

Minutes of Granta Patient Group (GPG) Annual General Meeting 17:00 hrs 15th April 2026 (at Sawston)

Present:

Dave Arnold (Linton) GPG Chair
Steve Fisher (Royston HC) GPG Committee
Diana Pargeter (Linton) GPG Committee
Mark Jacobs (Barley) GPG Committee
Julie Draper (Barley) GPG Committee
+ 16 other GPG members

On-line access attendance

1 GPG member

Total of 22 GPG members present (in-person and on-line).

GMP Staff present:

Tim Harrison GMP CEO
Dr Reem Al-Shaikh GMP Partner & clinical rep for GPG
Vicki Collier GMP Head of Communications and Commercial Business Development.

Apologies received from:

11 GPG members

1. Welcome and Introductions

Dave welcomed the members and Granta Medical Practices (GMP) staff present. The meeting started at 17:08 due to some problems with Teams (for on-line attendance).

2. Apologies for Absence

Vicki (VC) advised that she had received 11 apologies (as above).

3. Minutes of GM (General Meeting) 29th Jan 2026

The meeting noted that the minutes for this meeting were available on the Patient Group website. The minutes were agreed.

4. Chairman's Report

Dave advised that the GPG is managed by a committee of up to 12 elected representatives from the patient population of the approximately 58,000 patients. Around 780 patients are currently members of the Granta Patient Group.

At the January General Meeting (GM) we changed the name and logo of the PPG to better convey what the group represents, becoming Granta Patient Group with the strapline: the independent voice of patients. The GPG acts independently of Granta Medical Practices whilst working closely with clinical and administrative staff with the objective of improving the patient experience in relation to provision of primary care services. With this in mind we adopted a new Constitution (setting out how the Group is organised) and updated our Terms of Reference (which sets out how we work with Granta Medical Practices). These can be found on the GPG web page on the GMP website.

Committee members have held face to face meetings with GMP CEO Tim Harrison, the former Head of Patient Services, Sandra East and, currently, the Director of Development, Vicki Collier (who is responsible for Patient Services) to address developments in Primary Care provision and key concerns of patients regarding provision of services.

We recognise that good communication is needed to keep patients informed of developments that may affect the way that services are provided at the national and local level.

We launched a new patient newsletter in 2025, and, subsequently, in an updated format in April this year, to act as a mechanism for informing patients about GMP, highlighting the work of specific aspects of the practice. In the latest edition it focuses on the Well-being hub at Shelford and the dispensing lead at Barley and Market Hill.

At our quarterly General Meetings we try to focus on specific issues that affect patients, such as Long Term Conditions assessments and the appointments system.

I'd like to thank my fellow committee members, and those supporters not on the committee, for their commitment over the past year spending hours of their free time working to better inform our patient population about our role and that of the staff in GMP.

5. Report on Governance improvements.

Patient Group Constitution development.

Steve (SF) reported: The Granta Patient Group (GPG) was originally formed as a Patient Participation Group (PPG) in 2015, when the NHS GP Contract required all GP practices to form them. Initially the PPG relied upon a Terms of Reference (ToR) to set out how it was managed and how it related to GMP. The ToR did establish a PPG Committee with 2-year terms, but had limited detail on the election process or AGM's.

Last year the Committee agreed to review how the Group is governed, revisit the core purposes of a Patient Group (as required by the NHS Contract), and presented a new Constitution to the EGM (September 2025) for adoption. A revised ToR was also agreed with GMP (setting out how the Patient Group and GMP work together). These documents are available on the website.

What are the main changes to how the Patient Group works?

Committee and elections

- retain a 2-year term for committee (to ensure some on-going continuity)
- provision of AGM and elections for committee (this is the first AGM since PPG formation in 2015)
- 3 officers (retained) agreed by committee from within elected committee

What is the purpose of the Patient Group?

The Constitution now includes the scope and purpose of Patient Groups, as required by the GMC GP Contract. These are:

- To support and build a two-way relationship between patients and Granta Medical Practices.
- To advise on the development and continual improvement of Granta Medical Practices to ensure the provision of effective services to meet the needs of its patients.
- To advise on the patient impact of services provided by Granta Medical Practices.
- To seek out and listen to the views of patients and their carers, especially those individuals and groups whose voices are not usually heard.
- To review with Granta Medical Practices patient feedback about the services it provides, with a view to agreeing improvements (if any) which are to be made to those services.

Main function

- To seek patient feedback
- To work with GMP to improve services for patients
- To work with GMP to develop and improve effective services to meet the needs of the patients.

The GPG plans to work with GMP to look at current services (e.g. Long Term Conditions) to identify improvements to be made, at the January GM we had a presentation from the LTC lead (Dr Ian Head), which identified areas to work on. We plan to follow these up with GMP.

6. Newsletter development report

Julie (JD) reported that she had recently taken on the editorial role from Carol. She thanked both Carol and Ed (who takes on the technical and layout roles) that make the Newsletter possible. Julie would welcome any suggestions for inclusion in future editions.

7. Roll out of the NHS App update

The NHS App was introduced in 2019. VC had attended a Webinar on the App, it would be a staggered roll-out starting in April, and we would be advised before it comes to our area.

8. Election of Committee

This is the first AGM of the Patient Group (or its previous form as a PPG), most of the committee members have been in post for several years. Consequently, at this AGM, some of the longer serving members have stood down to ensure that 6 committee posts (50%) are available for nomination and election of new committee members. As set out in the Constitution, the Committee member posts have a term of 2 years. Vicki (VC) advised that Sandra Leaton-Gray had submitted her interest in standing for Committee, and sent in the relevant information. There was further discussion around the table which resulted in the following nomination forms being completed and submitted.

- Suan Rowland (Linton)
- Michael Harrison (Market Hill)
- Sophi Berridge (Shelford)
- Katherine Dawes (Royston HC)
- Sandra Leaton-Gray (available from Autumn 2026)

There being 5 nominations for 6 places, all candidates were unanimously elected (note Sandra from Autumn 2026).

The following 5 current committee members continue on the committee (for the second year of their term of office):

- Dave Arnold (Linton)
- Steve Fisher (Royston HC)
- Diana Pargeter (Linton)
- Mark Jacobs (Barley)
- Julie Draper (Barley)

In accordance with the Constitution, the officers will be elected from the members of the committee at the first committee meeting after the AGM.

9. GMP updates - Tim Harrison – GMP CEO

Access

Phone answering has improved and now all sites have an average wait time of under 2 minutes consistently. We have unlimited Accurx¹ online access. We are now approaching 200 requests on the busiest days.

Staffing

We are fully staffed across all sites for clinicians. We have looked at the data for Cambridgeshire and we look to have the highest number of doctors per 1000 patients. The same is true for nurses.

Duty

Granta continues to offer good on the day access for urgent appointments, but we are working hard to increase the number of routine future appointments. There is a marked increase on a year ago.

Long Term Conditions

Last year was another successful year managing long term conditions (LTCs). This has been predominantly done by the nursing team to ensure we are getting through offering every patient a suitable appointment.

Integrated Care Board (ICB)

There has been a reorganisation of the ICB's (which commission all Primary Care Services) across the UK. We were part of the Cambridgeshire & Peterborough ICB up to the end of March. We are now in the Central East ICB (<https://www.centraleast.icb.nhs.uk/>), serving 3.5 million people across Bedfordshire, Luton, Milton Keynes, Hertfordshire, Cambridgeshire & Peterborough. GMP (within the new ICB) will continue its current services.

Staff training and communication

¹ Accurx is an application that helps patients and NHS professionals communicate. For further info see:- <https://www accurx.com/patient>

GMP operates has a large staff over multiple sites. Occasionally ½ day closures are needed for staff training and communication purposes. Half day closures are a compulsory requirement and happen six monthly.

10. GMP updates – Dr Reem Al-Shaikh, GMP Partner & clinical rep for GPG

General Data Protection Regulations (GDPR)

Problems can occur involving relatives, carers or friends in your medical issues. Patient records are private and whilst anyone can call to make an appointment for a patient, providing or discussing any information regards the patient without permission is a breach of GDPR. All patients may provide written permission for a named relative, carer or other to have access to their medical records to discuss their health on their behalf, order and collect prescriptions etc. A Power of Attorney is not the same thing.

Action 1. Committee to follow this up with GMP

Gen Z.

Gen Z. is 13 to 24 years. Whereas most of us get our healthcare advice from GPs or other trusted health sources, 60% to 80% of Gen Z. get their health advice from social media (ticTok / YouTube) which is only about 20% accurate. This may be higher in some areas like contraception. Dr Al-Shaikh was considering GMP producing their own video content on relevant health issues for Gen Z., which would be date stamped and quality checked (as required by the CQC).

Action 2. Committee to follow this up with GMP (in Autumn 2026 with SLG?)

Simplify language for age / ability?

11. Questions and comments from PPG members

Q1. Will patients be treated differently if they raise concerns?

A1. (TH) No. GMP wants to learn, feedback and complaints are treated quite differently, and are not included in health records.

Q2. Can a patient both work at and be a patient at the same health practice?

A2. (TH) Partners cannot be registered at GMP as patients. Other staff can register at the practice, but are encouraged to register at one of the other GP sites, not the site at which they normally work at.

The meeting closed at 18:30