NHS
Bristol, North Somerset and South Gloucestershire
Clinical Commissioning Group

Minor Improvement Grants 2020/21

Proposed Application and Approvals Process

Created by
Tim James- Estates Manager

Shaping better health

Purpose:

To:

- Update the committee on work undertaken to date
- To provide an overview of the process being put in place to deliver the Minor Improvement Grants programme of work in 2020/21
- To request delegated approval to the Director of Commissioning and the relevant Area Director in approving individual schemes to proceed once they pass through due diligence

Background

In January 2020, PCCC approved the following in relation to Minor Improvement Grants:

- The process proposed for requesting Expressions of Interest (EoI) from practices
- The process for assessing EoIs and in turn requesting budget from NHSE/I as part of their annual Business as Usual capital assessment process for financial years 2020/21 and 2021/22

Subsequently, CCG received circa 40 requests for funding, which were assessed for eligibility and 33 have progressed to the next stage, which is to request detailed applications from practices

The EoIs have been submitted to NHSE/I and supported in principle, subject to full and compliant applications and due diligence being undertaken, and indicative budgets are secured for 2020/21

The emergent Covid-19 situation meant work was paused, but locality teams have confirmed it is now appropriate to proceed

Summary of EoIs

Commercial issues mean we can’t share values or locations of schemes at open session of PCCC at this stage

Each locality is well represented by number of potential schemes

Schemes range from minor Disability and Health and Safety modifications to significant internal reconfiguration of buildings to drive better utilisation and increase clinical capacity

Process

- Estates and contracting to meet/call separately with each of the 6 localities review the potential schemes in their locality and flag those whose compliance with the Premises Cost Directions needs to be tested further or where the scheme has been rejected as it did not meet the appropriate criteria e.g. increase in revenue cost
- Primary Care Contracting team to write to practices approved to move to the next stage and invite them to complete the application form and also source 3 competitive builders quotes
- Localities to liaise with the practices to advise and guide in completing compliant applications
- When returned, applications to be reviewed, assessed and prioritised by key individuals from the CCG's Estates, Contracting and Locality functions
- Final approval and budget to be allocated to individual schemes
- Notify practices whose applications are approved and ask them for any outstanding due diligence info
- Approve and begin the works!

Supporting Information

Practices will be asked to complete the following application form:

Schemes will be assessed in line with the 6 principles set out in the STP Estates Strategy:

Checklist for what the NHS Premises Cost Directions (2013) will and will not allow NHS capital investment in:

Delivery

Task:	Deadline
Application form to be issued to practices:	May 2020
Applications returned to CCG:	June 2020
CCG to review, assess and prioritise schemes and set budgets:	July 2020
Due diligence of schemes to be undertaken:	July 2020
Approval to proceed given to practices:	August 2020 onwards
MIG funding to be spent by:	31 March 2021

Risks:

Risk	Mitigation
COVID-19 causes delays	Most schemes are relatively small in scale and the time remaining this financial year should be sufficient to give practices flexibility to undertake projects at their own convenience. Those practices proposing larger schemes have already been approached and invited to begin the application process in order to allow them more time.
NHSE/I reroute funding to support COVID-19 requirements elsewhere	There is a risk that NHSE could withdraw the MIG funding to support other COVID-19 priorities. The CCG continues to work closely with NHSE to keep abreast of their thinking and influence where possible and appropriate. Early completion of applications and engagement of contractors will ensure access to funds.

BNSSG CCG Minor Improvement grant application form 2020-22

Section 1: Partnership of the contractor practice

Full name of applicant:
……..
Name of Practice:
……..
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: ……

Address of building application relates to (if different from the above)

Address line 1:
……..

Address line 2:
……..
Address line 3:
……

Postcode: ……

Telephone number:……

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

2.1 Is this the main surgery or a branch surgery?

2.2 What is the current practice list size?

2.3 What percentage of practice list size uses this site?

2.4 Is freehold of the premises owned by the Practice (or partners)? If not who is the landlord.?

Please give particulars of tenure including date of expiry of lease and confirm that the landlord's permission been given for the alterations.

All applications must comply with the Premises Cost Directions. Directions 8 & 9 detail types of work that can and cannot be supported.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/184017/NHS_General_Medical_Services_-_Premises_Costs_Directions_2013.pdf

The following embedded checklist document provides more detail on the types of works that can and cannot be supported.

Regional Business Case Assurance and

4.1 Please give full details of proposed improvements (including summary of space proposed for the scheme)	
Where a new room/s or a change of use is proposed please provide details of the intended new use. In such circumstances applicants should be mindful of room size guidance (i.e. 16sqm min. for new consulting rooms or at least 12sqm if there are existing rooms of that size already in use; 8-10sqm for HCA, 1:1 counselling, phlebotomy). (A sketch plan drawing and/or photographs should be attached where appropriate).	

4.2 Please provide details of how the improvement will enhance capacity to deliver general practice services including access to primary care, and/or reducing emergency attendances or admissions to hospital for people over 75.

Timescales for development (all schemes must be completed by March 2021)	
Estimated start date Estimated Completed date	
Business need	
Outline how the proposals will assist in delivery of existing contracts or where they are directly linked with a new contract agreed with commissioners.	

Population health need	
Is the locality an area of high deprivation? If yes, please provide details. Is there substantial residential development proposed which will impact on your contractual ability to meet future patient needs? If yes, please provide details of developments, size and timescales if known.	
Contribution to PCN and resilience	
Describe what other options in the PCN or locality have been considered in preparing this application and how this development could contribute to the provision of greater primary care services and/or the resilience of primary care services in the PCN or	

locality. (Include any shared use of the rooms or building with other health or care organisations that support patient need. Please list these)	
Practice information	
Describe the practice and wider primary medical care team- e.g. GPs, nursing staff and administrative staff. Do you currently host any clinical services, provide administrative base for staff not directly employed by the practice	
Scheme Delivery	
How will the scheme be delivered eg.GP owner occupier, landlord, NHS property services or other?	

Patient involvement	
Has this been discussed with patient participation groups (PPGs)? What engagement has taken place?	
GP IT	
Will the scheme result in additional GP IT requirements? If so, please detail these. Other equipment please state what these are and numbers required	**Admin Staff** Number of PCs: Number of Printers: Other Equipment:
	Clinical Staff Number of PCs: Number of Printers: Other Equipment:

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

£

(NB: 3 quotes prepared by the builder or architect to be attached)
(NB2: costs should include those associated with IT/telephony infrastructure such as cabling as since are not covered under the GPIT budget. Applicants should also be aware that the costs other IT hardware e.g. printers will fall to the contractor to fund)

Section 6 – Declaration

*****I/We wish to submit our application for formal approval 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 have read the checklist for examples of items that may be eligible or not eligible for premises improvement grant

*****I/We confirm that the application fits within the eligibility criteria for improvement grants.

*****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 quotes
- Architect drawings and specification of works of the proposed project where applicable.
- Copy of appropriate planning permission/building regulations

*****I/We understand that if I/we is/are successful in applying for an improvement grant the proposed improvement must be completed by **31st March 2021**
(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:……..

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:

Bnssg.pc.contracts@nhs.net

For Locality Leadership Teams use only		
Locality name:		
Date application received:		
Date application reviewed:	Insert /attach minutes	
What priority has the locality given this application?	Priority (1=highest)	
	Total number of locality applications	
Brief locality statement of support *(This should include how the development will contribute to delivering primary care services for the needs of its population and/or improved access.*		

For Estates and Contracting CCG 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:

Assessment Criteria – STP Estate Principles interpreted in MIG context

STP Principle 1:	Improves quality and user experience		
MIG Interpretation:	Items relating to statutory and CQC compliance, i.e. infection control, fire prevention and protection, CCTV, etc., as well as simply creating a better environment for staff and patients.		
Top Score:	Changes that ensure critical compliance and are not necessarily landlord responsibilities that should have been dealt with without the ask for NHS capital.	**Low Score:**	Items that create a more pleasant environment but do little to improve effectiveness of space.
STP Principle 2:	Drives utilisation of the existing estate, creating working environments that are flexible to enable modern and improved service delivery		
MIG Interpretation:	Key word here is “utilisation” and “flexible”. This is about efficient and effective use of space. Consider in context of planned local population growth and 6 Facet Survey of utilisation.		
Top Score:	e.g. Creation of clinical space from non-clinical space where more is needed, or clever reuse of admin space to create admin hub.	**Low Score:**	Things that whilst they might improve the quality of the space, i.e. refurb, don’t lead to better utilisation.
STP Principle 3:	Identify opportunities for disposal, rationalisation, re-purposing of buildings and disposal of surplus land to generate STP capital receipts and additional housing units		
MIG Interpretation:	Key word here is “repurposing”. As with principle 2, in relation to MIGs, this is about repurposing existing space to get better use of it. Again, consider in context of planned local population growth and 6 Facet Survey of utilisation.		
Top Score:	e.g. Creation of clinical space from non-clinical space where more is	**Low Score:**	Schemes that realise minimal improvements in the effectives of the existing estate.

	needed, or clever reuse of admin space to create admin hub.		
STP Principle 4:	Financially sustainable and helps reduce overall costs of running the estate		
MIG Interpretation:	This is about value for money. A comparative approach will need to be taken between schemes.		
Top Score:	Large benefit for relatively little cost	**Low Score:**	Expensive scheme that delivers marginal benefit
STP Principle 5:	Invest in estate, which is financially and environmentally sustainable, and supports new models of care		
MIG Interpretation:	Schemes that support the emerging new models of care and environmental sustainability. Exampl  es might be the creation of telephone hubs for consolidating the function across facilities. Replacement of single glazed windows with double glazing. Schemes that support working at scale, or multidisciplinary teams.		
Top Score:	Close alignment with new models of care.	**Low Score:**	Schemes that don't support new ways of working.
STP Principle 6:	Collaborate with partner organisations to gain efficiency and wider community and regeneration benefits		
MIG Interpretation:	Strictly, this is about One Public Estate type schemes, but for MIG, it can be interpreted as schemes that enable practices and/or other providers to work together more closely.		
Top Score:	e.g. schemes that create space for multidisciplinary team working and new models of care.	**Low Score:**	Schemes that do not facilitate cross disciplinary working.

Regional Business Case Assurance and

a

Improvement Grant Fund 2017/18

Examples of items that may be eligible or not eligible for a premises improvement grant

When submitting an application for a premises improvement grant, the contractor needs to identify whether the proposed works may be eligible for a grant in accordance with the NHS (General Medical Services – Premises Costs) Directions 2013 with which all funding must comply.

The applicant should review the list of items that may be eligible for funding in the table below.

This table contains two categories: items that are eligible for funding, identified in the column headed “E” and those that are not eligible for funding that are identified in the column headed “NE”. All items marked as “E” (eligible) will be subject to consideration, while items listed as “NE” (not eligible) **will not be considered** for funding.

If the application falls into the “eligible” category, whilst the contractor may apply for a grant, this does not give an automatic right for funding. The London Improvement Grant Team will make a decision using the criteria set out below, the investment prioritisation strategy, their budgetary targets and the level of funding available.

Improvements to contractor premises in the form of building an extension to the premises, bringing into use rooms not previously used to support delivery of primary medical services or the enlargement of existing rooms (part 2.8.a of NHS (GMS - Premises Costs) Directions 2013)	**E**	**NE**
Building an extension to existing premises	✓	
Bringing into NHS primary medical care use areas of existing premises (not previously used for primary medical care purposes)	✓	
Reconfiguration of existing NHS primary medical care areas to improve service provision	✓	

Improving physical access to and within contractor premises, and alterations or additions for Equality Act 2010 compliance (Part 2.8.b of NHS (GMS - Premises Costs) Directions 2013)	E	NE
Creation or extension of equality act compliant parking	✓	
Creation of wheelchair and mobility scooter parking	✓	
Installation of wheelchair ramp	✓	
Installation of equality act compliant handrail/s	✓	
Installation of automatic entrance doors	✓	
Installation of equality act compliant reception desk	✓	
Installation of hearing loop	✓	
Installation of equality act compliant internal doors, corridors	✓	
Installation of equality act compliant lift/s	✓	
Upgrade of existing lift/s to equality act lift/s	✓	
Creation of equality act compliant WC/s	✓	
Upgrade/refurbishment of existing WC/s to equality act WC/s	✓	

Improving lighting, ventilation and heating installation (including replacement of other forms of heating by central heating) of contractor premises (part 2.8.c of NHS (GMS - Premises Costs) Directions 2013)	E	NE
Creation of additional window/s, roof light/s	✓	
Replacement/ repair of the existing lighting system, fixtures and fittings		✓
Installation of air conditioning throughout		✓
Replacement /repair to the existing air conditioning		✓
Installation of change of air unit in a minor surgery room to meet statutory requirements	✓	
Installation of extractor fan/s	✓	
Installation of ceiling fan/s	✓	
Installation of central heating to replace other forms of heating	✓	
Replacement/ repair to an existing central heating system		✓
Extension of central heating system to an area previously not used for NHS primary medical care i.e. extension to the premises.	✓	

The reasonable extension of telephone facilities within contractor premises (but not the initial purchase or replacement of telephone systems) (Part 2.8.d of NHS (GMS - Premises Costs) Directions 2013)	E	NE
Installation of a telephone system		✓
Installation of telephone/data cabling		✓
Extension of existing telephone system/console (owned) – only if associated with new works	✓	
ICT costs other than telephone system		✓
Installation of electronic patient call display	✓	
Installation of audio patient call system	✓	

Provision of car parking (part 2.8.e of NHS (GMS - Premises Costs) Directions 2013)	E	NE
Creation of new parking spaces for patient use	✓	
Repair of existing parking spaces		✓
Creation of cycle parking	✓	

The provision of suitable accommodation at the contractor premises to meet the needs of children and elderly or infirm people (part 2.8.f of NHS (GMS - Premises Costs) Directions 2013)	E	NE
Creation of baby change unit	✓	
Creation of pram parking	✓	
Creation of mobility scooter parking	✓	
Installation of seating designed for the elderly or infirm (fixed in situ)	✓	

Fabric improvements to contractor premises such as double glazing, security systems and work required for fire precautions and other statutory building requirements (part 2.8.g of NHS (GMS - Premises Costs) Directions 2013)	E	NE
Maintenance and repair of premises which is the occupiers responsibility and cost		✓
Installation of double glazing if associated with new works/extension	✓	
Replacement/installation/upgrade of double glazing to existing windows where deterioration has occurred		✓

Fabric improvements to contractor premises such as double glazing, security systems and work required for fire precautions and other statutory building requirements (part 2.8.g of NHS (GMS - Premises Costs) Directions 2013)	E	NE
Installation of intruder alarm system (owned)	✓	
Extension to an existing intruder alarm system – only if associated with new works	✓	
Upgrade/ replacement of an existing intruder alarm system		✓
Installation of "Redcare" provision		✓
Initial installation of panic button system	✓	
Upgrade/ replacement of existing panic button system		✓
Installation of CCTV system		✓
Upgrade/replacement/extension of existing CCTV system		✓
Installation/ upgrade to fire alarm system – only if associated with new works	✓	
Installation/ upgrade of existing fire alarm system		✓
Compliance with fire regulations as recommended by a local fire officer – (e.g. creation of fire exits, installations of fire proof internal doors)	✓	
Soundproofing works to provide patient confidentiality (i.e. replacement door/s)	✓	
Installation of replacement doors other than soundproofing		✓
Installation of approved clinical wash and hand basin/s with associated works (taps/ splash backs) to replace non clinical equivalent/s	✓	
Curtains/blinds		✓
Curtain rails		✓
Curtain tracks/screens (around examination couch) fixed in situ	✓	
Examination couches/lamps		✓
Medical equipment		✓
Replacement floor coverings/skirting in clinical rooms to comply with regulations	✓	
Floor coverings/skirting in existing NHS primary medical care areas other than above		✓
Compliant floor coverings/skirting in areas not previously used for NHS primary medical care	✓	
Waiting room seating, fixed in situ	✓	
Furniture other than above		✓
Signage internal or external		✓
Repairs/ decoration/ maintenance to the interior		✓

Fabric improvements to contractor premises such as double glazing, security systems and work required for fire precautions and other statutory building requirements (part 2.8.g of NHS (GMS - Premises Costs) Directions 2013)	E	NE
Repairs/ decoration/ maintenance to the exterior (e.g. repairs to roof, guttering, drainage)		✓
Dry rot/ wood worm treatment		✓
Damp proofing/ underpinning		✓
Landscaping – only if associated with new works	✓	
Works to improve pedestrian/ vehicular access to premise for patient safety	✓	

Refurbishment of a building not previously used for the provision of primary medical services but which is to be used as contractor premises on a temporary basis (part 2.8.h of NHS (GMS - Premises Costs) Directions 2013)
Applications will be considered as above, however, with the view that the accommodation will be temporary.

Improvements which are necessary in connection with emergency planning (part 2.8.i of NHS (GMS - Premises Costs) Directions 2013)	E	NE
The provision of electronic storage facilities at a location remote from the practice's premises	✓	
The installation of a connection for an emergency generator	✓	

Improvements which are necessary to meet infection control or decontamination requirements at practice premises (part 2.8.j of NHS (GMS - Premises Costs) Directions 2013)	E	NE
Installation of specialist floor covering in areas used for treatment of patient	✓	

The Installation of a water meter (part 2.8.k of NHS (GMS - Premises Costs) Directions 2013)	E	NE
Installation of a water meter	✓	

Professional fees, and related costs, incurred in occupying significantly refurbished premises (part 3.14.a-b of NHS (GMS - Premises Costs) Directions 2013)	E	NE
Reasonable surveyors' and architects' fees (evidence of competitive tendering required)	✓	
Reasonable legal costs in connection with the refurbishment work (evidence of competitive tendering required)	✓	
Reasonable costs of engaging a project manager (up to 1% of the cost of total build costs on major projects only (evidence of competitive tendering required))	✓	
Reasonable costs of engaging a structural engineer, where applicable	✓	
Reasonable costs of engaging a CDM Coordinator	✓	
Local authority fee structure as applicable in circumstances	✓	
Stamp duty & land tax (SDLT) – only if associated with a new leasehold surgery premises	✓	
Stamp duty & land tax (SDLT) – associated with a renewal of lease on existing premises		✓