

The essential role of GPs and GPNs in tackling health inequalities

Conference - Friday 6 February 2026



Summary report

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.

Co-designed and delivered by the Scottish Deep End Project and the Queen's Nursing Institute Scotland, with a focus on the roles of 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.

The event was fully booked, and participants paid a small fee to enable a social event at the [Pearce Institute](#) in Govan afterwards, important for building the kinds of relationships that strengthen multiprofessional working.

This short report summarises the key messages from the plenary sessions and workshops. The [evaluation report](#) for the conference can be accessed on the [Deep End webpages](#).

Plenary sessions

1. Applying a missingness lens to healthcare (Prof Andrea Williamson)

Having defined missingness in healthcare, Andrea went on to briefly describe the epidemiological work about patterns of missed appointments and the recent research about causes of missingness. She then outlined the core principles and the suite of interventions that have been co-produced to address missingness in healthcare and flagged some of the ways they are being used in policy and practice to date. The [missingness in healthcare webpage](#) has the films, blogs, CPD learning resource, examples of good practice and underpinning academic papers for those interested in learning more.



2. Relational care in the context of suicidality (Dr Sarah Doyle)

This session was based on the work of Dr Rachel Gibbons, and it provided a space to consider how relational concepts can help make sense of suicidal thinking and suicidal crisis. Sarah spoke a little about the role for public health-led interventions, but the main focus was on what happens in a consultation, in a relationship between a person feeling suicidal and a person providing healthcare. The aim was to explore the emotional distress felt by those who feel suicidal, and the shattering impact on those bereaved, including narratives of blame. We spent time reflecting on the specific effects of suicide on clinicians and institutions. In closing, the session highlighted the value of what Gibbons (2023) calls '*compassionate and undefended open-hearted engagement*': the capacity for warm, thoughtful relational connections that are perhaps likely to be of most help to those affected by suicide.



3. Supporting healthy behaviour change in the Deep End (Dr David Blane, Dr Suzy Scarlett, GPN Marie Harvey, CLW Dawn Craig)

This panel discussion, chaired by David, focussed on how we can best support health behaviour change for people living in areas of socioeconomic disadvantage. The panel included a Deep End GP and Fellow of the British Society of Lifestyle Medicine (BSLM) (Suzy), an experienced Deep End GP nurse (Marie) and a Community Links Worker (Dawn). Suzy was keen to dispel myths about “Lifestyle medicine” and defined it as “*evidence based, clinical care which supports behaviour change through person centred techniques, to improve mental wellbeing, social connection, healthy eating, physical activity, sleep, and minimisation of harmful substances and behaviours*”. The panel recognised the multiple barriers to healthy behaviour change and agreed on the need to take a non-judgemental approach, tailoring shared management plans with patients in their individual life context, focusing on doing the simple things well, and using our role to advocate for those who need care the most. A ‘whole system’ approach, collaborating with our multidisciplinary and third sector colleagues, was recognised to be key.





Morning workshops


General Practice Nurses taking action on Inclusion Health

This workshop discussed the background to the Inclusion Health Action in General Practice (IHAGP) funding which has been available to Deep End practices in Greater Glasgow and Clyde (GG&C) over the past 3 years ([IHAGP evaluation document](#)). Participants noted the short-term nature of the funding and disappointment from practices who would like to work on inclusion health projects but were not eligible for this funding as they are not Deep End practices and/or in GG&C. We heard from three nurses who had been carrying out projects in their practices. One spoke about health checks for patients aged 35-60 who have not had a BP check in the last 10 years. She spoke about the rewarding work identifying patients with diabetes and pre-diabetes and supporting them to make lifestyle changes. The second nurse spoke about inviting all their patients who require an interpreter for an hour-long extended consultation. This enabled her to help her patients understand how their practice works and get them linked into relevant services. She was able to begin to build a relationship with these patients and had also picked up several new diagnoses. The final presentation was from two nurses who have been reaching out to patients with a previously abnormal cervical screening result who had not attended for follow-up screening. Their health care assistant contacted patients by telephone with good response, and they have plans to widen their work to the local area, promoting screening through local women's groups and holding drop-in clinics. The workshop participants were from a mixture of practices, not all of which are IHAGP practices, and discussions ranged from funding to advice on communication, to how we fit in work focused on inclusion health amongst other workload priorities.

Multimorbidity at the Deep End – what it means for patients and what we can do about it.

Presenters: Catriona Morton (GP), Rebecca Veitch (PN) and Karen McQuade (PN)

This workshop briefly explored the impact of multimorbidity at a Scottish level, the implications for general practice, and specifically for Deep End communities. We know that healthy life expectancy is in the upper 40s for the most deprived, with multimorbidity a major contributor: long term conditions can develop 10-15 years earlier, often alongside mental ill-health and social complexity. The team from Craigmillar presented their practice 'Birthday scheme', a holistic approach developed to optimise teamwork, stratify risk, minimise treatment burden, identify missingness and those most at risk, and maximise relational continuity. Using case studies and question prompts, they then worked in small groups to share ideas and consolidate learning. Practical resources were shared with participants, and there are plans to explore and develop further in an upcoming Deep End roundtable on Multiple Morbidity at the Deep End.





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

This workshop, delivered by Shona McCormick from NHS Lanarkshire, provided an introduction to recognising and responding to Gender-Based Violence (GBV) and domestic abuse within general practice, increasing participants' awareness of its forms, prevalence, and profound health impacts across mental, physical, reproductive, and chronic conditions. Drawing on national definitions, statistics, and concepts such as coercive control, the session challenged myths, explored the complex reasons victims-survivors may not leave, and emphasised the disproportionate risks faced by women. Participants were encouraged to identify indicators, ask sensitive direct questions, assess safety and risk, document appropriately, and support survivors through empathetic, trauma-informed responses. Guidance was given on referral pathways, information sharing, protection procedures, and local and national specialist services, reinforcing the critical role of primary care as a first point of disclosure for many victim-survivors.



Afternoon workshops

The importance of relational continuity of care in addressing health inequalities


In this workshop, Carey Lunan and Kieran Sweeney discussed the evidence base for continuity of care in general practice, highlighting its benefits for patients, clinicians and health systems, and its particular importance in areas of high deprivation (see [Deep End Report 42](#)). They talked through methods for measuring continuity and ideas for how to improve it at a practice level, including examples of personal lists, micro-teams and targeted approaches. Attendees discussed their own experiences of continuity and the wider policy barriers and facilitators.

Exploring Substance Dependence and Recovery Through Comics and Dialogue

This interactive workshop invited participants to explore the intersection of graphic medicine, substance use narratives, and dialogue-based learning. Using [Pathways of Hope](#) (a Public Information Comic co-created with the recovery community), the use of visual storytelling to illuminate lived experience of substance dependence and recovery, challenge stigma, and foster empathy was explored. Participants used images from Pathways of Hope to stimulate conversations on supporting people with substance dependence in general practice and reflections on recovery and care. Images from the comic's 5 themes were printed onto coaster-sized cards and each of the 5 tables had the images from one theme. Participants were asked to discuss what messages the images conveyed; how the images connected with their practice or assumptions; and to share any reflections. The noise and discussion in the room was incredible!

Practical Approaches for Language and Cultural Health Inequalities

This workshop was focused on practical approaches to reduce health inequalities related to language and cultural differences. We were very fortunate to have co-facilitators in: Habab Idriss, who has recent experience of navigating the UK asylum process and now runs a women's community group; Francine Bucumi, who provides holistic care and support to vulnerable migrants throughout Glasgow through her multiple roles with the Asylum and Refugee Health Team; and Fatima Sheikh, who has worked previously with Doctors of the World and MSF and currently works for an arts charity in Glasgow (the beautifully designed tabletop games were her creation!). Participants were invited to work through two exercises: 1) a role-play to practice consulting via interpreters, 2) two different tabletop scenarios to explore barriers to healthcare at multiple intersecting levels. There was time at the end for reflection, discussion and questions to the co-facilitators, concluding on the importance of maintaining common humanity despite numerous barriers and struggles. Participants were signposted to further resources, including [Deep End Report 43](#) and a choose-your-own scenario story!



Acknowledgements

We would like to thank RCGP Scotland colleagues (especially Jacinda Rapley and Liz Hasseld) for fantastic administrative support, the venue ([Civic House](#)), our caterers ([Soul Food Sisters](#)), our photographer Emma Legge, and all who attended and participated.



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 DEEPENDS@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