

## **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*)**

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

***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 (e.g. university grants, s106, community infrastructure levy payment) **Yes / No**

If 'Yes' please provide details including dates.





OFFICIAL

<b>Business need</b>	<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>
<b>Assurance matters</b>	<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>
<b>Involvement of partners</b>	<i>Provide details of any other health and wellbeing partners in the scheme e.g. CCGs, dental, pharmacy, local authority, community or public health facilities, third sector organisations and police authority.</i>
<b>Population health need</b>	<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>
<b>Contractor information</b>	<p><i>Describe the practice and wider primary medical care team- e.g. 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>
<b>Scheme history</b>	<p><i>Has this scheme previously been presented and/or supported? Please provide any relevant details?</i></p>



OFFICIAL

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

<b>Patient involvement</b>	<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**<sup>1</sup>  
(\* 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: .....

\_\_\_\_\_

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

OFFICIAL

Signature 3:.....

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](mailto: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: