# NHS England icon - pink tickNHS EnglandImprovement Grant Expression of Interest Form (IGLR)

# London Region

# Improvement Grant Expression of Interest Form (IGLR)

# 2017/18

**Section 1:** **GP Contractor Details**

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| **Contractor Details** | |
| Full name of applicant: |  |
| Name of contractor: |  |
| Contractor practice code:(from NHAIS) e.g. A12345 |  |
| Name of CCG |  |
| If the contractor is a partnership please state the names of all partners other than the applicant or business owners: |  |

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| **Contractor Address** | |
| Practice address: |  |
| Postcode: |  |

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| **Contact Details** | |
| **Note:** the contact details below will be used for communication regarding the Improvement Grant funding process. It is important that the practice notifies NHS England of any changes to the contact information given below. | |
| Contact name: |  |
| Contact email address: |  |
| Contact telephone number: |  |
| Alternate contact name: |  |
| Alternate contact email address: |  |
| Alternate contact telephone number: |  |

**Section 2: Details of Premises for which an Improvement Grant is claimed**

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| **Site Address** | |
| Address of premises for which an improvement grant is claimed: |  |

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| **Site Details** | | |
| **2.1** | Is this the main surgery or a branch surgery? | **Main / Branch**  *(delete as appropriate)* |
| **2.2** | What is the current contractor list size? |  |
| **2.3** | What percentage of contractor list size uses this site? (%) |  |
| **2.4** | What is the area of the site (m2) |  |

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| **Ownership of Site** | | |
| **2.5** | Is freehold of the premises owned by the contractor (or partners)? | **Yes / No**  *(delete as appropriate)* |
| **2.6 (a)** | What is the date of expiry of the lease?  *(leased premises only)* |  |
| **2.6 (b)** | Name of landlord:  *(leased premises only)* |  |
| **2.6 (c)** | Confirm that the landlord’s permission been given for the alterations:  *(leased premises only)* | **Yes / No**  *(delete as appropriate)* |
| *Please provide any relevant details.* | | |
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**Section 3: Details of Previous Funding**

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

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| **a.** Improvement grant (including PCIF / ETTF funding) | **Yes / No**  *(delete as appropriate)* |
| *If ‘Yes’ please provide details including dates* | |
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| **b.** Medical and dental education levy (MADEL) / deanery grant funding | **Yes / No**  *(delete as appropriate)* |
| *If ‘Yes’ please provide details including dates* | |
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| **c.** Other grants (e.g. university grants, s106, community infrastructure levy payment) | **Yes / No**  *(delete as appropriate)* |
| *If ‘Yes’ please provide details including dates* | |
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**Section 4: Details of proposed improvements**

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| **4.1** Please give full details of the proposed improvement |
| ***Note:*** *a sketch plan drawing of the site* ***must*** *be attached and, where applicable, a schedule of accommodation summarising the space proposed for the scheme should be included.* |
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| **Scheme Timescales** | |
| Estimated start date of the works: |  |
| Estimated end date of the works: |  |

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| **Scheme Costs** | | |
| **4.2** | What is the total estimated cost of the improvements, including all eligible associated fees and VAT? | £ |
| **4.3** | Do all the costs relate to premises which will be used for primary medical care services? | **Yes / No**  *(delete as appropriate)* |
| **4.4** | If not please specify the amount which does not relate to primary medical care services and give details of the method of calculation | £ |
| **4.5** | Has the contractor applied/ considered applying for other grants for this improvement to the premises? | **Yes / No**  *(delete as appropriate)* |

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| **Current Reimbursement** | |
| Please provide details of the annual reimbursement of the following: | |
| Rent (£ / year) |  |
| Rates (£ / year) |  |
| Water (£ / year) |  |

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| **Support for Scheme** | |
| Does the scheme have support from the CCG? | **Yes / No**  *(delete as appropriate)* |
| ***Note****: a letter of support from your CCG* ***must be attached*** *when you submit your application. The CCG letter of support must include both strategic and, where applicable, financial support (for example where the proposed improvement to a GP premises may result in additional premises revenue costs).* | |
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| **Assurance Matters** | |
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| Are the proposals consistent with the contractor’s formal development or action plan agreed for the property? | **Yes / No**  *(delete as appropriate)* |
| Will the works improve the overall level of suitability of the premises? | **Yes / No**  *(delete as appropriate)* |
| *If ‘Yes’ please give details.* | |
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| **Scheme History** | |
| --- | --- |
| Has this scheme previously been presented and/or supported? | **Yes / No**  *(delete as appropriate)* |
| *If ‘Yes’ please provide details.* | |
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| **Patient Involvement** | |
| --- | --- |
| Has this been discussed with patient reference groups (PRGs)? | **Yes / No**  *(delete as appropriate)* |
| *If ‘Yes’ please provide details of the engagement that has taken place?* | |
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**Section 5: Additional documentation**

**Note:** *the following information is not required to be submitted with the application however applicants should be aware that some or all of these will be required at a later stage to progress your application.*

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| **Additional Documentation Submitted** | | |
| **5.1** | Has the contractor submitted architect drawings of the proposed improvement? | **Yes / No**  *(delete as appropriate)* |
| **5.2** | Has the contractor submitted details of planning permission, and/or building regulations (plans) as applicable for the proposed improvement? | **Yes / No**  *(delete as appropriate)* |
| **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**  *(delete as appropriate)* |
| ***Note:*** *if the answer is ‘No’ to any of the above, the contractor must be aware that the information may be required at a later stage as part of the approval process* | | |

**Section 6: Declaration**

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| **\***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 and understood the National Health Service (General Medical Services – Premises Costs) Directions 2013, specifically Part 2 (7 -12) Premises Development and Improvement and Part 5 (43) Abatement of notional rent payments  **\***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 as part of the approval process the contractor may be required to submit the following documentation in line with the guidance:   * Three formal tenders; * Architect drawings and specification of works of the proposed project; and * 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 am/are successful in applying for an improvement grant the proposed improvement must be completed by **31 March 2018** |

*\*delete as appropriate*

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| Signed\*\* | Print name(s) and role(s) of person(s) signing application |
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\*\**This form must be signed by all members of the partnership or business owners where appropriate. Please add additional lines if required.*

**Please return this form by email, complete with any appropriate additional information, to:** [**England.LondonIGfund@nhs.net**](mailto:England.LondonIGfund@nhs.net)