

Welcome to our latest Deep End newsletter. Please share with all members of your practice team, we are keen to reach everyone working in Deep End practices.



## Deep End Wales Newsletter April 2025

### Dates for your diary

#### Steering Group Meetings

The Deep End Cymru steering group will next meet online on Thursday May 8<sup>th</sup> and Wednesday June 18<sup>th</sup>, 1pm to 3pm. This is open to anyone working in a Deep End practice. If you are interested to come along, or you wish to add items to the agenda, please email

[DeepEndWales@rcgp.org.uk](mailto:DeepEndWales@rcgp.org.uk)

#### Deep End Cymru Manifesto: we need your ideas!

**Monday May 12<sup>th</sup> 13:00 to 14:00 online**

We would love to have you at an upcoming lunchtime meeting online where we hope to capture your thoughts on what Deep End Cymru should be calling for in the [2026 Senedd elections](#) next year.

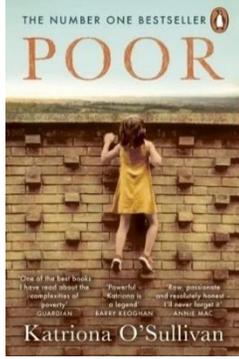
We are inviting feedback via a [survey](#) of what policy demands Deep End should be making over the next 12 months. Alongside this, we are holding engagement meetings to collect more in-depth feedback from our members. The outputs will be shaped into a formal manifesto to be published and launched at an event in the summer before the campaigning starts.

Click [here](#) to join the meeting

This is our chance to demonstrate the strength of our passion, voice and commitment - join us and tell us your views and we look forward to seeing you there.

Jonny Currie, Owain James

#### Deep End Book and Film Group



Working in Deep End practices means that we hear so many stories from patients about their lives. And making sense of what we hear is fascinating, challenging and sometimes very hard. Sometimes, it helps to reflect using art as well as the science that we are taught. If you like books and /or films, we want to invite you to come and try a Deep End book and film group. Our first one will be with our very own Dr Rowena Christmas on:

**Tuesday May 13<sup>th</sup> 7pm to 8pm**

We are going to do the No. 1 Bestseller, Biography of the Year, Irish Book Awards 2023, **“Poor” by Katriona O’Sullivan**. You can get it at your usual bookshop/ library or at the independent booksellers [here](#) or on Kindle. But please feel free to come along and join in, even if you have not had a chance to read it.

*'One of the best [books] I have read about the complexities of poverty . . . one of the most remarkable people you will ever meet'* Guardian

[Register here](#) for free

If you have ideas for future books or films, drop us a line at [DeepEndWales@rcgp.org.uk](mailto:DeepEndWales@rcgp.org.uk)

## Round Table

**Wednesday July 2<sup>nd</sup> Cardiff**

**Theme to be decided; suggestions welcome**

This is open to anyone working in a Deep End practice. Up to two people from one practice will be reimbursed: GPs can claim £375.00, and any other team member can claim £150.00

To attend, please email [DeepEndWales@rcgp.org.uk](mailto:DeepEndWales@rcgp.org.uk)

## COMMUNICATIONS

### Deep End Cymru Website

We are in the final stages of a new standalone website. We will be going live in the next couple of weeks, so watch this space

[www.deependcymru.nhs.wales](http://www.deependcymru.nhs.wales)

[www.deependcymru.gig.cymru](http://www.deependcymru.gig.cymru)

### Deep End Cymru WhatsApp Group

We have a Deep End WhatsApp Group that is open to anyone working in a Deep End practice, to share information and ask queries.

If you would like to be added, please text/ WhatsApp Dr Kathrin Thomas on 07802 418120

## NEWS

## Teg I Bawb – Fair for All

Deep End, alongside colleagues from PHW and other agencies, has created a simple training package that aims to make general practice more inclusive and accessible to all.

It was started in response to the “Safe Surgeries Toolkit” from MSF, and adapted for the Welsh context.

This training sits nicely alongside the RCGP Fairer Practice Toolkit due to be launched in October.

The training is primarily aimed at our front of house teams who often get the short end of the training stick with courses supplied by the LHB’s that aren’t really designed for them.

We hope that the training session engages our teams and gets them thinking about what sits behind a patient when they present to us and challenges their thinking and preconceptions.

All attendees will have a hand out pack to refer back to. Training lasts about 45 minutes, and can be delivered by teams if you feel that is easier.

I hope this gives you an insight into Teg I Bawb, which is all about making general practice fair for all.

Joanna Watts-Jane, Deep End Deputy Chair

Any questions, please get in touch [joannawattsjaneDE@gmail.com](mailto:joannawattsjaneDE@gmail.com) or [DeepEndWales@rcgp.org.uk](http://DeepEndWales@rcgp.org.uk)

## Deep End Link worker project update

We have now set up a Task and Finish Group for a Deep End Link/ Community Health Worker. We have a business case, draft role descriptions and a delivery partner in the Citizens Advice Bureau across South Wales. .

The three main activities that we envisage the Worker doing are:

1. Advice – welfare rights, income maximisation, housing, debt. Basic advice and signposting to more expert advice services, and support to engage with services (e.g. help with filling forms, travel to appointments, translation etc). Supporting the GP practice team members to better understand and use local services.
2. Tackling the wider determinants and wellbeing – one to one support to connect with community assets for health (physical activity, social activities) and also being a mobiliser in the community/ community development. They will pro-actively engage with local place-based organisations, in particular the Clusters and Collaboratives, strengthening the links with the GP practice team.
3. Health improvement activities- chosen by each practice, can also be income generating (e.g. improving vaccination uptake, improving uptake of learning disability checks, reaching out to those patients who are “missing” and not seen)

If you interested in this work, please contact Kathrin Thomas, Public Health Lead

[ThomasK48@cardiff.ac.uk](mailto:ThomasK48@cardiff.ac.uk) or [DeepEndWales@rcgp.org.uk](http://DeepEndWales@rcgp.org.uk)

## Health Equity Study Day

This event on March 26<sup>th</sup> was very well attended and enjoyed. The program included many and varied topics, including Nature Prescribing, Health Equity in Undergraduate Medical Teaching, Liver Disease and Health Inequality, Vaccine Equity and Becoming Research Active.

It was so well received that we plan to repeat the event in the Autumn in Swansea, so watch this space!

## Practice Staff Wellbeing

We have started considering staff wellbeing with the help of [Dr Karen Sankey](#). She is developing a brief educational resource: *Introduction to Self-Care for Frontline Staff and Clinicians* as a first step, and then we will be working on co-producing a Team Wellbeing Plan that practices can adapt to their circumstances.

Karen reports that “The impact of stress on Deep End practice staff, including its effects on sickness, retention, and patient care, cannot be overstated. Research suggests that working in the NHS is more stressful than any other job sector in the UK. As much as 90% of human illnesses, mental and physical, have their origin in exposure to stress. Compounding this, staff working in areas of high socioeconomic deprivation have an increased risk of burnout than their peers working in more affluent areas, creating challenges with recruitment and retention of a healthy workforce. Prioritising individual and team wellbeing can feel like a luxury, pushed down the to-do list by the ‘tyranny of the urgent’. It is exactly this dilemma that contributes to the downward cycle: ongoing stress, lack of space to care for ourselves and each other, and rising risk of burnout”.

We will be looking for a small number of practices, especially practice managers, to work with us on this.

If you are interested, please contact Joanna Watts-Jane on [joannawattsjaneDE@gmail.com](mailto:joannawattsjaneDE@gmail.com) and [DeepEndWales@rcgp.org.uk](mailto:DeepEndWales@rcgp.org.uk)

## Senedd Inquiry into the Future of General Practice in Wales

The Senedd Health and Social Care Committee [launched an inquiry](#) into the future of general practice in January 2025. We hope quite a few of you have been invited to focus groups that they have been holding. If so, tell us how it went! Deep End Cymru have submitted written evidence and have been in touch with Welsh Government officials to ask to give evidence face to face, if possible. If there is anything you would like us to add, please get in touch with

[DeepEndWales@rcgp.org.uk](mailto:DeepEndWales@rcgp.org.uk)

Our key points in response to “Opportunities to improve general practice” were:

1. Ensure that there is a proportionate universalist approach in all strategic decisions, especially in funding and workforce planning.
2. There should be a cross-Government Health Inequalities strategy
3. Focus on Deep End practices: these are the ones that are closing and merging fast.
4. Reducing waiting times :investing in General practice in more deprived communities will allow more people with (often multiple) long term conditions to be managed in the community which in turn will have a relatively larger impact in reducing waiting lists.
5. Welsh Government to take a lead on exploring alternative primary care models.
6. Continuity of care: Continuity of care must be at least as important a goal as access to care because it reduces mortality and inequalities in health outcomes.
7. Begin to address the funding equity gap pragmatically and in small steps. Use the existing Additional Capacity Fund set up in 2021
8. Training in Deep End Practices: 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, and with health inclusion services.
9. Begin to address the Inverse Care Law in GP workforce: Expand the well-established and successful Academic Fellowship schemes at Cardiff and Swansea Universities. The aim should be to increase GP numbers to produce average list size of no more than 1,500 patients per GP and no more than 1,000 patients per GP in areas of greatest need.

10. Value the workforce. Our staff are our greatest asset. We want them to be paid well, treated with respect, and to be given the education and resources to do their job well. This includes ensuring decent pay, equity focused training, wellbeing support and an Occupational Health Service.
11. Fund social prescribing to reduce demand : community assets in more deprived communities and for more vulnerable groups should be given priority and receive proportionately greater investment. Social prescribing should focus on basic needs (e.g. financial inclusion, welfare rights advice, housing, child poverty) first. Deep End practices should each have an embedded Link Worker, with community development skills.

You can find out more here: [Inquiry into the future of general practice in Wales](#)

## Eligibility for Deep End

The Deep End steering group recently reviewed the eligibility criteria for Deep End. Our ethos is that of an inclusive, grassroots movement and so we have welcomed interest from many stakeholders. We wish to keep the focus on supporting those who most need the network, and not inadvertently worsen inequities.

Deep End Cymru launched in November 2022 by inviting 100 GP practices in Wales to join in the initial phase. Since the original list from January 2022:

1. Ten of the original 100 Deep End GP practices have disappeared (most of these due to mergers but some have closed).
2. Some have fallen in the deprivation rankings and are no longer in the top 100 (due to a merger with a non-Deep End practice)
3. Because of this, some other GP practices have moved into the top 100 without changing the proportion of their patients who live in the most deprived areas.

There are more than 653,000 people who live in the most deprived areas in Wales. Of these, over 218,000 (33.4%) are registered with non-Deep End practices. We have focussed on Deep End practices and not Deep End communities, so the emphasis has been on struggles the practices face in providing a quality service, rather than on struggles that communities face in getting a quality service.

Health Inclusion Services: It has become clear that there were common concerns and synergies with health inclusion services across Wales. Health Inclusion Services are designed for the needs of multiply excluded groups, for example: people seeking asylum and refugees; people experiencing homelessness; people engaged in sex work; prison leavers; Roma, Gypsy and travelling people. Many Deep End practices have a higher proportion of their patients from these groups. Some do not have any other health inclusion service locally. There has already been engagement and mutual learning, and the intention to continue engagement in some form.

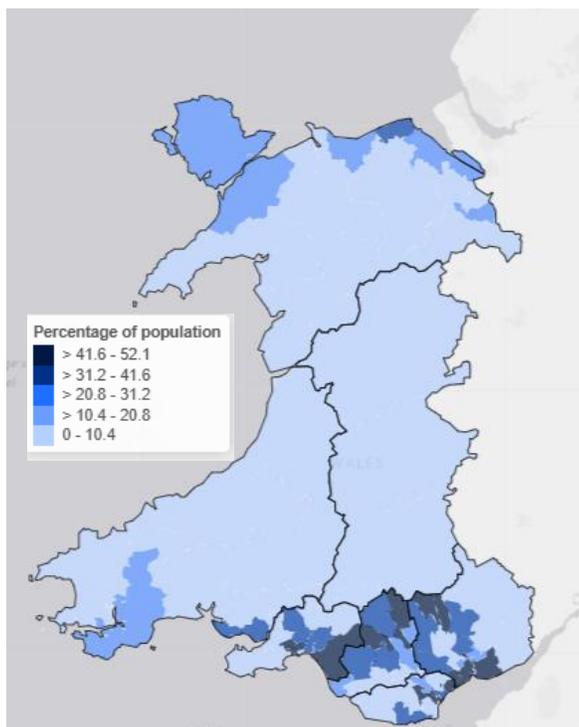
### Conclusion

Our funding from the Welsh Government is clearly for protected time for Deep End participants, and we will continue to offer this only to those working in the original 100 Deep End practices, plus those that have merged with one of these Deep End practices. Anyone working in one of these practices will be eligible to claim reimbursement for their time and will be eligible to become members of the steering group.

However, we are very keen to reach all GP practices who have patients in the most disadvantaged communities and groups. So, we welcome anyone working in any practice who aligns with our goals and values, who are welcome to join any of our events.

## Deep End Clusters

Most of the Deep End practices are in the Valleys and urban areas. We have identified 17 of the 63 Clusters in Wales who have the same proportion (over 34%) of their patients living in the most deprived communities.



The “Deep End” Clusters include 115 practices, of which 87 are Deep End.

- Blaenau Gwent East
- City & Cardiff South
- Afan
- Penderi
- CityHealth
- Cardiff East
- Cardiff South West
- Newport West
- South Cynon
- Blaenau Gwent West
- Cardiff South East
- Rhondda (combine North and South now)
- Bridgend North Network
- Newport East
- Caerphilly North
- Neath
- Torfaen North

Percentage of population resident in most deprived 20% of areas (WIMD), Primary Care Clusters, Wales, 2023  
Produced by Public Health Wales using StatsWales (WG)

## Research questions Deep End Cymru staff want answered

Deep End Cymru is keen to better understand what research and what questions Deep End Cymru clinicians want answered that would have the greatest positive impact on their work and the communities they serve. To help meet this aim, Deep End Cymru commissioned Beaufort Research to carry out two mini-focus groups with Deep End practice staff. These findings then informed the development of an online survey of 378 adults in Wales living in quintiles 1 and 2 according to the Welsh Index of Multiple Deprivation (WIMD). The project fieldwork took place between 5 February and 23 March 2025.

Results are summarised below, and the full report will be on our website soon, or you can contact [DeepEndWales@rcgp.org.uk](mailto:DeepEndWales@rcgp.org.uk) and we will send it.

### Non-clinical research questions

Issues related to determinants of health feature prominently especially patient health education and health beliefs. Examples include:

- How to encourage and support patients, including young people, to effectively **engage with services and follow guidance** (e.g. TZDM, chronic disease, health and wellbeing generally)?
- How to encourage a sense of **ownership for one's own health** and related service interactions?
- Why are there issues with **child immunisation** rates in Deep End communities despite concerted efforts to encourage it, and how can they be addressed?
- Why are there issues with **screening programme** uptake rates in Deep End communities, and how can they be addressed?
- What lies behind **patient distrust** of authority and healthcare professionals and what could be done to overcome it?
- What **wider determinants of health** are most likely to result in people needing to seek medical help and therefore need greater investment?



### Workforce questions

Examples include:

- What are the **recruitment and retention trends** in Deep End GP practices?
- What would **attract** staff, including GPs and non-clinical staff, to work in Deep End GP practices and what will **persuade** them to stay other than increased pay?
- Does the Deep End workforce reflect the **populations they serve**?
- How do burnout, attrition, losing staff, sickness and absences **compare** between Deep End and non-Deep End staff?



## Funding questions

### Examples include:

- How can the extent of underfunding in Deep End practices be **quantified**?
- How much investment has been made in public health initiatives specifically **tailored** to Deep End practices?
- How to measure the **additional effort** that Deep End practices have to make to try to change patient behaviours, rather than just targets being met, so that funding allocation could be fairer?



## Clinical questions

### Examples include:

- How to better understand what's happening with parents / children's behavioural issues, and parents wanting an **ADHD** or **autism diagnosis**. Is it linked to certain characteristics of Deep End patients like deprivation?
- **14-20 year olds**: better understanding what is best for these patients and what exactly lies behind the issues they present with. 'What could make a significant change in the lives of that population?' as they were thought to often end up on antidepressants and a 'sick note'.
- To have a better understanding of what diseases are **more likely to occur** among patients living in deprived areas. This could mean that a lower threshold for referral could be accepted for patients from deprived areas.



## Patient characteristic questions

### Examples include:

- How can GPs be supported in knowing what is best for a patient when faced with **language barriers**, multiple concerns, and difficulty in shared decision-making?
- How to manage differences in **end-of-life expectations** among some minority ethnic patients so that complications with advanced care planning are limited.
- How to manage expectations among some communities for all possible interventions to **take place in hospital** even when this may not be in the patient's best interest.



## Primary Care Clusters Dashboard new tool

The Primary Care Clusters indicator summary tool is now available in both [English](#) and [Welsh](#). You can now see an overview of many indicators for your Cluster on one page

We are working with Public Health Wales to add a Deep End Cluster Group, so that we can compare all the indicators between Deep End Clusters and all other Clusters.

## Living with HIV in Wales

One of our speakers at the Health Equity Study Day was the amazing Martyn Butler, co-founder of the Terrence Higgins Trust. He is a strong supporter of [Fastrack Cities](#) which is being rolled out across the NHS in Wales, with the aim of zero new infections and zero AIDS-related deaths. Joseph Chambers is the Online Peer Support Coordinator for the Terrence Higgins Trust Cymru and is keen to be contacted by GP practices: Mobile: 07778280 530 Email: [joseph.chambers@tth.org.uk](mailto:joseph.chambers@tth.org.uk) He also runs **My Community** which is a free online space for people living with HIV to connect and share personal experiences of living with HIV.

The platform is moderated by a team of trained volunteers based throughout the UK and supported by staff at Terrence Higgins Trust.

For more information visit: <https://www.tth.org.uk/get-help/living-well-hiv/my-community-forum>

## Leadership team



### Chair: Dr Neil James

Dr Neil James is a full-time general practitioner working in Meddygfa Cwm Rhymni in the Gwent Valleys. The practice has 18,000 patients in an area of extreme social deprivation. Over the past 20 years he and his GP colleagues have established a practice from a state of vacancy to a new collaborative partnership. The practice has continued to develop by merging with other smaller practices locally in the Rhymney Valley and building sustainability and quality along the way. He is originally from Caerphilly but has worked as a general practitioner overseas and in different parts of the UK. He lives in Brecon with his family.



### Deputy Chair: Joanna Watts-Jane

Joanna is the Practice Manager for The Rugby Surgery in Newport. This is an inner-city practice with a transient population, homelessness, refugees, language barriers, raised expectations and cultural differences. Joanna states that everyone has needs and that your postcode should not dictate your health, which is something she aims to redress.

The support team in the Royal College of General Practitioners Wales are Nicola Edmunds as Head of RCGP Wales, and Amy Clark as Executive Assistant. Both are very part time in their Deep End roles. Dr Rebecca Jenkinson is Training and Education Lead. Dr Kathrin Thomas remains Public Health lead and Dr Harry Ahmed from the Division of Population Medicine at Cardiff University is Academic Lead. For more information about everyone who is involved, please see [Deep End Wales Project \(rcgp.org.uk\)](https://www.rcgp.org.uk/deep-end-wales-project), contact us via [DeepEndWales@rcgp.org.uk](mailto:DeepEndWales@rcgp.org.uk) or come to a steering group meeting or a Round Table event!

### Welsh Government Support

We have ongoing support from Welsh Government for which we are very grateful, committed until March 2027, if we deliver on an agreed program. The program is based on the grassroots findings from our participants, with four key areas:

- **Workforce** (developing business cases for what could take the pressure off and improve patient care, and for staff wellbeing and retention/recruitment)
- **Education and Training** (how we can influence training for health professionals to work in deprived areas)
- **Advocacy** (Making the Inverse Care Law transparent and advocating to address it)
- **Research** (what do Deep End patients and staff want to research, improving research engagement by Deep End practices, what impact does Deep End have?)

Practices see value in becoming part of Deep End: we are so much stronger together! We must do this as a network and use the time and energy that we can offer between us. The funding will mostly reimburse the time of participants who attend events and/or do work for Deep End. We have very limited admin and project manager capacity now, so please help in any small ways that you can!

We are delighted to have had contact with 93% of Deep End practices. Our steering group continue to give their time and support freely, for which we are extremely grateful.

### Useful resources

1. **Deep End Cymru webpage** [Deep End Wales Project](#)
2. **Safe surgeries:** We would like to highlight the resources offered by Doctors of the World. A Safe Surgery can be any GP practice which commits to taking steps to tackle the barriers faced by many migrants in accessing healthcare. At a minimum, this means declaring your practice a 'Safe Surgery' for everyone and ensuring that lack of ID or proof of address, immigration status or language are not barriers to patient registration. Please see [Safe Surgeries - Doctors of the World](#) . If you would like more support, such as a training session for your all your staff, please contact [DeepEndWales@rcgp.org.uk](mailto:DeepEndWales@rcgp.org.uk)
3. **Reducing Health Inequalities through Primary Care webpage**  
These pages are designed to:
  - a. Enhance understanding through providing data, evidence and signpost to training
  - b. Support the development of a culture where we are all curious about where health inequalities exist, listen to people with lived experience, the front line and communities, roll out solutions that may help and check if they have been effective.
4. This is a developing resource, intended to be a one stop shop for Primary Care in Wales [Reducing Health Inequalities through Primary Care - Primary Care One \(nhs.wales\)](#) Another one of this resource's useful webpages is [Professional development & training - Primary Care One \(nhs.wales\)](#)
5. **Interested to get more research active in your practice right now?** Health and Care Research Wales (HCRW) have agreed a single point of contact for Deep End Cymru practices who wish to find out about becoming more research active. Contact Lewis Darmanin, Research Manager for Health and Social Care. [Lewis.Darmanin@wales.nhs.uk](mailto:Lewis.Darmanin@wales.nhs.uk)
6. **The Wales Inclusion Health Programme for Primary Care webpage** Inclusion health can include any population group at the sharp edge of health inequalities. These groups experience stigmatisation, social exclusion, discrimination and experience "severe, overlapping and multiple disadvantages" across their lives, significantly increasing their risk of poor health. This has also been described as the 'cliff edge of inequity'. [Wales Inclusion Health Programme for Primary Care - Primary Care One \(nhs.wales\)](#)
7. **Primary Care Clusters Dashboard** [Primary Care Clusters Dashboard - Public Health Wales](#)  
The purpose of the Dashboard is to help understand population health needs and outcomes at the Cluster level to assist with planning and resourcing. They would welcome any feedback: [publichealthwalesobservatory@wales.nhs.uk](mailto:publichealthwalesobservatory@wales.nhs.uk)
8. **Health Equity Evidence Centre:** this new academic centre is "A new hub with evidence-informed solutions for equitable health and care" and has a very strong primary care focus. [Welcome to the Health Equity Evidence Centre - Health Equity Evidence Centre](#)

**If you have any queries, please contact  
[DeepEndWales@rcgp.org.uk](mailto:DeepEndWales@rcgp.org.uk)**