

## Minutes of GMP PPG General Meeting 16:30 hrs 25 September 2025 (at Sawston)



Present: Dave Arnold (Linton) PPG Chair  
Carol Lindsay (Barley) PPG Committee  
Steve Fisher (Royston) PPG Committee  
Diana Pargeter (on-line) PPG Committee  
Plus 9 other PPG members

*13 Granta PPG members in total present, this is above the required quorum of 10.*

Tim Harrison GMP CEO  
Dr Tim Wright GMP Partner  
Sandra East GMP  
Vicki Collier GMP

Apologies: Mark Jacobs (Barley) PPG Committee  
Julie Draper (Barley) PPG Committee  
Ed Rose (Sawston) PPG Committee  
Susan Tombs PPG Committee  
Plus 1 apology from other PPG members

### **1. Welcome and Introductions**

Dave welcomed the PPG members and GMP staff present. He also introduced Vicki Collier (GMP) who will be replacing Sandra East in her role of PPG liaison. Vicki has been with GMP for 11 years and is now the Head of Business Development.

### **2. Apologies for Absence**

Those present and apologies were noted (as above).

### **3. Minutes of General Meeting 11<sup>th</sup> February 2025 at Royston Health Centre.**

The meeting noted that the minutes were on the PPG section of the GMP website. No points were raised with regards to these minutes.

### **4. Adoption of the new Constitution (Governance document) – EGM Item.**

Steve explained that the GMP PPG has been in place for some years before the 2015 NHS Contract which required them to be set up. The PPG had until now just had a Terms of Reference (ToR) which set out how the PPG and GMP work together, and also included some of the processes of governing the PPG. The PPG had agreed that we should now adopt a Constitution (controlled by PPG members) to set out how the PPG is run, and a revised ToR which just sets out how the PPG and GMP work together.

The two new Governance Documents had been on the GMP website (PPG page) for over 3 weeks, and had also been emailed to all PPG members. One member asked for copies to be resent, Sandra East agreed.

There were no further questions on the two new documents. The ToR had already been agreed by the PPG Committee and GMP. The Constitution however requires the support of a 2/3 majority of those present at this EGM.

Dave proposed that the new Constitution be adopted, seconded by RB (PPG member). By show of hands, there were 12 in favour, none against, and 1 abstention. The Constitution was adopted.

### **5. Current and planned PPG projects.**

#### **a. Patient Newsletter**

The idea of a Patient Newsletter was put forward By Dr Tim Wright about a year ago. Maureen Haldane had initially been working on it. Carol joined the PPG in February, worked with Maureen, and is now leading this project.

Carol reported that the introductory edition of the Newsletter was now out, both in hardcopy in all the surgeries, and on the PPG page of the GMP website. There will be a pause before the next edition, as the

editorial team has changed, and they are looking at making improvements (e.g. changes to format and content). Carol would be very interested to hear from patients about what they might like to see in future editions, and any contributions they can offer. Carol's email is [Carolppg@fastmail.com](mailto:Carolppg@fastmail.com) and also in the Newsletter.

**b. Is the PPG representative of the patient community?**

Steve explained that the NHS GP contract requires PPG's to be set up, and to be comprised of some of its registered patients. It must also ensure that the PPG is representative of its patient population. For Granta, there are 58,852 (April 2025) patients, how do we assess if we are representative? Is it more than *which surgery do you attend?* Perhaps we should consider phase of life (birth, childhood, pregnancy, old age), those with a very demanding and busy work/home life, disability, mental health, type of health condition, urban or rural. Attempting to find all these characteristics in a committee of only 12, or even in the wider PPG membership, is probably not realistic. However, the PPG can seek to consider the wide range of patient needs and seek to represent them.

The meeting suggested to also consider ethnic background and cultural background. There was a discussion about phase of life, SLG (PPG member) suggested setting up a youth group meeting, perhaps adhoc party atmosphere – combined with large scale vaccination events? Can we improve communication with patients – facebook?

**Action: PPG Committee to follow up the youth involvement proposal with SLG.**

**6. GMP updates**

**a. Tim Harrison – GMP CEO**

Tim H gave a very thorough (and speedy) report on GMP management. People – 2 additional doctors, improvements to duty/routine appointments, which will reduce routine waiting times. Staff turnover and vacancies are down, and staff satisfaction up.

The GMP currently receive about 2,000 feedback comments per month, mainly positive (94% +ve in September). Ease of getting an appointment is low but satisfaction with clinicians is very good.

On national survey, GMP is ahead of Cambridge and Peterborough, although only just above mid table nationally.

Telephone response times down to under 2.5mn ave, the national average is 15/18 min.

New NHS contract, GMP is one of only two practices in regional area that are compliant!

Tim H is hoping to move premises at Royston (Health Centre), where the current building is damp, small, and is very limiting for current practice requirements. A move of premises is medium term. He had offered to buy Royston Hospital (which as the Health Centre, is owned by NHS Property Services), to update it for practice use, but they wouldn't sell. However, Tim has identified suitable alternative premises.

**b. Dr Tim Wright – GMP Partner,**

Tim W has been working on improving continuity of care. However, there is no scale of measuring it. Can we find a way to do it better? What / how to improve. GMP are trying different ways of using clinicians, at some surgeries, and evaluating weekly, and then seek to use those improvements across the other surgeries.

**7. Questions and comments from PPG members**

Dave said that several people have asked him why there seems to be no patients (or very few) in the surgeries. Tim W explained that since covid, the doctors work very differently. More options for GP consultations, including on-line, telephone, group sessions, and telephone liaison in the background. GP's now achieve 3x more patient interactions than pre-covid.

There was a discussion about LTC (long term condition) appointments. QOF (Quality and Outcomes Framework) pays GP practices for meeting quality indicators, including those which relate to managing long-term conditions like diabetes and heart failure. Thus LTC Reviews are an important part of the business. However, most of the LTC reviews are routine monitoring which can be carried out by a nurse. From the discussion it was apparent that in some cases the LTC review should have identified the need to be referred onto a doctor. Tim W will look into this.

As there were several questions on LTC's Tim W offered to bring the LT Condition Lead clinician along to the next PPG meeting.

**Action Dr. Tim Wright**

A PPG member raised a case of a patient who had received a letter advising that they may be "de-listed" following a problematic clinical appointment. Tim H explained that such cases are taken very seriously by GMP, both from safeguarding staff and also for the welfare of the patients. Some cases do include language and aggression and even injury towards staff. GMP management do seek to fully understand the case (including mediation) before taking action, but unfortunately there are a few cases where de-listing is required that do occur.

A question of the difficulty in getting a repeat prescriptions was raised. Tim W advised that to reduce GP loading, most of these are reviewed by a team of clinical pharmacists. Dependant on the medication, the request may need to be referred on, which may take time. Staff were now asked to send onto teams (rather than individuals) so that delays due to rostering, of staff absence would not result in unnecessary delays.

Micro-suction for ears. This is not included within the GP contract. GMP used to hold a separate contract for the area (not just Granta) for this. The NHS wanted to save funding by reducing the volume to 1/3, GMP decided that they could not provide an adequate service at the lower volume and no longer hold that contract. Patients are now referred externally for this procedure.

Tim H advised that the changes to NHS England were also affecting the local Cambridge & Peterborough Integrated Care Board (ICB). They may be merging with 2 other ICB's and losing 44% of staff.

JG (PPG member) advised that the Parkinson's Society in Royston organise some walk & talk events, that may be of interest to the PPG.

**8. Closing comments**

Dave (PPG Chair) thanked Sandra East (GMP Head of Patient Services) for her help and assistance with the PPG and its projects for many years. Sandra has been with Granta (and it's former GP practices) for 17 years, initially at Shelford. She retires at the end of this month. Dave presented her with a gift from the PPG as a token of appreciation of her work.

Dave thanked the PPG members for their very useful contributions to the meeting, and also thanked the GMP staff for their valuable help and excellent services. He also stated that we would be looking to fix dates in the diary for 4 PPG General Meetings a year

The meeting closed at 18:04