

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

November 2024

Welsh Government Support

In July, we agreed a program with Welsh Government and are very grateful for their ongoing funding and support. The program is based on the grassroots findings from our first months, 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. The initial phase is now over, and the baton has passed to a new leadership team.

Dates for your diary

Inverse Care Law in GMS funding in Wales

Monday November 18th 10am to 2pm

Glamorgan Building, King Edward VII Avenue, Cardiff CF10 3NS

Deep End Steering Group Member Dr Jonnie Curry led a study that found that current funding levels for GP and primary care services are unfair – with practices based in some of the poorest areas of Wales with the highest patient demand receiving less money than those in the most affluent areas.

The research, [published this month in BJGP Open](#), has shown that **for every 10% increase in patients at a GP practice from the most deprived areas in Wales, practices are receiving 1% less in funding due to current funding policies.**

Come along and hear more about our research, hear from GPs and GP leaders from practices at the deep end of funding in Wales and hear from representatives from the profession and each of the political parties in the Senedd of how general practice in Wales could more fairly meet the needs of patients to address the Inverse Care Law.

Please share this widely, including with your local Senedd Member, and Health Board contacts.

[Register here](#)

Round Table: Advocacy for the Deep End
Thursday 13th February 2025 afternoon
Swansea (venue TBC)

Advocating for our patients and staff has been a priority from the beginning of the Deep End movement. How do we best do this in Wales? What are our key messages? How do we win friends and influence people? Also, a chance to influence the development of the National Action Plan on reducing health inequalities through Primary Care.

We will have a keynote speaker and lots of participation.

Round Table: Research and Innovation in the Deep End
Wednesday 26th March 2025 afternoon
Newport (Venue TBC)

Is your practice research active? What are the advantages of becoming more research active? We know that Deep End practices find it more challenging to engage in research activities. However, of the 100 GP Practices invited to Deep End, 14 are either research active or very active, and a further 21 have some activity. What is special about Deep End practices and their patients? Can we make this work better for practices and for patients? What activities generate income? How do we influence research to answer the questions most relevant to us? How do we enable our patients to participate, as many patients are very keen to help research if they get the chance.

Also, see item below on who to contact to get research active in Wales

Steering Group Meetings

The steering group will meet online on November 21st, January 16th and March 20th, all from 1pm to 3pm. If you are interested to come along, or you wish to add items to the agenda, please email

DeepEndWales@rcgp.org.uk

New leadership team

In April, the Deep End leads Mair Hopkin and Peter Saul handed over to the new Chair Dr Neil James with Mrs Joanna Watts-Jane as Deputy Chair. Dr Jonny Currie was going to be Co-Chair with Neil but has stepped down because of changes in his work commitments (all positive ones though). He remains on the steering group.



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.



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.

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 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://rcgp.org.uk) and come to a steering group meeting or a Round Table event!

Deep End Link worker project

We are in the middle of developing a proposal and business case for a Deep End Link/ Community Health Worker. 12 people, mostly from Deep End practices, met for two workshops in July and September. We now have a draft business case ready for a project to employ up to 6 Link Workers, probably with a Third Sector partner managing and delivering the project. The workers will provisionally be called a "Wellbeing Guide", and be embedded with a GP Practice team, although they could meet with patients elsewhere. The name is not settled, so any suggestions are very welcome.

The three main activities that we envisage the Wellbeing Guide 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

Training and education in the Deep End Round Table October 2024

Our fifth Round Table explored training and education for all GP team members: doctors, nurses and AHPs, and administrative staff. We had a great mix of people from practices and professional

backgrounds. We took a deep dive into this common challenge to come up with some solutions. We have already identified that education and training is a critical issue for recruitment and retention in Deep End practices, which in turn is crucial for practice leadership and sustainability. We know that Deep End practices are more fragile, with double the rate of closures or mergers than other practices. This has an unfair impact on those more deprived communities that they are serving.

Aim: to explore how training and education for primary care staff can better meet the needs of practices serving people living in more deprived areas.

Objectives:

- 1. Understand how education and training for GPs, clinical staff and administrative staff currently meets the needs of Deep End practices**
- 2. Explore some practical ways to better meet these needs**

Speaker: We heard from our keynote speaker, Dr Austin O Carroll, GP in Dublin and founder of the North Dublin City GP Training scheme [Education NDCGP | healthequity](#)

We then discussed education and training for GPs, other clinicians and administrative staff. We came up with challenges and ideas for attracting people into GP to train, for recruiting them, for delivering and organising training and for making Deep End practices a great site for people to train for all roles in primary care. We will be sharing our findings with Health Education and Improvement Wales, the Primary and Community Care Academies and anyone else who can help. Once the report is finalised, it will be on our webpage.

If you would like a PDF of the report, please contact DeepEndWales@rcgp.org.uk

Do you want to get research active!?

Research is an important part of health care. It can offer patients alternative treatment options, healthcare staff development opportunities and has potential to generate additional revenue streams.

Research can appear in various ways. It can be commercial or academic, looking specifically at an intervention such as a change in practice or using a novel point of care test or simply observational. Research can be daunting, therefore practices may like to consider 'dipping their toe' in research by starting out as a patient identification centre (PIC) site on a study. You can support by identifying potentially eligible patients and making them aware of a study that is open at another site, such as a local hospital. Alternatively, practices may be interested in running a study at their own site if they have the relevant skills and resources available to them.

Health and Care Research Wales send out research opportunities to practices across Wales for you to consider whether a study is of clinical interest to you and/or beneficial to your patients.

Please let us know if you'd like to gain a better understanding of the research support available.

Lewis Darmanin, Research Manager for Health and Social Care. Lewis.Darmanin@wales.nhs.uk

Student nurses in General Practice – supporting learners today to be the workforce of tomorrow.

High quality, inspirational placements are key to securing a future primary and community care workforce. According to Wales National Workforce Reporting System data (May 2024), 48.6% of Practice Nurses are aged over 50, so inspiring new nurses to consider a career in General Practice Nursing is critical. For surgeries in areas of deprivation, such as those signed up to the Deep End

initiative, recruitment and retention is a particular challenge. Placements in Primary Care also align with policy drivers which focus on public health and delivering care closer to home.

Historically few GP surgeries have offered student nurse placements, however the appointment by HEIW of three Primary Care Practice Education Facilitators (PEFs), in the autumn of 2023, has led to an increase from 18 to 63 practices currently hosting student nurses for around 3 placements each a year. This builds on a successful pilot in Cwm Taf Morgannwg UHB which saw several student nurses go on to gain employment as Practice Nurses as a direct result of their placements. HEIW has introduced several supporting measures, in addition to the appointment of dedicated PEFs, such as bespoke training for staff delivered inhouse and a financial incentive for surgeries. Student nurse placements offer an unprecedented opportunity to promote a multi-professional learning environment in General Practice and Ashgrove surgery in Cwm Taf has recently won an award for their innovative work in interprofessional education.

However, the voices of the staff and students are the most powerful. The blog below details the journey of one of the Deep End practices, Llan Health Care in Cardiff, in hosting student nurse placements.

English - <https://heiw.nhs.wales/news/training-tomorrows-general-practice-nurses-today/>

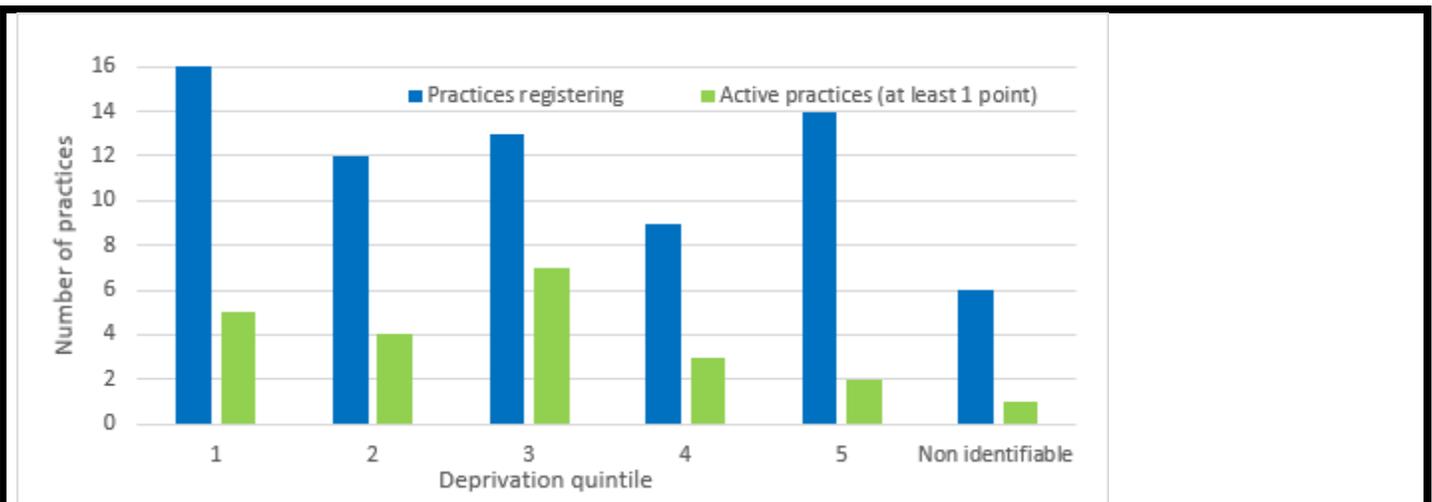
Welsh - <https://aagic.gig.cymru/newyddion/blog-staff-hyfforddi-nyrsys-practis-cyffredinol-yfory-heddiw/>

Further information on becoming a host practice from Simon.Cassidy@wales.nhs.uk or HEIW.PrimaryCare@wales.nhs.uk

Greener Primary Care

Greener Primary Care Wales Framework and Award Scheme is a programme developed by the Primary Care Division, Public Health Wales to help practices become more environmentally sustainable. It consists of a toolkit containing over 50 actions practices can choose to implement to suit their individual practice. If practices choose to submit evidence they can qualify for a bronze, silver or gold award depending on the number of actions completed. The Scheme is currently closed so that the 2024 awards can be validated and will open again in 2024. Example case studies from participating practices can be found [here](#) together with a [video](#) from a general practice.

There does not appear to be a pattern of engagement linked to areas of least or highest deprivation. This means that there are a number of practices located in areas of highest deprivation who have engaged with the Scheme.



Public Health Wales have an Expert Group that meet annually and may be asked to provide input during the year via email. The Group has been instrumental in shaping the future stages of the Scheme. An invite has been extended for a representative of Deep End Cymru to join the Expert Group. The forthcoming meeting will be held on December 4th @ 3pm-4pm.

If you are interested in finding out more about the Scheme, would like to be reminded when the Scheme reopens in January and / or would like to become involved in the Expert group please contact greenerprimarycare@wales.nhs.uk

Could you and your patients help with patient insight research?

Understanding behavioural factors which influence engagement with services and/or self-management of long-term common conditions, particularly hypertension.

Despite being largely preventable, cardiovascular disease is one of the leading causes of death and disability in Wales, and early indications are that CVD is now a major contributor to the rise in excess deaths since April 2022. Supporting people to effectively manage their blood pressure is an effective method for preventing adverse CVD outcomes¹. However, since the pandemic the challenge of identifying and treating hypertensive patients to target has become increasingly difficult.

In addition, CVD is one of the largest contributors to health inequalities and research suggests that the incidence of high blood pressure within the most deprived communities is roughly double that of the most affluent areas, with people living in the most deprived areas being nearly twice as likely to have a stroke².

Inequalities in health are not caused by one single issue, but a complex mix of environmental and social factors, which impact on a person's health behaviours, and health outcomes. A key factor is access to, and quality of health care³. In addition to the fact that people from disadvantaged areas are more likely to experience poorer health, with multiple health conditions, GPs within those areas, will be under more pressure and be typically serving substantially more patients than their colleagues in less deprived areas⁴.

¹ IHME, Global Burden of Disease (2024) [GBD_2021_Booklet_FINAL_2024.05.16.pdf \(healthdata.org\)](#)

² Bray, B, Paley L, Hoffman A, James M, Gompertz P, Wolfe C, et al. (2018) Socioeconomic disparities in first stroke incidence, quality of care, and survival: a nationwide registry-based cohort study of 44 million adults in England. *The Lancet*. Volume 3, Issue 4, E185-E193. Accessed 01.10.2024. [Socioeconomic disparities in first stroke incidence, quality of care, and survival: a nationwide registry-based cohort study of 44 million adults in England - The Lancet Public Health](#)

³ [Tackling inequalities in heart health and care: our policy initiatives - BHF](#)

⁴ [Mounting cycle of pressures on GPs in deprived areas \(health.org.uk\)](#)

Thus, it is understood that access to, and quality of health care⁵, play a key role in explaining the complex mix of factors that impact on health inequalities. What is not so well understood are the behavioural factors which influence engagement with services and/or self-management of diagnosed CVD risk factors, such as hypertension. Understanding those behavioural factors is key to supporting the development of effective pathways of care and reducing inequalities. Studies⁶⁷ have shown that full engagement with services and/or self-management of conditions are typically influenced by a range of beliefs (perceived benefits, responsibility, perceived personal risk); emotions (stigma, fear); and practical factors (trust, knowledge, competing priorities). Public Health Wales are commissioning an insight study, using behavioural science methodology, to investigate those factors that affect people living with hypertension, from the most disadvantaged areas in Wales, engaging with services and self-managing their condition. The study is hoping to talk both to people with hypertension and those involved in their care. In this way we hope to further understand the complex range of factors that result in patients disengaging with services and identify insights which will enable people to better engage with their care.

If you would like further information please contact Rachel Lewis on Rachel.lewis26@wales.nhs.uk and cc DeepEndWales@rcgp.org.uk for information.

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
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. **The Wales Inclusion Health Programme for Primary Care webpage** has been developed to support primary care services developing or reviewing services to consider and adapt to the needs of their most vulnerable populations. Inclusion health can include any population group at the sharp edge of health inequalities. These groups experience stigmatisation, social

⁵ [Tackling inequalities in heart health and care: our policy initiatives - BHF](#)

⁶ [Health Expectations - 2024 - Vincent - Exploring Whether and How People Experiencing High Deprivation Access Diagnostic.pdf](#)

⁷ [Capacity, responsibility, and motivation: a critical qualitative evaluation of patient and practitioner views about barriers to self-management in people with multimorbidity | BMC Health Services Research \(springer.com\)](#)

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 \(nhs.wales\)](#)

6. **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**