

The essential role of GPs and GPNs in tackling health inequalities

Conference - Friday 6 February 2026

Evaluation report - Final

Background

On Friday 6 February 2026, the Scottish Deep End project and the Queens Nursing Institute Scotland (QNIS) delivered a one-day, in-person conference titled 'The essential role of GPs and GPNs in tackling health inequalities'. The focus of the day was to recognise and celebrate the vital role that generalist training plays in improving health equity in Scotland – and the challenges that practitioners currently face.

Conference focus

In systems under stress, we can often become driven by professional protectionism, isolation, and uncertainty about the future. This conference celebrated how we can collaborate and learn from each other, and support each other to improve our working lives, the cohesiveness of our teams, and the care we provide.

With a focus on GPs and GPNs, the themes of the conference focussed on:

- understanding the causes and consequences of ‘missingness’ in healthcare and how applying a ‘missingness lens’ can address health equity
- how we deliver appropriate, tailored, and evidence-based ‘lifestyle advice’ to support health behaviour change for marginalised groups
- how relational approaches support the care of patients experiencing suicidality
- the importance of long-term personalised continuity of care in improving patient outcomes

The full agenda from the day can be found in the Appendix. For access to the presentation running slides and resources, please email deependS@rcgp.org.uk.

Conference attendance

In total, 100 people attended the conference, representing a strong 93% turnout from the 108 people who registered. Interest in the conference exceeded capacity and a waitlist was required, which still had 8 people on it by the time of the event.

Below is a breakdown of attendees

Role	Attendees	
GP	33	* Invited guests from partner and neighbouring organisations were also present, including representatives from the media as well as the Scottish Government and Parliament.
GPN	13	
Speaker/organiser	23	**Attendees could purchase a combined GP and GPN ticket, designed to encourage colleagues from the same practice to attend together. Because this ticket type did not require purchasers to specify their role, an exact breakdown of roles within this group is not available.
Other invited guests*	10	
Uncategorised**	21	

Evaluation

Out of 100 attendees, 68 (68%) completed a short online evaluation to provide feedback on the conference. This section summaries the feedback received.

Views on the conference

Survey respondents were highly positive about the conference. Overall, 55 (81%) of respondents rated the conference as very good (at either a 9 or 10 out of 10). Furthermore, no respondents scored the event less than a 7, highlighting the high levels of satisfaction with the conference.

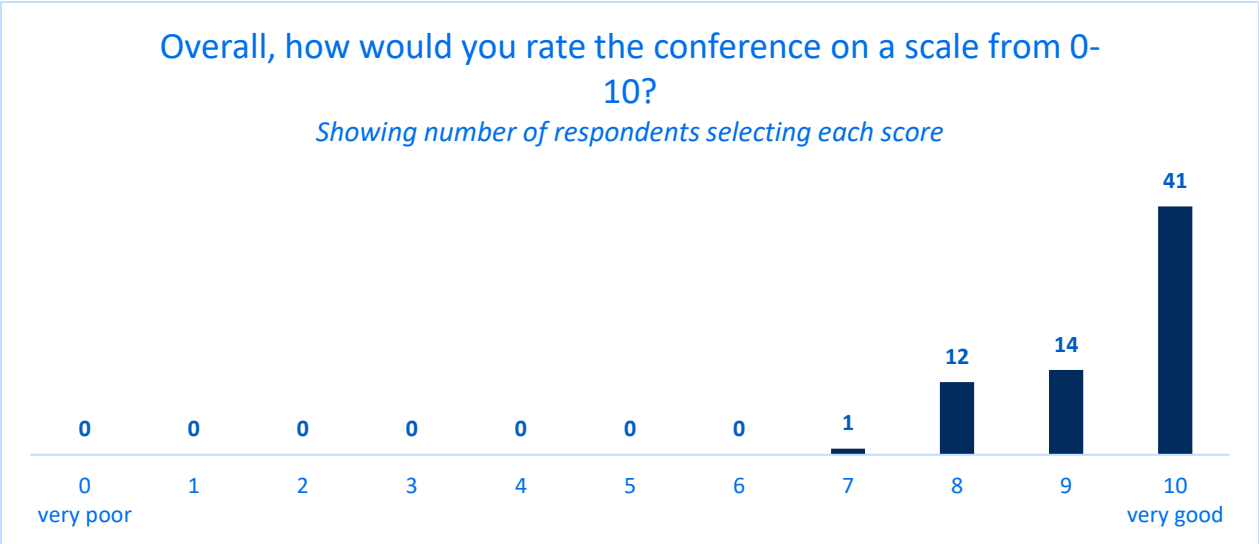


Figure 1. Chart showing the distribution of respondent scores

Similarly, all respondents said they'd be likely to recommend to conference to colleagues and other healthcare professionals. Almost all (66 or 97%) said they were very likely to recommend the conference.

How likely are you to recommend an event like this to colleagues and/or other healthcare professionals in your network?

Showing count of respondents selecting each answer

Very likely Somewhat likely Somewhat unlikely Very unlikely

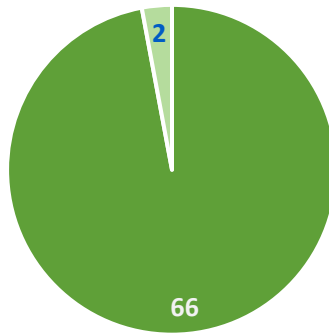


Figure 2 Chart showing the respondents' answers to how likely they would be to recommend the conference

All respondents agreed that they learnt something new at the conference, with 62 (91%) strongly agreeing with this. The conference also met attendees' expectations, with 66 (97%) agreeing with this statement.

On logistics, there was high levels of agreement that the pre-conference information and food and refreshments were suitable (see figure 3). While over half of respondents strongly agreed (72% - 49 respondents) that the event space was suitable, some expressed issues with the venue in text box responses (see section 'Negatives of the conference' below).

Responses to agree/disagree statements

Showing count of respondents selecting each answer

Strongly agree Somewhat agree Neither agree nor disagree
Somewhat disagree Strongly disagree Don't know

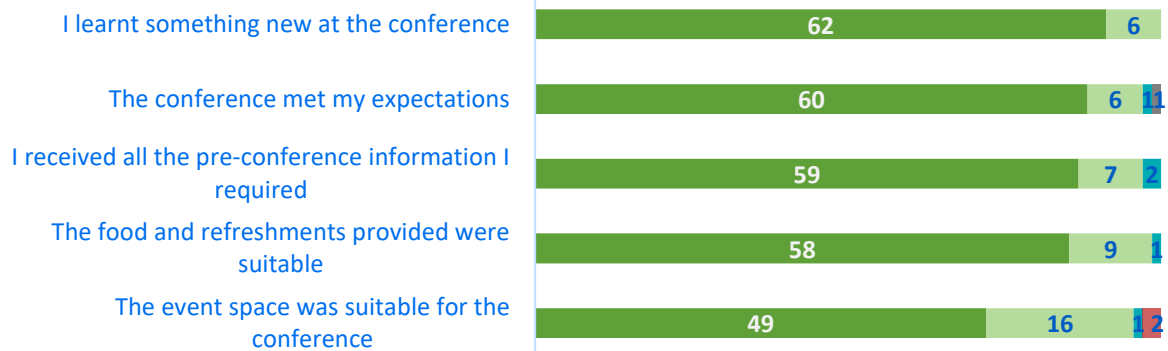


Figure 3 Chart showing the respondents' level of agreement with each statement

Highlights of the conference

Respondents shared open-ended responses to the question 'What, if anything, did you enjoy most about the conference?'. A summary of themes is outlined below:

Networking, meeting new people and sharing experiences was the most commonly mentioned highlight. Respondents enjoyed the opportunity to have conversations and meet other "like-minded" colleagues working on inclusion in healthcare.

- *"[I enjoyed] Feeling part of a larger whole and less alone - people think and feel the same way that I do"*
- *"Great to be in a space with others who share an interest in improving equitable health care and in finding approaches to this."*

The content and delivery of the sessions were also mentioned by many respondents. Sessions and talks felt informative and provided attendees with new information. Respondents particularly enjoyed learning practical tips and advice, which they said inspired them, prompted them to reflect and/or they took away to implement immediately in their own work.

- *"Lots of great examples of practical solutions and approaches."*
- *"I found all the topics really interesting and I enjoyed meeting people from different practices around Scotland."*
- *"[I enjoyed] The combination of expertise that attended conference. All lectures very thought provoking."*

A significant number praised the conference as feeling **warm, inclusive and generally positive**.

- *"[I enjoyed] The buzz, the unity and positivity"*
- *"Multi-professional, good atmosphere, lots of people with similar ethos, and positive approach."*

A smaller number praised the **inclusion of both GPs and GPNs at the conference**. While one person felt content skewed somewhat towards GPs, overall feedback highlighted a sense of unity, with a couple of respondents explicitly appreciating that there was no perceived divide between the two groups.

- *"Great, positive event! It was really good having the nursing input this year."*

A handful of people explicitly mentioned the **quality of the food** as a highlight.

- *"The catering was great - the lunch in particular was excellent."*

Negatives of the conference

Respondents shared open-ended responses to the question 'What, if anything, did you like least about the conference?'. A summary of themes is outlined below:

Only 28 people left a negative comment to this question, suggesting high levels of satisfaction with the conference.

- *"Honestly I thought it was great and there was nothing negative about it."*

Among those who left comments, the most common complaint related to the **venue**, though this was again only mentioned a handful of times, and Figure 3 highlights that most people still found the venue suitable for the conference. Issues with the venue relate to: Issues with the temperature, with some rooms getting too cold; workshop breakout rooms, with the Project Room feeling very cramped and the Canteen getting very noisy, especially with people walking through the space mid-workshop; and limited visibility at the back of the Main Room, and it was not always easy to hear the speakers.

- *"The venue wasn't ideal. Too cold, lecture space did not allow speakers to be easily seen."*
- *"Difficult to see PowerPoint from mid-back main room."*
- *"I think the breakout spaces did not all work-the canteen area was too long and too much noise, from folk coming and going."*

There were a handful of issues with the **catering and refreshments**. One person mentioned the lack of vegetarian options, while a couple noted the long line for coffee/tea at breaktimes.

- *"The venue appeared to only have capacity to make small pots of coffee at a time to fill up the larger dispenser and this meant there was rarely enough coffee and there were long waits for the next pot to be brewed."*
- *"Single use plates etc and limited veggie option could have been better?"*

A couple mentioned they'd have liked the day, especially the workshops, to be longer.

- *"Workshops could have been longer for more discussion."*

From an organising perspective, one speaker mentioned it would have been helpful to have a consistent point of contact through which all communications about the conference came from to make it easier to find relevant emails and information about the conference.

Impact of the conference

In their open-ended responses, respondents shared some of the ways the conference impacted them:

- *"[I enjoyed] Gaining useful information from colleagues that can be taken to my own GP practice to use."*
- *"It was very insightful learning all the work going on in the Deep end practices and harnessing ways to improve things"*
- *"I have just moved to a new practice working with the homeless population, I found all the topics in the conference so helpful. and it was lovely to meet other people working in the "deep end".*
- *"It was great, I liked the range of professional backgrounds that were there - really enjoyed spending time with them and learning from them both during the planned learning and the 'chat' in between."*
- *"The conference really helps to keep going working for and with people who brave adversity."*



Conclusion and learnings

Overall, the conference seems to have been very well received by all attendees, with relevant topics, actionable learnings and connections made. Based on the comments and feedback provided, there are a couple of learnings to take forward to future conferences.

Attendees valued the breadth of experience and expertise present, and this diversity should be maintained in future conferences.

The mix of GPs and GPNs, alongside the wide range of topics covered in both talks and workshops, was mentioned as a highlight of the conference. Building this into future programmes would sustain this, particularly by creating opportunities for discussions beyond workshops, as was successfully done this year with the long refreshment and lunch breaks.

Consider using a different venue, or allocating workshops in a different manner, to address the issues raised in attendee feedback.

Although most participants still rated the venue as suitable, the issues raised suggest that either selecting an alternative venue or rethinking how rooms are assigned, particularly for workshops requiring quieter, more contained spaces, would improve the overall experience at future conferences.

Respondents also provided a list of other topics relating to health inequalities they would be interested in learning more about at future similar events.

A full list of responses can be found in the Appendix.



Appendix

Conference programme

PROGRAMME

6 FEB
2026

9:30-16:30
CIVIC HOUSE
GLASGOW

9:30-10:00	Registration. Tea and coffee available
10:00-10:10	Welcome
10:10-10:50	Andrea Williamson speaking on Applying a missingness lens to healthcare
10:50-12:05	Morning workshops
12:05-12:25	Break with tea/coffee and pastries
12:25-13:05	Sarah Doyle speaking on Relational care in the context of suicidality
13:05-14:00	Lunch
14:00-14:40	David Blane speaking on Lifestyle advice in the Deep End
14:40-15:55	Afternoon workshops
15:55-16:10	Break with tea/coffee and pastries
16:10-16:30	Reflections and close

FOR ANY ASSISTANCE,
PLEASE CONTACT DEPENDS@RCGP.ORG.UK.

Morning Workshops

General Practice Nurses taking action on Inclusion Health - Sharing projects from "Inclusion Health Action in General Practice"

Multimorbidity at the Deep End - what it means for our patients and what we can do about it

Recognising and Responding: Addressing Gender-Based Violence and Domestic Abuse in General Practice

Afternoon Workshops

The importance of relational continuity of care in addressing health inequalities

Exploring Substance Dependence and Recovery Through Comics and Dialogue

Practical Approaches for Language and Cultural Health Inequalities

Topics for the future

- A practical approach eg how to help change behaviour in a 10 minute consultation
- Addiction
- Behaviour change
- Challenges of working with ethnic minorities
- Community-led projects, how to integrate practices into the community
- Creating the conditions for equity and informed people in the consultation - reducing the clinician bias
- Digital exclusion, poverty and inequality - how to mitigate; how to be an effective advocate; AI negative impacts on inequalities
- Engaging colleagues / practical ways of changing workplace culture to be more compassionate and accessible
- Food insecurity and how this can be addressed, not at a General practice level, but at a community/upstream level.
- Homelessness
- How to have tricky conversations at work
- How to survive as a Deep End GP long term
- Influencing policy, advocating for patients better - government strategies for improving health - do GPs and GPNs have a role in this?
- Involve patients to share experience
- Local engagement with Public Health and grassroots / community groups, screening engagement, early years.
- Maybe trauma informed practice for MDT
- Mental health and Role of the mental health practitioner
- Missingness - how it affects patient outcomes in disease.
- More case studies/ peoples lived experiences
- More examples from practices about successful / effective approaches
- More focus on GPNs/nursing.
- More info about lifestyle medicine in primary care
- More on connecting with communities, link workers
- More service users statements/ talks
- More sharing of initiatives that have been helpful for others.
- More sharing of lived experience and community initiatives. There has been talk and recognition of health inequality at govt level for a long time but what I see making real change is passionate and kind individuals and community groups who care. I would like to see more overt discussion on racism, prejudice, Islamophobia and the rise of far right sentiment, hostile environment etc that greatly impacts some minority groups experience of healthcare
- Person led outcomes

- Positive experience of when the system works well, from a patient. Be really good way to maybe show a situation where professionals have implemented change and what difference this made for a patient either in person or a video.
- Practical issues, what is available on a technical level
- Proof that being able to spend more “pure GP” time with patients at the deep end helps
- Proportionate Universalism and how it could be done in real life
- Really enjoyed lifestyle discussions
- Role of the community centres
- Severe and multiple disadvantage
- The people missing in missingness. Those who never had an appointment in the first place
- Use of AI in healthcare and GPs and sustainability practice as well
- Weight management, how to discuss
- Young people at risk of crime/drugs/anxiety