

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 2025

Deep End Cymru Coordinator

We are delighted that we have appointed a new co-ordinator who started on November 3rd. Bernard Carter brings a wealth of experience with a long and successful career in public sector management, in Local Authorities and the NHS. Bernard will be working 14 hours a week, mostly on Tuesdays and Thursdays, taking over from the capable Amy Clark who returns to her RCGP role full time. We are very grateful to Amy for all her hard work supporting us over the last 18 months.



You can contact Bernard via DeepEndWales@rcgp.org.uk

Round Table

Digital and Technology in the Deep End

Wednesday December 3rd 1.30pm to 5pm, lunch from 1pm
Cardiff City Stadium

We know that digital and technology can feel like a lot sometimes – especially when you're juggling everything else in a busy Deep End practice. That's exactly why we're bringing everyone together to chat about what's actually working (and what isn't) when it comes to tech in our services. We will have colleagues from Digital Health and Care Wales (DHCW) there too.

We'll be exploring all sorts of things like:

- The digital tools and systems we're currently using – and what we'd like to see change
- Telehealth and remote consulting – making it actually work for our communities
- The digital divide and health literacy challenges our patients face
- Using data smartly to improve what we do
- Keeping everyone's information safe without losing our minds
- The real barriers that stop us from adopting new tech

We're providing lunch, so you can focus on the conversation rather than worrying about what to eat. If you're from a Deep End practice in Wales, we can also reimburse your time – one GP and one other team member per practice can claim back their time (£375 for GPs and £150 for other staff). Of course, practices are welcome to send more people, they just won't be reimbursed. And if you're interested in health equity in primary care from elsewhere, we'd love to have you too – places first come, first served.

To book places email DeepEndWales@rcgp.org.uk
Hurry – already two thirds full

Steering Group Meetings

The Deep End Cymru steering group is meeting monthly now, with shorter one-hour online meetings. The next ones are Tuesday January 6th and Wednesday February 4th at 1pm to 2pm. These are 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

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, which plans to publish its report early in 2026 to be debated in the Senedd and for the Government to respond to its findings and recommendations.

We have submitted [written evidence](#), and several of us have already been invited to focus groups and informal meetings with the Committee Members.

The Deep End Cymru team gave formal oral evidence at a public hearing of the Committee on Thursday October 23rd You [can watch this here](#)

And it was picked up in the media with a very good easy read summaries in the [Nation](#) and the [South Wales Argus](#) and the Western Mail



Round Table

Wednesday January 21st 1pm to 5pm

Village Hotel Swansea

Workforce and Resilience

Put the date in your diary, email DeepEndWales@rcgp.org.uk to book your place and watch this space!

Health Equity Study Day

Tuesday March 17th 2026

Towers Hotel Swansea

An update to the Study Day in last March in Newport, including

- What works to reduce health inequalities through primary care
- Health Inequalities in Liver Disease: Dr Andrew Yeoman
- Teg I Bawb training for all practice teams
- Nature Prescribing RSPB
- Health Equity in Medical Training
- Childhood vaccinations: hitting targets in the Deep End

If you would like to present something, we would be delighted to hear from you

DeepEndWales@rcgp.org.uk

Deep End Cymru Manifesto

We have worked in our Deep End Cymru manifesto for several months, and it has had input from many people, through our Round Tables, steering group meeting discussions and surveys. Its now ready!

Manifesto (English and Welsh)

If you would like to help, for example by inviting your local AM/MS to visit your practice and use the Manifesto for discussions with them, please go for it and let us know.

This is our chance to demonstrate the strength of our passion, voice and commitment

Jonny Currie, Owain James

Key messages:

- Fair funding for Deep End GP Practices
- More time for patients
- A stronger role in whole system improvement for all
- Patients

Fair funding	More time for patients	Training and Education	Community oriented	Staff Wellbeing	Primary Care Model
<ul style="list-style-type: none"> •Review Carr-Hill formula urgently •Allocate funding proportionate to patients' needs •Maintain and strengthen the <i>Additional Capacity Fund</i> and the <i>Practice Sustainability Fund</i> 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 	<ul style="list-style-type: none"> •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. 	<ul style="list-style-type: none"> •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 	<ul style="list-style-type: none"> •Have a Health Inequalities Strategy cross-government, 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) 	<ul style="list-style-type: none"> •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 	<ul style="list-style-type: none"> •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

Teg I Bawb – Fair for All Training for the whole team

Deep End Cymru was invited to collaborate with partners from Public Health Wales and representatives from third sector organisations to create a Welsh version of the Doctors of the World Safe surgeries campaign.

Our deputy chair, Joanna, worked as a practice manager in a socially deprived multi-cultural area of Newport, South Wales and has first-hand experience of the issues facing patients and surgeries in areas of severe and multiple disadvantage.

Joanna said *'We know that patients in these areas face more challenges before they even enter a primary care setting. They can face stigma and exclusion attached to their social circumstance. This needs to stop. Primary care is here as a first port of call to help keep patients well, to help them to manage their chronic conditions and guide them to help themselves when they are unwell. We are not here to judge'*

Joanna was part of the team that created training for our non-clinical workforce to help them better understand the problems of health inequity and social disadvantage and how that shapes a patient and their health needs.

The training aims to challenge the perception of patients and to reduce the bias and misunderstanding that patients can face. The training was piloted during the late spring of 2025 and quantitative analysis showed it was well received by those teams who attended the initial training. We are delighted to say that in Autumn 2025 Teg I Bawb has been taken on by Health Education and Improvement Wales with a view to it being rolled out as a nationwide training package. Public Health Wales has adopted the Teg I Bawb name to use on their strategic action plan to address wider health inequality through Primary Care, with Deep End being acknowledged for our contribution in the development of the framework.

Joanna Watts-Jane, Deep End Deputy Chair

If your practice would like to receive the training, please get in touch via Joanna.watts-jane@wales.nhs.uk or DeepEndWales@rcgp.org.uk

Launch of the Strategic Action Plan to address health inequalities through Primary Care

Thursday 11th December 2025

12:00 PM - 1:30 PM online, [register here](#)

This webinar launches a Fairer Primary Care – **Fair for All, Teg I Bawb**, action plan that has been developed by reviewing the evidence, data and iterative rounds of face to face and online workshops, and extensive engagement and collaboration with patients, health professionals, senior leaders, community groups, and experts by experience across the Primary Care system in Wales.

The actions are presented in easy-to-read cards tailored to each stakeholder group:

- Welsh Government
- National Organisations
- Health Boards
- Regional Partnership Boards, Public Service Boards and Area Planning Boards
- Pan Cluster Planning Groups, Clusters and Professional Collaboratives
- General Practice, Pharmacy, Optometry and Dentistry.

(Not to be confused with the original Teg I Pawb/ Fair for All program, which was to adapt the MSF Safe Surgeries toolkit for the Welsh context)

GMS QI Project for Continuity of Care

We have identified continuity of care as a priority for our patients, as it has major benefits for more complex patients. However, continuity is harder to provide when resources are tight in Deep End practices. So, we welcome the new QI project in the GMS contract but are keen that it is implemented to benefit Deep End patients and not disadvantage Deep End practices even further. The current GMS contract includes a 5-year Quality Improvement Project to improve continuity of care, based on the [RCGP Continuity of Care Toolkit](#), with a review by the GMS Quality Committee in the 3rd year to establish whether it continues into years 4 and 5.

A *Continuity of Care QI Project Working Group* has been set up, which includes representatives from the Welsh Government, GPC Wales, NHS Wales and other key stakeholders, to organise and plan for the resources needed for the QI project this year (2025-26) and in subsequent years.

Deep End Cymru have representation on this group

Public Health and Primary Care SIG

If you are interested in health inequalities and population health, you may be interested in becoming an [Associate Member of the Faculty of Public Health](#) for only £89 a year, which gives you access to exclusive events, resources and networks.

For example, you can join the [Public Health and Primary Care Special Interest Group](#) (which is mostly GPs with an interest in health equity)

The next webinar is with the FPH Poverty and Public Health Special Interest Groups on [Poverty and Health: The Role of Primary Care](#) on 10th February from 1.00-2.00pm. This will explore how primary care services can respond to poverty and its effects in the UK. You have to be a FPH member to access this, so treat yourself to that £89 membership for Christmas

Growing the future GP nursing workforce with Deep End Cymru

Health Education and Improvement Wales (HEIW) is working with partners across the country to grow and support student nurse placements in GP surgeries throughout Wales. Three Primary Care Practice Education Facilitators (PEFs) collaborate closely with Practice Staff and Higher Education Institutions to establish, develop, and sustain these valuable learning opportunities.

This initiative not only gives students essential hands-on experience to strengthen their skills and understanding of primary care but also plays a key role in promoting primary care as a rewarding and impactful career path.

As part of this work, [HEIW is proud to partner with Deep End Cymru](#). Together, we are creating opportunities for student nurses to experience placements in communities where recruiting primary care staff can be more challenging – but also immensely rewarding.

Two years on from the start of the project, 13 Deep End practices across Wales are now hosting student nurse placements. This accounts for 18% of all placements in GP surgeries. Despite this encouraging progress, 16 surgeries have had to decline participation, often due to staff shortages or other operational pressures.

Ultimately, the real measure of success lies in the experiences of the student nurses themselves. After attending a Deep End Study Day, Student Nurse Jade O'Callaghan, on placement in Greenmount Surgery, shared her reflections:

"I had previously viewed care interventions mainly in terms of direct patient interactions. The study day deepened my understanding of the diverse roles of different professionals in tackling health inequalities. I now recognise the importance of a collaborative approach, where professionals from nursing, medicine, public health, research, and environmental health work together to provide holistic care and address the multifaceted nature of health inequalities."

Reflections like Jade's highlight just how valuable these placements are – not only for developing clinical skills, but also for shaping compassionate, community-focused practitioners.

By working alongside Deep End Cymru, HEIW aims to inspire the General Practice Nurses of the future to build their careers in these vital, challenging, and deeply rewarding communities.

Short interviews with student nurses about their experience in GP practices: [Butetown](#) and two from Llan Healthcare [here](#) and [here](#)

Learn more about [student nurse placements in General Practice](#)



Arts, Health and Wellbeing

Arts health and well-being includes any art project, intervention or commission where the intention is to improve health and well-being.

There are many ways to describe this field of work (arts in health, arts for health, arts and health, arts health and well-being, creative health) but ultimately, they are all about the effect that active engagement can have on the health and well-being of individuals and communities.

Evidence is growing:

- [Creative Health Review](#)
- [The impact of arts on prescription on individual health and wellbeing: a systematic review with meta-analysis](#)
- [WHO-Lancet Global Series on health and the arts - The Lancet](#)
- [Webinar recording and resources: Arts and health across the lifespan - SBRG](#)

The [Wales Arts and Health Wellbeing Network](#) is a fantastic resource. It is the national sector support organisation for arts, health and wellbeing, with over 1000 arts, health, social care, third sector and academic members. WAHWN is free to join and offers monthly online network meetings and a newsletter help to join the dots for those working at the intersection of arts and health, helping to address health inequalities through building transformative arts and health partnerships.

We hope to explore the role of arts in the Deep End, for patients and for staff wellbeing in future

More information here :[What is Arts Health and Well-being? | Wales Arts Health & Well-being Network](#) and contact info@wahwn.cymru

ABOUT DEEP END CYMRU

Deep End Cymru Website

www.deependcymru.nhs.wales

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 or use this link <https://chat.whatsapp.com/D3MVSWY3vX0CMG3dku8jzO>



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 Business Manager for the Hirwaun Medical Centre, having recently moved from the Rugby Surgery where she had considerable experience in this 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.



Public Health Lead: Dr Kathrin Thomas

Kathrin has combined careers as a General Practitioner and a Consultant in Public Health. She has focused on tackling health inequity, both working as a family doctor in the most deprived communities in Liverpool and the South Wales Valleys, and in a variety of public health roles. She is a Bevan Commission Senior Fellow. She was until recently a Co-Chair of the UK Faculty of Public Health Special Interest Group for Primary Care and Public Health and is a member of the Royal College of General Practitioners Health Equity Special Interest Group.

Education and Training Lead: Dr Rebecca Jenkinson



Rebecca is a GP partner at The Kingsway Surgery in Swansea, a Deep End practice serving some of the most deprived communities in the city. She is a GP Programme Director for Swansea Bay with HEIW and Clinical Lead for the Health Inequalities actions within the Workforce Plan for Primary Care. Rebecca also works as a Clinical Lead within the Swansea Bay Practice Support Team, supporting practices to navigate challenges and build sustainability. Born and raised in Swansea, she is committed to improving training, recruitment, and equitable access to high-quality primary care in Deep End areas.

Policy Lead: Dr Jonny Currie

Jonny is a GP partner and clinical lead in Ringland Medical Practice, a GP practice serving a deindustrialised area in the east of Newport close to the old Llanwern steelworks. He is an Honorary Clinical Lecturer at Cardiff University and is also a qualified Public Health Consultant with Cardiff and Vale University Health Board. He is passionate about the use of data, community participation and advocacy to tackle health inequalities.



Coordinator: Bernard Carter

Bernard Carter brings a wealth of experience with a long and successful career in public sector management, in Local Authorities and the NHS. Bernard works 14 hours a week for Deep End Cymru, mostly on Tuesdays and Thursdays

Deep End Practices and Clusters

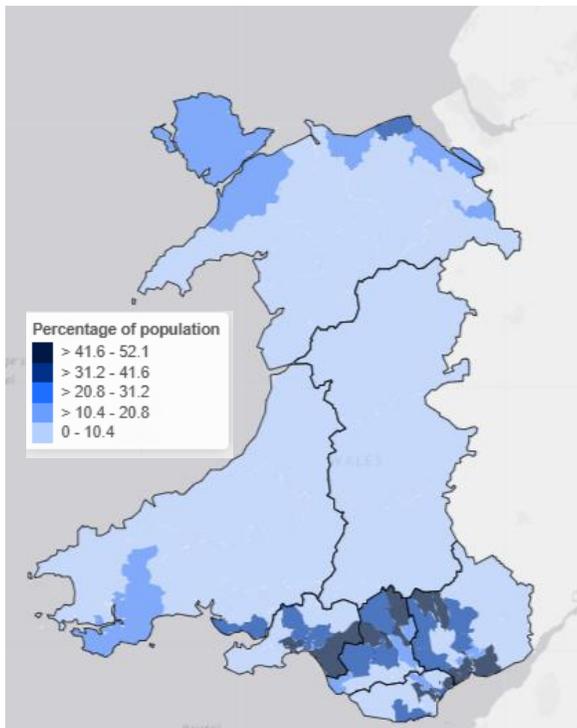


When we began the network in 2022, we identified the 100 GP practices in Wales that had the highest proportion of their patients who lived in the most deprived 20% of LSOAs. All have at least 34% of their patients living in these areas, and some have over 80%. We invited these practices to join Deep End Cymru. Since 2022, 10% of our practices have closed or merged, compared with 2.8% of the other practices in Wales.

Anyone working in these practices, in clinical and non-clinical roles, are [eligible](#) to be members of our Steering Group and claim reimbursement for protected time for Deep End activities. In addition, we welcome anyone who shares our goals to come along and join us at all events and meetings and invite us to yours!

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)

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 \(rcgp.org.uk\)](#), contact us via 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** [Home - Deep End Cymru](#) [Hafan - Deep End Cymru CY](#)
2. [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 \(nhs.wales\)](#)
3. **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
4. **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 \(nhs.wales\)](#)
5. **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
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