

# **Minutes of West Byfleet Health Centre (WBHC) Patient Participation Group (PPG) meeting held at The Church of the Good Shepherd, Pyrford, on 17 March 2026**

**(99 people attended in person and 87 online)**

## **1. Introduction**

The Chair, Davida Whimster, welcomed everyone attending in person or online. She noted that the Spring PPG meeting was traditionally attended by GP representatives and thanked Doctors Soin, Burden and Jesshop for their presence, providing PPG members the opportunity to hear from them firsthand. The Chair also introduced the Practice Managers from Madeira, Parishes Bridge and Wey Practices and the members of the PPG Steering Committee. She summarised the agenda for the meeting, to be followed by a Question-and-Answer session.

## **2. Rapid Health / Smart Triage**

### **Liz Reynolds, Wey Medical Practice Manager and Digital Lead.**

Liz provided an update on the Smart Triage system introduced in January in all three Practices. Until the new system went live it was difficult to map specific health conditions to available GP appointments. The triage system does not diagnose, but maps and offers the appropriate appointment. A few patients were trying to 'work around' the system, e.g. by completing the triage form multiple times until they got the appointment they wanted, by answering the form incorrectly or booking multiple appointments. Liz noted that information provided on the form was saved to the patient's medical record, so if patients were dishonest about their symptoms this would lead to an incorrect medical record and could affect future insurance claims.

There was a different process for other appointments. At Wey Family, a Practice notice reminds patients to use the 'Question and Admin' form for appointments with a Nurse or Health Care Assistant, blood tests, GP follow-up appointments (requested by the GP) and sick note extensions. If patients wish to request a prescription they should similarly click 'Question and Admin' and use the prescription request form or else the NHS App. To request repeat prescriptions the easiest way is through the NHS App.

The Smart Triage system was only seven weeks in use, and the Practices were tweaking it to meet needs. There had been feedback that some

patients love the system and others don't. The aim remains to provide the best system to meet demands.

### **3. Carer's Update**

#### **Marie Potter, Social Prescribing Team**

Social Prescribing is support for people whose health and wellbeing are affected by non-medical issues, e.g. loneliness, stress, financial worries or caring responsibilities. Social Prescribers work closely with GP Practices, community organisations and the Borough Council to help people access support. A Social Prescriber will usually arrange a one-to-one conversation to understand the person's situation and explore what might help. This may involve connecting people with local community groups; health and wellbeing activities; exercise sessions or social clubs; peer support groups; arts, gardening or volunteer opportunities; or practical support such as home improvement works or money advice.

An unpaid carer is anyone who provides support for a family member or friend who can't manage without help due to illness, disability, mental health needs or frailty. Registering as a carer with the GP surgery allows the Practice to provide information about available support. Carers can also register with Action for Carers Surrey, a local charity which provides a range of advice and help, including with wellbeing, finances, legal information and caring skills such as safe moving and handling. Carers can request a Carer's Assessment through Surrey County, with options for carer breaks or respite support. Some carers may be eligible for a £300 one-off payment to support them in taking some time for themselves.

The Social Prescribing Service is available to anyone over 18 who is registered with a GP in Woking. People can refer themselves to Social Prescribing via an online form or through a member of staff at the GP surgery. There are also community drop in sessions held at the Welcome Church, Sythwood Salvation Army and Byfleet Methodist Church, providing an opportunity for people to receive advice or speak to a Social Prescriber about access to the service.

### **4. Process Following a Patient Death**

#### **Kim Austin, Practice Manager at Parishes Bridge**

Kim set out what happens when someone dies in the community, explaining the role of the GP surgery and the Coroner. When a death occurs at home or outside of hospital, the first step is usually for the family or carer to inform the GP surgery. Staff are trained to respond with kindness and the GP reviews the patient's medical records and recent care. If the death was expected the GP may be able to complete the medical certificate and cause of death information. The certificate is sent to the

Medical Examiner's Office (MEO) who will then contact the family to arrange registration of the death. This is a legal step which must be completed before funeral arrangements can go ahead.

Where the cause of death is unclear the GP must refer the case to the Coroner, an independent judicial officer whose role is to establish the facts around the death. The Coroner may request a postmortem investigation to ensure legal and medical clarity. While this may lead to delay, the process ensures that every death is treated with dignity, care and proper oversight, The GP surgery remains available to offer support to families. Support is also available through organisations such as Cruse Bereavement Support, Age UK, Marie Curie and through the Social Prescriber, helping to ensure that people do not have to cope with bereavement alone.

## **5. NHS Myths and Perceptions**

### **Dr Burden, Parishes Bridge Practice**

Dr. Burden noted that GP Practices are the front door of the NHS, providing a huge range of care. However, part of improving patient experience is to understand the main services not provided within a GP surgery and where patients should go instead.

First, emergency and life-threatening care. The surgeries do not provide immediate treatment for chest pain, signs of stroke, severe breathing difficulties, heavy bleeding, sudden collapse or loss of consciousness and trauma. In these cases patients should call 999 or attend A&E immediately. For urgent but non-threatening problems when the surgery is closed, NHS 111 is the correct service. Secondly, hospital-based investigations and treatments, e.g. CTs, MRIs, endoscopies, colonoscopies and most surgical procedures. Also specialist cancer treatments, and complex cardiac and neurological investigations. Thirdly, specialist care and second opinions. Referrals to a specialist must meet clinical criteria, helping to ensure that NHS resources are used fairly and effectively. Fourthly, non-NHS and administrative requests, e.g. private medical reports, insurance or employment forms, fitness to fly letters, gym membership letters, passport or housing letters, and signing legal documents. Such tasks take time away from patient care and are not routinely funded by the NHS, which is why they may be declined or charged for. Fifthly, prescriptions outside NHS guidelines. Sixthly, social care and non-medical equipment, e.g. housing allocation, benefits or social worker assessments, mental health crisis accommodations and carer provision. GPs can signpost to Social Prescribing or local authorities for such services.

All of the above matters to free up GP appointments and to ensure people access the correct service most quickly.

## 6. Blood Tests and Managing Expectations

### Dr. Soin, Madeira Medical Practice

Dr. Soin noted that blood tests are required for a variety of purposes. Many medications require routine blood tests carried out at a certain frequency, e.g. once per year. Testing for diabetes or cholesterol is recommended once every 5 years by the NHS. However a test available in the private sector may not be available in the HNS and some patients ask for a blood test to check 'everything'. There is nothing like that. Rather, a test is a tool, helping the GP to determine next steps.

Sometimes a number of different tests may be required to determine what is wrong with a patient. Test results are classified as normal, satisfactory or abnormal. An abnormal test may not require further action, but more tests may be required when the GP is not satisfied with the results. Blood test results are discussed with the patient to help provide reassurance for both the patient and the GP. If patients have questions the GP will be happy to answer them, and if they have follow-up questions, they can use the admin form.

## 7. Northwest Surrey Integrated Care Services (NICS)

### Dr. Jesshop, Wey Family Practice

Dr Jesshop described the services provided by NICS, a collective group of some 40 GP Practices in the Northwest Surrey area. The services provided for the West Byfleet Practices are as follows. An **Acute Illness Centre** at Woking Community Hospital, providing additional on the day appointments for acute illnesses. So far in FY 2025-26 NICS has provided an additional 8,150 appointments for the three Practices. **First Contact Physio** - appointments mainly on the second floor at WBHC, making initial assessments of musculoskeletal problems and working closely with St. Peter's. **Wound Care** - nurse led care for simple wounds, dressings and removal of sutures, at Hersham Surgery and Ashford Hospital. **Paramedic Home Visiting Service** – making home visits to mainly housebound patients.

NICS also provides the following additional services to which patients have access but which are not funded by the Practices. **Urgent Treatment Centre** - based next to A&E at St. Peters, covering conditions that can be managed through primary care e.g. minor injuries. **Respiratory Diagnostic Hub** at Woking Hospital, carrying out diagnostic tests for patients with asthma or Chronic Obstructive Pulmonary Disease

(COPD). **Children and Young Person Asthma Clinic** at Woking Hospital for post admission follow-up. **Dermatology Photo-Hub** – helping to streamline referrals to dermatology using specialist equipment. A new NICS pilot is planned for patients with suspected Deep Vein Thrombosis (DVT), likely at Woking Hospital.

## **8. Chair’s Closing Remarks**

The Chair thanked everyone for attending. The PPG was about patient participation and the rationale for the meetings was to help people hear from their GP and Practice Managers, provide feedback and ask questions. The PPG now had 500 members and she encouraged others to join if they hadn’t signed up already.

The next PPG meeting will be in November and the Chair encouraged people to complete the feedback sheets to show what topics are of interest to them.

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