

Improvement grant expressions of interest form (IG1)



Improvement grant expressions of interest form (IG1)

Section 1: Partnership of the contractor practice

Full name of applicant:

.....

Name of contractor:

.....

Contractor practice code: (from NHAIS) eg A12345

.....

Address to which correspondence is to be sent

Address line 1:

.....

Address line 2:

.....

Address line 3:

.....

Postcode:

Telephone number:.....

If the contractor is a partnership please state the names of all partners other than the applicant or business owners

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

Details of contractor premises for which an improvement grant is claimed

Section 2 – contractor details

Practice address (*Practice address stamp*)

- | | | |
|------------|---|----------------------|
| 2.1 | Is this the main surgery or a branch surgery? | Main/Branch |
| 2.2 | What is the current contractor population? | <input type="text"/> |
| 2.3 | Is the contractor dispensing? | YES/NO |
| 2.4 | What percentage of contractor list size use this site? | <input type="text"/> |
| 2.5 | What is the current GMS/PMS/APMS net internal area? (NIA)/gross internal area (GIA) (m ²) | <input type="text"/> |
| 2.6 | Is freehold of the premises owned by the contractor (or partners)? | YES/NO |

If no, please give particulars of tenure including date of expire of lease and confirm that the landlord's permission been given for the alterations.

Section 3 – Previous improvement funding/grants

3.1 Have any previous grants or payments been approved in the last two years on these premises?

a. Improvement grant **Yes / No**

If 'Yes' please provide details including dates.

b. Medical and dental education levy (MADEL) / deanery grant funding **Yes / No**

If 'Yes' please provide details including dates.

c. Other grants (eg university grants, s106, community infrastructure levy payment) **Yes / No**

If 'Yes' please provide details including dates.

OFFICIAL

Business need	<i>Outline how the proposals will assist in delivery of existing contracts or where they are directly linked with a new contract agreed with commissioners.</i>
Assurance matters	<i>Are the proposals consistent with the contractor's formal development or action plan agreed for the property? Will the works improve the overall level of suitability of the premises?</i>
Involvement of partners	<i>Provide details of any other health and wellbeing partners in the scheme eg CCGs, dental, pharmacy, local authority, community or public health facilities, third sector organisations and police authority.</i>
Population health need	<i>Is the locality an area of high deprivation? If yes, please provide details.</i>

OFFICIAL

	<p><i>Is there substantial residential development proposed which will impact on your contractual ability to meet future patient needs?</i></p> <p><i>If yes, please provide details of developments, size and timescales if known.</i></p>
Contractor information	<p><i>Describe the practice and wider primary medical care team- eg GPs, nursing staff and administrative staff.</i></p> <p><i>Do you currently host any clinical services, provide administrative base for staff not directly employed by the contractor?</i></p>
Scheme history	<p><i>Has this scheme previously been presented and/or supported? Please provide any relevant details?</i></p>

OFFICIAL

Current reimbursement	<i>Please provide details of the annual reimbursement of rent, rates and water.</i>
Schedule of accommodation	<i>Please include a summary of space proposed for the scheme.</i> <i>Should you require support with this please liaise with your contact at NHS England</i>
Land	<i>Is there land available or proposed for the scheme? If yes, please indicate land ownership, planning implications and any timing issues.</i>
Procurement route	<i>How will the scheme be delivered eg.GP owner occupier, landlord, NHS property services or other?</i>
Support	<i>Does the scheme have support from NHS England and CCG?</i>

Patient involvement	<i>Has this been discussed with patient reference groups (PRGs)? What engagement has taken place?</i>
----------------------------	---

4.3 What is the total estimated cost of the improvements, including all eligible associated fees and VAT?

£

(NB: detailed estimates prepared by the builder or architect to be attached)

4.4 Do all the costs relate to premises which will be used for primary medical care services? **Yes / No**

4.5 If not please specify the amount which does not relate to primary medical care services and give detail of the method of calculation.

£

4.6 Has the contractor applied/ considered applying for other grants for this improvement to the premises? **Yes / No**

If 'yes' please provide details (including name of organisation).



Section 5 – Additional documentation

(NB – to note, but not currently required at this stage)

5.1 Has the contractor submitted architect drawings of the proposed improvement?

Yes / No

(If the answer is no, the contractor must be aware that architect drawings are required as part of the approval process)

5.2 Has the contractor submitted details of planning permission, and/or building regulations (plans) as applicable for the proposed improvement?

Yes / No

(If the answer is no the contractor must be aware that planning permission, and/or building regulations (plans) as applicable is required as part of the approval process.)

5.3 Has the contractor submitted three formal tenders for the work based on a specification of works prepared by your architect or professional adviser on which the tenders were sought to be carried out?

Yes / No

(If the answer is no the contractor must be aware that three formal tenders are required as part of the approval process.)



Section 6 – Declaration

*I/We wish to submit our expression of interest to apply for an improvement grant.

*I/We have read the ‘improvement grant process’ document and agree to abide by the guidance set out in the document.

*I/We have read the National Health Service (General Medical Services) Premises Costs (England) Directions 2013 part 2 (7 -12) premises development and improvement and part 5 (43) abatement of notional rent

*I/We confirm that the application fits within the eligibility criteria for improvement grants set out in the procurement and development of primary, community & care premises principles of best practice.

*I/We understand that the as part of the approval process the contractor will submit the following documentation in line with the guidance:

- Three formal tenders
- Architect drawings and specification of works of the proposed project
- Planning permission.

*I/We understand that if the improvement grant is approved any notional rent reimbursement will only be on the percentage of the costs not funded by the improvement grant.

*I/We understand that if I/we is/are successful in applying for an improvement grant the proposed improvement must be completed by **31 March 2016**¹
(* delete where not applicable)

Signed (*This form must be signed by all members of the partnership or business owners where appropriate*)

Signature 1:.....

Date:

Signature 2:.....

Date:

Signature 3:.....

¹ Unless an alternative date is agreed in writing with NHS England via local Head of Primary Care.

OFFICIAL

Date:

Signature 4:.....

Date:

Signature 5:.....

Date:

Signature 6:.....

Date:

Signature 7:.....

Date:

Signature 8:.....

Date:

Signature 9:.....

Date:

Signature 10.....

Date:

Please return this form by email, complete with any appropriate additional information, to:

england.gppremisesfund@nhs.net

OFFICIAL

For NHS England use only	
Date application received:	
Date application reviewed:	Insert /attach minutes
Date decision ratified:	Insert /attach minutes
Contractor score against NHS England criteria	
Budget available	£
Decision	
Contractor notified of decision	By: Date:
Date LMC consulted	By: Date: