

# Deep End Cymru response to the Senedd inquiry into the future of general practice in Wales



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Deep End Cymru welcomes the publication of this report and the opportunity we had to contribute to the evidence alongside many others. We look forward to the next Welsh Government acting rapidly on the recommendations. Implementing these will go a long way to saving more lives and preventing more misery and poor health. We all know that the future of healthcare lies in prevention and more integrated care in communities.

We very much welcome the recognition in Recommendation 8 of how the Marmot Nation status gives opportunities that must be taken up nationally and not piecemeal, to tackle the root causes of our worsening health inequalities in Wales.

We welcome the emphasis on shifting resources into General Practice, although we would have preferred this to be framed correctly as improving population health outcomes by shifting to more effective interventions. Reducing Inequalities in health outcomes is most effectively achieved through interventions in primary care rather than secondary care. So, the “shift left” is about saving lives and creating health, not just about taking pressure off hospitals.

We welcome the recognition that the Inverse Care Law in Wales persists: the principle that the availability of good medical care tends to vary inversely with the population's need for it, and that it operates most strongly where healthcare is exposed to market forces and less so where this is reduced. Recommendation 3 asks the new Government to set out a timetable for the already promised review of the Carr Hill funding allocation formula. We would have wished the Committee to have set a deadline for the new Welsh Government to have completed and implemented the review findings. We also would have wished the Committee to have extended this recommendation to applying proportionate universalism in all funding allocations to primary care. We believe that resources should be better matched to healthcare needs, especially to Clusters/ Collaboratives. We are concerned that emerging mechanisms (such as Collaborative Direct Enhanced Services) do not have equity embedded from the design stage, and will carry a risk of making the Inverse Care Law worse.

We welcome Recommendation 1 about mainstreaming successful primary care “pilots”. We believe that the term “pilots” can be misleading. These are often standard evidence-based services that have worked elsewhere and that Clusters have implemented successfully locally. These are normal service developments, not experiments, and should already have been included in Health board delivery plans.

We welcome Recommendation 11 which is absolutely central to the transformation of the NHS: that the Welsh Government should mandate the development of formal agreements between secondary and primary care for any services transferred out of hospitals, especially that funding and staffing should follow the patient.

We welcome the recommendations for better workforce planning, and greater clarity on the core role of General Practice within integrated multi-disciplinary community teams. We are very pleased that the Committee recommends looking at ways to incentivise GPs to take up opportunities in more disadvantaged or underserved communities. We would have liked to have seen a much stronger recommendation about increasing the General Practice workforce, as we believe it requires a doubling of the current numbers of full time GPs in our more deprived communities in order to deliver on the ambitions set out in this report. We believe the “8am scramble” is an issue of capacity, rather than just access barriers. It will only be solved by core general practice teams being able to meet the clearly increasing health care needs, and by improving continuity of care.

We would have liked to see stronger recommendations about reviving the crucial role of General Practice in continuity of care and co-ordination of care. These are two unique characteristics of General Practice that have been undermined by fragmentation across health and social care, and a drive for access over continuity. There is very strong evidence that continuity of care reduces mortality and healthcare utilisation, therefore also improving access. This is especially true for our patients: people living in more disadvantaged communities are more likely to have complex lives with multiple physical and mental health conditions. GPs are best placed to carry the governance, coordination and risk in a community MDT, and provide the leadership. We also believe that GPs would like greater engagement with local community assets via social prescribing, but that this requires more secure long-term funding into these assets.

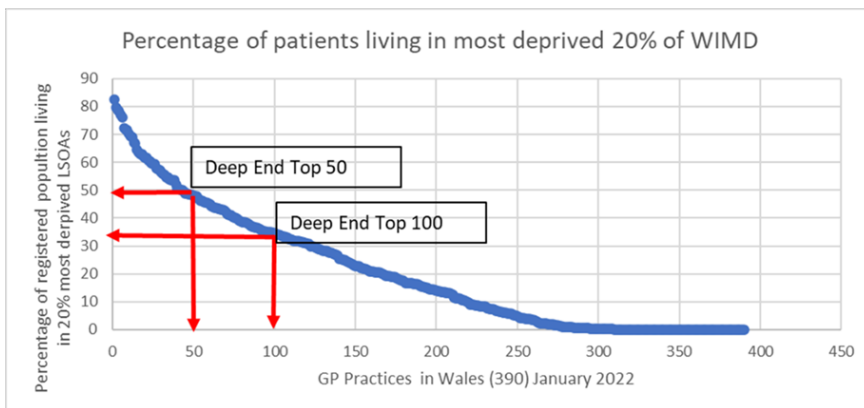
We welcome the recommendation that all health boards should include a dedicated, senior primary care leader within their executive teams, although we would prefer this to have been explicitly stated to be an Executive Director. We would have liked to have seen a recommendation that emerging leaders from primary care should have as much protected time for strategic roles and for professional development as their secondary care colleagues.

We commend the Health and Social Care Committee for its excellent Inquiry which has given a voice to General Practices and patients, who are often not heard or engaged in the most important decisions about healthcare in Wales. The Committee has listened very carefully and respectfully and we commend them on this detailed and helpful report. We support all the recommendations and look forward to seeing them being implemented rapidly by the new Welsh Government.

# Who we are

Deep End Cymru is a network of the GP practices serving the most deprived communities in Wales. We started with 100 practices in 2022, and are now 91 as practices have merged and closed. We have a high level of engagement from GPs, practice managers and other staff. They say that they love their jobs, and they love working in their communities, but that it is really hard work, and getting harder. Please listen to a 10 minute description of life as a GP in a Valleys community [here](#), from our Deep End Chair, Dr Neil James

## GP Practices by deprivation, ranked 1 to 389 in January 2022



Map of Deep End practices

Our participants identified the strengths of Deep End GP Practices:

- We have real life experiences and are face-to-face with patients daily. This gives us authenticity and expertise.
- We work and live in communities. We are connected to communities
- We have an understanding of the complexity of these communities and see a picture of the community from seeing many patients.
- We understand the context around healthcare, and wider needs/factors.
- We see communities as having assets, not just deficits. We can tell a positive story about our communities.
- We have insight, which we could turn into powerful stories.
- We can deliver real change, in communities where it will be felt, and deliver return on investment.
- We love our jobs and the difference we make, and we want to improve.
- We have effective relationships with each other and others.