

PPG Monthly Meeting – March 2026

Tuesday 10th March 2026 | 6:00 PM | Online (Microsoft Teams)

Attendees

Name	Role / Organisation
Daanyaal Anwar	Deputy Operations Manager, The Range Medical Centre
Barry Gillespie	PPG Member
Daniel Leaman	PPG Member
Dorretta Maynard	PPG Member
Carole Mills-Boyce	PPG Member (departed early)
Jenni Gomes	PPG Member (joined later in meeting)

1. Welcome and Apologies

Daanyaal opened the meeting and welcomed those present. Attendance was lower than usual; Daanyaal noted that Jenni had emailed in advance to advise she would try to join if she returned home in time, and that no formal apologies had been received from the other members who were absent. Carole was present at the start but had to leave early.

Daanyaal raised the importance of sending the meeting link via the PPG WhatsApp group in future, in addition to the existing email invitation, to make it easier for members to join from mobile devices. Barry suggested that both channels be used going forward to maximise flexibility. It was also noted that Carole had not yet been added to the WhatsApp group. Daanyaal confirmed she had given her consent during the meeting and would be added the following day.

2. Recap of February Meeting

Daanyaal provided a brief recap of the February meeting for members who had not been present. The key topics covered were:

- The PPG website landing page — agreement to progress with the website provider and develop content sections covering Parkrun, the walking group, community wellbeing, meeting minutes, and newsletters.
- The walking group — agreement to relaunch on a monthly basis (first Friday of the month) in spring 2026, pending improved weather and a communication channel being in place.
- Parkrun promotion — ongoing commitment to promote both the adult Alexandra Parkrun and the Junior Parkrun to patients.
- Community wellbeing signposting — plans to create a dedicated section on the website for mental health and community support resources.
- The new telephone system — member feedback collected and context provided on the design and capacity improvements the system delivers.

Daniel apologised for missing the February meeting. He confirmed his interest in the Parkrun promotion work and provided a personal update (see section 3 below).

3. Parkrun – Personal Testimonials & Website Content

Daniel shared an enthusiastic update on his personal Parkrun journey. He had completed his 25th Alexandra Parkrun that past Saturday, achieving a personal best. He noted that he had never run prior to starting Couch

to 5K last June, and that Parkrun had since become a significant part of his routine — he had begun volunteering as a marshal, was planning birthday trips incorporating Parkrun events in Edinburgh, Washington DC, and Kangaroo Island, and was a strong advocate for its accessibility and community benefits.

Barry reflected on the value of Daniel's story as a testimonial, noting that the core purpose of Parkrun is to encourage people who have never been physically active to take that first step. A first-person account from a local patient who started from zero was precisely the kind of content that would resonate with patients who might otherwise dismiss the idea as 'not for them'.

Daanyaal agreed and proposed that Daniel write a short personal piece — a 'My Story' account of around 150 to 200 words — for inclusion prominently on the PPG website landing page as a way of drawing visitors in. Daniel agreed and confirmed he would draft this before the next meeting.

Daanyaal also noted that the practice plans to repeat the Parkrun patient messaging campaign, with a targeted push planned for June or July when conditions in Alexandra Park are most appealing. He also hopes to increase staff participation on the day alongside PPG members, as had occurred successfully at the first event in September 2025.

4. Website Content Development

Daanyaal confirmed that the website provider (Silicon Medical) had made a start on the PPG landing page and was ready to receive content. The challenge at this stage was not technical but editorial: the page structure was largely agreed, but the group needed to produce the written content to fill it.

The following content areas were discussed, along with who would take responsibility for each:

- Meeting minutes — Daanyaal confirmed he has all existing minutes and will upload them directly.
- Parkrun personal testimonial — Daniel Leaman agreed to write a short 'My Story' piece.
- PPG overview and introduction — Barry Gillespie agreed to write a brief introduction to the PPG: what it is, what it has done since its formation, and how patients can get involved or attend a meeting.
- Community wellbeing and local organisations — Dorretta Maynard (via chat) agreed to email details of local support services including diaspora and cancer care community groups.
- Upcoming activities / latest news — Daanyaal will manage this section, drawing on practice updates and PPG plans (including the walking group relaunch and upcoming Parkrun promotion).

Barry also suggested that the homepage of the PPG section should display upcoming meeting dates for the rest of the year, reinforcing the group's regularity and making it easy for interested patients to plan their attendance. He noted that knowing dates in advance might encourage a patient who cannot make one meeting to commit to a later one. Daanyaal agreed and confirmed that this — along with a standing invitation to join — would be included on the page.

Members were asked to email their content contributions to the PPG email address. Daanyaal confirmed he would compile and pass all content to the website provider for upload.

5. Practice Strategy – 2026 Goals (PPG Consultation)

Daanyaal shared a summary of the practice's strategic goals for 2026, developed by himself, Dr Nikolai Suchit, and Dr Colin Tate. He noted that while this was primarily an internal document, he wanted to share it with PPG members as a transparency exercise and to invite input on any areas where patient or community perspective would add value. The goals presented were:

a) Recall System Improvement (QOF/Chronic Disease Management)

The practice is working to improve its recall system for patients with long-term conditions requiring regular review — such as blood pressure checks, diabetes management, and other chronic disease monitoring. Daanyaal described the goal of moving toward a more automated, comprehensive system that proactively identifies patients who have not responded to outreach and flags them for telephone contact, and that also prompts opportunistic reviews when patients attend for unrelated appointments.

b) Personalised and Community-Based Care

Two aspects were discussed under this heading. First, the development of staff biographies and photographs for the website and waiting room display, helping patients to familiarise themselves with the team they are

likely to see. Daanyaal confirmed that photos are actively being collected and biographies are being drafted for clinicians who have not yet submitted their own.

Second, Daanyaal described a proposal to enable patients to express a preference for which clinician(s) they would like to see for routine care. The practice would use this to guide booking where possible, with a note on relevant patient records directing staff to check preferred clinician availability first. Barry and Carole both acknowledged this as a good principle, though Barry observed that it would be difficult to guarantee in practice given demand and availability constraints. Daanyaal agreed that it could not be a guarantee, but felt it was worth pursuing as a default starting point, particularly for patients who attend regularly.

c) Reception Streamlining & Process Improvement

Daanyaal noted that the practice is working internally to streamline reception workflows and reduce unnecessary complexity in processes. The aim is to reduce pressure on reception staff while also smoothing the patient experience — both in terms of speed and consistency. Members are likely to notice incremental improvements over the coming months.

d) Clinical Service Expansion

Daanyaal noted that the GP contract permits practices to offer additional clinical services beyond core provision. The Range Medical Centre already takes its own blood samples in-house — an added convenience for patients that is not a contractual requirement. The practice is now exploring further additional services. Two were mentioned: circumcision services (given the diverse and predominantly Muslim population of Whalley Range, demand for this procedure is significant), and long-acting reversible contraception (LARC) such as the IUD/coil. Staff training for LARC provision is already underway. Members responded positively to both.

e) Premises Modernisation & Remodel

The planned premises remodel was discussed. Daanyaal confirmed that contractors have been engaged and the work is approved, though a start date has not yet been confirmed. The aim of the remodel is to improve the feel and functionality of the waiting area and reception environment — which Daanyaal frankly acknowledged felt dated — and to create a better experience for patients and staff alike.

Barry raised a specific observation: one of the two noticeboards in the waiting area faces away from the main seating, meaning patients sitting down are unlikely to see it. He suggested that the remodel offered an opportunity to reconsider the placement of information displays. Daanyaal acknowledged this was a valid point he had not previously considered, and committed to feeding it back to the remodel planning process. He noted that the chair layout and the relationship between seating and information displays would both be addressed as part of the redesign.

The possibility of installing a water machine and a healthy vending machine in the waiting area was also raised. Daanyaal noted this had been considered, and would be assessed as part of the remodel once the space had been reconfigured. Barry — noting a background in public health — was enthusiastic about the principle of a healthy vending option, though both acknowledged there were infection control and space constraints to navigate.

6. Any Other Business

No further items were raised. Daanyaal thanked members for their contributions and confirmed the next meeting would take place on Tuesday 14th April 2026. He reminded members that the meeting link would in future be shared via the WhatsApp group as well as by email. The meeting was closed.

Action Log

Action	Responsible	Deadline	Status
Complete PPG WhatsApp group — add Carole Mills-Boyce and Dorretta Maynard.	Daanyaal Anwar	11 March 2026	In Progress
Send meeting link via WhatsApp group each month (pinned message) in addition to email invitation.	Daanyaal Anwar	From April meeting onwards	Pending

Write a personal 'My Parkrun Story' piece for the website (approx. 150–200 words).	Daniel Leaman	Before next meeting	Pending
Write a short introductory piece about the PPG — what it is, what it has done, and how patients can get involved.	Barry Gillespie	Before next meeting	Pending
Email details of local community support organisations and diaspora/cancer care groups for inclusion in the website wellbeing section.	Dorretta Maynard	Before next meeting	Pending
Compile all website content contributions and begin uploading to the PPG landing page in collaboration with the website provider.	Daanyaal Anwar	Before next meeting	In Progress
Plan a targeted Parkrun patient messaging campaign for summer (June–July 2026), including promotion of Junior Parkrun.	Daanyaal Anwar	May / June 2026	Pending
Relaunch walking group once website and WhatsApp group are in place and weather improves — target first Friday of a spring/summer month.	Daanyaal Anwar / Dorretta Maynard	Spring 2026	Pending
Review notice board placement and visibility in the waiting area as part of remodel planning; consider seating orientation as part of redesign.	Daanyaal Anwar / Dr Nikolai Suchit	Linked to remodel	Pending
Consider installation of water machine and healthy vending option post-remodel; include in premises development planning.	Daanyaal Anwar / Dr Nikolai Suchit	Post-remodel	Pending
Progress preferred clinician preference survey — develop a mechanism for patients to indicate preferred clinician(s) for continuity of care.	Daanyaal Anwar	Before next meeting	In Progress
Continue collecting staff photos and drafting clinician bios for website and waiting room display.	Daanyaal Anwar	Ongoing	In Progress

Minutes recorded by: Daanyaal Anwar, Deputy Operations Manager

Date: Wednesday 11th March 2026

Next meeting: Tuesday 14th April 2026, 6:00 PM – Online