



Deep End Cymru

Manifesto

Senedd election 2026

- Fair funding for Deep End GP Practices
- More time for patients

Introduction

“ The availability of good medical care tends to vary with the need for it in the population served. This inverse care law operates more completely where medical care is most exposed to market forces, and less so where such exposure is reduced. ”

Dr Julian Tudor Hart 1971

The Deep End Cymru Network came into being on a wet miserable Autumn Day in 2022. The Royal College of General Practitioners in Wales hosted the initial meeting of those interested in deprivation medicine, those working hard in their communities and those keen to make a difference to the Inverse Care Law.

The current funding model for us is woeful, with less and less funding going to places of greatest need. Our GPs see more patients, who are increasingly unwell, with a reduced ability to manage their symptoms. We see later presentations of serious or terminal diseases and high prevalence of chronic illness, with more interventions and more challenging consultations required by our practice teams to try to help our patients stay well.

Deep End Cymru has found the most joyful camaraderie in these areas, with many of our GPs going above and beyond for their communities. We are tired. There is more burnout among our colleagues, greater concern for our patients and ourselves, but still, we persist, and our movement grows stronger.

If we don't fight for our patients, who will?



Dr Neil James
Chair, Deep End Cymru



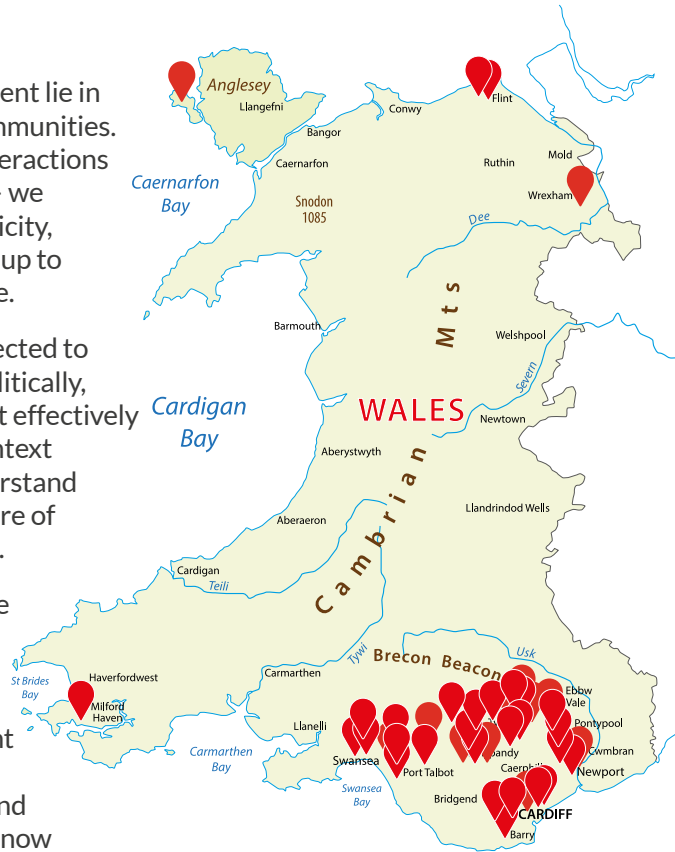
Joanna Watts-Jane
Deputy Chair,
Deep End Cymru

Our movement

The strengths of our movement lie in our extensive reach into communities. We have first-hand, daily interactions with patients across Wales – we believe this gives us authenticity, and community expertise of up to 400,000 patients nationwide.

We work with and are connected to communities that matter politically, even if their interests are not effectively represented. We see the context around healthcare and understand the complexities of the picture of health in these communities.

We love our jobs, we love the difference we make, and we want to see others join us to improve the valuable work we do. With investment we could see healthcare in Deep End areas transform and deliver on the ambition we know there is across the country.



Why we need to take action in our communities

Many of our patients should have lived longer and healthier lives.

People are getting sick too young and are dying too young, because of the circumstances into which they are born. Poverty makes people physically and mentally unwell. In mitigating the impact of these determinants of health, we trust the NHS at least to be fair,

effective and efficient in dealing with everyone. However, the NHS has been disinvesting in the services that add most value to life (primary care and social care) and we have been distributing our investment inequitably (those who need the care the most, are less likely to receive it).

This Manifesto

Our goals are aligned with those of the RCGP, with our focus specifically on communities with the greatest healthcare needs.

Fair funding

- Review Carr-Hill formula urgently
- Allocate funding proportionate to patients' needs
- Maintain and strengthen the Additional Capacity Fund and the Practice Sustainability Fund but target these to deprivation
- Do Primary Care Needs Assessments and give Health Boards a statutory duty to respond
- Allocate Cluster funding proportionate to population health needs and invest in capacity building
- Prioritise excellent premises in communities with the greatest needs: not just the bricks but also the people who can run them as loved community assets

More time for patients

- Invest in enough GPs for good person-centred continuity of care
- Ensure more GPs in deprived communities: maximum list size of 1500 per full time GP and 1200 in Deep End
- Less red tape and more trust in reporting
- Ensure the NHS at all levels have budgets to reimburse independent contractors to enable them to contribute to strategic work, such as winter planning, shifting care closer to home, prevention, and Health Board Plans

Training and Education

- Set up a new GP Training Scheme in Deprivation Medicine
- Ensure health equity is included in all undergraduate and post graduate health worker training
- More Academic Clinical Fellow posts ring fenced to Deep End practices
- Prioritise health equity and community placements for undergraduate and postgraduate training for all health workers

Community oriented

- Have a Health Inequalities Strategy crossgovernment, to tackle poverty and the determinants of poor health outcomes
- Provide Community Health Workers in Deep End practices
- Make all investment in social prescribing equitable and targeted to greatest need
- Increase healthcare services within communities (e.g. district nurse, community pharmacy, health visitors, ambulance provision)

Staff Wellbeing

- Fair pay and conditions for all staff, including administrative and reception staff
- Good training accessible to all staff
- Trauma-informed approaches for all staff to enable them to care for the most complex patients
- Staff numbers proportionate to patient needs
- Health equity training for whole staff teams
- Occupational health service for all team

Primary Care Model

- No more Deep End practice closures
- Invest in core GP and stop fragmenting care: the GP is a specialist in generalism and the only person in the primary care team who has a full overview of an individual and their family and community
- National proactive plans for GP practices' sustainability
- Invest in models that work to sustain practices in the most deprived areas
- Every Health Board should have an Executive Director of Primary Care

Our proposals for the Senedd in 2026

1

Delivering on fair funding for practices in Deep End areas

Our research shows for every 10% increase in patients registered at a practice that live in the most deprived parts of Wales, a practice's income decreases by 1%. Practices can lose tens of thousands of pounds a year, affecting their ability to fund the staff and services they need. This is despite such practices facing recruitment challenges, greater demand, higher complexity of patients, and greater levels of multi-morbidity. Addressing this gap could cost as little as £4-6 million a year, less than 0.05% of the entire NHS Wales budget.

2

Workforce and demand

Many health workers love training and working in Deep End practices, and health care workers tend to stay in the locality and organisation that they trained in. But we are not targeting training to meet population needs, so not everyone who would benefit gets the chance to do this. We believe there could be an expansion of training placements and a shift towards offering opportunities in Deep End practices, and incentives to train and work in more deprived areas.

3

Investing in staff and services in Deep End areas

Staff workforces in Deep End areas at present are unable to deliver the continuity of care that we know patients in these areas need and deserve. Wider multidisciplinary teams and services are too often inadequately staffed or equipped to address health inequalities and the Inverse Care Law.

We call on the next Government to invest in ensuring sufficient GP registrars and GPs such that while aiming for a maximum practice list size of 1500 patients per full time GP, Deep End practices have a working maximum of 1200 patients, in recognition of the additional needs and demand on such practices.



Further information

For more information contact Deep End Cymru:

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Deep End Cymru are grateful to be hosted by RCGP Cymru and to be funded by Welsh Government.