

healthwatch
Kent

healthwatch
Medway



COVID Feedback from Kent & Medway April 2020

it starts with
YOU



Covid related public feedback monthly summary report

Background

Since April 2nd, Healthwatch Kent, Healthwatch Medway and Kent User Forums have worked together to gather direct feedback from 180 members of the public about their experiences of the Covid 19 pandemic and life under social distancing.

We combined this with anecdotal feedback from 10 organisations who variously support people living with mental health, physical disability, sight loss and impairment, carers and those suffering domestic abuse.

Together these organisations represented approximately 5000 people living in Kent and Medway.

Of the public respondents, 30% identified they were staying at home following government guidance, 29% identified as key workers and 20% were self isolating to protect themselves or vulnerable members of the family. No-one identified that they were isolating due to symptoms and 21% didn't identify a category. 50% of respondents were female, (21% male and 29% not stated), 38% identified as being disabled and 13% identified themselves as carers.

A demographic profile of respondents can be found in Appendix 1.

Methodology

Healthwatch Kent and Healthwatch Medway have been running a series of social media adverts promoting an online survey. In April 180 people have contributed their story.

To ensure more than one method of gathering data, Healthwatch staff and volunteers have established a weekly phone interview with organisations, so that the feedback and insights they are gathering from their clients / service users can also be collated weekly. Short weekly insight reports are then produced based on this snapshot of people's experiences.

This monthly report is based on the weekly snapshots, but allows us to investigate the data further and strengthen the validity of reporting there has been a process of triangulation including:

- Wherever possible quantifying anecdotal comments to give a sense of weighting
- Analytics from social media posts to gauge subject areas creating most public interest
- National trends from other Healthwatches and Healthwatch England
- Kent wide discussions to sense check the snapshot data
- Desk based research with other parts of the system, to compare emerging data sets and trends

How is COVID-19 affecting you and your family life. Tell us your story so we can make emergency changes to services.



When reading this report please be aware that:

Week 1 relates to 3rd-9th April.

Week 2 relates to 10th -16th April

Week 3 relates to 17th-23rd April

Week 4 relates to 24th-30th April

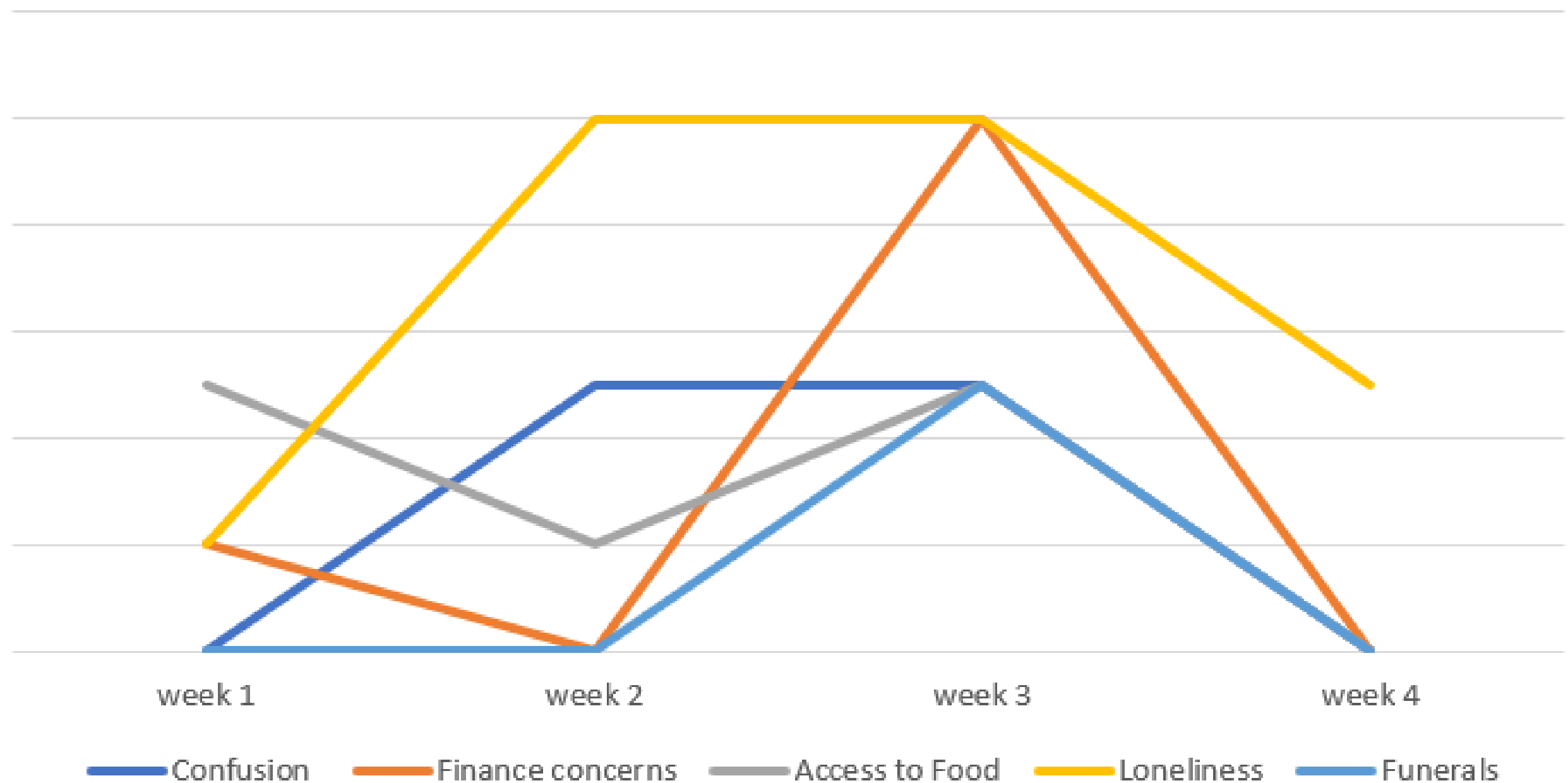
Summary of issues heard over the last four weeks

We have heard a range of issues over the last 4 weeks, and we have tried to weight these issues, according to how many people have reported being affected by them. Some of this weighting is related to the volumes of people affected as reported by organisations, so where possible we have attempted to mitigate any skewing of the data based on the types of organisations contributing feedback during the period, by using a simple 3 level indicator.

These 3 levels were a little (1-2 responses on a particular theme), some (3-7 responses on a particular theme), lots (8+ responses on a particular theme).

This had enabled us to look at what issues have increased in volume and what had decreased over the month of April. We have examined each of these clusters of issues in turn.

Issues related to impact of social distancing



Loneliness

The greatest volume of comments in this section have been people expressing a growing sense of isolation, both in individual comments and from organisations reflecting what they are hearing from their client groups. This reached a peak in week 3 and appears to have reduced in week 4, however we think that this reduction in reporting is due to organisations feeling that they had already raised the issue and didn't want to repeat the same feedback. Organisations started to report an increase in demand for telephone support and telephone befriending in week 3.

Access to Food

Feedback about access to food has decreased over the period and this is triangulated by data from community hubs. Initially concerns were around risks associated with shopping or practicalities about getting a shopping delivery slot

- 'We are too young for Age UK
- 'We are not on the Government list, but we are vulnerable'
- 'I am trying to shield someone, tried to register as a vulnerable person, GP says he can't help. I'm running out of food and its affecting my mental health'.

We heard a little about KentTogether and community hubs in week 2 suggesting some teething problems but then the lack of feedback led us to conclude that it indicated they were working well.

Confusion and Vulnerable Letters

Feedback about confusion over what could, or couldn't, be done under social distancing rules grew and then fell off again over the period.

Initial confusion centered around receipt (or not) of the Government letter confirming vulnerable groups. This reflects concerns heard nationally by Healthwatch England. Feedback so far indicates that changes in social distancing and restriction on movement has had a significant impact on key groups of people; those with Autism Spectrum Conditions, Learning Disability and Dementia. We have heard this from Carers organisations and physical disability groups.

- 'Many autistic adults have taken the Government's advice quite literally and are not leaving the house for any more than 1 hour per day, and are also afraid to leave the house in case they get stopped by police, which is leading to increased anxiety'
- 'We are seeing an increase in challenging behaviour from our gentler service users out in the community as they are bored, frustrated and missing human contact.'
- There is a sense that the impact is disproportionate on people who are physically fit, but have dementia, as not getting so physically tired as a result of reduced activity beyond the home.'

Healthwatch England have also highlighted the impact on family carers, particularly for those caring for people with mental health conditions or dementia.

Finance

Concerns around finance peaked in week 3 with a cluster of comments raising issues such as; client groups not managing their money well and a growing number of requests for crisis loans and grants to purchase more expensive food at local shops.

Organisations have raised concerns about possible longer term impact of debt planning. Members of the public are also sharing concerns around reduction in income; 'I do not know how I am going to pay my bills and am struggling to deal with the uncertainty'. We have been able to triangulate this rising theme with data from Citizens Advice in Medway, who are also reporting rising demand for debt advice services after an initial drop.

Funerals

In week three we started to hear about how different rules in the Districts around funerals were making 'what is normally a stressful time, increasingly difficult emotionally' for people.

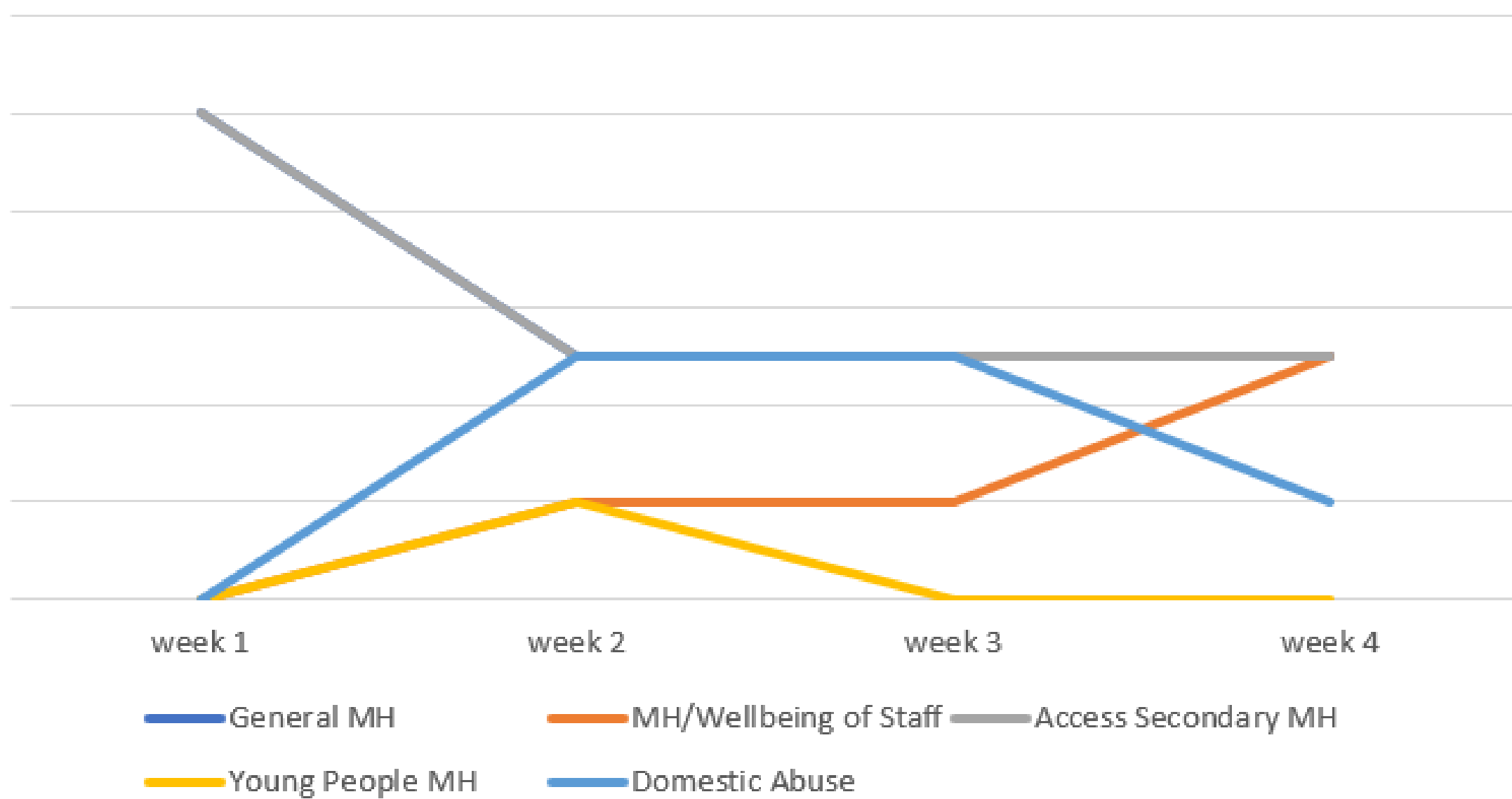
I do not know how I am going to pay my bills and am struggling to deal with the uncertainty

ACTIONS

- We will explore the rationale for local variances in funeral guidance and if there are any plans to standardise this in the recovery phase.
- We will discuss early indications that some groups of people are experiencing a disproportionate impact on their wellbeing with Kent County Council and Medway Council and NHS recovery cells to ensure the needs of these particular groups' are being addressed and we will continue to review this with organisations contributing in this report.
- Healthwatch England has picked up confusion around some of the information / lack of information people have received. Locally, we will share this monthly report with the Kent and Medway Communications team to help inform any local communications.
- To support Kent County Council and Medway Council, we will share the insights around Social isolation to support their planning.



Issues related to mental health and wellbeing



Secondary Mental Health Services

In the first week of lockdown, the biggest issue we heard about were concerns about access to secondary mental health services. We believe that this theme came through early because there was already an established mechanism for feedback to be collected within the Mental Health User Voice network. By week 2 we were increasingly hearing that Community Mental Health Teams (CMHTs) were establishing regular phone contact with people:

- ‘Following the restrictions I was contacted by my care coordinator, from the CMHT and advised that face to face visits were no longer being offered apart from in emergency cases but that they would be undertaking appointments over the phone instead. I have received fortnightly calls to check in with me and ensure I am coping which is making me feel less anxious in this uncertain time and more supported’

Since week 2 there has also been a small but steady stream of comments around challenges to accessing additional, or new, support from CMHTs. This included a cluster of comments highlighting concerns from carers seeking support and advice for someone they don’t live with but are seeing an increasingly negative impact on the cared for person as a result of isolation and inability to take part in routine activities and support networks.

Moving to phone-based services

Many people have contacted us to acknowledge how much they value phone calls from services:

- “I have depression and anxiety and have never known where to turn. I have been supported in xxxx and my navigator has helped me so much at this time when I have been struggling. I can’t thank her enough”

But we have also heard from organisations, who at the same time are telling us about the extra demand on their resources as a result of adapting their service:

- ‘Phone calls are generally longer in duration and we spend more time supporting people with emotional needs. Concern that regular wellbeing calls are building a reliance on our service that wasn’t previously there’.
- I am having to become more of a “counsellor” rather than their Group Coordinator”

Young People

In week two we heard more about young people than in other weeks. Issues included difficulties around young people currently transitioning from children to adult services, increased levels of self harming and teenagers expressing concerns about the mental health of their friends.



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Wellbeing and Safety of Staff

In week 2, and increasingly in week 3, we started to hear from staff working in a range of settings from hospitals to community services. Staff raised concerns about their wellbeing and personal safety at work:

- 'PPE has been manageable up to now, but we are really struggling to get face masks, they are constantly on order but taking weeks to come through'.
- 'I was asked to return to work after a trip to Thailand before the results of my Covid 19 test arrived'
- 'I am unhappy that all NHS annual leave has been cancelled'
- 'Working from home, managing the wellbeing of a team and clients who are in the at risk cohort, can be emotionally draining. It has, at times, caused anxiety about whether I am doing enough , making a difference, loss of sleep and poor mood.'
- 'I am in a vulnerable group, what proof can I give to my employer as I didn't get a letter from the government?'

Frustrations at 'disorganisation'

- 'I was supposed to be working for 8 hours today and got told at 7 am I was not needed. Organisation is a disgrace!'
- 'I have been testing police, fire people, care home workers. I think there is a dispute over who is running it (the testing facilities)'
- 'So many services have shut down or running skeletal services that there are so many nurses needing to be redeployed they don't know what to do with them (plus the 100's of volunteers)'

In Medway we have been able to triangulate this level of feedback with Citizens Advice, who report an increase in the number of staff approaching them with safety and employer related concerns. It is of concern that the inference is that staff are raising these concerns outside of their organisation rather than feeling able to do so internally.



I was asked to return to work after a trip to Thailand before the results of my Covid 19 test arrived

Safeguarding

In week three we started to hear organisational concerns about patterns they were starting to identify in terms of safeguarding alerts they were raising including people with dementia being held in their homes, increasing family pressure on carers and people considered vulnerable. One organisation summarised their concerns saying 'we are dealing with clients with much higher stress levels than normal and especially for those clients already struggling with mental health issues. We also have concerns for younger children, esp. primary school age - what they are seeing and hearing.'

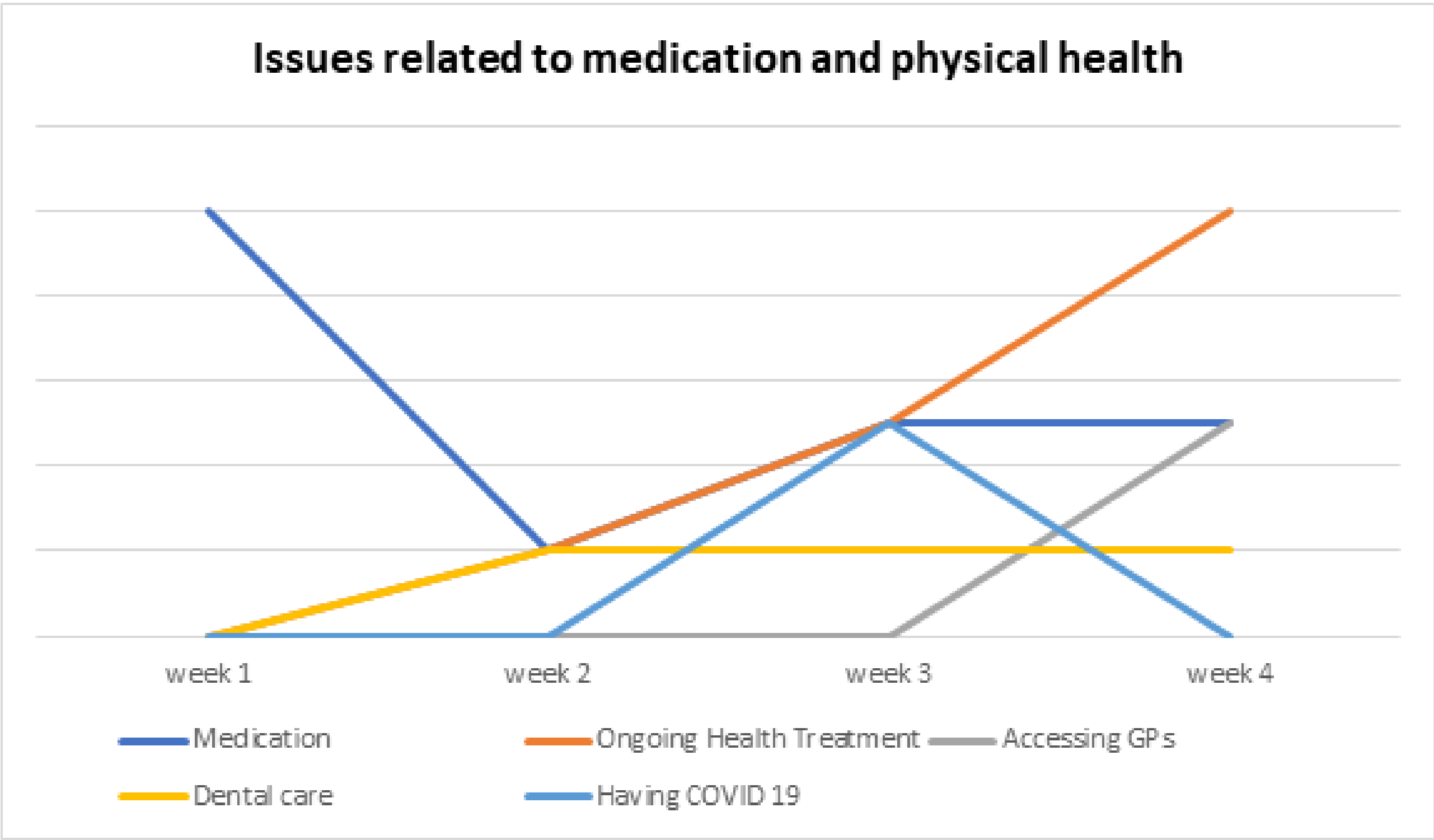
This feedback reflected the national feedback that started to emerge at the same time and the subsequent national advertising campaign to raise awareness of growing demands on domestic abuse services. Organisations have reported KCC have been very supportive and efficient in responding to safeguarding concerns that have been raised.

ACTIONS

- We will raise the feedback we heard about support for Carers with the mental health trust and see if they are looking at carers support pathway as part of recovery planning.
- We have, along with Live Well Kent partners, initiated a project to develop a Kent wide support mechanism for staff who are now predominately delivering phone based work, without any specialist training and supervision in place.
- We are working with Citizens Advice in Medway to further explore the evidence around whistleblowing support for staff. We will liaise with NHS leadership to explore the implications of feedback from staff across Kent and Medway.
- We have been actively involved in the weekly suicide prevention calls which involves KCC and mental health providers. We have shared the feedback we have heard relating to young people.



We also have concerns for younger children, especially primary school age - what they are seeing and hearing



Access to Medication

We have had a consistently high volume of feedback around medication and it has remained the singularly biggest issue throughout the month. In the first week we had a large volume of comments and concerns around access to medication, predominantly in relation to being able to collect medication and access pharmacies. Many people told us of their inability to collect medication directly, as they were in vulnerable groups and reliance on others to collect it for them. This included some early confusion about how people should pay for prescriptions, when they didn't have access to cash and others were collecting on their behalf. This particular issue has been echoed by Healthwatch England.

In the second week we heard more about 'incomplete' prescriptions and the impact of social distancing measures on pharmacies resulting in long queues and waiting times:

- 'I've had problems with missing delivery of medicines then it not being able to be redelivered'
- Supermarket made me queue with those going shopping, took 2 hrs to reach the pharmacy and then be told to wait until prescription made up'.
- 'I queued at the late night pharmacy for 2 hrs in the cold, only to find out our item wasn't in anyway'
- 'had different colour and shape tablets this month, caused service user to get in a muddle and escalated paranoia about taking the wrong tablets'

People have shared challenges they had had in getting a repeat prescription

- 'I've had trouble accessing my GP surgery. I've stopped taking my medication because of the difficulties I was having'
- 'Carers are finding it difficult to get medication. GPs are offering prescriptions to cover longer duration which means pharmacies are dealing with greater volumes and this is creating problems for people in getting complete prescriptions.'
- 'Client had to call the surgery as their prescription wasn't available. Got straight through to receptionist who said they should have been notified that a prescription had been sent to the pharmacy. Despite not receiving the call, the client felt the system worked well, they did not need to see the Doctor and the medication was available the next day. It was much easier than the normal process of trying to get an appointment or book a call back'

We heard one story of a service user going to a pharmacy to pick up their prescription and being stopped by the police to ask if their journey was essential. Because the service user didn't have their prescription on them (as it was at the pharmacy) they were told that they had to go home causing them a great deal of distress and missed medication.

After talking to the Local Pharmacy Committee, we understand that demands on community pharmacies have increase significantly from other parts of the system and workload has more than quadrupled in some areas. Community Pharmacies report feeling 'overwhelmed'.

Care and Support

In the second week we started to hear issues around people's concerns about accessing care and support and avoiding hospital appointments, due to fears of contracting Covid 19 or 'not wanting to bother' the services. Healthwatch Lincolnshire also noticed growing feedback about reticence to access GPs and other health services in week 2.

In week 3 we saw national media coverage reflecting what people told us in week 2, and messages encouraging people to still access the NHS if they needed it.

The image shows a snippet of the Daily Mail newspaper front page from Wednesday, April 22, 2020. The masthead reads 'Daily Mail' with the tagline 'All-new Mail+ digital edition' and 'mailplus.co.uk/join'. Below the masthead, there is a banner for 'HAPPY BIRTHDAY, MA'AM!' featuring a woman in a pink dress and a child. The main headline is 'THE UNSEEN QUEEN' with a sub-headline 'Her OWN magical album Four-page picture special'. To the right, there is a section titled 'Urgent GP hospital referrals plummet during virus crisis' with a large headline '2,700 CANCERS MISSED EACH WEEK'. The text below the headline states: 'THOUSANDS of cancers are being missed every week because patients are not going to their GP, a leading charity has warned. Cancer Research UK said the numbers being referred by doctors for urgent hospital appointments or checks had dropped by 75 per cent since the start of the coronavirus outbreak. Sarah Woolnough, from the charity, said about 2,700 cancers were being missed every week as a result, and many patients' operable cancers would become inoperable if they remained undetected. Separate figures estimate that another 400 cancers a week are being missed because screening for breast, cervical and bowel cancer has been suspended. Normally up to a million patients a year would attend these vital checks to detect tumours early, but most health trusts have stopped sending out letters. There is a growing concern among medical professionals that patients with serious illnesses are suffering from the 'collateral damage' of the coronavirus crisis. The Office for National Statistics revealed yesterday that the total number of deaths in England and Wales in the week to April 10 was the highest since January 2009. And just under 1,800 of the additional deaths were not attributed to coronavirus, suggesting the crisis is having a devastating wider impact. It comes as: ■ The new governor of the Bank of England said lifting the lockdown too early would damage the economy. ■ The coronavirus hospital death toll rose by 828 to reach 12,257, a sharp rise on the previous day due to the normal dip in weekend figures. ■ The number of deaths in UK care homes'. The text ends with 'Turn to Page 2'.

Ongoing Therapy and Rehab

People have reported a negative impact on their health due to being unable to access regular treatment:

- 'I have daily rehab, but this has stopped. So I have started to suffer again. I have had to sort this and organise myself the care I need'.
- 'We are concerned that specialist care is stopping for disabled children, especially EHC children. Things like Physio cannot be accessed, and the children are in pain'.
- 'We have heard of one or two cases of people whose glasses are essential to them but they've not being able to access optician services, as opticians are only operating 'urgent' services but it's not clear how they are defining 'urgent'.

Healthwatch England have also collated feedback from the Healthwatch network highlighting the affect not being able to exercise or access physio and the impact on peoples' pain management.

Dental Care

There has been a small but constant level of feedback around access to dental care. In terms of volumes of comments contributed it is not significant but looking at analytics we have found that posts regarding dental services on social media have generated 56% of click through activity. We have details on our website about how to access emergency dental care which has been one of the most read articles on our website during this period.

Accessing GP services

In the fourth week we heard significantly more feedback about accessing GP surgeries, balanced in terms of positive and negative experiences. It is worthy to note that this coincided with local and national news stories talking more about the impact of people staying away from GPs and hospitals. Positive comments seem to indicate customer improvements that could be linked to reduced pressure on surgeries:

- Client has been unwell (not related to Covid-19) and contacted the GP Surgery. They found the service much quicker than pre Covid-19. They were first in the queue on the phone and got an appointment early, on the same day which they have never been able to do before. Receptionist also more attentive, stating they were looking out for the client's blood results coming back ready for her.

- 'GP called back as promised and did prescription for son's eczema and made a referral to see an orthoptist team in a hospital for eyesight correction.
- 'The Patient Access app I usually use was not allowing appointments to be booked so I went on to the GP Surgery website where I found an online consultation option. The form was straight forward and easy to complete. It asked if I had previously been prescribed something that worked. I said yes. Text message received next day stating I would receive a call before 6pm.

Negative experiences seem to indicate challenges surgeries have had in reducing face to face accessibility

- Service user spent all day ringing the GP to speak to somebody about their condition, when they eventually got through, they were told to ring in the morning.
- Service user has to sign up at a new GP surgery and was told that the only way they could register would be to attend the GP surgery at 7am and queue despite the current circumstances. There was no mention or discussion about the alternative options that are available.

Cancer Care

We have heard about delayed access and cancellations for Oncology appointments:

- 'I'm stressed and confused. I've been left to figure things out for ourselves as no access to an oncologist for a further 3 weeks"
- 'Oncologist cancelled a follow up appointment as it was partially to report on the results of a PET scan which, because of COVID, we didn't attend. As we didn't attend the PET scan, the appointment was delayed for a further 3 weeks. This is for an advanced cancer patient - this relaxed approach to patient care is the reason cancer survivor statistics are so low"
- 'I am caring for my father who has stage 4 cancer. We had a CT scan today at hospital and despite his hesitation to leave the house the experience was fantastic. My father felt relaxed, less anxious about coming into contact with people and staff were protected too.'

Planned Care

We have heard about delayed access and cancellations for Planned Care

- Client has been waiting for an operation since December 2019. Now been given a date of September which may get moved due to Covid-19.
- "I had to spend a night in hospital for an ongoing condition. Friendly and caring staff, from doctor, nurses to canteen staff and cleaners."

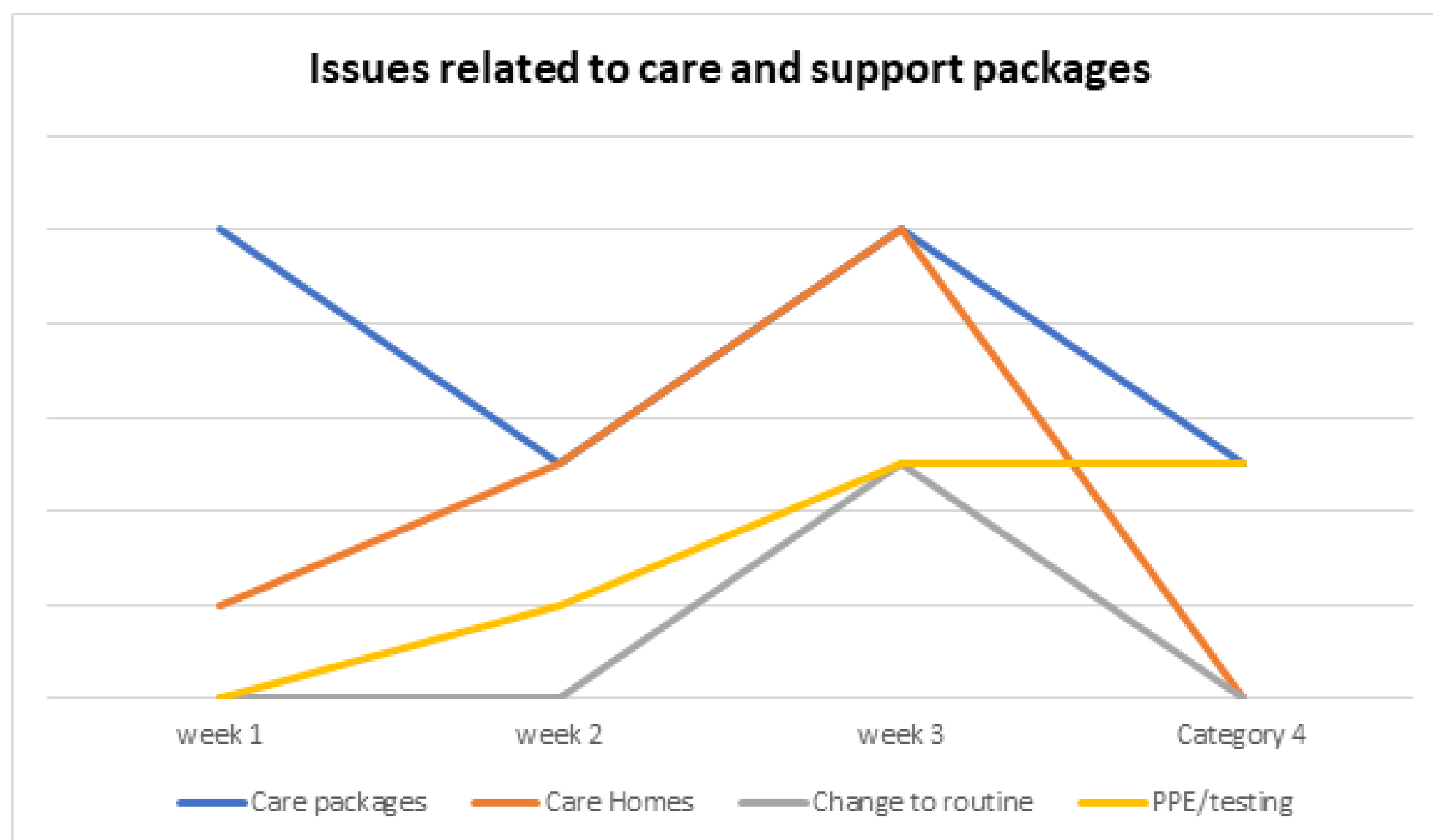
Covid positive people

Finally, we have had a handful of people talk about their experience of having Covid 19. People say that they were isolated 'at home on my own with only my GP in touch to monitor me' but there was sometimes confusion about when 'will I be safe to go out again for a walk, will I be at risk to giving it to anyone else? Conflicting news stories and information are confusing'.

In one situation, 'A couple were taken into hospital by ambulance very unwell leaving a 6 and 8 year old at home unattended. This was sorted very quickly but these were carers to those disabled children and because they were upstairs it was not noted until later'

ACTIONS

- We have raised issues regarding consistency of prescribing between secondary and primary mental health services with KMPT who have fed it back to Primary Care liaison discussions.
- We have spoken to the CEO of Local Pharmacy Committee to explore with them issues relating to community pharmacies and will continue to monitor impact on social distancing measures on community pharmacies.
- We raised with SECamb and IC24 about the need to ensure paramedics check if someone is a carer as part of their routine questioning. IC24 have offered to explore how they can build this into their routine triage call. We will be following this up with them and continuing to raise any issues with SECamb.
- We will continue to work with the CCG and the Integrated Care System Board to ensure the system is held to account around Cancer waiting and treatment times.
- We have been in contact with the British Dental Association to make sure we are giving clear and accurate information to people. We will continue to liaise with them and include any intelligence in further reports and continue to share feedback with appropriate dental networks.
- We have shared feedback we are hearing about GP services with the Kent and Medway CCG.
- We will continue to monitor people deciding not to access health or social care services since the national messaging that the NHS is "open for business". We have been promoting the 'open for business' message on our own social media channels.



Care Packages

In the first week we heard a lot about the impact of reduction and changes to peoples' planned care packages. A carers organisation told us that they had about 10 people who cancelled care packages with them and others were refusing care packages on discharge from hospital, as a result of concern about carers coming into the home. The carers organisation started to see a slight reversal in this situation by week 3.

Changes to Routine

People who are caring for others have found that their situation at home is different during lockdown and that this is starting to have a medium term impact:

- 'My mother is now living with my daughter, but she is not used to caring for mum, I don't know where to get help'
- 'My disabled son needs full time care and a teaching assistant, school was both respite and somewhere he could use as a care suite'.
- 'My daughter can do the shopping but I can't keep on top of the cleaning she normally does for me'
- 'Our carer is not able to attend my quadriplegic son as they are unwell'.
- 'The OT managed to do phone assessment for a wheelchair'

Care Homes

During week 2, we contacted a random selection of care homes in Medway to find out about access to PPE, food, staffing and coronavirus cases. Those care homes reported excellent liaison with Medway Council and in general good access to PPE.



One home we spoke to had 5 suspected Covid-19 cases. None of the homes we spoke to raised any concerns about being pressurised into taking Covid positive people from hospital. In week 3, we heard via Healthwatch helplines and Carers organisations about a growing number of enquiries about taking loved ones out of care homes, fuelled by a mixture of fear and frustration at the situation around care homes.

PPE

We first heard about PPE concern from disabled people who employee Pas. They raised concerned about challenges in getting access to PPE and funding its purchase in the early weeks. There has been a steady increase in feedback around PPE concerns, linking with an increase in safety concerns raised by staff. But we have also heard positive experiences:

- 'We have a suspected case with a service user which has enabled us for the first time to access free PPE from KCC via KCS. It worked well.'

ACTIONS

- We will continue contacting a random sample of Care Homes in Medway. We will expand this programme to cover Kent Care Homes too.
- We will investigate further the challenges raised from Personal Assistants accessing PPE and the longer-term impact on their ability to enable people with disabilities.

Appendix 1

Ethnicity		Age	
English / Welsh / Scottish /	65%	16-24	4%
Irish	2%	25-34	1%
Any other White background	1%	35-44	9%
White & Asian	1%	45-54	16%
Any Other Mixed / multiple ethnic	1%	55- 64	19%
African	3%	65-74	17%
Prefer not to say	27%	75- 84	15%
		85+	
		Not say	19%

CT1	Canterbury (south and city centre)	
CT2	Canterbury (north), Harbledown, RoughCommon, Sturry, Fordwich, Blean, Tyler Hill, Broad Oak, Westbere	
CT3	Wingham, Hersden	
CT4	Canterbury (east and south west), Chartham, Bridge, Nackington, Lower Hardres, Patrixbourne, Bekesbourne, Chartham Hatch, Part of Harbledown and Rough Common	
CT5	Whitstable, Seasalter, Tankerton, Chestfield, Swalecliffe, Yorkletts	
CT6	Herne Bay, Herne, Broomfield, Greenhill, Eddington, Beltinge,Reculver	
CT7	Birchington-on-Sea, St Nicholas-at-Wade, Sarre, Acol	
CT8	Westgate-on-Sea	
CT9	Margate, Cliftonville, Birchington	
CT10	Broadstairs, St Peters	
CT11	Ramsgate	
CT12	Northwood, Minster-in-Thanel, Cliffsend, Monkton, Manston	1
CT13	Sandwich, Eastry, Woodnesborough, Great Stonar, Richborough	1
CT14	Deal, Walmer, Kingsdown, Ringwould, Sholden, Great Mongeham, Worth, Ripple, Tilmanstone, Betteshanger	2
CT15	Alkham, Lydden, Eythorne, St Margaret's at Cliffe, Elvington	1
CT16	Whitfield, Temple Ewell	
CT17	Dover (west), Tower Hamlets, River	1
CT18	Hawkinge, Lyminge, Etchinghill, Capel-le-Ferne, Densole,Newington	
CT19	Folkestone (north), Cheriton	2
CT20	Folkestone (south), Sandgate	
CT21	Hythe, Saltwood, Lympne, Postling, Newingreen, West Hythe, Westenhanger	1
DA1	Dartford, Crayford, Barnes Cray	
DA2	Dartford (east), Stone, Wilmington, Bean, Hawley, Darent	1
DA3	Longfield, Hartley, New Ash Green, New Barn, Fawkham	
DA5	Bexley, Bexley Village, Blendon, Albany Park, Joyden's Wood	
DA6	Bexleyheath, Upton	
DA7	Bexleyheath (north), Barnehurst	
DA8	Erith, Northumberland Heath, Slade Green	
DA9	Greenhithe, Stone	1
DA10	Swanscombe, Ebbsfleet	
DA11	Gravesend (west), Northfleet	
DA12	Gravesend (east), Chalk, Shorne, Cobham	4
ME1	Rochester, Burham, Wouldham	
ME3	Rural, Hoo Peninsula, Higham	1
ME5	Walderslade, Blue Bell Hill, Lordswood Luton	
ME7	Gillingham, Rainham, Hempstead, Bredhurst	
ME8	Rainham, Twydall, Parkwood, Hempstead, Wigmore	

ME9	Sittingbourne, Teynham, Iwade and Rural	
ME10	Sittingbourne, Kemsley, Milton Regis	1
ME11	Queenborough, Rushenden	
ME12	Isle of Sheppey, Minster, Sheerness, Eastchurch	1
ME13	Faversham, Boughton under Blean, Selling and rural area	
ME14	Maidstone, Bearsted, Grove Green	7
ME17	Hollingbourne, Hucking, Harrietsham, Lenham, Boughton Monchelsea, Linton, Coxheath, Chart Sutton, East Sutton, Langley, Kingswood, Sutton Valence	
TN3	Tunbridge Wells, Langton Green, Groombridge, Frant, Speldhurst, Lamberhurst	3
TN4	Royal Tunbridge Wells, Rusthall, Southborough	8
TN8	Crockham Hill, Edenbridge	1
TN9	Tonbridge	1
TN10	Tonbridge	3
TN12	Paddock Wood, Staplehurst, Brenchley, Horsmonden, Marden, East Peckham	2
TN15	Kemsing, Ightham, Plaxtol, Wrotham, Sevenoaks Weald	1
TN17	Cranbrook, Goudhurst, Benenden, Frittenden	
TN23	Ashford (town centre), Kingsnorth, Singleton	1
TN24	Willesborough, Kennington, Boughton Aluph, Goat Lees	8
TN25	Challock, Wye, Stowting	
TN26	Bethersden, Hamstreet, Shadoxhurst, Woodchurch	2
TN27	Headcorn, Biddenden	
TN28	New Romney, Greatstone-on-Sea, Littlestone-on-Sea	
TN29	Lydd	
TN30	Tenterden, Wittersham	