**NHS BATH AND NORTH EAST SOMERSET, SWINDON AND WILTSHIRE CCG**

**MINOR CAPITAL GRANTS FOR GP PREMISES IMPROVEMENTS**

**FINANCIAL YEARS 2022–23 and 2023-24**

**EXPRESSION OF INTEREST FORM**

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| **PRACTICE DETAILS**  **Name of Practice Practice Code**  ……………………………………………………………………………… …………………  **Practice Address**  .......................................................................................................................................................................................................................................................................................................................................................................................................................................................................................  **Name & address of practice premises to be improved (if different from the above)**  .......................................................................................................................................................................................................................................................................................................................................................................................................................................................................................  **Name & contact details of person responsible for project**  .......................................................................................................................................................................................................................................................................................................................................................................................................................................................................................  **Project name**  …………………………………………………………………………………………………………………..  **Total estimated cost (£)**  …………………………………………………………………………………………………………………..  **Project Timescale (If a two-year project, please estimate spend in each financial year)**  **2022/23**…………………………………………………………………………………………………………  **2023/24**………………………………………………………………………………………………………… |
| **TENURE DETAILS**  Please confirm if the premises are owned by the practice or leased from a landlord?    If leased, please supply particulars of tenure, including date of expiry of lease and indicate whether the landlord’s permission has been requested/given to carry out the alterations  **DESCRIPTION OF PREMISES**  Please give a brief description of the building i.e. approximate age and whether the premises are purpose built or a conversion of a former residential dwelling.    **PROJECT DETAILS**  Please provide below details of the proposed project including; what are the aims and objectives of the project; what additional facilities will be provided; what are the benefits to patients; does the project help to deliver best practice or enable the practice to comply with national / regulatory standards. In the case of projects which are of a compliance nature such as making infection control improvements, please specify what measures have been taken to ensure that the post improvement works are fully compliant with all required standards.  Brief Description  Whilst prioritisation criteria have not yet been finalised, it is expected that they will follow a similar weighting to previous bid processes – 2021/22 scoring is shown below:   |  |  | | --- | --- | | **Improving population health Weighting 5%** | **Targeted services Weighting 9%** | |  | | **Sustainable communities Weighting 5%** | **Increasing capacity Weighting 10%** |  | |  | | **Sustainable secondary care Weighting 5%** | **Clear need Weighting 6%** |  | |  | | **Transforming care Weighting 20%** | **Quality Weighting 10%** |  | |  | | **Primary Care Network Development  Weighting 10%** | **VFM Weighting 20%** |  | |  |   Specific local priorities – please provide details   1. Enhance/Increase patient Areas 2. Co-locations, mergers, PCN hosted services 3. Improving physical access 4. Improvements to infection control 5. General CQC compliance 6. Other   **ARCHITECTURAL PLANS**  If architectural plans are required for the project, please confirm whether these have already been produced?  **PLANNING CONSENT**  If local authority planning consent is required, please state whether the planning application has been submitted? Has planning consent already been granted?  **BUILDING REGULATIONS / H & S CONSIDERATIONS**  Please specify what measures have been taken to ensure that the post improvement works are fully compliant with Building Control, Fire and H & S requirements?  **STAKEHOLDER SUPPORT**  Does the project have stakeholder support :  PPG YES/NO  Please provide any comments made by your PPG:  Staff YES/NO/Not appropriate  Please provide any comments made by your staff:  **COSTS / FINANCIAL INFORMATION**   1. Please provide a breakdown of the costs for the proposed works and confirm which supplier, in your opinion, represents best value for money? Please supply the figures broken down as follows:   The Project costs £  The recoverable VAT costs £  The Total costs £  If successful, the CCG contribution will be between 33% and 66%   1. Supporting documentation will be required as follows  * At EOI stage N/A   Once approved:   * Up to £10,000 Two Written Quotes * £10,000 to £50,000 Three written Quotes * £50,000 to £500,000 Three written quotes obtained under formal tender  1. Please confirm that you understand the scheme to be capital (particularly minimum spend of £5,000) – see guidance YES/NO 2. Please confirm if the practice has been in receipt of any other form of capital grant for premises improvement funds e.g. Training Grants, Section 106 / Community Infrastructure Levy monies in the past 5 years? YES/NO 3. Please explain how you have checked the competence of the preferred contractor? 4. Please confirm whether there are any on-going revenue costs to the CCG for this project e.g. in the form of additional rent reimbursement YES / NO 5. Has the practice identified how the elements of the project costs not covered by the capital grant will be financed? YES/NO 6. Is the practice VAT registered and able to recover VAT on this project? YES/NO 7. Can the project be completed by 31 March 2023? YES/NO   **TIMESCALES**   1. Please outline a time table for the project, including the time required for producing architectural plans, gaining planning consent as well as the building programme itself, in order to demonstrate that the project can successfully be completed within the required time frames. 2. Please highlight any risks or critical success factors to the timely completion of this project and explain how any risks can be mitigated? Examples of this may be factors such as the requirement for site specific permissions (in the case of “listed” buildings) or the outcome of investigations such as an asbestos survey?   **SERVICE CONTINUITY**   1. Please confirm if the practice is able to continue to operate with minimum disruption to service continuity whilst the project is undertaken? YES/NO |

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| **DECLARATION**  I hereby declare that to the best of my knowledge, the particulars given in this form and any attachments are correct.  Signature......................................................... Print Name ......................................................  Date .........................................................  **Please return completed form and any attachments to:** [bswccg.primarycareestates@nhs.net](mailto:bswccg.primarycareestates@nhs.net)  **by 12.00 noon on Wednesday 1st December 2021** |