Draft position statement for Deep End clusters in Wales

Deep End Cymru held a Round Table meeting in May 2026 with our practices and partners, with a focussed workshop dedicated during the meeting to discussing what primary care clusters serving the areas of greatest deprivation in Wales could do to tackle inequalities.

This workshop generated actions & recommendations for Welsh Government, Health Boards and for Clusters, which we would love to have your feedback on.

Below are the suggested proposals on what content could feature in a position statement from Deep End Cymru of how primary care clusters in Wales could more meaningfully tackle health inequalities. Suggested additions or edits from the Deep End Cymru team have been added in italics.

We welcome your feedback using our online survey on whether these or further actions could cement greater action for health equity across primary care clusters in Wales.

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Government

- Ensure more information sharing nationally on what projects have been approved between regions and health boards, *with a focus on health inequalities and deprivation*, such as databases, forums and other information exchange systems
- Commit to dedicated inequalities funding *given proportionally* to primary care clusters
- Ensure cluster funding is ring-fenced and does not contribute to financial bottom-line of health boards if unspent, *considering a proportion rolling funding over to following year*
- Ensure avoidance of penalties or lost revenue for services in Deep End areas if targets for performance are not met, including potential for differential targets
- Clear long-term strategic planning with long-term resourcing *particularly supporting action on inequalities*
- Funding to support for communities among whom English is not a first language and other groups with specific language or sensory needs, including potential technological solutions
- More appropriate funding to enhanced services focussed on Deep End community needs

Local Health Boards

- More supportive approach for new projects even if such initiatives could lend support to GMS practices
- Ensure capacity and funding for patient engagement *particularly in areas of deprivation*

- Ensure sufficient human resources (not just financial) at cluster level *which would support action on health inequalities* (data analytical skills, evaluation, and other)
- Proportionate allocation of resources to clusters *accounting for levels of deprivation*
- Ensure local health boards understand challenges for Deep End services around GMS contract and Quality Improvement
- Ensure Primary Care Leadership provides sufficient support to Deep End services and clusters
- Be strategic about services commissioned in clusters *considering Deep End communities' needs*
- Facilitate more dialogue between cluster leads and other areas
- Have systems in place for unused funding to support action on inequalities
- Consider role for clusters to lead on primary care estate issues
- Commit to dedicated inequalities funding *given proportionally* to primary care clusters

Clusters

- Work with Deep End Cymru to brand Deep End clusters
- More projects to support assertive chronic disease outreach locally
- Improve engagement with third sector leaders and organisations to co-produce new services, tailor projects to local needs
- Ensure all partners particularly across other independent sectors (pharmacy, optometry) understand Deep End and improve their connections to Deep End Cymru
- Protect time for Deep End practices through backfill to reduce barriers to participate
- Improve evaluation with improved data from project initiation *to ensure action on inequalities*
- Ensure projects focussed on areas beyond healthcare – the social determinants of health (income, employment, housing, environment, others)
- Ensure understanding of local data and have time allocated to share and describe this to local partners *including data on local inequalities*