 22: Providers across Peninsula



*The circled Dispensing Practice is also classed as a Medway dispensing doctor practice although outside of the boundary.

Peninsula has a population of 25,577, of which 92.9% white, 2.2% Asian, 2.9% Black, 1.6% mixed ethnicity, and 0.5% other ethnic group. This locality is least deprived in the centre, and southwest of the locality. The west of the locality has moderate deprivation, and higher deprivation in the east and south east. Population density is very low across the majority in the locality, with a few pockets of higher population density in the few towns.

The number of households in Peninsula that own at least one car or van is 90.4% which is significantly above both the Medway level (80.8%) and the England level (76.5%).

Travel analysis across Peninsula showed:

- 43.4% of the population can reach a community pharmacy in 20 minutes walking. 56.7% can walk to a pharmacy withing 30 minutes.
- 98.2% of the population with access to private transport can reach a community pharmacy in 20 minutes, and 98.8% in 30 minutes.
- 36.7% of the population can reach a community pharmacy by public transport in 20 minutes in peak times, and 47.5% during off-peak times. It increases to between 67.2% and 81.2% in 30 minutes.

The health of the population of Peninsula has noticeable needs:

- Prevalence for asthma, COPD, diabetes, rheumatoid arthritis, atrial fibrillation and hypertension were all higher than both Medway and England levels.

6.2.4.1 Necessary Services: essential services current provision

There are three community pharmacies in Peninsula located in areas of high population density. This is a net reduction of two when compared with the Medway Peninsula locality in 2022 however some of this appears more to do with the shift in boundary. There is a new pharmacy since the previous PNA to the west of the locality to improve access. The estimated average number of community pharmacies per 100,000 population is 11.7, the Medway average of 17.9.

There are three (100%) pharmacies that hold a standard 40-core hour contract and no 72+hour pharmacies. There are no DSPs and no DACs.

All three community pharmacies (100%) hold a standard 40-core hour contract.

Of the three community pharmacies:

- Two pharmacies (67%) are open after 6 pm on weekdays
- Two pharmacies (67%) are open on Saturdays
- No pharmacies (0%) are open on Sundays

Access to pharmaceutical service provision is then supplemented in the more rural areas where residents live at least 1.6 kilometre away from a pharmacy with the addition of two dispensing doctor practices across Peninsula. In the previous PNA the coastal area population had access to further dispensing doctor sites.

There are also a number of accessible providers for the population located near the borders of Strood and Chatham, as well as in Kent.

Peninsula residents also have access to DSPs in Medway, Kent and nationwide.

The number and location of community pharmacies are reflective of the mix of rural and urban nature of Peninsula.

6.2.4.2 Necessary Services: gaps in provision

Based on the distribution of community pharmacies, primarily located in areas of higher population density, there is adequate access to essential services for the majority of residents across the Peninsula locality.

The current community pharmacy network is expected to be able to accommodate the predicted population increase of 1.02% by 2030 and the projected increase in dwellings by 812 units by 2030.

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

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

While there is no identified gap in the provision of Necessary Services in the Peninsula locality, the area presents several access vulnerabilities. It is a rural locality with an ageing population and limited public transport infrastructure. Although 98.2% of residents can access a pharmacy within 20 minutes by car and 99% within 30 minutes during peak hours, access via other means is significantly lower. Only 43.4% of residents can walk to a pharmacy within 20 minutes, and 56.7% within 30 minutes. Public transport access is particularly limited, with just 36.7% of residents able to reach a pharmacy within 20 minutes during peak times, rising to 81.2% within 30 minutes.

Although it may take longer for some residents in the more rural areas this would be no different in accessing other usual healthcare services or out of hours services in person.

There are three pharmacies in the locality, none of which operate extended hours (72+ hours) or open on Sundays, limiting accessibility for those with non-standard working hours or urgent needs. While the coastal areas of the Peninsula remain the most remote and underserved, it is recognised that the viability of opening a new pharmacy in such areas may be limited due to low population density and activity levels. Some of the rural population in these areas are, however, supported by two dispensing doctor practices, which provide essential pharmaceutical services in the absence of a community pharmacy.

As such, it is recommended that the Peninsula locality be kept under review, with consideration given to service resilience measures.

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

6.2.4.3 Other relevant services: current provision

Table 39 shows the pharmacies providing Advanced and Enhanced services in Peninsula locality.

Table 39: Number and percentage of community pharmacies signed up and providing Advanced and Enhanced Services in Peninsula

Service	Pharmacies signed up	Pharmacies providing*
Pharmacy First	3 (100%)	3 (100%)
Seasonal influenza vaccination	3 (100%)	3 (100%)
Pharmacy contraception	3 (100%)	2 (67%)
Hypertension case-finding	3 (100%)	3 (100%)
New Medicine Service	3 (100%)	3 (100%)
Smoking cessation	2 (67%)	0
Lateral Flow Device tests supply	2 (67%)	2 (67%)
COVID-19 vaccination service	1 (33%)	-

*Based on pharmacies claiming payment in August-November 2024

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

Based on the information available, adequate access to the other relevant services across Peninsula through the existing community pharmacy network. Some services, like the COVID-19 vaccination are also available through other providers and from pharmacies in the neighbouring localities.

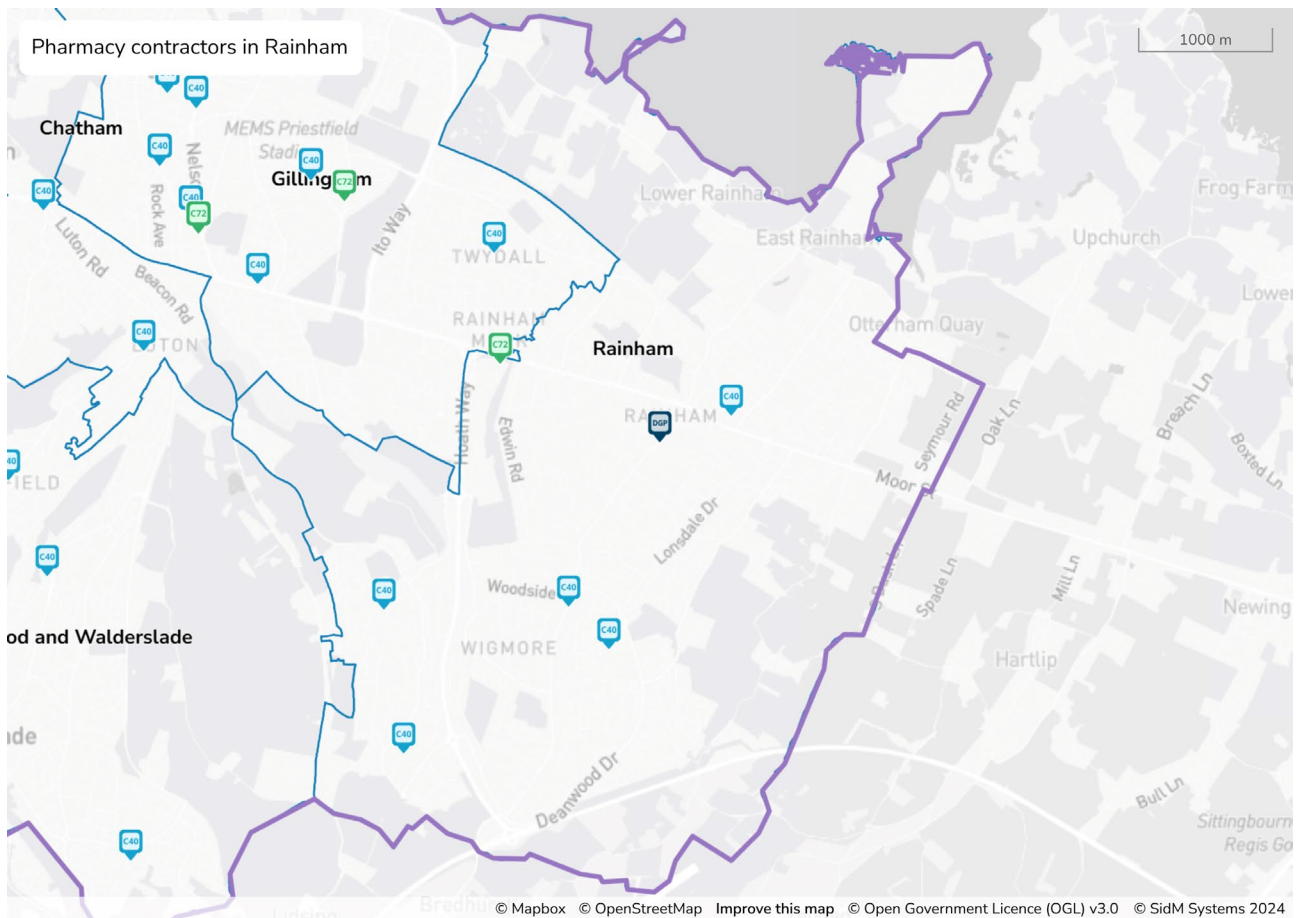
No gaps in the provision of other relevant services have been identified for Peninsula locality

6.2.4.4 Improvements and better access: gaps in provision

No gaps have been identified in either the necessary services or any other relevant services that if provided either now or in the future would secure improvements or better access to the essential or specified advanced and enhanced services across Peninsula

6.2.5 Rainham

Figure 23: Providers across Rainham



Rainham has a population of 47,082, of which 91.% is White, 4% is Asian, 1.9% is Black, 2% is mixed ethnicity and 0.8% is other ethnicity. This locality has predominantly low deprivation, with a few pockets of relatively higher deprivation. Population density is relatively higher in the centre and south west of the locality, with lower density around the borders of the locality.

The number of households in Rainham that own at least one car or van is 87.2% which is above the Medway level (80.8%) and the England level (76.5%).

Travel analysis across Rainham showed:

- Between 96.1% of the population can reach a community pharmacy in 20 minutes walk, and almost all of the residents (99.8%) can walk in 30 minutes.
- 99.98% of the population with access to private transport can reach a community pharmacy in 10 minutes in peak and off-peak times.
- 84.3% of the population can reach a community pharmacy by public transport in 20 minutes, increasing to 96.7% within 30 minutes.

The health of the population of Rainham is generally quite good. Some trends noticed are:

- Asthma levels are higher than Medway levels and lower than England levels.
- Diabetes is higher than England levels and lower than Medway levels.

6.2.5.1 Necessary Services: essential services current provision

Essential services must be provided by all community pharmacies. There are six community pharmacies in Rainham, which is a reduction by one pharmacy compared with the Medway Rainham locality in 2022. The estimated average number of community pharmacies per 100,000 population is 12.7, which is lower than the Medway average of 17.9.

There are five (83%) pharmacies that hold a standard 40-core hour contract and one (17%) 72+ hour pharmacy. There are no DSPs and no DACs.

Of the six community pharmacies,

- 5 (83%) hold a standard 40-core hour contract.
- 1 (17%) is a 72+hour pharmacy.

Of the six community pharmacies:

- Two pharmacies (33%) are open after 6 pm on weekdays
- Six pharmacies (100%) are open on Saturdays
- Two pharmacies (33%) are open on Sundays

Access to pharmaceutical service provision is then supplemented in the more rural areas where residents live at least 1.6 kilometre away from a pharmacy with the addition of a dispensing doctor site.

There are also a number of accessible providers open in the neighbouring localities of Medway, Gillingham and Lordswood and Walderslade, as well localities within the neighbouring HWB area of Kent.

Rainham residents also have access to DSPs in Kent and nationwide.

The number and location of community pharmacies are reflective of the mix of rural and urban nature of Rainham.

6.2.5.2 Necessary Services: gaps in provision

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

The current community pharmacy network is expected to be able to accommodate the predicted population increase of 1.8% by 2030 and the projected increase in dwellings by 556 units by 2030.

To support access in the weekend and evenings there is one 72-hour pharmacy in Rainham supported by other pharmacies open on an evening and weekend. Details are found in Appendix A.

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

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

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

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

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

6.2.5.3 Other relevant services: current provision

Table 40 shows the pharmacies providing Advanced and Enhanced services in the Rainham locality.

Table 40: Number and percentage of community pharmacies signed up and providing Advanced and Enhanced Services in Rainham

Service	Pharmacies signed up	Pharmacies providing*
Pharmacy First	6 (100%)	4 (67%)
Seasonal influenza vaccination	4 (67%)	3 (50%)
Pharmacy contraception	3 (50%)	1 (17%)
Hypertension case-finding	6 (100%)	4 (67%)
New Medicine Service	6 (100%)	6 (100%)
Smoking cessation	3 (50%)	0
Lateral Flow Device tests supply	5 (83%)	2 (33%)
COVID-19 vaccination service	1 (17%)	-

*Based on pharmacies claiming payment in August-November 2024

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

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

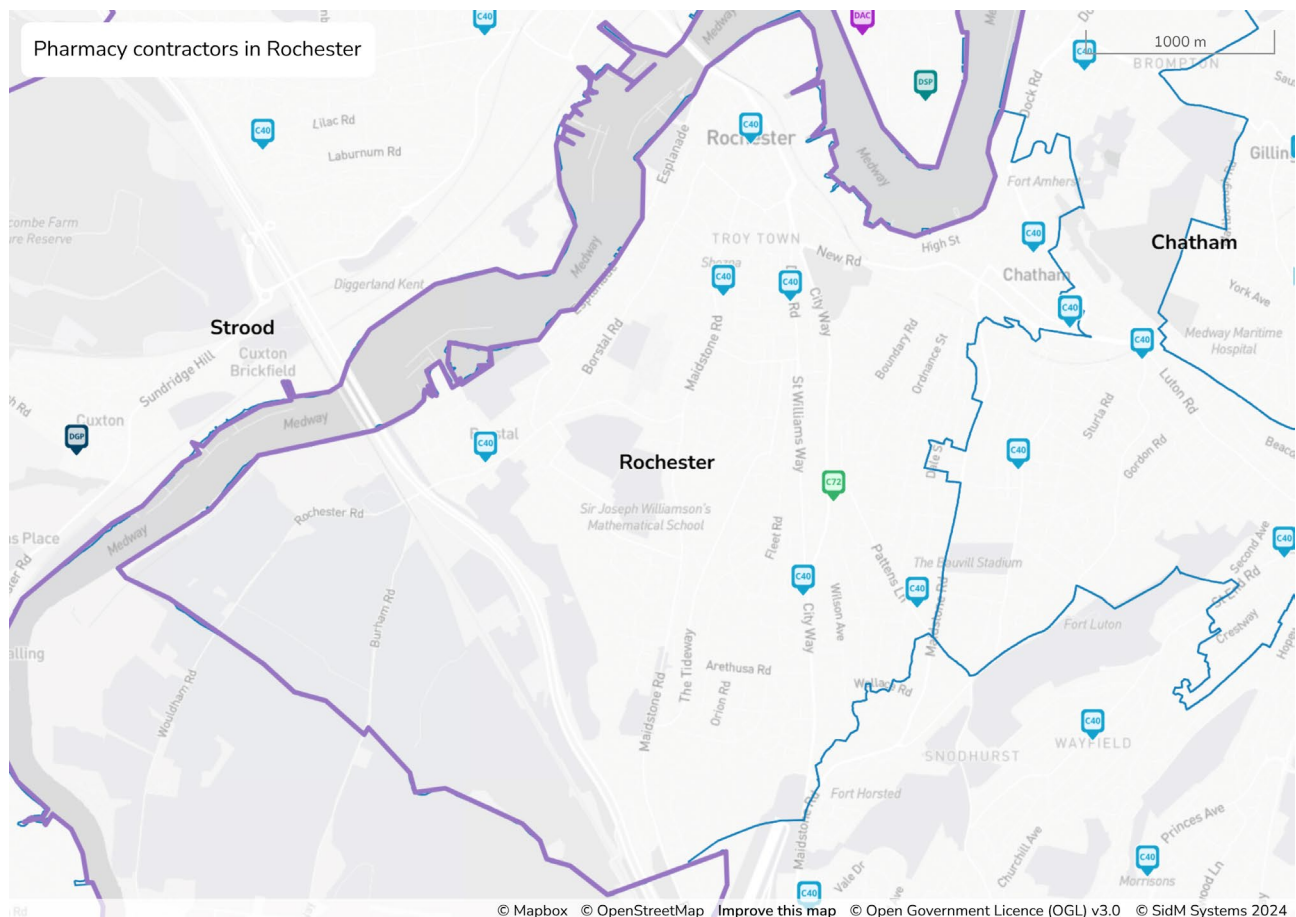
No gaps in the provision of other relevant services have been identified for Rainham locality

6.2.5.4 Improvements and better access: gaps in provision

No gaps have been identified in either the necessary services or any other relevant services that if provided either now or in the future would secure improvements or better access to the essential or specified advanced and enhanced services across Rainham

6.2.6 Rochester

Figure 24: Providers across Rochester



Rochester has a population of 37,982, of which 79.5% is White, 9.2% is Asian, 5.7% is Black, 3.5% is mixed ethnicity and 2% is other ethnicities. This locality has relatively higher deprivation in the north east, this drops in the centre and south of the locality has moderate deprivation. Population density is higher in the centre and north of the locality, and is less dense in the south east.

The number of households in Rochester that own at least one car or van is 76.2% which is below the Medway level (80.8%) and similar to the England level (76.5%).

Travel analysis across Rochester showed:

- Between 98.9% of the population can reach a community pharmacy in 20 minutes walking.
- 100% of the population with access to private transport can reach a community pharmacy in 20 minutes in peak and off-peak times.
- Between 95.6% and 96.7% of the population can reach a community pharmacy by public transport in 20 minutes depending on the time of the day.

The health of the population of Rochester shows the following:

- Smoking levels are higher than Medway and England levels.
- CHD levels are the same as Medway levels and lower than England levels.
- Heart failure levels are higher than Medway levels and the same as England.
- Diabetes is higher than England levels and lower than Medway.

6.2.6.1 Necessary Services: essential services current provision

Essential services must be provided by all community pharmacies. There are nine community pharmacies in Rochester, which is an increase by two pharmacies compared with the Rochester locality in 2022. The estimated average number of community pharmacies per 100,000 population is 23.7, which is significantly higher than the Medway average of 17.9.

There are eight (89%) pharmacies that hold a standard 40-core hour contract and one (11%) 72+ hour pharmacy. There are no DSPs, no DACs and no Dispensing Practices in Rochester.

Of the nine community pharmacies,

- 8 (89%) hold a standard 40-core hour contract.
- 1 (11%) is a 72+hour pharmacy.

Of the nine community pharmacies:

- Three pharmacies (33%) are open after 6 pm on weekdays
- Nine pharmacies (100%) are open on Saturdays
- Two pharmacies (22%) are open on Sundays

There are also a number of accessible providers open in the neighbouring localities of Chatham, Lordswood and Walderslade and Strood, as well as in Kent.

Rochester residents also have access to DSPs in Kent and nationwide.

6.2.6.2 Necessary Services: gaps in provision

Based on the spread of community pharmacies across the locality, there is adequate access to the essential services across Rochester.

The current community pharmacy network is expected to be able to accommodate the predicted population increase of 0.91% by 2030 and the projected increase in dwellings by 2,384 units by 2030.

To support access in the weekend and evenings there is one 72-hour pharmacy in Rochester supported by other pharmacies open on an evening and weekend. Details are found in Appendix A.

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

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

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

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

6.2.6.3 Other relevant services: current provision

Table 41 show the pharmacies providing Advanced and Enhanced services in Rochester locality.

Table 41: Number and percentage of community pharmacies signed up and providing Advanced and Enhanced Services in Rochester

Service	Pharmacies signed up	Pharmacies providing*
Pharmacy First	9 (100%)	9 (100%)
Seasonal influenza vaccination	9 (100%)	8 (89%)
Pharmacy contraception	6 (67%)	4 (44%)
Hypertension case-finding	9 (100%)	6 (67%)
New Medicine Service	7 (78%)	7 (78%)
Smoking cessation	5 (56%)	0 (0%)
Lateral Flow Device tests supply	6 (67%)	3 (33%)
COVID-19 vaccination service	5 (56%)	N/A

*Based on pharmacies claiming payment in August-November 2024

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

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

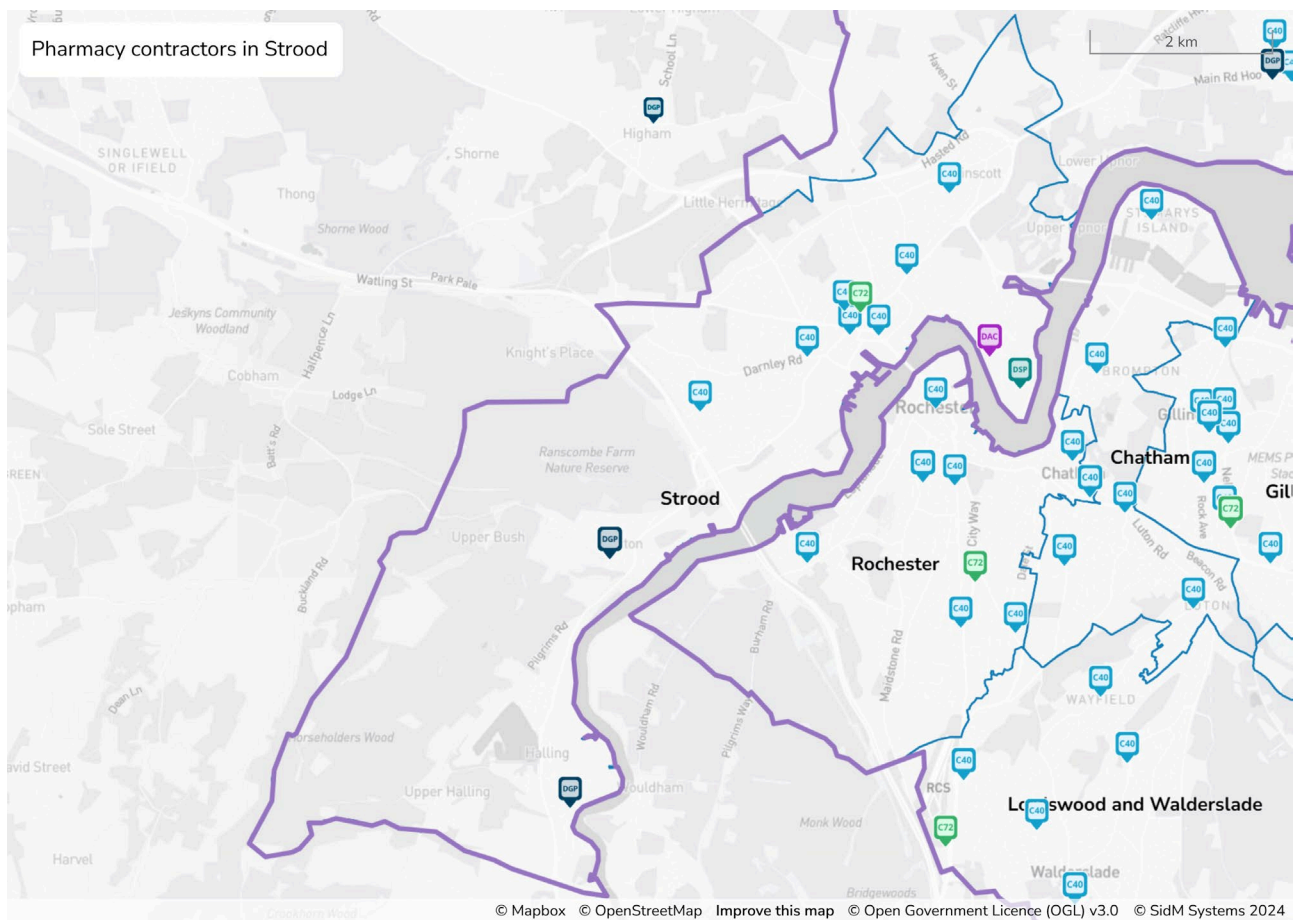
No gaps in the provision of other relevant services have been identified for Rochester locality

6.2.6.4 Improvements and better access: gaps in provision

No gaps have been identified in either the necessary services or any other relevant services that if provided either now or in the future would secure improvements or better access to the essential or specified advanced and enhanced services across Rochester

6.2.7 Strood

Figure 25: Providers across Strood



Strood has a population of 45,110, of which 85.5% is White, 5% is Asian, 5.4 is Black, 2.7% is mixed ethnicity and 1.1% is other ethnicity. This locality has mixed levels of deprivation, with the top third of the locality more relatively deprived with a small pocket of less deprivation. The middle of the locality has lower deprivation, and the bottom third of the locality has moderate deprivation. Population density is relatively higher in the top half of the locality and is lower in the bottom half.

The number of households in Strood that own at least one car or van is 83.7% which is similar to the Medway level (80.8%) and above the England level (76.5%).

Travel analysis across Strood showed:

- 77% of the population can reach a community pharmacy in 20 minutes walking. 87.5% can walk to a pharmacy in 30 minutes.
- 99.5% of the population with access to private transport can reach a community pharmacy by private transport in 10 minutes. This increases to 99.96% in 20 minutes.
- 71.1% of the population can reach a community pharmacy by public transport in 20 minutes, and 87.4% in 30 minutes.

The health of the population of Strood is generally healthy, the following trends were noticed:

- Smoking and obesity levels are higher than England and Medway levels.

- Diabetes levels are lower than Medway levels and higher England levels.

6.2.7.1 Necessary Services: essential services current provision

Essential services must be provided by all community pharmacies. There are nine community pharmacies (including one DSP) in Strood, which is an increase by two pharmacies compared with Strood locality in 2022. The estimated average number of community pharmacies per 100,000 population is 20.0, which is higher than the Medway average of 17.9.

There are seven (78%) pharmacies that hold a standard 40-core hour contract, one (11%) is a 72+ hour pharmacy and one (11%) a DSP. There are no DACs.

Of the nine community pharmacies,

- 7 (78%) hold a standard 40-core hour contract.
- 1 (1%) is a 72+hour pharmacy.

Of the nine community pharmacies:

- Three pharmacies (33%) are open after 6 pm on weekdays
- Six pharmacies (67%) are open on Saturdays
- Two pharmacies (22%) are open on Sundays

Access to pharmaceutical service provision is then supplemented in the more rural areas where residents live at least 1.6 kilometre away from a pharmacy with the addition of two dispensing doctor sites across Strood.

There are also a number of accessible providers open in the neighbouring localities of Peninsula and Rochester, as well as in Kent.

Strood residents also have access to a DSP in the locality , as well as Kent and nationwide.

The number and location of community pharmacies are reflective of the mix of rural and urban nature of Strood.

6.2.7.2 Necessary Services: gaps in provision

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

The current community pharmacy network is expected to be able to accommodate the predicted population increase of 0.83% by 2030 and the projected increase in dwellings by 898 units by 2030.

To support access in the weekend and evenings there is one 72-hour pharmacy in Strood supported by other pharmacies open on an evening and weekend. Details are found in Appendix A.

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

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

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

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

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

6.2.7.3 Other relevant services: current provision

Table 42 shows the pharmacies providing Advanced and Enhanced services in Strood locality.

Table 42: Number and percentage of community pharmacies signed up and providing Advanced and Enhanced Services in Strood

Service	Pharmacies signed up	Pharmacies providing*
Pharmacy First	9 (100%)	9 (100%)
Seasonal influenza vaccination	8 (89%)	8 (89%)
Pharmacy contraception	7 (78%)	4 (44%)
Hypertension case-finding	9 (100%)	9 (100%)
New Medicine Service	9 (100%)	9 (100%)
Smoking cessation	3 (33%)	0 (0%)
Lateral Flow Device tests supply	5 (56%)	4 (44%)
COVID-19 vaccination service	3 (33%)	N/A

*Based on pharmacies claiming payment in August-November 2024

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

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

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

6.2.7.4 Improvements and better access: gaps in provision

No gaps have been identified in either the necessary services or any other relevant services that if provided either now or in the future would secure improvements or better access to the essential or specified advanced and enhanced services across Strood

6.3 Medway pharmaceutical services and health needs

Medway is located approximately 30 miles from central London and is made up of six distinct towns: Chatham, Gillingham, Peninsula, Rainham, Rochester, and Strood. The notable exception is Peninsula, which is more rural in character. Most of Medway benefits from strong transport links, including a high-speed rail connection to London (35 minutes) and four university campuses. Outside the urban areas, villages retain parish councils, and much of the southern part of Medway lies on the north slope of the North Downs. Around half of the Medway area is rural in nature, encompassing parts of the North Kent Marshes and sites such as Ranscombe Farm, known for its chalk grassland and woodland.

Medway has a population of approximately 284,578. According to the 2021 Census, 84.3% of usual residents identified as White, while 15.7% were from ethnic minority backgrounds. The most common ethnic groups (excluding White) were Asian (5.9%) and Black/Black British/Caribbean/African (5.6%).

In terms of deprivation, Medway ranked 98th out of 317 local authorities in England (where 1 is most deprived), which is a decline from its 2015 rank of 121. Deprivation levels vary significantly across localities, with Chatham being the most deprived and Rainham the least.

Car ownership is relatively high in Medway, with 80.8% of households owning at least one car or van. This is above the national average, although ownership levels vary across districts, Peninsula has the highest rate (90.4%) and Chatham the lowest (71.4%).

Medway has an extensive public transport network, supported by local bus and train services and university shuttle routes. Medway Mobility also provides a weekly community bus service for frail, elderly, or disabled residents⁹¹.

Travel analysis varies per locality across Medway (See [Section 3.7.2](#)):

- Private transport: 99.85% of residents can reach a pharmacy within 20 minutes during peak times, and 99.9% off-peak.
- Walking: 89.8% of the population can walk to a pharmacy within 20 minutes.

⁹¹ [ASD Coaches. Bus Services Medway regular route timetables. August 2023](#). [Accessed March 2025]

- Public transport: 86.7% of residents can reach a pharmacy within 20 minutes via public transport, although there are notable variations:
 - Peninsula has the lowest walking access (43.4%) and lower public transport access (47.5% within 20 minutes).
 - Strood also has below-average walking access at 77%.
 - Most other areas exceed 90% access across all modes.

Health and wellbeing outcomes across Medway remain below the national average. Life expectancy is lower than England, and Healthy Life Expectancy (HLE) is estimated at 58.4 years for males and 58.9 years for females. Key health trends include:

- Obesity: Two-thirds of adults were overweight or obese (2021/22).
- Smoking: Smoking rates are above the national average in most localities.
- Substance misuse: Death rates are higher than regional and national averages.
- Sexual health: STI diagnosis rates and chlamydia detection are below national levels, while HIV prevalence and LARC prescribing rates are also lower than England averages.
- Long-term conditions:
 - Hypertension and diabetes are more prevalent than nationally.
 - AF and CHD are mostly at or below national levels, though CHD is elevated in two localities.
 - Cancer and COPD are broadly in line with national averages.
- Mental health: Depression prevalence is higher than the England average.

Several population groups in Medway face greater barriers to accessing pharmacy services and are at increased risk of poorer health outcomes. These include people living in areas of high deprivation (particularly Chatham and Gillingham), those in rural areas of low population density and low access in Peninsula, individuals with disabilities, older adults, Gypsy and Irish Traveller communities, those experiencing homelessness, and people in households where English is not the main language. These groups often experience overlapping health and access challenges.

6.3.1 Necessary Services: essential services current provision across Medway

There are 51 community pharmacies (including one DSP) in Medway at the time of writing in February 2025 based on the pharmacy list correct as of January 2025. The estimated average number of community pharmacies per 100,000 population is 17.9, which is similar to the England average of 18.1. There has been a small net reduction of two community pharmacies since the previously published PNA, where no gaps in Necessary Services provision were identified.

Of the 51 community pharmacies:

- 44 (86%) pharmacies hold a standard 40-core hour contract
- 6 (12%) are 72+hour pharmacies
- 1 (2%) is a DSP.

The majority of community pharmacies (80%) are open on Saturdays and 37% of community pharmacies are open after 6 pm on weekdays. There are also 10 pharmacies (20%) open on Sundays in Medway.

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

And there is also one Dispensing Alliance Contractors in Medway in addition to those available throughout England.

There are also a number of accessible providers in Kent, which is the neighbouring HWB.

The number and locations of the community pharmacies across Medway are reflective of the mix of rural and urban make up of Medway.

6.3.2 Necessary Services: gaps in provision across Medway

Based on the spread of community pharmacies across the local authority area, which is supported by the dispensing doctor sites across rural areas, and DSPs within and outside of the area, there is adequate access to the essential services across Medway.

There has been a net reduction of two community pharmacies across Medway, however despite this reduction access is still considered adequate.

To support access in the weekend and evenings there are six 72-hour pharmacies in Medway complemented by other pharmacies with a 40-hour contract that are open in evenings and weekends. Details are found in Appendix A.

Individuals are generally able to access a pharmacy within a reasonable travel time during core weekday hours, including those living in more rural areas of Medway. However, during evenings and weekends, there is limited access to pharmacy services across some localities. Unlike other healthcare services, pharmacies may not routinely open during these periods. While this does represent a reduction in local access during out-of-hours periods, it is consistent with national patterns of pharmacy availability. Additionally, there is no identified evidence of unmet need or adverse outcomes arising from this.

The county population growth is projected increase over the next 5 years to 2030 by 0.92%, and the number of dwellings projected increase from 2025 to 2030 by 7,200 units. The current community pharmacy network is expected to be able to accommodate the predicted population and dwellings increase over the next three years.

With projected increases in population and corresponding demand, pharmacies may experience increased footfall and service pressures. While current access is considered adequate, this assessment assumes that existing pharmacies will adapt to meet rising demand. Pharmacies may wish to consider how they can manage increasing demand at individual premises, through optimising skill mix, adopting digital health tools, and exploring innovative approaches such as hub and spoke models, automation, and artificial intelligence to improve efficiency and capacity.

While there is no identified gap in provision, local commissioners should consider and be aware of pharmaceutical service access when commissioning other services such as extended access or out of hour services across Medway.

For these reasons, it is considered that there is currently no gap in provision across Medway.

Medway HWB will continue to monitor pharmaceutical service provision, especially in Peninsula locality to ensure there is the capacity to meet potential increases in service demand. As such, it is recommended that the Peninsula locality be kept under review, with consideration given to service resilience measures.

No gaps in the provision of Necessary Services have been identified for Medway HWB

6.3.3 Other relevant services: current provision

Table 33 shows the pharmacies providing Advanced and Enhanced services in Medway HWB area. Regarding access to **Advanced** services, there is very good availability of Pharmacy First (96%), NMS (94%), hypertension case-finding (92%) and seasonal influenza vaccination (90%). There are a good number of providers of lateral flow tests (73%) and pharmacy contraception (67%).

There is currently no activity registered for smoking cessation but 51% of the pharmacies are signed up for the service.

The appliance review and stoma appliances services are provided by the DAC in Medway so patients can access these products and devices. Also 81% of the respondents to the pharmacy questionnaire, confirmed pharmacies dispense prescriptions for all types of appliances.

Regarding access to **Enhanced** Services, 19 pharmacies (37%) offer the COVID-19 vaccination service.

The DSP in Medway provides the NMS Advanced Service, pharmacy first service; and hypertension case-finding service and is signed up for the smoking cessation advanced service.

Advanced and Enhanced Services look to easing the burden on primary care services by providing access to a healthcare professional in a high street setting, however the absence of a service due to a community pharmacy not signing up does not result in a gap due to availability of similar services from other healthcare providers.

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

6.4 Improvements and better access: gaps in provision across Medway

No gaps have been identified in either the necessary services or any other relevant services that if provided either now or in the future would secure improvements or better access to the essential or specified advanced and enhanced services across Medway

Section 7: Conclusions

The Steering Group provides the following conclusions and recommendations on the basis that funding is at least maintained at current levels and/or reflects future population changes.

There is a wide range of pharmaceutical services provided in Medway to meet the health needs of the population. The provision of current pharmaceutical services and LCS are distributed across localities, providing good access throughout Medway.

As part of this assessment, no gaps have been identified in provision either now or in the future (over the next three years) for pharmaceutical services deemed Necessary. Factors such as population growth and pharmacy closures have resulted, and will result, in a reduction of the number of pharmacies per population in the area. With future housing growth in Medway, it is imperative that accessibility to pharmacy services is monitored, and the considerations actioned to ensure that services remain appropriate to the needs. Any required amendments should be made through the three-year life cycle of this PNA.

7.1 Statements of the PNA

The PNA is required to clearly state what is considered to constitute Necessary Services as required by paragraphs one and 3 of Schedule one to the PLPS Regulations 2013.

For the purposes of this PNA, Essential Services for Medway HWB are to be regarded as Necessary Services.

Other Advanced and Enhanced Services are considered relevant as they contribute toward improvement in provision and access to pharmaceutical services.

Locally Commissioned Services have been considered and reviewed for provision across Kent however as they are not NHS commissioned services and are outside of the scope for Market Entry decisions have been excluded in the final analysis of service provision and adequacy. Local commissioners should review and consider these locally.

7.1.1 Current provision of Necessary Services

Necessary Services – gaps in provision

Essential services are Necessary Services, which are described in [Section 1.5.5.1](#). Access to Necessary Service provision in Medway is provided in [Section 6.3](#).

In reference to [Section 6](#), and required by paragraph 2 of schedule 1 to the PLPS Regulations 2013:

Necessary Services – normal working hours

There is no gap in the provision of Necessary Services during normal working hours across Medway to meet the needs of the population.

Necessary Services – outside normal working hours

There are no gaps in the provision of Necessary Services outside normal working hours across Medway to meet the needs of the population.

7.1.2 Future provision of Necessary Services

No gaps have been identified in the need for pharmaceutical services in specified future circumstances across Medway.

7.1.3 Other relevant services – gaps in provision

Advanced and Enhanced Services are considered relevant as they contribute toward improvement in provision and access to pharmaceutical services.

7.1.3.1 Current and future access to Advanced Services

Details of the Advanced Services are outlined in [Section 1.5.5.2](#) and the provision in Medway discussed in [Sections 3.8](#) and [Section 6.2](#) by locality.

[Section 6.4](#) discusses improvements and better access to services in relation to the health needs of Medway.

Based on the information available at the time of developing this PNA, no gaps in the current provision of Advanced Services or in specified future circumstances have been identified in any of the localities across Medway.

[Section 7.2](#) discusses the opportunities that may be available for expansion of existing services or delivery of new services from community pharmacies that may benefit the population of Medway.

There are no gaps in the provision of Advanced Services at present or in the future that would secure improvements or better access to services in Medway.

7.1.3.2 Current and future access to Enhanced Services

Details of the Enhanced Services are outlined in [Section 1.5.5.3](#) and the provision in Medway discussed in [Section 3.9](#) and [Section 6.2](#) by locality.

[Section 6.4](#) discusses improvements and better access to services in relation to the health needs of Medway.

Based on the information available at the time of developing this PNA, no gaps in the current provision of Enhanced Services or in specified future circumstances have been identified in any of the localities across Medway.

No gaps have been identified that if provided either now or in the future would secure improvements or better access to Enhanced Services across Medway.

7.1.4 Improvements and better access – gaps in provision

Based on current information, no gaps have been identified in respect of securing improvements or better access to essential or other relevant services, either now or in specific future circumstances across Medway to meet the needs of the population.

7.2 Future opportunities for possible community pharmacy services in Medway

7.2.1 Introduction

Any local commissioning of services for delivery by community pharmacy lies outside the requirements of a PNA; it is considered as being additional to any **Necessary Services** required under the PLPS Regulations 2013.

In reviewing the provision of Necessary Services and considering Advanced, Enhanced and Locally Commissioned Services for Medway as part of the PNA process, it was possible to identify opportunities for service delivery via the community pharmacy infrastructure that could positively affect the population.

Not every service can be provided from every pharmacy and service development, and delivery must be planned carefully. However, many of the health priorities, national or local, can be positively affected by services provided by community pharmacies, albeit being out of the scope of the PNA process.

National and Medway health needs priorities have been considered when outlining opportunities for further community pharmacy provision below. The highest risk factors for causing death and disease for the Medway population are listed in [Section 2.11](#) and [2.12](#) and are considered when looking at opportunities for further community pharmacy provision.

7.2.2 Opportunities for pharmaceutical service provision

Health needs and highest risk factors for causing death and disease for the Medway population are stated in [Section 2](#) and [Section 6](#). Should these be priority target areas for commissioners, they may want to consider the current and future service provision from community pharmacies, in particular the screening services they are able to offer.

Based on these priorities and health needs community pharmacy can be commissioned to provide services that can help and support the reduction of the variances seen in health outcomes across Medway.

7.2.3 Existing services

7.2.4 Essential Services

- Signposting for issues such weight management and health checks
- Promote a self-referral route to the National Diabetes Prevention Programme (NDPP)
- Developing Healthy living pharmacies and self-care to support the Medway prevention agenda.
- Electronic repeat dispensing can reduce unnecessary patient trips to the GP practice to collect repeat medication and could help reduce waste medicines.

7.2.5 Advanced Services

Some of the existing Advanced Services could be targeted in a way that improves patient access, reduces pressures in general practice, and supports the primary care, urgent care, prevention and medicines safety agendas.

There are several new or recently introduced Advanced Services being implemented that could be beneficial to the population of Medway based on the identified health needs, including:

Pharmacy First

Pharmacy First is an NHS advanced service that allows community pharmacists to directly assess and treat patients with certain common minor illnesses, like earache, sore throat, or urinary tract infections, without requiring a GP appointment, providing advice and supplying necessary prescription medications when clinically appropriate, easing pressure on GP services; essentially enabling patients to access healthcare directly at their local pharmacy for specific conditions.

Pharmacy first can provide benefits to patients and the ICB and support local health needs as follows:

- Convenient access to healthcare where patients can access prescription-only treatment for seven common conditions without needing to see a GP.
- Pharmacy First provides an alternative route to accessing medicine for these conditions.
- The service includes elements from the Community Pharmacist Consultation Service (CPCS), such as minor illness consultations with a pharmacist and the supply of urgent medicines and appliances.

Pharmacy First provides the ICB an opportunity to maximise additional primary care capacity and capability.

Hypertension case-finding service

The service has two stages – the first is identifying people at risk of hypertension and offering them blood pressure measurement (a ‘clinic check’). The second stage, where clinically indicated, is offering ambulatory blood pressure monitoring. The blood pressure test results will then be shared with the patient’s GP to inform a potential diagnosis of hypertension. There is district variability to hypertension, the maximisation of this service would benefit patients.

Smoking cessation Advanced Service

The LTP states all patients admitted to hospital who smoke are to be offered NHS-funded tobacco treatment services by 2023/24. The Smoking Cessation service (SCS) is a referral service from hospital for patients who have been initiated on smoking cessation to continue their journey in community pharmacy.

Smoking is the highest cause of preventable ill health and premature mortality in the UK. Smoking is a major risk factor for many diseases, such as lung cancer, Chronic Obstructive Pulmonary Disease (COPD) and heart disease. It is also associated with cancers in other organs, including lip, mouth, throat, bladder, kidney, stomach, liver and cervix.

Medway has a higher smoking prevalence than England. The SCS service is well placed to support Medway smoking cessation priorities by providing an additional pathway and can complement locally commissioned stop smoking services.

The CPCF main services offers opportunities for the ICB to support key health challenges such as hypertension, smoking cessation and improving access to LARC.

7.2.6 Considerations

The PNA recognises the evolving role of community pharmacy in delivering preventive care, reducing health inequalities, and integrating with primary care networks. While no gaps have been identified in the current or future (three-year) provision of pharmaceutical services in Medway HWB, there are opportunities to strengthen pharmacy services in alignment with the proposed NHS 10-Year Health Plan and Change NHS initiative. These opportunities focus on prevention, long-term conditions, primary care access, medicines management, health inequalities and integrated care.

The most appropriate commissioning route would be through the ICS as Enhanced Pharmaceutical services or through the local authority and locally commissioned services, which would not be defined as necessary services for this PNA.

Community Pharmacy England commissioned leading health think tanks Nuffield Trust and The King’s Fund to develop a vision for community pharmacy to see a transformation of this sector over the next decade. These themes are reflected below.

1) Strengthening the role of community pharmacy in prevention, preventing ill health and supporting wellbeing:

- Community pharmacies should be fully integrated into preventive healthcare, supporting early detection, health promotion, and self-care initiatives.

- Services such as the Hypertension Case-Finding Service, Smoking Cessation Advanced Service, and NHS Health Checks should be prioritised to reduce the incidence of long-term conditions.
- The Healthy Living Pharmacy framework should be expanded. Local Authorities and ICBs should work collaboratively to embed community pharmacy into prevention strategies.
- The Local authority should explore commissioning a local walk-in smoking cessation service, that would complement the national SCS service.

2) Reducing health inequalities through targeted pharmacy services

- Commissioners should focus on increasing the uptake of Essential, Advanced, and LCS in areas of deprivation, ensuring equitable access to services such as sexual health, smoking cessation, cardiovascular risk screening, and weight management.
- Public awareness campaigns should be enhanced to improve access to pharmacy services, particularly for non-English-speaking communities and those facing healthcare access barriers.
- Language translation services remain an important consideration for improving access to community pharmacy services. Stakeholder feedback has highlighted the value of translation support, particularly in areas with diverse populations, to aid understanding of medicines, support service uptake, and improve patient safety.
- Incentives should be considered for pharmacies in under-served areas to expand their service offering and address local health disparities particularly where there is under provision of LCSs.

3) Embedding pharmacy into integrated NHS neighbourhood health services providing clinical care for patients

- Community pharmacy should be positioned as a core provider within primary care, ensuring seamless referrals and collaboration between ICSs, Local Authorities, and PCNs.
- Medicines Optimisation services, including repeat dispensing, the New Medicine Service and the Discharge Medicines Service, should be embedded within primary care pathways to enhance patient safety and medication adherence.
- Interdependencies between ICB and LCS services, such as smoking cessation and sexual health services, should be leveraged to provide more holistic and accessible care. This will require close ICB, local authority and LPC collaboration.

4) Supporting workforce development and expanding pharmacy services

- Sustainable funding should be prioritised to ensure the long-term stability and growth of community pharmacy services.
- The ICB should explore commissioning a pharmacy workforce development programme, ensuring pharmacists and their teams are equipped to deliver expanded clinical services under the Community Pharmacy Contractual Framework (CPCF).

- The introduction of independent prescribing for pharmacists from 2026 presents a significant opportunity for community pharmacies to manage long-term conditions and improve primary care access.
- The pharmacy team's role should be expanded, with pharmacy technicians supporting service delivery under Patient Group Directions (PGDs) and pharmacy staff providing Making Every Contact Count (MECC) interventions.

5) Enhancing public awareness and digital transformation

- Public education campaigns should be developed to raise awareness of pharmacy services, using diverse communication methods tailored to local communities.
- Digital innovation should be prioritised, ensuring pharmacies have access to modern clinical decision-support tools and NHS-integrated patient records.
- The adoption of Point-of-Care Testing (PoCT) services in community pharmacies should be explored to improve early diagnosis and management of conditions such as diabetes, hypertension, and respiratory diseases.

6) Monitoring future demand and improving public engagement

- The provision of pharmaceutical services should be regularly monitored and reviewed, particularly in light of demographic changes and population health needs.
- Future PNAs should incorporate enhanced stakeholder and public engagement strategies to ensure services reflect local priorities and community health needs.

7) Community based medicines management - Living well with medicines

- Community pharmacy provides patient access to a local expert to support advice and safe access to medicines.
- The growth of independent prescribing in community pharmacy offers greater opportunities to take pressure of general practice and shared responsibilities managing prescribing budgets and delivering structured medication reviews.
- These services could be offered as part of domiciliary services to housebound patients and care homes.

By aligning with national health priorities, these considerations / recommendations ensure that community pharmacy plays a central role being part of an integrated neighbourhood in delivering preventive care, tackling health inequalities, and supporting long-term condition management—ultimately improving the health and wellbeing of Medway residents

Appendix A: List of pharmaceutical services providers in Medway by locality

Key to type of provider:

CP – Community Pharmacy

DSP – Distance Selling Pharmacy

Disp – Dispensing doctor practice

DAC – Dispensing Appliance Contractor

Key to services: Services listed are only those provided through community pharmacies so they are blacked out for the dispensing doctor practices. Description of these services are available in [Sections 1.5.5.2](#), [1.5.5.3](#), [4.1](#) and [4.2](#). Pharmacies providing the services are from signed up list unless stated otherwise.

AS1 – Pharmacy First

AS2 – Flu Vaccination service

AS3 – Pharmacy Contraception Service

AS4 – Hypertension case-finding service

AS5 – New Medicine Service

AS6 – Smoking Cessation Service

AS7 – Appliance Use Review (provided by DACs only – not included in table)

AS8 – Stoma Appliance Customisation (provided by DACs only – not included in table)

AS9 – Lateral Flow Device Service

NES1 – COVID-19 Vaccination Service

ICBS1 – Palliative care

LAS1 – Stop smoking

LAS2 – NHS health checks

LAS3 – Sexual health

LAS4 – Supervised consumption

LAS5 – Needle exchange

Chatham locality

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	ICBS1	LAS1	LAS2	LAS3	LAS4	LAS5
Brompton Pharmacy	FEP94	CP	3 High Street, Brompton, Gillingham	ME7 5AA	08:30-13:00; 14:00-18:30	Closed	Closed	-	-	Y	Y	Y	-	Y	Y	Y	-	-	-	Y	-	-	-
Island Pharmacy	FL840	CP	63 Aster Drive, St Marys Island, Chatham	ME4 3EB	08:30-13:00; 14:00-18:30	Closed	Closed	-	Y	Y	Y	Y	-	Y	Y	Y	-	-	-	Y	-	-	-
Palmers Pharmacy	FTC25	CP	98 Palmerston Road, Chatham	ME4 5SJ	09:00-13:00; 14:00-18:00	09:00-12:30	Closed	-	-	-	Y	-	Y	Y	Y	Y	-	-	-	Y	-	-	Y
Street End Pharmacy	FRQ73	CP	23 Street End Road, Chatham	ME5 0AA	08:30-12:30; 13:30-18:00	Closed	Closed	-	-	-	Y	-	Y	Y	-	-	-	-	-	-	-	Y	-
Well	FGR89	CP	22 Magpie Hall Road, Chatham	ME4 5JY	09:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	Y	Y

Gillingham locality

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	ICBS1	LAS1	LAS2	LAS3	LAS4	LAS5
Boots the Chemists	FXP56	CP	125-127 High Street, Gillingham	ME7 1BS	09:00-17:30	09:00-17:30	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	-	Y	Y	-	Y	Y
J Spensley	FED75	CP	1 Twydall Green, Gillingham	ME8 6JY	08:30-17:30	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	-	Y	-
Mediclinic Pharmacy	FDW22	CP	74-76 Watling Street, Gillingham	ME7 2YW	09:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	Y	-	-	Y
Medway Pharmacy	FN425	CP	465 Canterbury Street, Gillingham	ME7 5LJ	07:30-22:00	07:30-22:00	07:30-22:00	Y	-	Y	Y	-	Y	Y	Y	-	-	Y	-	Y	Y	Y	Y

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	ICBS1	LAS1	LAS2	LAS3	LAS4	LAS5
Osbon Pharmacy	FK406	CP	1 Railway Street, Gillingham	ME7 1XF	09:00-19:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	Y	-	Y	-
Osbon Pharmacy	FRG62	CP	17 Duncan Road, Gillingham	ME7 4LA	09:00-19:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	Y	-	Y	Y
Paydens Pharmacy	FL859	CP	The Healthy Living Centre, Balmoral Gardens, Gillingham	ME7 4PN	09:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	Y	-	Y	-
Pharmacy1st	FN418	CP	186-188 Canterbury Street, Gillingham	ME7 5XG	09:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	-	Y	-	-	Y	-
Smiths Pharmacy	FJ656	CP	318-320 Canterbury Street, Gillingham	ME7 5JP	09:00-13:00; 14:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	-	-	-	-	-	-	Y	-	-	-	-
Sturdee Avenue Pharmacy	FL383	CP	46 Sturdee Avenue, Gillingham	ME7 2HN	09:00-13:00; 14:00-18:30	09:00-13:00	Closed	-	-	Y	Y	-	Y	Y	-	Y	Y	Y	-	Y	-	-	Y
Sunlight Pharmacy	FV595	CP	Sunlight Centre, Richmond Road, Gillingham	ME7 1LX	09:00-13:00; 14:00-18:00	Closed	Closed	-	-	Y	Y	Y	Y	Y	Y	-	-	-	-	Y	-	Y	Y
Woodlands Pharmacy	FD862	CP	Gillingham Medical Centre, Woodlands Road, Gillingham	ME7 2BU	09:00-21:00	16:00-21:00	09:00-16:00	Y	-	Y	-	Y	Y	Y	-	-	-	-	-	-	-	-	-

Lordswood and Walderslade locality

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	ICBS1	LAS1	LAS2	LAS3	LAS4	LAS5
Asda Pharmacy	FKK59	CP	387 Maidstone Road, Chatham	ME5 9SD	09:00-12:30; 13:00-16:30; 17:00-21:00	09:00-12:30; 13:00-16:30; 17:00-21:00	10:00-16:00	Y	-	Y	Y	Y	Y	Y	-	Y	-	Y	Y	Y	-	Y	-
Delmergate Ltd	FQ410	CP	21 Shirley Avenue, Chatham	ME5 9UR	09:00-13:00; 14:00-17:30	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	Y	Y	Y	-
Fenns Chemist	FEL36	CP	Unit 9-10, Walderslade Centre, Walderslade, Chatham	ME5 9LR	09:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	Y	-	Y	-

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	ICBS1	LAS1	LAS2	LAS3	LAS4	LAS5
Lordswood Pharmacy	FLN26	CP	17 Kestrel Road, Lordswood, Chatham	ME5 8TH	09:00-13:00; 14:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	-	Y	-	Y	Y	-	-	-	-	-	Y
Merlin Pharmacy	FFM54	CP	54 Silverweed Road, Chatham	ME5 0QX	09:00-18:00	09:00-12:30	Closed	-	-	Y	Y	Y	Y	Y	Y	-	-	-	-	Y	-	-	Y
Morrisons Pharmacy	FR909	CP	Neighbourhood Centre, Princes Park, Walderslade	ME5 7PQ	09:00-13:00; 14:00-19:00	09:00-13:00; 14:00 19:00	10:00-16:00	-	-	Y	Y	Y	Y	Y	-	Y	-	Y	-	Y	-	-	Y
Wayfield Pharmacy	FRF61	CP	163 Wayfield Road, Chatham	ME5 0HD	09:00-13:00; 14:00-18:00	09:00-12:30	Closed	-	-	Y	Y	-	Y	Y	-	-	-	-	-	Y	-	Y	Y

Peninsula locality

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	ICBS1	LAS1	LAS2	LAS3	LAS4	LAS5
Cliffe Woods Pharmacy	FFE74	CP	7 Parkside Parade, Cliffe Wood, Rochester	ME3 8HX	08:30-13:00; 14:00-18:00	09:00-12:00	Closed	-	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	Y	-
Hoo Pharmacy	FJE35	CP	5 Main Road, Hoo, Rochester	ME3 9AA	09:00-18:30	09:00-17:30	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	Y	Y	Y	-
Knights Pharmacy	FEM57	CP	39 Knights Road, Hoo, Rochester	ME3 9DT	09:00-18:30	Closed	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	Y	-	Y	Y
The Elms Medical Practice	G82077	Disp	Tilly Close, Hoo, Rochester	ME3 9AE	09:00-12:00, 14:00-18:00	Closed	Closed																
Higham Surgery	G82100	Disp	Hermitage Road, Higham, Rochester	ME3 7DB	Mon 08:00-17:00; Tue 08:00-16:00; Wed-Fri 08:00-14:00	Closed	Closed																

Rainham locality

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	ICBS1	LAS1	LAS2	LAS3	LAS4	LAS5
Boots the Chemists	FD032	CP	5 Hempstead Valley Shopping Centre, Hempstead, Gillingham	ME7 3PB	08:30-20:00	08:00-19:00	10:00-16:00	-	-	Y	Y	Y	Y	Y	-	Y	-	-	Y	Y	-	Y	-
Fenns Chemist	FJF87	CP	33-35 Parkwood Green, Rainham	ME8 9PW	09:00-17:30 (Fri 09:00-18:00)	09:00-16:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	Y	Y	Y	Y
Hempstead Pharmacy	FNL61	CP	148B Hempstead Road, Gillingham	ME7 3QE	09:00-13:00; 14:00-18:00	09:00-12:00	Closed	-	-	Y	Y	-	Y	Y	Y	Y	-	-	-	Y	-	-	-
Jhoots Pharmacy	FRW48	CP	Units 21-22 Rainham Shopping Centre, Gillingham	ME8 7HW	09:00-14:00; 15:00-18:00	09:00-14:00; 15:00-15:30	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-
Maidstone Road Rainham Surgery	G82180	Disp	53A-53B Maidstone Road, Rainham, Gillingham	ME8 0DP	08:00-18:00	Closed	Closed																
Phoenix Pharmacy	FC050	CP	373 Maidstone Road, Wigmore, Gillingham	ME8 0HX	09:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	Y	-	Y	-	-	-	-	-	-	-
Tesco Pharmacy	FFV74	CP	Courtney Road, Gillingham	ME8 0GX	09:00-21:00	09:00-21:00	10:00-16:00	Y	-	Y	-	-	Y	Y	-	-	-	-	Y	-	-	-	-

Rochester locality

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	ICBS1	LAS1	LAS2	LAS3	LAS4	LAS5
Bod Pharma	FWJ41	CP	The Thorndike Centre, Longley Road, Rochester	ME1 2TH	08:30-18:30	09:00-12:00	Closed	-	-	Y	Y	-	Y	Y	-	-	-	-	-	-	-	Y	-
Boots the Chemists	FM682	CP	Pentagon Centre, 30-34 Wilmot Square, Chatham	ME4 4BB	08:30-18:00	09:30-17:00	10:00-16:00	-	-	Y	Y	Y	Y	Y	-	Y	Y	-	Y	-	-	Y	Y
Chatham Pharmacy	FE813	CP	139 New Road, Chatham	ME4 4PT	09:00-18:30	09:00-13:00	Closed	-	-	Y	Y	-	Y	-	-	-	-	Y	-	-	-	Y	Y

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	ICBS1	LAS1	LAS2	LAS3	LAS4	LAS5
Focus Chemists	FH750	CP	126 Borstal Street, Rochester	ME1 3JS	09:00-18:00	09:00-13:00	Closed	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	Y
Karsons Pharmacy	FGL46	CP	33 Pattens Lane, Chatham	ME4 6JR	09:00-13:00; 14:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	Y	-	Y	Y
Karsons Pharmacy	FJF12	CP	69-71 City Way, Rochester	ME1 2BA	09:00-21:00	09:00-21:00	08:30-13:30	Y	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	Y
Merlin Pharmacy	FL693	CP	364 City Way, Rochester	ME1 2BQ	09:00-18:00	09:00-13:00	Closed	-	-	Y	Y	-	Y	-	-	-	-	-	-	Y	-	-	-
Paydens Pharmacy	FGF64	CP	134-136 Delce Road, Rochester	ME1 2DT	09:00-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	Y	-	Y	Y
Ryders Chemist	FHY79	CP	130 High Street, Rochester	ME1 1JT	09:00-17:30	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	Y	Y	Y	-

Strood locality

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	ICBS1	LAS1	LAS2	LAS3	LAS4	LAS5
Atos Care	FTQ92	DAC	Suite 2A, Beta House, Laser Quay, Culpeper Close, Rochester	ME2 4HU	09:00-17:00	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Boots the Chemists	FV186	CP	83 High Street, Strood, Rochester	ME2 4AH	09:00-17:30	09:00-17:30	Closed	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	Y	-	Y	Y
Bryant Road Pharmacy	FM600	CP	59-61 Bryant Road, Strood	ME2 3EP	09:00-13:00; 14:30-18:00	09:00-13:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	Y	-	-	Y	Y	-	-
College Pharmacy Ltd	FH172	DSP	87 Riverside Estate, Sir Thomas Langley Road, Rochester	ME2 4BH	09:00-17:00	Closed	Closed	-	-	Y	-	-	Y	Y	Y	-	-	-	-	-	-	Y	-

Pharmacy Name	ODS Number	Provider Type	Address	Postcode	Monday to Friday	Saturday	Sunday	72+ hours	PhAS	AS1	AS2	AS3	AS4	AS5	AS6	AS9	NES1	ICBS1	LAS1	LAS2	LAS3	LAS4	LAS5
Cuxton Medical Centre	G82106 001	Disp	19A Wood Street, Cuxton, Rochester	ME2 1LT	Mon, Wed, Fri 08:30-13:30, 15:30-18:30; Tue 08:30-13:30; Thu 07:30-13:30	Closed	Closed																
Halling Medical Centre	G82106	Disp	Ferry Road, Halling, Rochester	ME2 1NP	Mon 08:30-13:30, 15:30-18:30; Tue 08:30-13:30, 15:30-20:00; Wed 08:30-13:30; Thu 08:30-12:30, 15:30-18:30; Fri 08:30-13:30	Closed	Closed																
Hobbs Pharmacy	FTM63	CP	41-43 Wells Road, Marlow Park, Strood, Rochester	ME2 2PW	09:00-13:00; 14:00-18:00	Closed	Closed	-	Y	Y	Y	Y	Y	Y	Y	-	Y	-	-	Y	-	Y	Y
Kamsons Pharmacy	FR400	CP	29 Darnley Road, Strood, Rochester	ME2 2EU	08:45-18:30	08:45-13:00	Closed	-	-	Y	Y	-	Y	Y	Y	Y	-	-	-	-	-	Y	Y
Pharmacy @ Gun Lane	FVJ60	CP	Gun Lane Medical Centre, Gun Lane, Strood, Rochester	ME2 4UW	09:00-21:00	16:00-21:00	09:00-16:00	Y	-	Y	Y	Y	Y	Y	-	-	Y	-	-	-	-	-	-
Tesco Pharmacy	FMH56	CP	3 Cuxton Road, Strood	ME2 2DE	08:00-20:00	08:00-20:00	10:00-16:00	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	-	Y
Wainscott Pharmacy	FP206	CP	Miller Way, Wainscott, Rochester	ME2 4LP	08:30-13:00; 14:30-18:00 (Thu 08:30-13:00; 14:00-17:30)	Closed	Closed	-	-	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	Y	-
Williams Chemist	FYC97	CP	86 Frindsbury Road, Frindsbury, Rochester	ME2 4HY	09:00-13:00; 14:15-18:00	09:00-14:00	Closed	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	-	-

Appendix B: PNA project plan

	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025	Jun 2025	Jul 2025	Aug 2025	Sep 2025
Stage 1: Project planning and governance Stakeholders identified and PNA Steering Group terms of reference agreed. Project plan, PNA localities, communications plan and data to collect agreed at first Steering Group meeting. Prepare questionnaires for initial engagement.														
Stage 2: Research and analysis Collation of data from KCC, LPC, ICB and other providers of services. Listing and mapping of services and facilities. Collation of data for housing developments. Equalities Impact Assessment. Analysis of questionnaire responses. Review all data at second Steering Group meeting.														
Stage 3: PNA development Review and analyse data and information collated to identify gaps in services based on current and future population needs. Develop consultation plan. Draft PNA. Sign off draft PNA at third Steering Group meeting and update for HWB.														
Stage 4: Consultation and final draft production Coordination and management of consultation. Analysis of consultation responses and production of report. Draft final PNA for approval. Sign off final PNA at fourth Steering Group meeting. Edit final PNA 2025 ready for publication and provide update for HWB.														

Appendix C: PNA Steering Group terms of reference

Objective / Purpose

To support the production of the Pharmaceutical Needs Assessment (PNA) on behalf of the Medway Health and Wellbeing Board (HWB), to ensure that it satisfies the relevant regulations including consultation requirements.

Delegated responsibility

Medway HWB have delegated authority to the PNA Steering group to oversee the production and completion of the Medway PNA, 2025-2028.

Accountability

The Steering Group is to report to Director of Public Health.

Responsibilities

- Provide a clear and concise PNA process
- Review and validate information and data on population, demographics, pharmaceutical provision, and health needs
- To consult with the bodies stated in Regulation 8 of The NHS Regulations 2013:
 - Any Local Pharmaceutical Committee for its area
 - Any Local Medical Committee for its area
 - Any persons on the Pharmaceutical lists and any dispensing Doctors list for its area
 - Any LPS Chemist in its area
 - Any Local Healthwatch organisation for its area
 - Any NHS Trust or NHS Foundation Trust in its area
 - Integrated Care Boards
 - Any neighbouring HWB
- Ensure that due process is followed
- Report to Health and Wellbeing Board on both the draft and final PNA
- Publish the final PNA by 1 October 2025
- Discuss and ensure a process is in place to maintain the PNA post publication

Membership

Core members:

- Deputy Director of Public Health/ Consultant in Public Health
- Head of Health Intelligence
- Integrated Care Board Contract Manager representative
- Local Pharmaceutical Committee (LPC) representative
- Integrated Care Board Pharmacy and Medicines Optimisation representative
- Local Medical Committee representative
- Healthwatch representative (lay member)

Soar Beyond are not to be a core member however will chair the meetings. Each organisation has one vote. The Public Health representative will have the casting vote, if required. Core members may provide a deputy to meetings in their absence. The Steering Group shall be quorate with four core members in attendance, one of which must be an LPC member. Non-attending members are unable to cast a vote – that vote may otherwise sway the casting decision.

Additional members (if required):

- Integrated Care Board Commissioning Managers
- NHS Trust Chief Pharmacists
- Dispensing Doctors representative

In attendance at meetings will be representatives of Soar Beyond Limited who have been commissioned by Medway to support the development of the PNA. Other additional members may be co-opted if required.

Frequency of meetings

Meetings will be arranged at key stages of the project plan. The Steering Group will meet in summer 2025 to sign off the PNA for submission to the Health and Wellbeing Board.

Appendix D: Public questionnaire

Total responses received: 974

The questionnaire was open for responses between 20 December 2024 and 5 February 2025.

When reporting the details of the responses, please note:

- Due to small numbers, responses are not broken down by locality
- Some numbers may be higher than the number of answers due to multiple choice
- Some figures may not add up to 100% due to rounded numbers
- The option with the higher number of responses shows in bold to facilitate analysis
- The number of comments may be different to the number of responses due to some users adding different themes and other comments being “N/A” or “No comment”.

1) Why do you usually visit or contact a pharmacy (Please tick all that apply) Please note number and percentages may add up to more than 100% due to multiple responses (Answered: 968, Skipped: 6)

Options	%	Number
To buy over-the-counter medicines	53%	514
To collect prescriptions for myself	84%	817
To collect prescriptions for somebody else	46%	443
To get advice from a pharmacist	41%	401
To use a pharmacy service: treatment for minor ailment, flu jab, etc	35%	337
Other (please specify)	4%	36

Other comments (themes)	Number
I don't, I get it delivered	16
I work there	3
To buy items	3
I don't	2
Return unused medication	2
Advice	1
Collect prescriptions	1
Dosette boxes	1
I go on behalf of others	1
Sharps bins	1
To supply residents in care home	1
UTI	1
Vaccinations	1

2) The following services are available at your local pharmacy. Please tell us which services you have used and are you aware of? (Please provide one answer for each service) (Answered: varied for each service – see total in table)

Options	Aware		Used		Total
	%	Number	%	Number	
Pharmacy First Service	81%	437	19%	105	542
Blood pressure check service	86%	585	14%	98	683
Flu Vaccination service	54%	464	46%	401	865
New medicine service	80%	301	20%	73	374
Pharmacy contraception service	95%	354	5%	18	372
Other (please specify)	81%	437	19%	105	542

Other comments (themes)	Number
Vaccinations	10
Advice	3
Collect prescriptions	2
Minor illness/ailments	2
NHS health check	2
Prescribed medication	2
Others (one comment each)	6

3) Have you visited or contacted a pharmacy in the last 6 months? (Answered: 967, Skipped: 7)

Option	%	Number
Yes	96%	930
No	4%	37

4) How often have you visited or contacted a pharmacy in the last six months? (Answered: 962, Skipped: 12)

Option	%	Number
Once a week or more	3%	33
A few times a month	29%	281
Once a month	38%	365
Once every few months	23%	222
Once in six months	6%	61

5) What time and day is most convenient for you to use a pharmacy? (Please tick one time band for each day that applies to you) (Answered: varied for each service – see total in table)

Option	Before 9am		9am - 1pm		1pm - 7pm		After 7pm		It varies		No preference		Total
	%	#	%	#	%	#	%	#	%	#	%	#	Number
Monday	3	27	24	203	14	114	9	75	29	245	21	179	843
Tuesday	3	28	21	172	13	104	9	75	30	244	23	187	810
Wednesday	3	23	22	179	14	111	10	78	29	235	23	190	816
Thursday	3	24	22	178	13	109	9	78	29	239	24	194	822
Friday	3	21	21	173	14	113	9	74	29	236	24	195	812
Saturday	2	16	28	219	9	70	2	14	28	218	31	238	775
Sunday	2	13	17	113	7	47	2	12	27	181	45	294	660

6) Do you have a regular local community pharmacy? (Answered: 920, Skipped: 54)

Option	%	Number
Yes, a community pharmacy/local chemist shop or building	90%	830
Yes, an internet/online pharmacy - (This pharmacy, also referred to as a distance selling pharmacy, is one which operates partially or completely online. Prescriptions are received electronically or by paper and dispensing medication is sent via a courier to your home)	4%	36
Yes, a combination of both	4%	39
No	2%	15

7) Is there a specific reason you prefer your current pharmacy? Even though there might be others nearby or more convenient? (Answered: 923, Skipped: 51)

Option	%	Number
Yes	31%	284
No	69%	639

8) Why do you prefer your current pharmacy, even though there might be others nearby or more convenient? (Answered: 922, Skipped: 52)

Option	%	Number
Habit/ long term use/ personal preference or recommendation	17%	158
Customer service	19%	174
Staff friendliness	6%	57
Price or stock availability	2%	19
Convenience or proximity (to GP, work, other)	26%	236
Parking availability	6%	54
Opening hours	4%	38
Expertise	3%	26
Reliable service	6%	54
Waiting times	1%	11
Services available	1%	11
Other (please specify)	9%	84

Other comments (themes)	Number
Good location/proximity	19
Linked to GP	14
Good accessibility	7
Convenience (e.g. in shopping centre/near work)	7
They deliver	5
Good customer service	4
Bad customer service elsewhere	4
No choice/ Lack of pharmacies	3
All of the options	2
Good stock	2
Habit	2
Other (one comment each)	6

9) What influences your choice of pharmacy? (Please tick one answer for each factor) (Answered: varied for each service – see total in table) (Answered: 922, Skipped: 52)

Factors	Very important		Important		Not at all important		Total
Quality of service (expertise)	71%	619	27%	232	2%	18	869
Customer service	65%	556	33%	284	2%	16	856
Location of pharmacy	66%	589	30%	268	4%	37	894
Opening times	54%	460	39%	335	7%	64	859
Parking	41%	349	27%	232	32%	273	854
Public transport	11%	81	12%	90	78%	600	771
Accessibility (wheelchair / buggy access)	18%	139	18%	138	65%	510	787
Communication (languages / interpreting service)	20%	156	18%	144	62%	496	796
Availability of medication	80%	691	19%	161	1%	12	864
Services provided	54%	440	38%	312	9%	70	822

Other comments (themes)	Number
Good customer service	12
Whether they deliver	6
Good stock and availability of medication	5
Whether they are linked with GP	5
Good location/proximity	3
Good opening hours	2
Whether they take/have sharps bins	2
Habit	1
Whether they are independent	1

10) How do you travel to a pharmacy? (Answered: 916, Skipped: 58)

Option	%	Number
Walking	40%	370
Car	50%	457
Public transport	3%	25
Taxi	0%	1
Bicycle	0%	2
Wheelchair/ mobility scooter	1%	7
Someone goes for me / takes me	1%	13
I don't travel, I use an online pharmacy	2%	16
I don't travel, I utilise a delivery service	2%	19
Other	1%	6

Other comments (themes)	Number
Car	2
Walking	2
I don't	2

11) How long does it approximately take you to travel to the pharmacy? (Answered: 914, Skipped: 60)

Option	%	Number
Less than 20 minutes	85%	778
20-30 minutes	10%	91
30-40 minutes	1%	6
More than 40 minutes	1%	5
N/A- I don't travel to the pharmacy	4%	34

12) Do you have any other comments that you would like to add regarding services provided by pharmacies in Medway? (Answered: 406, Skipped: 514)

Comment themes	Positive	Negative	Total
Customer service	75	75	150
Systemic and funding problems	-	-	74
Stock and availability of medication	0	36	36

Comment themes	Positive	Negative	Total
Opening hours	2	33	35
Pharmacies role in the community/ taking pressure off of GPs	-	-	22
Delivery	9	5	14
More prescribable medication	-	-	13
Online/landline access to pharmacies	1	8	9
Extended services	0	8	8
Accessibility	0	6	6
Advice from pharmacists	5	1	6
Repeat prescriptions	1	4	5
Communication of available services	-	4	4
Medical sharps bins	1	3	4
Parking	-	4	4
Importance of independent pharmacies	-	-	3
Pharmacy link to GP	1	2	3
Pharmacy First	-	3	3
Cater to minor illness/ailments	-	2	2
Dosette boxes/blister packs	-	2	2
Others (one comment each)	-	-	3

13) Age: In which of the following age bands do you fall? (Answered: 889, Skipped: 85)

Option	%	Number
Under 18	0%	0
18-24	1%	2
25-34	4%	32
35-44	6%	53
45-54	11%	98
55-64	24%	210
65-74	32%	290
75+	21%	192
Prefer not to say	1%	12

14) Sex: What is your sex? (Answered: 888, Skipped: 86)

Option	%	Number
Female	73%	648
Male	24%	214
I prefer not to say	3%	26

15) Gender identity: Is your gender identity the same as the sex you were assigned at birth? (Answered: 887, Skipped: 87)

Option	%	Number
Yes	96%	854
I prefer not to say	3%	25
No, please specify	1%	8

Comments	Number
Yes	4
Objects to question	4

16) Pregnancy or on maternity leave: Are you currently pregnant or have had a baby in the last 12 months? (Answered: 873, Skipped: 101)

Option	%	Number
Yes	3%	22
No	95%	832
I prefer not to say	2%	19

17) What is your ethnic origin? (Answered: 887, Skipped: 87)

Option	%	Number
White: English, Welsh, Scottish, Northern Irish or British	91%	803
White: Irish	2%	16
White: Gypsy or Irish Traveller	0%	0
White: Roma	<0.5%	1
White: Any other White background, please specify below	1%	10
Mixed or Multiple ethnic groups: White and Black Caribbean	<0.5%	2

Option	%	Number
Mixed or Multiple ethnic groups: White and Black African	<0.5%	1
Mixed or Multiple ethnic groups: White and Asian	1%	6
Mixed or Multiple ethnic groups: Any other Mixed or Multiple ethnic groups, please specify below	<0.5%	2
Asian, Asian British or Asian Welsh: Indian	<0.5%	4
Asian, Asian British or Asian Welsh: Pakistani	<0.5%	1
Asian, Asian British or Asian Welsh: Bangladeshi	<0.5%	1
Asian, Asian British or Asian Welsh: Chinese	0%	0
Asian, Asian British or Asian Welsh: Any other Asian background, please specify below	<0.5%	1
Black, Black British, Black Welsh, Caribbean or African: Caribbean	<0.5%	4
Black, Black British, Black Welsh, Caribbean or African: African background, please specify below	0%	0
Black, Black British, Black Welsh, Caribbean or African: Any other Black, Black British or Caribbean background, please specify below	<0.5%	1
Other ethnic group: Arab	0%	0
Other ethnic group: Any other ethnic group, please specify below	<0.5%	2
I prefer not to say	2%	20

Other	Number
European – undefined	2
Objects to question	2
Others (one response each)	7

18) Disability: Do you have any long-standing health problem or disability? Long-standing means anything that has lasted, or is expected to last, at least 12 months
(Answered: 890, Skipped: 84)

Option	%	Number
Yes	56%	498
No	41%	369
Prefer not to say	3%	23

19) What is your religion? (Answered: 878, Skipped: 96)

Option	%	Number
Buddhist	1%	6
Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	61%	535
Hindu	<0.5%	2
Jewish	<0.5%	2
Muslim	<0.5%	3
No religion	27%	235
Sikh	<0.5%	2
I prefer not to say	9%	81
Any other religion, please specify	1%	12

Other themes	Number
Pagan	5
None	3
Objects to question	2
Others (one response each)	2

20) What is your sexual orientation? (Answered: 884, Skipped: 90)

Option	%	Number
Bisexual	2%	18
Gay or Lesbian	1%	11
Heterosexual / Straight	85%	753
I prefer not to say	10%	87
Other sexual orientation, please specify	2%	15

Other themes	Number
Objects to question	7
Other (one comment each)	3

21) Where do you live? (Answered: 889, Skipped: 85)

Option	%	Number
Chatham	15%	137
Gillingham	24%	211
Lordswood and Walderslade	7%	61
Peninsula	7%	62
Rainham	19%	166
Rochester	15%	129
Strood	11%	97
Elsewhere in Kent	2%	16
Elsewhere in the UK	<0.5%	1
I prefer not to say	1%	9

Appendix E: Pharmacy contractor questionnaire

Total responses received: 16

The questionnaire was open for responses between 20 December 2024 and 5 February 2025.

When reporting the details of the responses, please note:

- Some figures may not add up to 100% due to rounded numbers
- The option with the higher number of responses shows in bold to facilitate analysis

1) Premises and contact details (Answered: 16, Skipped: 0)

Individual responses not reported on.

2) Does the pharmacy dispense prescriptions for appliances? (Answered: 16, Skipped: 0)

Options	%	Number
Yes - All types	81%	13
Yes, excluding stoma appliances	0%	0
Yes, excluding incontinence appliances	0%	0
Yes, excluding stoma and incontinence appliances	6%	1
Yes, just dressings	13%	2
None	0%	0
Other (please specify)	0%	0

3) Capacity: Does the pharmacy have sufficient capacity to meet an increase in demand in the area in regards to its: (Answered: 16, Skipped: 0)

Options	Sufficient capacity to manage increased demand		Not sufficient capacity at present but could make adjustments to manage increased demand		Not sufficient capacity and would have difficulty in managing increased demand	
	%	Number	%	Number	%	Number
Premises	94%	15	0%	0	6%	1
Staffing levels	94%	15	0%	0	6%	1