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Teg I Bawb | Fair For All

A Strategic Action Plan
to address health inequalities
through Primary Care

Version 1

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Executive Summary

In Wales too many lives are being cut short due to unequal access to the building blocks of health - good education, safe homes, enough money and healthcare. Health inequalities remain a challenge for Wales, and this is affecting people in the present, but also the nation's long-term prosperity and the wellbeing of our future generations¹⁻³.

Healthcare is one of the building blocks of health. Primary Care* plays a vital role in reducing health inequalities as the most accessible point of contact with the health system addressing both medical and social needs. Primary Care is embedded in the community as an employer and a voice within local public services.

The World Health Organisation (WHO) says "Primary Healthcare is the most inclusive, equitable, cost effective and efficient approach to enhance peoples' physical and mental health as well as social well-being"⁴.

Wales has policies and a vision for greater equality including through the Equality Act, the Well-being of Future Generations (Wales) Act 2015, the Public Health Act (2017), and A Healthier Wales. Together with becoming a Marmot Nation, these measures bring a focus on strengthening the building blocks of health⁵⁻⁸.

This document focusses on the actions that key players can take, which maximise the impact of the role of Primary Care in tackling health inequalities. However, it does not reiterate the well-articulated reasons why reducing these should be a priority²⁻¹².

Working together we can reduce the avoidable differences in health. This action plan is the result of many listening sessions with people across Wales - communities, professionals and government –combined with the best evidence available. This work brings together the most important and achievable actions in Wales today.

The vision for this action plan is a fairer, healthier Wales where Primary Care actively reduces health inequalities, achieved through coordinated, community-informed, and data-driven actions.

This is called 'Teg I Bawb' - Fair for All.

Priority actions for each key player are grouped under five pillars:

1. Leadership & Culture
2. Data & Population Health Management
3. Finance & Resources
4. Workforce
5. Community Involvement

* For this plan, Primary Care includes: General Practice; Pharmacy; Optometry; Dentistry; Allied Health Professionals; national, local, and voluntary organisations; and public bodies that support these services directly or indirectly.

How was this action plan developed?

This action plan was developed through evidence reviews of:

- existing frameworks for Primary Care to reduce health inequalities
- evidence of clinical interventions effective in reducing health inequalities
- data on health inequalities
- current service provision and staffing in Wales.

This was followed by in-person and online workshops, targeted one-to-one meetings, and online surveys. Experts by experience were engaged in community settings such as Deep End GP surgeries, outreach clinics for inclusion health groups, and community centres, as well as through an online survey. Public Health Wales' Time to Talk also supported the development of this action plan. All suggested actions were considered, thematically analysed and prioritised, and sense checked with key stakeholders. Further information can be found in the engagement report.

What did people tell us?

What would help? Suggestions from health professionals	What would help? Suggestions from the community
<ul style="list-style-type: none"> • Existing frameworks to reduce health inequalities may not fully align with the specific needs and context of Wales. • Stakeholders wanted practical actions for each part of the primary care system, rather than a new conceptual framework. • Prioritise five key pillars and apply them to the clinical areas with highest impact on health inequalities • Clinical areas identified as a priority were cardio-metabolic and respiratory diseases, where evidence of effective interventions exist, and the potential to reduce inequalities is higher. • Five priority areas (or pillars) emerged: <ul style="list-style-type: none"> - Leadership & Culture - Data & Population Health Management - Resources & Funding - Workforce - Community Involvement 	<ul style="list-style-type: none"> • The use of 8am call systems is still common practice, and over reliance on this system along with digital booking methods remain a barrier that affects inclusion health groups and older people more than others. Suggested improvements included: <ul style="list-style-type: none"> - re-introduce walk-in sessions - make booking systems more flexible - offer alternatives to digital access • Employ more healthcare staff to reduce wait times. • Ensure continuity of care – seeing the same professional where possible. • Improve communication, particularly regarding patient rights and service availability. • Train staff in empathy and cultural competence, including a need for non- judgmental, trauma-informed approaches.

Who is this action plan for?

This action plan presents a focused set of evidence-informed actions for

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

to work collaboratively in reducing inequalities in health outcomes and access to care.

The next section outlines a core set of cross-system actions. This is followed by targeted action cards for each key partner within the Primary Care landscape.

Key priority actions presented across five pillars

Vision: A fairer, healthier Wales where Primary Care actively reduces health inequalities through coordinated, community-informed, and data-driven actions.

Below are focused actions identified through the synthesis of evidence, and consultations with experts by both experience and profession across Wales. These actions have been given indicative timeframes, and it will be for each organisation to develop their own implementation plan in alignment with each action.

						
INPUTS		Leadership & Culture	Data & Population Health Management	Finance & Resources	Workforce	Community Involvement
ACTIONS	Short to Medium Term Actions Year 1 - 5	<p>Appoint accountable leaders across organisations and teams.</p> <p>Appointed leaders to begin to influence culture and practices.</p>	<p>Disaggregation of metrics by age, gender and deprivation.</p> <p>Improve other inequality metrics including ethnicity, inclusion health, and digital exclusion.</p> <p>Use population health approaches for planning and delivery.</p>	<p>Review funding models.</p> <p>Undertake options appraisal of funding models.</p> <p>Equity focused investment and distribution of services mandated.</p>	<p>Develop equity training models and packages for different roles.</p> <p>On the job learning opportunities and peer-led systems are in place in areas of high need.</p> <p>Higher apprenticeships in healthcare are prioritised.</p>	<p>Develop and publish guidance on engagement with communities and individuals with lived experience.</p> <p>Include experts by experience and community voices in service planning, delivery and improvement.</p> <p>Develop more integrated services in the areas of highest need.</p>
	Medium to Long Term Actions Year 5 - 10	<p>Appointed leaders to embed equity in planning, commissioning and organisational culture.</p>	<p>All service and outcome metrics are disaggregated by deprivation, gender, geography, ethnicity and digital access.</p> <p>Health equity metrics are embedded in all monitoring and evaluation activities.</p>	<p>Funding and resource distribution reflect deprivation and population need.</p> <p>All funded innovations proven to reduce health inequalities are mainstreamed.</p>	<p>Train Primary Care workforce in equity and equality.</p> <p>Inclusive workforce recruitment and retention models developed and actively monitored.</p>	<p>Embed lived experience and community engagement into service design and delivery.</p> <p>Normalise integrated service delivery.</p>
VISION		<p>A culture of leadership grounded in equity.</p>	<p>Easily accessible equity data to enable embedding of population health approaches.</p>	<p>Finance and resource allocation is transparent and based on need.</p>	<p>An inclusive and equity-informed Primary Care workforce.</p>	<p>Routine inclusion of community engagement and lived experience as standard practice.</p>

Action Cards for Key Players

					
INPUTS	Leadership & Culture	Data & Population Health Management	Finance & Resources	Workforce	Community Involvement
ACTIONS	<p>Appoint accountable leaders to embed equity across the Primary Care system.</p> <p>Clearly articulate the role of the NHS in health inequalities.</p> <p>Promote a culture of inclusion and involving all voices.</p> <p>Embed equity in all planning, governance, accountability and statutory contracts.</p>	<p>Disaggregate all performance metrics by inequality dimensions.</p> <p>Use data for action, not just for monitoring.</p> <p>Implement a national Health Inequalities Dashboard.</p> <p>Ensure enablers such as governance, data sharing, and legislation are in place, and the National Data Resource includes Primary Care.</p>	<p>Publish data for Primary Care funding and deprivation.</p> <p>Mandate equity-focused investment through a national funding code of practice.</p> <p>Reform funding formulae to reflect deprivation and population need.</p> <p>Mainstream innovation funding for programmes proven to reduce inequalities.</p>	<p>Establish equity-related targets for workforce recruitment and retention.</p> <p>Prioritise initiatives such as apprenticeships for both non-clinical and clinical roles.</p>	<p>Lead by example, by including communities and experts by experience in policy development.</p> <p>Include community engagement activities in contracts.</p> <p>Work with the Future Generations Commissioner and demonstrate the involvement of community in health planning and evaluation.</p> <p>Ensure Primary Care Quality Improvement (QI) projects include an explicit equity focus.</p>

					
INPUTS	Leadership & Culture	Data & Population Health Management	Finance & Resources	Workforce	Community Involvement
ACTIONS	<p>All National Bodies: Ensure board-level leadership is accountable for embedding equity into strategy and delivery.</p> <p>NHS Performance and Improvement (NHS P&I): Appoint a designated equity lead within cardiometabolic and respiratory networks, with the aim of expanding this role across all clinical networks over time.</p> <p>Public Health Wales (PHW): Produce and deliver leadership development programmes and training to support equity-focused planning and service delivery.</p> <p>PHW / Health Education and Improvement Wales (HEIW): Provide leadership development for health boards and primary care clusters to strengthen leadership capabilities in population health management (PHM) and equity culture.</p>	<p>NHS P&I: Ensure all cardiometabolic and respiratory programme data are disaggregated and monitored through a health equity lens.</p> <p>PHW: Lead in identifying and promoting best practices for data disaggregation, evidence use, and evaluation of effective equity-focused interventions.</p> <p>PHW: Coordinate and develop an evaluation framework for the implementation of this action plan.</p> <p>Digital Health and Care Wales (DHCW) / PHW / HEIW: Prioritise improved analysis of existing datasets over the collection of new data.</p>	<p>PHW: Build the evidence base for financial and social return on equity-focused investments, and support strategies for more equitable funding allocation.</p>	<p>PHW / HEIW / Academic Partners: Review and provide appropriate options on health inequalities training for undergraduate and postgraduate health professional training curricula, CPD, and both clinical and non-clinical new starter training.</p> <p>All National Bodies: Embed population health approach and skills for all involved in planning Primary Care services.</p> <p>All National Bodies: Foster a population health approach within the culture of all those involved in planning Primary Care services.</p>	<p>NHS P&I: Embed structured community engagement, including lived experience, into strategy development processes.</p> <p>PHW / NHS P&I: Promote a unified, clear definition of primary care to community, to support engagement.</p> <p>PHW: Provide leadership and toolkits enabling community and experts by experience to be involved in planning and evaluation.</p>

					
INPUTS	Leadership & Culture	Data & Population Health Management	Finance & Resources	Workforce	Community Involvement
ACTIONS	<p>Appoint senior leaders in planning, finance, and operations responsible for driving health equity.</p> <p>Senior Primary Care leaders to use Health Equity and Health Impact Assessments in planning and delivery.</p> <p>Collaborate with Clusters and Pan Cluster Planning Groups to embed equity in the annual planning cycle.</p> <p>Introduce quarterly Health Equity Reviews to assess progress across all key outcomes and deliverables.</p>	<p>Apply Population Health approaches to identify and respond to unmet Primary Care needs across population groups.</p> <p>Develop systems that integrate actual patient experience into data collection and analysis.</p> <p>Embed actual patient experience with service use data to influence planning.</p> <p>Prioritise research, evaluation, and innovation in high-need areas (e.g. 'Deep End' practices).</p> <p>Ensure local data-sharing agreements with key stakeholders, including local authorities and third sector, to enable collaborative and informed service planning and evaluation.</p>	<p>Apply Health and Equality Impact Assessments systematically in all funding decisions.</p> <p>Allocate resources in alignment with population health needs, including populations with multiple overlapping needs.</p> <p>Direct funding to reduce health inequalities as a core organisational objective.</p>	<p>Support CPD training on health inequalities for clinical and non-clinical staff.</p> <p>Embed health inequalities training into all induction programmes and ensure availability for existing staff at all levels.</p> <p>Expand and diversify apprenticeship programmes across Health Boards, prioritising recruitment from underserved communities.</p> <p>Utilise apprenticeships to strengthen local workforce pipelines and support inclusive recruitment practices.</p> <p>Establish systems to continuously evaluate workforce planning, recruitment, and retention strategies for improvement.</p> <p>Implement structured initiatives such as rotational placements, mentoring, and peer support to attract and retain staff in underserved areas.</p> <p>Identify, support, and scale successful voluntary sector workforce partnership models (e.g. Helpforce Cymru, Public Health Wales).</p>	<p>Work with partners to embed assertive outreach and integrated models of care delivery in areas of high need.</p> <p>Identify and utilise alternative, community-based settings for care delivery in collaboration with local partners and voluntary sector.</p> <p>Ensure accessible, inclusive communication by embedding equity and accessibility in all health promotion and public information materials.</p> <p>Normalise the routine inclusion of community engagement and lived experience as part of standard practice.</p>

					
INPUTS	Leadership & Culture	Data & Population Health Management	Finance & Resources	Workforce	Community Involvement
ACTIONS	<p>Appoint a Health Equity Champion to lead and advocate in regional planning and delivery on the broader determinants as well as direct actions.</p>	<p>Embed equity, equality, and inclusion health in Population Needs Assessments, well-being assessments and Regional Area Plans, to identify the most significant inequalities in their populations and target action to reduce inequities.</p>	<p>Coordinate funding across local authorities, the third sector, and other partners to target investment in areas of greatest need.</p> <p>Ensure funding mechanisms are aligned with the Well-being of Future Generations (Wales) Act, enabling joint investment approaches that support sustainable improvements in high-need communities.</p>	<p>Advocate for and raise awareness of available equity training for member organisations.</p>	<p>Collaborate with Clusters to identify and implement place-based approaches within Regional Area Plans to address health inequalities, ensuring community needs and assets are central to regional decision-making.</p> <p>Ensure Primary Care has an active representation at Board level.</p>

					
INPUTS	Leadership & Culture	Data & Population Health Management	Finance & Resources	Workforce	Community Involvement
ACTIONS	<p>Introduce Health Equity Champions at all levels to promote equitable, inclusive, culturally competent, and trauma-informed planning and care.</p> <p>Primary care leaders advocate for integrated community, mental health, social care, housing and support services to support vulnerable groups and meet patient needs.</p> <p>Embed equity assessment as a core requirement in PCPG and Cluster annual planning cycles.</p> <p>Introduce quarterly Health Equity Reviews to monitor performance across all key outcomes and deliverables.</p> <p>Regularly report on how changes in planning and service delivery have contributed to measurable improvements in health equity.</p>	<p>Apply Population Health approaches to identify and address unmet needs within local populations.</p> <p>Embed actual patient experience with service use data to influence planning.</p> <p>Develop data systems to reflect patient journeys, including lived experience and patterns of service use.</p> <p>Establish local data-sharing agreements with key partners – including local authorities and the third sector – to support coordinated service planning and delivery.</p> <p>Develop a Cluster plan for improving equity in cardiometabolic, respiratory, and cancer care.</p>	<p>Apply Health and Equality Impact Assessments (HEIAs) in all PCPG and Cluster funding decisions.</p> <p>Allocate resources based on population health needs, with a focus on underserved communities.</p> <p>Direct cluster-level funding toward projects and initiatives that address health inequalities.</p>	<p>Promote health equity training for all frontline clinical and non-clinical staff.</p> <p>Allocate protected CPD time for staff for equity-focused development.</p> <p>Embed training on health inequalities into all induction programmes.</p> <p>Implement structured incentives – such as rotational placements, mentoring, and peer support programmes – to support workforce attraction and retention.</p> <p>Identify, support, and scale effective workforce partnerships with voluntary sector organisations.</p>	<p>Normalise local place-based approaches to reduce health inequalities.</p> <p>Embed collaboration and integrated working with community partners, prioritising areas with the greatest need first.</p> <p>Make diverse community engagement and lived experience contributions routine in planning, delivery and evaluation of services.</p> <p>Establish Community Health Equity Panels** in PCPGs or Clusters with clear governance.</p> <p>Partner with local organisations to deliver services in community settings.</p> <p>Establish peer-review and lived experience-review mechanisms in Clusters to respond to feedback and to share best practice.</p> <p>Use national resources such as Primary Care One to support equity in Cluster planning.</p>

** Community Health Equity Panels bring together the public and experts by experience to guide policies, decisions, and service planning with an equity focus.

					
INPUTS	Leadership & Culture	Data & Population Health Management	Finance & Resources	Workforce	Community Involvement
ACTIONS	<p>Appoint a Health Equity Champion to drive action on reducing health inequalities and promote inclusive, culturally competent, and trauma-informed care.</p> <p>Promote a culture that enables trusted non-judgmental relationships between patients and health care professionals.</p> <p>Identify approaches to appointments which support continuity of care and access.</p>	<p>Audit and identify patients with missing key indicators for CHD and diabetes (e.g., HbA1c, blood pressure, cholesterol, smoking status, BMI).</p> <p>Strengthen vaccination programmes for the most vulnerable – including children in supported housing.</p> <p>Standardise and improve equality data recording.</p> <p>Disaggregate or audit by health inequality measures (e.g. minimum deprivation, ethnicity), to inform cluster discussions and to support targeted interventions.</p> <p>Use community knowledge to develop ideas of ‘missingness’ in data and patients.</p> <p>Focus quality improvement projects on the conditions which contribute most to health inequalities and in which there are evidence of impact.</p>	<p>Identify and pursue joint funding opportunities with local authorities, third sector partners, and communities.</p> <p>Coordinate funding across sectors to enhance resource impact.</p> <p>Ensure funding approaches are aligned with the Well-being of Future Generations (Wales) Act, enabling joint investment models that support long-term equity outcomes.</p>	<p>Protect learning time for inequalities training (including Teg I Bawb, Making Every Contact Count (MECC)) for all clinical and non-clinical staff.</p> <p>Require all new starters to complete training that can help reduce health inequalities, including Teg I Bawb and MECC.</p> <p>Continue to build staff awareness of trauma, trauma informed care and re-traumatisation.</p> <p>Collaborate with partners across the Cluster to identify opportunities for local recruitment and apprenticeships within Primary Care.</p> <p>Create an empowering environment where staff are supported to act on:</p> <ul style="list-style-type: none"> ensuring continuity of care when and where needed proactive follow up appointments made during patient contacts offering alternative mode and time of consultations and DNA follow up engaging with support workers and voluntary sector partners to identify and deploy workforce support where appropriate. 	<p>Establish ways to routinely incorporate patient feedback into day-to-day practice including from seldom heard voices.</p> <p>Develop and implement feedback mechanisms to capture patient experience related to access, discrimination, and unmet needs.</p> <p>Ensure multiple access routes to services, and varied modes of delivery, including in-person, phone, app, web and outreach.</p> <p>Co-develop services with local partners and patients to improve access to care.</p> <p>Where appropriate co-deliver outreach services such as mobile health clinics with local partners to improve access for vulnerable populations.</p> <p>Use Teg I Bawb resources to inform your practice policies relating to accessibility and inclusion.</p>

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