

Minutes of Granta Patient Group (GPG) General Meeting 17:00 hrs 29th January 2026 (at Sawston)

Present:

Dave Arnold (Linton)	GPG Chair
Carol Lindsay (Barley)	GPG Committee
Steve Fisher (Royston)	GPG Committee
Diana Pargeter (Linton)	GPG Committee
Edmund Rose (Sawston)	GPG Committee
Bill Dewberry (Royston)	GPG Committee
Mark Jacobs (Barley)	GPG Committee
Julie Draper (Barley)	GPG Committee
Plus 13 other GPG members.	

7 on-line access requests were received

Total of 21 GPG members present in person, plus some on-line attendees.

GMP Staff present:

Tim Harrison	GMP CEO
Dr Reem Al-Shaikh	GMP Partner & clinical rep for GPG
Dr Ian Head (on-line)	GMP Partner & LTC lead
Vicki Collier	GMP Head of Communications

Apologies received from:

Sarah Anderson	Sandra Leaton-Gray
Roger Bedford	Richard Saunders
Anna Cassoni	Malcolm Watson
Anne Clark	Lynne Webb
Caitlin Evans	Judith Wilson
Maureen Haldane	

1. Welcome and Introductions

Dave welcomed the members and Granta Medical Practices (GMP) staff present. Dave thanked Dr Tim Wright (who had been of the GMP clinical representative for the GPG) for his work with the patient group, and introduced Dr Reem Al-Shaikh who has now taken on this role. He welcomed GMP's CEO Tim Harrison, and Vicki Collier who is now the main GMP point of contact for us. Vicki has been with GMP for 11 years and is Head of Communication and Business Development. Dr Ian Head was also attending the meeting (on-line), and would be giving a presentation on Long Term Conditions (LTCs) to the meeting.

2. Apologies for Absence

Those present and apologies were noted (as above).

3. Re-brand to Granta Patient Group (GPG).

Dave advised that we have recently re-branded from 'Granta Medical Practices Patient Participation Group' to 'Granta Patient Group', and adopted a new logo. The purpose of the re-brand is to encourage more engagement from the GMP patients, with a simpler and straightforward name and logo.

The GPG will continue to be the GMP's patient participation group as required by the NHS GMS contract, and set out in its Constitution (which can be found on the GMP website).

4. Minutes of General Meeting 25th September 2025 at Sawston Health Centre.

The meeting noted that the minutes were on the GPG section of the GMP website. Dave mentioned that the committee would be following up suggestions made at the September GM to seek to engage with the younger patient constituency.

5. GMP Long Term Conditions management

Dave welcomed Dr Ian Head (on-line). Dr Head has been a GP for over 20 years, having specialised in diabetes, he is now the GMP lead on LTC management.

The set of slides presented will be available (in PDF format) on the GPG section of the GMP website. The notes below are some of the key points raised by Dr Head, please refer to the full presentation for more details.

Presentation objectives are to explain: What are LTCs; What does LTC currently cover; LTC process overview; Who does LTC?

LTCs are those that last a year or longer and impacts on a person's life. The list is extensive. There are 3 main themes: cardiovascular disease (heart disease, high blood pressure, stroke); diabetes, and; respiratory disease (asthma/COPD).

There are 2 main sections of work for GMP: the administration process, and; the clinical process.

Administrative. LTC patients must be seen every year (usually in their birth month). With 1/3 of GMP's patients living with LTCs, that needs 21,919 appointments each year just to see each LTC patient once, some will need more visits. The appointment duration, and the choice of clinical professional depends on that particular patients LTC's. Just arranging those appointments is a significant task.

Clinical. More doctor centric than patient centric process. The aim is: engagement; education; support, and; updating results and identifying a plan. The clinical team includes: phlebotomists; health care assistants; nurses; GPs; clinical pharmacists. Mainly carried out by nurses. Much of the clinical work is recording data (biometric, blood pressure (BP), blood tests, arranging, recoding and actioning test results).

Prevention better than cure! Health checks; pre-diabetes, primary prevention of cardiovascular disease; health promotion (smoking cessation, exercise, weight loss, well-being).

Area for potential improvements: patient expectation; invitations; communication of results.

Summary: 1/3 patient population on LTC register; 21,919 appointments to see each LTC patient just once; aging population, living longer often with multiple comorbidities; service delivery by range of health care professionals; shared responsibility for health.

Q1. DP asked how a patient can check what diseases on their LTC register. A1. Dr Head advised check nurses report on patient notes (which can be found on the NHS App).

Q2. Best home BP monitor? A2. Dr Head advised that home BP monitoring can be a nightmare (for many reasons). Best to check on the British Hypertension Society website for their validated list of BP monitors, and follow the advised procedure for taking and reporting home BP readings.

Dave thanked Dr Head for a very good and comprehensive presentation of LTCs.

6. Patient Newsletter Update

Carol advised that the new format Newsletter was due out on 1st April, and thanked Edmund for his technical help and support. It will be available as a 4-page A4 format hardcopy at the surgeries, and also available on-line. It had been a more complex and time-consuming process than she had imagined.

Whilst preparing the content, Carol was impressed with the professionalism, and commitment to the patient group from GMP staff.

7. Roll out of the new NHS App

The NHS App was introduced in 2019. A significantly improved NHS App it expected to be rolled out nationally by the end of April, with significant improvements to the patient interface, and access to patient data. The GPG is hoping to arrange some workshop events at the GMP surgeries, to help patients with using the HNS App and its new features. Please let us know if you would like to be involved in these.

8. GMP updates - Tim Harrison – GMP CEO

Tim gave us some insight as to how GMP bench mark against other GP practices.

Appointments per patient:

- In 2019 General Practice (National) delivered on average 5.0 appointments per patient.
- In 2024 that had risen to 5.8 appointments per patient.
- However, in Cambridgeshire in 2024 the figure was 6.4 appointments per patient.
- At Granta it is 9.5 appointments per patient.
- Meaning Granta is 48% better than the Cambridgeshire average and 71% better than the national average.

Fewer Emergency calls

- In the Peterborough and Cambridge Integrated Health Board, the Granta Primary Care Network (PCN) has the 2nd highest GP appointments per patient, resulting in the 7th lowest Emergency Department attendance.

Full Time Equivalent (FTE) GPs:

- In 2015 there were 50.2 FTE GPs per 100,000 patients (National).
- That dropped by 13.8% to 43.4 GPs by December 2024.
- Granta employ 53.2 FTE GPs per 100,000 patients at present.
- Meaning Granta is 22.6% above the national average.

Incoming telephone calls:

- Calls answered nationally = 54.1 % vs Granta = 85%.
- Abandoned calls nationally = 11.9% vs Granta = 7.3%.
- Calls answered within 2minutes nationally = 58.4% vs Granta = 75%

Tim's biggest headaches:

- Year-end reporting
- 22,000 LTC appointments per year
- LTC patient no-shows are noticeably higher than routine appointments.
- Staff sickness (resulting in problems for patients, and staff having to rebook lost appointments).

The Royston Health Centre building has been inadequate and unfit for its purpose for many years, both in the state of its fabric and limited accommodation. GMP want to build a new Royston Surgery.

9. Questions and comments from PPG members

Q1. DP had found that urgent ('Duty') request responses were excellent, but that non-urgent ("Routine") request responses were more difficult to get. A1. Tim advised they were freeing up more Duty appointments for Routine. NHS require practices to offer on-line appointments, however there is no system to triage on-line appointments whereas telephone appointments do. GMP is doing its best but it cannot meet the demand. The on-line system releases appts. on block, GMP can not change it to slow release. Dr Al-Shaikh advised that GP have the flexibility to change the type of appointment, to optimise between: face-2-face; phone; on-line.

Q2. A member asked if the new Royston Health Centre would be built in his lifetime? A2. Tim said "Yes!"

Q3. A member drew attention to a new planning application at Little Linton for up to 230 new houses and a new doctor's surgery. He was concerned that the proposed new site was not convenient for residents if the current GMP surgery was moved.

Post meeting note 1. For information, this planning application and local responses, can be found on www.applications.greatercambridgeplanning.org application reference 25/04541/OUT.

Dave drew the attention of the meeting to some *Stay Active with Parkinson's* leaflets which had been brought to the meeting by a member.

10. Next Meeting

The next meeting will be the AGM at 1700 on Wednesday 15th April. We will be seeking nominations for six new committee members to be voted in at the AGM. Further details will be available on the Granta website 3 weeks before the AGM.

The meeting closed at 18:30