

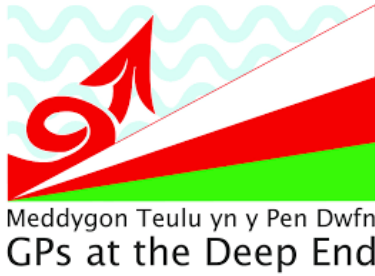
## Stakeholders' views on Deep End Wales

### *Qualitative findings*



Prepared for  
Deep End Wales

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## 1. Executive summary

### Introduction

Deep End Wales is a grassroots movement started in September 2022 to develop mutual support between GP practices serving the most deprived communities. In early 2024 it identified a need to explore stakeholders' views on the movement's aims and work to date as well as to capture stakeholders' suggestions about ways Deep End Wales could add value in the future. To help it meet these aims, Beaufort Research were commissioned to explore these topics qualitatively with a small selection of stakeholders.

Beaufort conducted six in-depth personal interviews with a sample of stakeholders. Two interviews were held with individuals involved with Deep End Wales, while four interviews were conducted with external stakeholders representing a range of organisations outside of the movement. The depth interviews were carried out online over Microsoft Teams between the 7<sup>th</sup> and 16<sup>th</sup> May 2024.

### Key findings

#### Awareness and perceptions of Deep End Wales

- All the external stakeholders who took part in the research were familiar with Deep End Wales to varying degrees. However, although familiar with the movement's aims, some emphasised that they were less knowledgeable about the movement's impact since it launched in 2022.
- According to both internal and external stakeholders, the greatest added value of Deep End Wales to date had been the establishment of a community for practices to share ideas and experiences. Stakeholders acknowledged the importance of developing a network to support health professionals working in deprived communities.
- Health inequity was acknowledged to be a priority in the healthcare sector in Wales, so Deep End Wales's work was seen as 'necessary' and 'timely' by a few.
- Nevertheless, external stakeholders expressed some doubt about whether the movement was engaging and collaborating effectively with organisations such as Health Boards, Regional Partnership Boards and Public Service Boards to align their work or to support work already underway in the field of health inequalities.
- Progress was felt to be slow and was believed to be hindered in some respects by a pan-Wales approach, according to some external stakeholders. A few external stakeholders believed the movement might have benefited from an initial, regional pilot phase before the national launch.

#### Health equity and the wider Welsh context

- The issue of health equity was considered by all stakeholders to be complex and multifaceted. They agreed that addressing health inequalities was a priority in Wales but stressed it had to be accompanied by changes in other policy areas outside of health, such as housing, education, economics and transport.

- On the whole, the contextual landscape in Wales was considered slightly different to that of other countries in the UK. Wales was considered to be poorer, with a lower average income and a significant proportion of the Welsh population living in areas of deprivation. However, health organisations' access to policy makers and the stability of the political landscape in Wales over several decades were considered advantageous by stakeholders.
- Most stakeholders believed Deep End Wales could play an important role in tackling health inequalities, by advocating for health professionals working in Deep End practices and for patients living in the communities they served. In addition, Deep End Wales could develop and share good practice amongst its network of practitioners to improve and ensure consistency in patient care.

### **The future of Deep End Wales**

- All stakeholders interviewed believed there was an opportunity for Deep End Wales to work more closely with Health Boards, Regional Partnership Boards and Clusters. They believed collaboration at this level would enable health professionals and patients to benefit from Deep End Wales's work.
- Lack of funding was seen as one of the main challenges facing Deep End Wales and the one most likely to impact negatively and limit the movement's future growth and development.
- External stakeholders believed it would be beneficial for Deep End Wales to focus on issues around recruitment and retention in Deep End practices, as well as exploring different workforce models and how best to capitalise on new technological developments to free up staff capacity.
- Some external stakeholders felt Deep End Wales needed to utilise existing data and research and that evidence gathered amongst deprived populations in other parts of the United Kingdom could be applied to deprived communities in Wales.
- Confidence in Deep End Wales was mixed amongst stakeholders. They felt it was key for Deep End Wales to develop an evidence base so it could strengthen its message and demonstrate its impact clearly in the future.
- Overall the majority of stakeholders interviewed believed that Deep End Wales should continue. However, most emphasised the need for the movement to evolve and have clearer, more measurable objectives.

## 2. Background, objectives and methodology

### 2.1 The situation

Deep End Wales is a grassroots movement started in September 2022 to develop mutual support between GP practices serving the most deprived communities.

Its principal aim is to engage with the 100 practices identified as having the highest proportion of patients living in the most deprived areas in Wales. Deep End Wales offers these practices a community for mutual support and seeks to identify the common challenges and find the best solutions. According to the Deep End Wales evaluation report '85% of eligible practices responded positively. Of these, 31% attended at least one of the four events, some sending more than one member of staff'.<sup>1</sup>

Deep End Wales identified a need to explore stakeholders' views on the movement's aims and work to date as well as capture stakeholders' suggestions about ways Deep End Wales could add value in the future. Therefore, Deep End Wales asked Beaufort Research to explore these topics qualitatively with a small selection of stakeholders.

This document reports on these findings which will feed into other work carried out by Deep End Wales.

### 2.2 Research objectives

The overall objectives for this research were to explore stakeholders' views on:

- Awareness and understanding of Deep End Wales
- Views on Deep End Wales's progress to date.
- The potential added value of Deep End Wales
- The barriers and enablers for Deep End Wales's activities and impact
- The future for Deep End Wales and priorities going forwards.

### 2.3 Research method

We used a qualitative research approach because of the nature of the objectives and the need to allow participants to provide in-depth views on the topics of interest.

The budget available for this project allowed six interviews with stakeholders to be conducted and analysed. Two out of the six interviews were conducted with individuals involved with Deep End Wales, while four interviews were conducted with external stakeholders recruited from a range of organisations outside of the movement.

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<sup>1</sup> [Deep End Cymru: Evaluation of the first phase \(PDF file, 2.2 MB\)](#)

Deep End Wales provided Beaufort Research with a list of suggested senior stakeholder contacts from a range of different organisations. Beaufort then contacted stakeholders directly via email to invite them to be interviewed at a time and date convenient to them.

The depth interviews were carried out online over Microsoft Teams and were conducted between the 7<sup>th</sup> and 16<sup>th</sup> May 2024.

It should be noted that the sample for this research was small and was not, by design, representative of the wider population. However, qualitative investigation is intended to provide in-depth understanding which was required for exploring the research objectives. Its strengths lie in the ability to identify themes, provide illustrative examples of experiences and opinions and indicate the convergence or divergence of views or reported experiences.

## **2.4 Topic guide, analysis, and reporting**

The topic guide for stakeholders was developed with Deep End Wales (see Appendix). The conversations began by exploring stakeholders' familiarity and understanding of Deep End Wales's aims, followed by spontaneous discussion of perceived strengths and weaknesses of the movement's work to date. The topic of health equality was discussed as well as Deep End Wales's perceived role in tackling health inequity in Wales. Discussions concluded by discussing the future of the Deep End Wales movement and the opportunities and challenges ahead. The depth interviews lasted between 45 minutes and 1 hour.

The discussions were digitally recorded with participants' consent and transcripts were produced as the basis for the analysis. An inductive approach to the analysis was used whereby the researcher categorised the data to develop themes that emerged from the content of the interviews. The categories and themes were broadly framed within the key research objectives and topic areas.

The analysis of data uses quantifiers (e.g. some, a few) to help determine patterns of opinions among participants. However, these quantifiers should not be generalised and must be interpreted only as applicable to the research sample.

Anonymous verbatim comments made by participants are included in the report. These comments should not be interpreted as defining the views of all. Instead they give insight into individual views on the themes identified. Not all stakeholders interviewed hold the same opinions which means that the views summarised in the report naturally vary.

### 3. Perceptions of Deep End Wales's work to date

#### **Awareness and understanding of Deep End Wales's aims**

All the external stakeholders who took part in the research were familiar with Deep End Wales to varying degrees. They had either been aware from its beginning when it was launched or had been given a briefing or presentation by members of the Royal College of General Practitioners (RCGP). All were familiar with and understood the concept of Deep End and had heard of Deep End movements in other countries - the most frequently mentioned was Deep End Scotland.

Before being shown a short summary of Deep End Wales and its aims, external stakeholders were asked to summarise in their own words what the movement is and aims to do. The external stakeholders described it as a 'grassroots' or 'ground up' movement that was GP led. In their view, the aim was to bring together or create a community of GP practices that were located in areas of high deprivation to highlight the challenges they faced. The ultimate aim of the movement was to improve outcomes for patients served by Deep End practices. One external stakeholder recalled that one of the main issues underscored by Deep End Wales was the lack of financial uplift for GP surgeries or primary care surgeries in more deprived areas. Others focused on the more supportive role Deep End Wales performed by encouraging practices to share the challenges they faced, which in turn could help health professionals feel less isolated.

*They're very much GP led to a certain point, and looking at the most deprived areas and how primary care can support people in the most deprived areas, what the barriers are around how services in more deprived areas could be adapted to suit their needs. (External stakeholder)*

*The Deep End approach, if you can get it to work, is that it's more ground up than top down... empowering the practitioners at the frontline to better cope with the difficulties they find being in practices that deal with a higher proportion of patients of greater deprivation... provide those practices that were engaged in it with, for want of a better word, is there some light at the end of the tunnel? (External stakeholder)*

*They aim to establish a community of practices if you like in these areas of perhaps higher deprivation and I would like to think that they're aiming to improve outcomes. (External stakeholder)*

*My take on it was that it was trying to shine the light in Wales on the experience that practices were having in that Deep End. What that looked like in stark resource terms. To be able to provide that compare and contrast between those with the greatest levels of deprivation and issues with those with the most affluent... and therefore why there were different outcomes for patients and professionals in that space, as an important part of that. (External stakeholder)*

However, although familiar with the movement's aims, some emphasised that they were less knowledgeable about its impact since it launched in 2022.



*We're aware of the concept and what they were trying to achieve, and we certainly sent people to their launch event. What isn't quite clear is what the impact has been and how well they've connected to some of the practices on the ground. (External stakeholder)*

Although the external stakeholders interviewed were largely familiar with Deep End Wales's objectives, they were shown the following short summary of the movement's aim for clarity.

*Deep End Wales is a grassroots movement started in September 2022 to develop mutual support between GP practices serving the most deprived communities. It is a way to bring a stronger health equity lens to all business as usual, for example in Cluster plans and Social Prescribing programmes. It aims to add value for those communities who are often less able to access and benefit from existing services.*

External stakeholders were supportive of this aim as they felt it was necessary to increase the focus on inequity, and support practices serving the most deprived communities in Wales.

*I think it's definitely beneficial. I think providing services to the more deprived areas does need to be considered because [there is] an increase in demand in more deprived areas. (External stakeholder)*

However, doubts were expressed by most external stakeholders questioned over the movement's impact to date. Although most acknowledged 18 months was not a long time period, external stakeholders generally felt they were lacking evidence of what had been achieved since Deep End Wales was launched. One external stakeholder felt strongly that the movement should have achieved measurable positive outcomes during those months.

*I think the aim is admirable, I think there's no evidence that it's effective... there's no clear evidence what they're actually doing is adding value to patients. (External stakeholder)*

*I think the aim's a good thing. I don't think we can really say at 18 months that the aims have been realised, if you like. In terms of things like influencing Cluster plans or Health Board expenditure or Health Board policy, I can't say we've had any approaches from Deep End GPs. So I think the theory hasn't translated into a reality from my perspective. (External stakeholder)*

*I think that's spot on.... I think they've begun the journey in that kind of space the torch has been turned on. Whether we've done anything with shining a light on it, I think to my mind it needs to move into sort of phase two, phase three, phase four etc. Or it will have been an interesting foray into looking at the issue and then just kind of fizzling out. (External stakeholder)*

## Perceived strengths of the movement to date

One of the main benefits of Deep End Wales according to both internal and external stakeholders was the opportunities it gave for similar practices to establish a network to share ideas and experiences. It was believed that Deep End Wales had given health professionals in these practices a sense that they were not alone and that others understood and acknowledged the challenges they faced working in areas of high deprivation, which could in turn boost morale.

*If it did nothing else, it said people are feeling a little bit more confident about the future. But I think that would be lost if there is no follow through with this. If it just goes into the long grass, goes into the weeds, people are patted on the head, doesn't get some sort of proactive movement, then I think it'll just be it was interesting to do. (External stakeholder)*

*Practices may feel a positive impact in terms of their local psychology, maybe feeling they're not alone, I guess. Sometimes especially if you're a small practice, you may feel I'm swimming against this tide and it's just me... So it's not to say that people haven't felt an impact. (External stakeholder)*

One external stakeholder who had read the Evaluation of the First Phase report was struck by the number of practices contemplating terminating their contracts that had been encouraged to continue by being part of the Deep End Wales movement. Both internal stakeholders also emphasised the importance of keeping practices sustainable, as a general practice closing could severely impact disadvantaged patients. It could mean patients having to travel longer distances to access healthcare, which in turn would make it difficult for them to see a GP or other healthcare provider. This lack of accessibility could lead to them missing routine check-ups and screenings, leading to higher healthcare costs in the longer term. One internal stakeholder concluded that, although patients might not see immediate benefits, keeping a practice open was crucial as it directly supports those patients by maintaining their access to essential healthcare services.

*...you sort of had a feeling that everyone was in it together and nobody was facing this alone. And I honestly think that some practices would have handed in the keys... several of the practices would have been tempted to give in, had they not had the mutual support of everybody else in that Deep End meeting. (Internal stakeholder)*

*I think one of the things that I was most taken by from the report, was that a number of practices that were talking about getting into contract termination were beginning to see "yes there was some light at the end of the tunnel", and that just by the very nature of being part of this Deep End work were feeling more sustainable, and thinking sustainability was something that they would be able to achieve in that space...To my mind, I think that plays in greatly to both Health Boards and Welsh Government. (External stakeholder)*

Internal stakeholders remarked that it was surprising that there had not been a Deep End movement established earlier in Wales, especially given that the Deep End concept was

inspired by Dr Julian Tudor Hart of Glyncorrwg, South Wales. For some, Wales's Deep End movement built on the work that had already been done to highlight health inequalities in primary care. One external stakeholder described the movement's work as 'necessary' and 'timely'.

*Deep End Wales has done well in actually getting a Deep End project together in the first place and actually we should be slightly ashamed in Wales because there have been Deep End projects running in Scotland and North of England for 10 years. (Internal stakeholder)*

*I think it's flagged an issue which I suppose is already recognised, that there is like an inverse sort of resourcing ... That's been flagged up by other work that the contractual structure doesn't support practice of deprived populations as well as it might. (External stakeholder)*

The internal stakeholders believed that the initial exercise of identifying and connecting with the 100 practices had been an achievement. Although more needed to be done to engage with other practices, they believed the level of engagement to date had been good given the demands on health professionals' time, especially within these practices.

*It was a challenge to actually identify who the top 100 practices were. The Welsh Government did some work on compiling a deprivation index in listing the most deprived areas in Wales, but I think it was actually quite hard work...It was then a process of manually contacting all of those individual practices and trying to see if they would engage. There wasn't an easy network of contacts that you could just mailshot, it had to be done very manually. (Internal stakeholder)*

*What's been really good has been to have engagement from so many practices at a time when general practice is really under the cosh and practitioners are so busy, that it's been successful in giving them a community and allowing them to have their voice heard. (Internal stakeholder)*

Internal stakeholders also believed Deep End Wales had given Deep End practices a voice. One internal stakeholder recalled a statement made by one of the health professionals at the first Deep End Wales event that it was 'a breath of fresh air' not to be told what to do but to be asked for his opinion.

*For the first time those practices have a voice and a voice that actually is also, hopefully, heard as far as Welsh Government and it's a voice that may counter some of the other voices that exist already [but] who don't necessarily represent the people in Deep End areas. (Internal stakeholder)*

*I think by being a voice and by reminding people that resources need to go where they're needed rather than where they're wanted. (Internal stakeholder)*

One external stakeholder felt Deep End Wales had begun to establish connections by reaching out to various stakeholders, aiming to involve them in the initiative rather than

working in isolation. They also believed being affiliated with the Royal College of GPs provided them with some institutional support and infrastructure.

*I think it's still early days and I think with any campaign it takes time. (External stakeholder)*

### **Perceived weaknesses of the movement to date**

External stakeholders expressed some doubt about whether the movement was engaging and collaborating effectively with organisations such as Health Boards, Regional Partnership Boards and Public Service Boards to align their work, or to support work that was already being done in the field of health inequalities.

*Are they linking in with the structures that are already in place in Wales, such as the Public Service Board and the Regional Partnership Boards? I don't know the range of conversations that they've had. (External stakeholder)*

*I'm not sure the wider parts of NHS Wales really understood what they [Deep End Wales] were trying to do. I think it was socialised well in Welsh Government, I think it was socialised well with GPC Wales, BMA...but I think if you went into a primary care department, or if you went to an executive team in one of the seven Health Boards, probably you may not have heard of it. (External stakeholder)*

*I think what could have been done better was, I suppose, the proprietary work, because we became aware of Deep End as opposed to being involved in its design. I think it sort of cut across the work we're doing with Clusters. I absolutely recognise it's a delicate balance, but I think if we'd had more joined up dialogue at the local level, it might have shaped a more positive outcome, or earlier positive outcome. (External stakeholder)*

*I feel like it's cutting across some of the other more established pieces of work around health inclusion and just going off on doing its own thing without actually tapping in or supporting some of the pieces of work that actually exist. (External stakeholder)*

A few believed Deep End Wales could not only be at risk of duplicating existing and ongoing work but also could become isolated and therefore less influential if it did not collaborate with different organisations and at different levels.

*I think that's going to be one of the key things going forward, is ensuring that they're adding their voice to rather than duplicating what's already happening. (External stakeholder)*

*I know the Deep End team are trying to influence people like Welsh Government and Health Boards collectively, but I think at the local Health Board level I don't think we've seen a local impact, it's probably fair to say. (External stakeholder)*

Progress was felt to be slow and was believed to be hindered in some respects by a pan-Wales approach, according to some external stakeholders. One external stakeholder believed the movement's desire to be inclusive had resulted in some of the meetings being overly large and therefore unmanageable. Another external stakeholder believed the movement might have benefited from being piloted in one region of Wales first to make it more manageable and therefore more likely to make a measurable impact. One internal stakeholder regretted that they had not been able to engage with Deep End practices in North Wales because the travel time to South Wales would have been too time-consuming.

*I think it had a slow start for two reasons. I think they were trying to be very, very inclusive, and therefore the meetings that they were trying to establish were huge. I think experience will probably say, and having run some of these things, if you start to get to meetings that have got 20/30 people in, it's not then a meeting, it's a workshop or a conference and that's really hard to manage. So I think that meant it was really hard [for it] to take off easily. (External stakeholder)*

*It may have been better to work with a smaller bunch to do a bit more detailed work maybe as a pilot before moving onto a much bigger cohort. That might have been more impactful. (External stakeholder)*

Some external stakeholders believed the movement lacked a clear strategy that resulted in an absence of tangible benefits for patients. They felt the Scottish equivalent of Deep End had more clarity in their strategic aim and how they were engaging with equivalent local Health Boards, although they did concede that it had been running for a longer time. An internal stakeholder also believed Deep End Wales would have gained from having a more visible benefit for patients by this stage. However, they also believed it was important for the movement not to start an initiative they would not be able to finish due to lack of guaranteed funding.

*They talk about how nice it is to bring these practices together [but] there doesn't appear to be any clear strategy in terms of what they're going to do with this community... So I don't see it as having value for money, it has value without doubt [but not] in the context of value for money... The work at the moment seems to be aimed at the practices, not at the people that we're supposed to be serving. (External stakeholder)*

*It would have been really nice to have been able to have something a little bit more tangible and where you could see a benefit for patients. But that all takes time, and knowing that we didn't have ongoing funding, it was very difficult to start something that we didn't know we'd be able to finish. (Internal stakeholder)*

Early involvement of interested practices could have been better in hindsight according to one internal stakeholder. Some practices consistently attended meetings and shaped the movement's direction but were not included in initial networking and negotiations. This could have helped with consistency as personnel changes were introduced towards the end of the first phase of the movement.

*I think in hindsight that the College and the incumbent officers might have included interested players a bit more readily from the outset. What I mean by that is after the first few meetings there were a number of practices that were turning up consistently to meetings... I think some of those interested people might have been included in some of the networking negotiations that happened early on... Having had a change of officer, we're almost in a situation of starting again. (Internal stakeholder)*

One external stakeholder questioned whether the movement possessed the necessary skills for political influencing and stakeholder mapping. It was unclear to them if Deep End Wales were utilising the expertise available within the Royal College of GPs or if they were primarily operating as a core group of professionals.

*If they are predominantly, not saying that there isn't that skill there, but if you're predominantly professionals or GPs who are working day in, day out, or that's your background, where is the skill, knowledge around political influencing, stakeholder mapping? They may have it, but I wouldn't know whether they've reached out to others. (External stakeholder)*

#### 4. Health equity and the wider Welsh context

To understand the wider context in Wales, stakeholders were asked about the broader topic of health inequalities and how Wales was different, if at all, to other nations in the UK.

The issue of health equity was considered by all stakeholders to be complex and multifaceted. They agreed that addressing health inequalities was a priority in Wales but stressed it had to be accompanied by changes in other policy areas outside of health, such as housing, education, economics and transport.

*It's working across local authorities, transport, and the environment, sport, culture, and everybody's got a role around supporting people from more deprived areas. And when it comes to health inequalities, the evidence is there around the impact from pre-birth all the way to death... I think one of the key things is just to raise awareness so that it's not only the health service or the NHS that has a role to play. (External stakeholder)*

*I mean fundamentally it's a question that goes far beyond just general practice or health. What's funding health inequalities, basically, is the terrible aftereffects of deindustrialisation. (Internal stakeholder)*

*The things that are going to make a real positive impact aren't going to be the health service things, that's at the margins, it's about the more fundamental causes, so access to housing, access to employment, access to education for the newer generations, support with healthy living in terms of things like access to affordable, healthy, nutritious food, again things like access to exercise. So I think you start with the non-medical things, but you recognise the medical things and take them into account. (External stakeholder)*

Both the internal stakeholders felt health inequalities were getting worse and the gap between those in affluent areas and those in very deprived areas was widening.

*Things have changed unbelievably [in the Valleys]. Now we have social destruction. As economics leave a community, everything falls apart. I've sort of witnessed that and even in the time I've been in practice, I've just seen it get worse and worse. (Internal stakeholder)*

*If you haven't got safe housing, food security, a good job, good prospects, good education for your children, then you're already in the Deep End, because you're already struggling. And I think that child poverty is increasing, and the health inequalities are widening. (Internal stakeholder)*

When asked how, if at all, Wales differed from other countries in the United Kingdom, stakeholders identified both positive and negative differences.

With Wales being a smaller country it was considered easier by some to bring leaders from different fields together to share good practice and discuss solutions. A few believed it was easier for GP organisations to interact with and have access to Government in Wales than in Westminster. Furthermore, Wales has been politically stable since devolution, with the Labour party in government for over 25 years. Lastly, some stakeholders believed the Welsh population had a strong affinity with the NHS and a strong sense of collective responsibility.

*I think it's the size. There is that infrastructure in place that you can bring people together... and that they can share good practice, they can share learning, if there is a barrier, that there is an opportunity there to have that conversation. (External stakeholder)*

*It's much easier for GP organisations to interact with them [Welsh Government] than it is in Westminster, because the sort of management level, the council level of RCGP doesn't have the same access to government as we have in Wales. (Internal stakeholder)*

*People in South Wales where I work are fiercely proud of the heritage of the NHS and you're almost like a Welsh institution, and about that concept of collective responsibility. (External stakeholder)*

*When I talk to people across the UK, we get asked about primary care model for Wales and I keep saying, "We have been really lucky in Wales in that we have had consistent policy going back as far as 2010. It's consistent. (External stakeholder)*

Less positively, Wales was perceived to be disadvantaged and the 'poor relation' of the United Kingdom. Average income levels were lower in Wales and a significant proportion of the Welsh population lived in areas of deprivation.

*Most of our population is based in the ex-industrial areas and the M4 corridor. It really skews our overall data and prevalence and actually also means that probably proportionally we have to spend more money to address those areas than in other parts of the country where the overall concentration of deprivation perhaps isn't quite as much. (Internal stakeholder)*

### **Addressing health inequalities and Deep End Wales's role**

When questioned about the steps that needed to be taken to address these health inequalities, both internal stakeholders and external stakeholders strongly believed that equitable distribution of resources was key in order to ensure the quality of care was consistent across Wales. Stakeholders acknowledged that achieving the same health outcomes in deprived populations requires more effort due to the complex needs of these patients. Therefore, more funding and resources were needed to tackle the additional needs in deprived areas.

*What we can do in health is to ensure that people have a good quality health service and that seems to be, where I am anyway, to try and fight for an equitable allocation of resources, for a start, but to do my best to provide a really high quality primary care service to people in those communities. (Internal stakeholder)*

*I think the first and easiest thing would be to ensure adequate funding for practices working in the Deep End so that they are in a position to be able to employ other healthcare workers to do more preventative work, and to work within the communities. (Internal stakeholder)*

*I think there's things about just recognising that maybe you've got to put a bit more resource in. Some of that's not in our local gift because the formula for funding GPs is nationally determined, so it's in the gift of Welsh Government. It's about lobbying them to take that into account. And recognising that you're not going to do this overnight, it's a gradual shift. (External stakeholder)*

Other examples of how primary care could tackle health inequalities centred on identifying the communities served by practices and understanding how motivations and barriers might vary between different groups within the population. As an example, several stakeholders stated that being more aware of factors such as cultural and religious beliefs helped to address health inequalities amongst some deprived communities in South East Wales. Some patients' cultural and religious beliefs could affect uptake of cancer screening programmes and certain types of vaccines so 'reasonable adjustments' needed to be made to improve access.

*[In certain areas] a lot of those things also align to things such as ethnicity, English as a first language, cultural barriers, maybe people not as familiar with how to make effective use of the health services or GP services, even basic things like health beliefs, how people approach things like screening and so on... It's taking into account the additional needs really and making reasonable adjustments. (External stakeholder)*



One external stakeholder believed the intentions and policies were right but that the strategies were not being adequately implemented in Wales. They believed more emphasis and resources should be diverted to long term preventative measures in primary care rather than focusing on more pressing problems in secondary care.

*We talk a good game and we don't actually do anything about it. We are actually really very good at coming up with a plan, and we are really pretty hopeless at implementing the plan consistently.... [Health inequalities is] hard and it easily falls down the pecking order. When you get down to push comes to shove, is it the seventh A&E consultant, or is it spending a bit of money on prevention? We go for the seventh A&E consultant. (External stakeholder)*

### **Deep End Wales's role in tackling health inequalities**

Most stakeholders believed Deep End Wales could play an important role in tackling health inequalities. This role was predominantly perceived to be acting as the voice for health professionals working in Deep End practices and patients living in those communities. A few external stakeholders emphasised that Deep End Wales needed to increase its influence on regional level decision makers as well, not just on policy makers.

*To provide a voice for practices in those areas and to be advocates for patients in those areas who suffer the effects of health inequality. (Internal stakeholder)*

*I think they should be using their networks to look to influence the agenda on health inequalities and perhaps they should be looking to use the resource that they've attracted thus far in terms of specifics, which were measurable rather than actually a community of practice. (External stakeholder)*

*I think if they get the opportunity to move into the next phases of work that they want to do like to take it up a gear, then I think again it can be very strong in highlighting the reality. (External stakeholder)*

*It's about maybe lobbying from the ground up with lived experience to shape policymakers and decisionmakers in terms of recognising the need to address it, and maybe advising on the best ways to address it. (External stakeholder)*

Stakeholders also believed that Deep End Wales needed to continue to develop and nurture a supportive community of Deep End practices in order to help build resilience and address recruitment and retention issues in these areas. Again, some stakeholders emphasised the benefits of keeping practices in the hands of GP partners rather than having more GP practices being taken over by the Health Board.

*Build a community in primary care that is supportive because...we're actually in a crisis at the moment of recruitment and retention. (Internal stakeholder)*

*Supporting primary care close to deprived communities, and effective primary care as well, so if you've got a doctor who was struggling because they can't employ locums or recruit other partners, the care may not be as effective as if you're fully staffed. (Internal stakeholder)*

*Then I think there's the important thing, which was always my understanding of Deep End... we support each other and we keep each other from sinking. It's that sense that you're not alone, that someone else appreciates the difficulty you have in doing your job...not just about influencing others outside the group, but supporting each other within the group. Things will get better and don't give up, sort of arm around the shoulder stuff. I think people underestimate the value of that. (External stakeholder)*

A few stakeholders believed that these networks of Deep End practices should also be able to share good practice with each other as they were likely to face similar challenges.

*Sharing good practice, so if something is working well in one area of Wales that they're aware of, is there an opportunity to share that through the Clusters or on one on one? And I guess with any movement it starts small and then it grows, and I think they've got an opportunity to, especially through the Clusters, to raise awareness, understanding, and good practice is the key as well. (External stakeholder)*

The policies that Deep End Wales need to be aware of, according to stakeholders:

- Well-being of Future Generations Act <https://www.gov.wales/well-being-of-future-generations-wales>
- Healthier Wales <https://www.gov.wales/healthier-wales-long-term-plan-health-and-social-care>
- The Socio-economic Duty <https://www.gov.wales/more-equal-wales-socio-economic-duty>

## 5. The future of Deep End Wales

In the latter half of the discussion, stakeholders were asked what they thought the priorities were for Deep End Wales going forward.

### Opportunities for Deep End Wales in the future

- **Increasing collaboration at Health Board, Regional Partnership and Cluster level**

All the stakeholders interviewed believed Deep End Wales needed to work more closely with Health Boards, Regional Partnership Boards and Clusters. They believed collaboration at this level would enable health professionals and patients to benefit from Deep End Wales's work. External stakeholders were unaware of any meaningful engagement between Deep End Wales and Health Boards to date.

*I'm not aware that they do [collaborate with Health Boards and Clusters] and this is part of my issue with it,... it doesn't connect to where the influence or the ability to change things really happens. (External stakeholder)*

*Whilst recognising the tension between it being bottom up and not interfered with by the Health Board, I think it would have been a benefit at Health Board level maybe saying "These are the practices we're going to work with, are there any particular nuances that we need to know about? Are there things that you would value our support on? Maybe you want information on the practices?" We've got quite a bit of information on each practice in terms of the demographics, in terms of things like the shape of their contract, the services they provide, the other services in the community that wraparound the GP practice. (External stakeholder)*

Some external stakeholders felt the Deep End Wales movement should focus their efforts at the Cluster or Pan Cluster Planning Groups (PCPGs) level to better investigate the underlying causes and address inequity at this level. They believed it would be too challenging to observe and measure their impact at an individual practice level.

*I think... it's possibly easier to do it through their Clusters because by coming together through those 64 Clusters you've got more of a voice in some ways. (External stakeholder)*

*From a Cluster perspective, were Clusters as involved as they might have been? Maybe not...But my gut feel is that probably some of those people that might have been champions for them maybe weren't as well engaged with them as they maybe ought to have been. (External stakeholder)*

Given the acknowledgement that health inequalities were often caused and affected by areas outside of health and beyond the scope of general practice, some external and internal stakeholders believed there were advantages for Deep End Wales in working with Regional Partnership Boards. Deep End Wales could benefit from knowledge shared by local authorities, third sector organisations and statutory agencies such as the police, children's social care services etc., as they would have non-medical expertise on deprived populations.

*I think it would be good to have connectivity probably at the Health Board level, at the RPB level as well. Your access to influence is probably going through Health Trust and Health Board. And it will vary [depending] on the area, because in some areas there may be only a small number of practices in one Cluster than other Health Boards....I think the key message is we probably need to connect more. I think the lesson is we were disconnected in the first 18 month phase. (External stakeholder)*

Internal stakeholders also believed a key focus for the future would be on increasing collaboration with other organisations. Deep End Wales had discussed the possibility of introducing a 'Link worker' for each Health Board; this individual would be a link between the Health Boards and the deprived practices. This, they believe, would enable a better insight and understanding of the issues that pertain specifically to Deep End practices at the administrative level and could start to ensure a better allocation of resources. In addition,

internal stakeholder also believed Deep End Wales should connect with third sector organisations like Mind Cymru because of the growing mental health crisis.

- **Data sharing**

Following on from the point about collaborating with other organisations and agencies, some stakeholders believed that data sharing would be vital for the movement's future. This would not only mean that Deep End Wales could avoid duplicating work that is already out there but it could also be a way to raise the profile of the movement generally. Sharing information and data which clearly demonstrated the reality for staff and patients in Deep End practices would help strengthen the movement's narrative and help shed light on the issues in an evidence driven way.

*I guess the other thing is around data sharing and data information, and the collection of data is key, and whether there is a way of them working with other sectors in their communities, so the police and local authorities may have information, so is there a way of having those Clusters working with other sectors so that it's not only health that is aware of the campaign. (External stakeholder)*

- **Involving other health professions**

A few stakeholders suggested more could be done to involve other health professionals such as pharmacists, health visitors and mental health teams, as they would also have insights and a wealth of experience working in deprived communities.

*Now we work in multi-disciplinary teams, community pharmacy has a much greater role, so a lot of these deprived patients are going to the pharmacy more often than they're going to the GP practice... So it's recognising that, and not to sort of undermine the GP element, but do we need to recognise that it would be good to bring the same principles to other primary care stakeholders? (External stakeholder)*

*I think it's GP led, so doctor led. Is there a way that they can be a more multidisciplinary team? Because people don't only go and see their GP now. While historically they did, well now it's all about going to the professional that is the best for your medical needs, so is there a way of reaching out and having other professionals be advocates for the campaign to push it forward? (External stakeholder)*

- **Develop leadership skills amongst Deep End practices**

One stakeholder suggested that Deep End Wales needed to foster and develop the leadership skills of health professionals from Deep End practices so they could be empowered to become more involved in discussions with Health Boards and Regional Partnership Boards.

*Because I think one of the things we observe is that the people who get involved often aren't the people from the deprived areas because they haven't got the time. So maybe it's about developing leadership skills and ambition, and people working in deprived areas, so we get more leadership directly influencing Health Boards or RPBs. I think that sort of enablement is a really important thing. (External stakeholder)*

- **Learning from other successful movements**

One external stakeholder believed Deep End Wales could explore how other grassroots movements had developed and grown. They suggested Green Health Wales<sup>2</sup> as a model - a comparable sized grassroots movement aiming to influence similar groups and with similar stakeholders. Green Health Wales used evidence based arguments to influence senior leadership within the NHS, according to this stakeholder, which helped to open doors and encourage people to listen to their narrative.

### **Challenges for Deep End Wales in the future**

- **Lack of funding**

Lack of funding was seen as one of the main challenges facing Deep End Wales and the one most likely to impact negatively and limit the movement's future growth and development. Internal stakeholders believed it would not be possible for health professionals from Deep End practices to continue to dedicate their time to running and growing the movement.

*Without funding, practices like ours, the Deep End practices, would find it very difficult to take on the responsibility of running such a project like this effectively. You can't do it with half measures. Most of the practices and the officers included, we're still completely engaged in our own practices. It's a daily battle or a daily job of work to keep our own practices rolling on. (Internal stakeholder)*

*I guess one of the biggest obstacles is money, because even just arranging to talk to a Health Board means that you're taking a GP out of practice to do that... without money it's so difficult to set up projects that you know could help your patients, but without the money it's very difficult. (Internal stakeholder)*

*I think there is a challenge in relation to accessing additional resource to keep it going, because where does it sit on the priority list? I think there will be with some people a credibility issue. (External stakeholder)*

- **Lack of time and capacity**

Both internal and external stakeholders believed time pressures and lack of capacity would hinder Deep End Wales's progress. Current pressures in the primary care sector meant it would be difficult for health professionals from Deep End practices to dedicate enough time and energy to taking the movement forward.

*And linked to money is time, because – I mean general practice is just so busy at the moment, the days are so long, and there's so much to fit in that it's difficult for people to be able to give the time, and unless you're able to invest time in something like Deep End, you're not going to get any outputs from it. (Internal stakeholder)*

*I think the main challenges are the pressure of time. People now having time to be involved. Competing demands for time. (External stakeholder)*

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<sup>2</sup> <https://greenhealthwales.co.uk/>

- **Clarity of purpose and outcomes**

One external stakeholder believed defining the movement's objectives going forward would be challenging for Deep End Wales but was 'fundamental'. This was not only essential for garnering support from potential funders like Welsh Government, but also to help convince the people involved on the ground.

*I think that we probably just need to be clear what the objective is, because then I think when we're clear about what we want to get out of it, I think people will be more engaged with it and will be able to sell it. Otherwise things are just seen as a talking shop for the sake of a talking shop... they don't want to take time out of their day to go to a meeting... if it's not going to make any difference to you and your patients. (External stakeholder)*

- **Maintaining and growing engagement amongst Deep End practices**

Engagement was described as 'fragile' and an ongoing challenge for Deep End Wales according to one internal stakeholder. They believed work needed to be done to better understand why some practices had 'fallen away' after the first couple of meetings.

### **Suggestions for projects and research**

Stakeholders were asked which projects or research areas Deep End Wales should focus on in the future. External stakeholders sometimes found it difficult to give specific examples but they continued to emphasise the importance of measuring any outcomes.

Suggestions included:

- Investigating ways to increase uptake of childhood immunisation in deprived communities
- Understanding motivations and barriers around obesity and child obesity in deprived communities
- Exploring motivations and barriers around cancer prevention and cancer screening programmes (especially among ethnic minority communities)
- Understanding how to attract health professionals to work with deprived communities and exploring what is needed to retain staff in these communities.

Some external stakeholders believed Deep End Wales needed to utilise existing data and research and that evidence gathered amongst deprived populations in other parts of the United Kingdom could be applied to deprived communities in Wales.

*Don't focus on re-doing some of the research work that has been done, but maybe, for me, focusing on research around sustainability... Has work been done elsewhere across the UK that allows them to pick up and run with that? I don't believe that doing specific bits of research in Wales looking at the same sets of questions or similar questions to those that have been looked at in Scotland or parts of England, would be of value. (External stakeholder)*

Internal stakeholders and some external stakeholders strongly believed Deep End Wales had a role in encouraging and enabling Deep End practices to engage in research projects ‘as an income generating activity but also as a means of producing data that is very relevant to the true health picture’.

*The role in RCGP is developing perhaps leadership in those practices, so perhaps it’s more around giving people the leadership skills or training in terms of gathering data or designing research projects for example. (External stakeholder)*

### **How best to support the existing workforce**

All stakeholders believed Deep End Wales could add value by building resilience and supporting the existing workforce.

*GPs like to get together and they like to talk and they like to share experience, and that’s all very important as well as part of supporting one another, particularly if you’re in a difficult practice or a particularly challenging population. (External stakeholder)*

*I think when you work in an area that has a lot of deprivation, you see what a difference that can make, and so that gives you a sense of wellbeing, but at the risk of burning out yourself. So I think preparing young doctors and young nurses, young managers to be ready to work in that sort of environment. (Internal stakeholder)*

*I think it’s sharing information, toolkits, to make it easier for people on the ground, training possibly, but I know how difficult it is to get staff to go to training. But it’s being able to provide a range of tools for staff to access. (External stakeholder)*

Tackling issues around recruitment and retention within Deep End practices was believed by stakeholders to be beneficial on a number of levels. A stable workforce would improve the continuity of care given to patients and adequate staffing levels would reduce the need for costly locums in Deep End practices. One external stakeholder strongly believed it would be beneficial for Deep End Wales to explore the different and best workforce models for deprived communities as a way to support practices. In addition, the same stakeholder believed Deep End Wales could explore how technology could help make practices more efficient and increase staff’s capacity.

*Being able pick up things, this is the sort of workforce model you could run on. This is what it costs to run that kind of workforce model. This is how you might be able to do it. Which would then spread your demand and would give you some increased capacity. (External stakeholder)*

*I think there are some technology solutions in there. I think we’ve got some good technology solutions in Wales which we don’t share between ourselves. (External stakeholder)*

*I think it's developing ways of working, that they can help those practices present those challenges and learning and models of care in a way which is visible. (External stakeholder)*

A few stakeholders suggested staff who work in Deep End practices, would need some additional training or resources but they did not believe the training needed to be different. Examples given included guidance or training on mental health and avoiding burnout, and increasing knowledge about religious and cultural beliefs so that health professionals could better support patients in their communities.

*I think you should recognise maybe the additional needs. I think it's a bit of an 80/20 thing, 80% of what they do is probably the same... So I think you've got to think about how you address the 20%. It's not a complete substitution, but there may be some additional things. Just as if you're working in an isolated island you might have to do some things differently. (External stakeholder)*

### **Confidence in Deep End Wales**

External stakeholders were asked to rate their overall confidence in Deep End Wales by giving a score out of 10. Scores given ranged from a 2 to a 7.

Those giving scores at the higher end of the range could see benefits in the concept but, while acknowledging it was still relatively early days, were uncertain about what the movement was hoping to achieve. They felt it was key for Deep End Wales to develop an evidence base so it could strengthen its message and demonstrate its impact clearly in the future.

*[Scored 6] I think it's one of those that when people are aware of it, they can see the benefits, so it's kind of, "OK, that's interesting, there is a need there, it's beneficial", but I think at the moment there is possibly still not a massive amount of understanding. (External stakeholder)*

*[Scored 7] They need to get the narrative right... Start to come up with some definitive tools. Really start to expose the issue at Health Board level. It is that horrible phrase "take it to the next level", but it is really taking it to beyond being a nice, theoretical, toe in the water, talk about it... it's getting into the more complex hard stuff. (External stakeholder)*

The rationale for lower scores were the movement's perceived lack of direction and clarity of purpose.

*[Scored 2] Unless they can describe their strategy in a way which is convincing, that it's actually going to make a difference... they need to recognise I think the limitations of what that might actually look like and not overstate what they're actually doing or achieving... Or they could adopt a smart approach using expertise that does exist within Wales to really drive home the equity agenda. (External stakeholder)*



*[Scored 4] I know that will disappoint people when they read that. I think the concept's probably an 8 or a 9, isn't it? It's that delivery gap. My advice would be don't bin it, but let's re-think it, let's re-focus it, let's maybe re-define it. Or actually just define it, because I'm not sure it's defined as much as it needs to be. (External stakeholder)*

Both internal and external stakeholders believed that organisations such as Public Health Wales and the Royal College of GPs were supportive. They also believed that some politicians and individuals in Welsh Government were supportive of the movement as well.

But stakeholders also tended to think influential individuals in Welsh Government and in Health Boards were likely to be sceptical of the movement and its impact to date. It was also perceived to be less relevant to Health Boards with only a small number or no Deep End practices. However, it was noted that other non-Deep End practices would have pockets of deprivation, therefore the issues raised by the movement could still be applicable to most practices in Wales.

The view was expressed by one stakeholder that some Deep End practices themselves might be sceptical of the movement, seeing it as another 'establishment body' and doubting that engaging with it would have any benefits or help them in the day-to-day running of their practice.

*Some Deep End practices [might be sceptical] ... it needs to be led by the Deep End for the Deep End. That's the challenge I think for us this year is to convince practices that we are not some other establishment body and that we are going to make a difference and there to support real practice. (Internal stakeholder)*

Overall, the majority of stakeholders interviewed were of the opinion that Deep End Wales should continue. However, most emphasised the need for the movement to evolve and have clearer, more measurable objectives.

*Two years, it's still, with any movement two years is not a long time, and in that time there's been coming out of the pandemic and the financial challenges across the NHS at the moment, so yeah, still early days. (External stakeholder)*

*They need clarity of purpose, because the population won't want to sign up until they know what they're signing up to, because they're always being criticised for just throwing money at things that don't do much... maybe a bit more focused, maybe specific projects and maybe in more localised areas. So more depth than spread, if you like, just to demonstrate impact. (External stakeholder)*

## Appendix – Topic guide

### Deep End Wales Stakeholder research Qualitative in-depth interviews topic guide FINAL

#### A. Introduction (5 mins)

1. *Thank stakeholder for participating. Introduce self and Beaufort.*
2. *Explain purpose of discussion: As we outlined in the invitation email, Deep End Wales is keen to better understand stakeholder views on three areas: the potential added value of Deep End Wales, the barriers and enablers for Deep End activities and impact and the priorities for action in the future.*

*There may be certain topic areas where you might not feel able to comment, that's fine. Let me know and we'll move on.*

*Our findings will feed into the various other work Deep End Wales is doing.*
3. *Explain MRS Code of Conduct / GDPR key points:*
  - *Obtain permission to record – purpose of recording is to aid analysis. We will make a transcript of the recording, but Beaufort will not pass it on to the client. The recording / transcript will be securely stored. Any personal information we capture will be kept securely for 12 months after completion of the project and will then be destroyed*
  - *Participation is entirely voluntary*
  - *Check they received the privacy notice*
  - *Adapt as appropriate: The client will know which organisations we have approached to take part, but we will not knowingly include anything in our report that could lead to an individual or organisation being identified. Please let us know if you say anything which will identify you.*
4. *Participant introduction:*
  - *First name*
  - *Organisation, job title and brief summary of role within the organisation*

#### B. Awareness and Understanding (10 mins)

I firstly want to understand how familiar you are with Deep End Wales so... (**Skip Q5-9 for internal stakeholders**)

5. What is your involvement with Deep End Wales?
6. What have you seen or heard about them?
7. How would you sum up what the movement aims to do?

**Share screen – read out summary**

*Deep End Wales is a grassroots movement started in September 2022 to develop mutual support between GP practices serving the most deprived communities.*

*It is a way to bring a stronger health equity lens to all business as usual, for example in Cluster plans and Social Prescribing programmes. It aims to add value for those communities who are often less able to access and benefit from existing services.*

8. What do you think of this aim?
9. What **words or phrases** would you use to describe Deep End Wales?
10. What, if anything, has Deep End Wales **done well** so far? **Probe whatever emerges**
  - What made it work well?
  - How did that help?
  - What difference did that make?
11. What, if anything, could Deep End Wales **have done better** so far? **Probe whatever emerges**
  - How would that help?
  - What difference would that have made?

**C. Deep End Wales's role within the wider context (15 mins)**

Thinking about the topic of health inequalities....

12. National policies include objectives to reduce health inequalities. What is causing these health inequalities in your opinion? **Probe:**
  - What steps need to be taken in your opinion to reduce health inequalities across different areas in Wales?
13. What, if anything, is different about Wales compared to other UK nations?
14. What, in your opinion, is Deep End Wales's role in addressing health inequalities?
  - How can Deep End Wales go about doing this?
  - What other mechanisms or vehicles might be better placed to distribute resources to better address deprivation?

***If there's time***

15. How does Deep End Wales work across multiple partners and agencies?
  - What, if any, immediate obstacles come to mind?
  - How do they overcome these obstacles?
16. How can Deep End Wales collaborate with Clusters and Health Boards or Regional Partnership Boards (RPBs)?
  - What if any, immediate obstacles come to mind?
  - How do they overcome these obstacles?

***If there's time***

17. What are the important policies in Wales that Deep End should be aware of?

**D. What Deep End Wales should prioritise in the future (10 mins)**

Looking ahead to the future.

18. What do you see as the **main opportunities** for Deep End Wales?
19. What are the **main challenges** for Deep End Wales?

20. What should the priorities be for the next **12 months**?
21. Any different priorities for the next **two years**?
  - What **projects** should Deep End develop and seek funding for?
  - What would you like Deep End Wales to focus on in **research**?
  - What should Deep End Wales focus on to **best support the existing workforce**?
  - Should there be different **training programmes** for Deep End practices?
22. What, if anything, could you gain from the network, in future?

### **E. Overall confidence in Deep End Wales (10 mins)**

23. Before we finish, how would you rate out of 10 your overall **confidence** in Deep End Wales? You can base your rating on whatever factors you wish. *Probe*
  - What factors are contributing to your confidence score? Why?
  - What needs to happen to address these issues?
24. Who is supportive of Deep End Wales's work?
25. Who do you think might be sceptical?
  - What needs to be done to convince those who are sceptical of Deep End Wales's value?
26. Should Deep End Wales continue? If so, why? If not, why?
27. That's everything I wanted to cover. Is there anything else you'd like to add?

Thanks very much.

**Thank and close**

