

The Waterloo Practice Premises Survey

The lease on our Waterloo Practice premises ends in March 2025. We need to plan what to do before this happens.

We think we need larger premises to provide more services and meet the needs of our patients.

We want to know what you, our patients, think we should do.

About The Waterloo Practice

The Waterloo Practice has been on Wakefield Road for approximately 60 years.

The practice has about 10,000 patients and 35 staff. We provide GP and other services to residents in Waterloo, Almondbury, Lepton, Dalton and the surrounding areas in Huddersfield. The practice can also accept patients who live out of the practice area.

Other health and social care services sometimes work out of the practice.

We have six GP partners, two GP Registrars, one Advanced Nurse Practitioner and six nursing team members. A further eighteen administrative staff are based at the practice.

Why we need to think about our premises

The contract on the building runs out in March 2025.

We tried to find a new site over 15 years ago, however we could not find a site big enough. The Waterloo Practice was then rebuilt in 2004/05 to offer more modern facilities on the site of the old premises.

Some of the reasons we feel we need to think about our premises are;

- Our consultation rooms are all on the ground floor with no room to extend. The upper floor is not suitable for consultations.
- The waiting room does not offer privacy for patients wanting to have confidential conversations
- Patients tell us that our car park does not meet their needs
- Kirklees Council agree the local area does not allow for on street parking. It is unlikely that the council will support any extensions to improve the premises without additional parking.

We would also like to provide more services and specialist services, like investigations and minor procedures, but are restricted by the space available.

We feel that we are unable to extend the care we provide due to the existing facilities at Waterloo, particularly the space and parking. We want to provide high quality care from premises that are fit for the future.

We want to know what you think is important. Please fill in this short survey to tell us.

By answering our questions it will help us to understand more about you, your thoughts and any impact on you or your household that we would need to think about. We want your views to help us understand what you would like us to do.

Signed

Dr Hubert Nazareth, Dr Farooq Hameed, Dr Henry Frankland, Dr Fouzia Ihsan, Dr Zabair Ahmed and Dr Farah Hassan.

Thank you for taking the time to fill in our survey, your views are important to us.

Once we have received all the responses to the survey, we will review them and think about what people have told us. The practice will let you know what we have been told on the practice website.

We will then need to think about our plans for the future.

1. Please tell us the first part of your postcode e.g. HD5**2. I am answering this survey as**

A patient

A carer

A member of staff

Other (please tell us)

About the service you receive

We want to make sure that we consider the things that are the most important to you when we are thinking about any new plans.

3a. What is most important to you when you visit the GP practice? Using the scale 1-5 (1 least important) to 5 (most important). Please circle the number.

Being able to book an appointment 1 2 3 4 5

Location of the surgery at Waterloo 1 2 3 4 5

Access to public transport from the surgery 1 2 3 4 5

Getting to the location easily 1 2 3 4 5

Parking 1 2 3 4 5

Easy access to the building 1 2 3 4 5

A clean and safe place 1 2 3 4 5

Waiting area 1 2 3 4 5

Good care and treatment 1 2 3 4 5

Nearby pharmacy / chemist 1 2 3 4 5

3b. Is there anything else you would like to tell us?

4. Please tell us what works well at the moment.

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5. Please tell us what could be improved.

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6. How far would you be prepared to travel to receive a GP service? (please tick all that apply)

I am unable to leave my home and would not be visiting the surgery	
Less than one mile	
Between two and five miles	
More than five miles	
This would not apply to me	

7. How would you normally travel to the practice?

Bus / train		Car	
Taxi		Access bus	
Cycle		Walk	
Other (please tell us)			

8. Please tell us what facilities and services you would expect from a primary care health centre in the future. We would value your ideas on how we could achieve this.

Equality Monitoring Form

In order to make sure we provide the right services and avoid discriminating against any groups, it is important to collect and analyse the following information. When we write reports no personal information will be shared. Your information will be protected and stored securely in line with data protection rules. If you would like to know how we use this data please visit our privacy notice at <https://thewaterlooppractice.co.uk/>

If you would like help to complete this form or would like a form in a different format (such as large print) please contact Brigid Collinge at the surgery or email contact.wlgphudds@nhs.net

1. Who is this form about?
 Me
 Someone else – using their information

2. What is the first part of your postcode?

Example	W	F	1	1
Yours				

 Prefer not to say

3. What is your gender?
 Male Female
 I describe my gender in another way (please write in)

 Prefer not to say

4. How old are you?

Example	42
Yours	

 Prefer not to say

5. Which country were you born in?
 United Kingdom Prefer not to say
 Other (please write in):

6. Do you belong to any religion?

<input type="checkbox"/> Buddhism	<input type="checkbox"/> Islam
<input type="checkbox"/> Hinduism	<input type="checkbox"/> Christianity
<input type="checkbox"/> Judaism	(all denominations)
<input type="checkbox"/> Sikhism	<input type="checkbox"/> No religion
<input type="checkbox"/> Prefer not to say	

Other (Please write in)

7. What is your ethnic group?
 Prefer not to say

Asian or Asian British

<input type="checkbox"/> Indian	<input type="checkbox"/> Pakistani
<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Chinese
<input type="checkbox"/> Other Asian background (please write in)	

Black or Black British

<input type="checkbox"/> African	<input type="checkbox"/> Caribbean
<input type="checkbox"/> Other Black background (please write in)	

Mixed or multiple ethnic groups

<input type="checkbox"/> White and Black Caribbean
<input type="checkbox"/> White and Black African
<input type="checkbox"/> White and Asian
<input type="checkbox"/> Other Mixed background (please write in)

White

<input type="checkbox"/> English/Welsh/Scottish/Northern Irish/ British
<input type="checkbox"/> Gypsy or Irish Traveller
<input type="checkbox"/> Irish
<input type="checkbox"/> Other White background (please write in)

Other ethnic groups

<input type="checkbox"/> Arab
<input type="checkbox"/> Any other ethnic background (please write in)

8. Are you disabled?

Yes No Prefer not to say

9. Do you have any long term conditions, impairments or illness?

(please tick any that apply)

Physical or mobility impairment
(such as using a wheelchair to get around and / or difficulty using your arms)

Sensory impairment
(such as being blind / partially sighted or deaf / hard of hearing)

Mental health condition
(such as having depression or schizophrenia)

Learning disability
(such as having Downs Syndrome or dyslexia) or a cognitive or developmental issue (such as autism or a head-injury)

Long term condition
(such as cancer, HIV, diabetes, chronic heart disease, or epilepsy)

Other (please write in)

Prefer not to say

10. Are you a carer?

(Do you provide unpaid care/support to someone who is older, disabled or has a long term condition)

Yes No Prefer not to say

11. Please select the option that best describes your sexual orientation

- Bi/Bisexual
- Gay
- Lesbian
- Heterosexual/Straight
- Prefer not to say
- I prefer to use another term (please write in)

12. Do you consider yourself to be a Trans* person?

Yes No Prefer not to say

*Trans is an umbrella term used to describe people whose gender is not the same as the sex they were assigned at birth.

13. Do you/or anyone you live with get any of these types of benefits?

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Universal Credit, Housing Benefit, Income Support, Pension Credit – Guarantee Credit Element, Child Tax Credit, Incapacity Benefit/Employment Support Allowance, Free School Meals, Working Tax Credit, Council Tax Benefit

Yes No Prefer not to say

**We are asking this question to help us understand if being on a lower income affects experiences of services or health.

14. Are you pregnant or have you given birth in the last 6 months?

Yes No Prefer not to say

15. Are you a parent/primary carer of a child or children, if yes, how old are they?

0-4 5-9 10-14 15-19

Prefer not to say

Please return this form to:

Brigid Collinge, Practice Manager

Thank you for taking the time to complete this form.