

Improvement Grant Expression of Interest Form (IGLR1) 2025/26

London ICBs Improvement Grant Expression of Interest Form (IGLR1) 2025/25

PLEASE ENSURE THAT YOU READ THIS FORM FULLY TO AVOID ERRORS AND YOUR BID BEING REJECTED.

APPLICATIONS WILL ONLY BE ACCEPTED ONLINE VIA THIS FORM.

PLEASE DO NOT EMAIL COPIES OR PDFs OF FORMS AS THESE WILL NOT BE ACCEPTED.

ONCE YOUR FORM IS COMPLETE AND SUBMITTED YOU WILL SEE AN ACKNOWLEDGEMENT MESSAGE ON SCREEN.

WE ARE SORRY THAT WE ARE UNABLE TO SEND EMAIL ACKNOWLEDGEMENT RECEIPTS.

* Required

Legal Charges and Grant Agreements. (NHS England, Primary care capital grants policy)

- If the GPs own the property, then as a condition of receiving the grant the GPs are required to enter into a grant agreement and legal charge with NHS England.
- The purpose of the legal charge is to ensure that if the GPs later sell the property, NHS England will secure repayment of the grant.
- The GPs are obliged by the grant agreement to register the legal charge against the title of the property.
- Where the grant is less than £144,000 a Restriction on Title will be required. For all schemes above this value a Legal Charge will be required.

Minimum standards condition attached to all payments under the Directions

If a payment is to be made by NHS England pursuant to the Directions, NHS England must make the payment subject to a condition to the effect that the practice premises in respect of which the payment is made must meet the Minimum Standards.

Section 1: GP Contractor Details

1. Full name of practice: *

2. Contractor practice code: (from NHAIS) e.g. A12345 *

3. Name of ICB *

Select one option that applies to your practice:

☐ North Central London

☐ North East London

☐ North West London

☐ South East London

☐ South West London

4. Name of Borough *

5. Practice address: *

6. Practice postcode: *

7. Contact 1 - Name: *

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.

8. Contact 1 - Email address: *

9. Contact 1 - Telephone number: *

10. Contact 2 - Name: *

11. Contact 2 - Email address: *

12. Contact 2 - Telephone number: *

13. Contact 3 - Name:

14. Contact 3 - Email address:

15. Contact 3 - Telephone number:

Section 2: Details of Premises for which an Improvement Grant application is being made

16. Site address of premises for which an improvement grant application is being made: *

17. Is this the main surgery or a branch surgery? (click all that apply)

☐ Main surgery

☐ Branch surgery

18. Do the practice premises for which this funding application is being made meet the Minimum Standards?

☐ Yes

☐ No

19. What is the Net Internal Area (NIA) of the premises (m2):

20. Are the premises Freehold (owned wholly by the Practice without any Landlord/Tenant arrangement) or Leasehold? *

☐ Freehold

☐ Leasehold

21. If premises are Leasehold, is a current and valid Lease in place?

(Note that if no valid Lease is in place we are unable to progress your application. We may require a copy of the Lease to be provided as part of this application) *

☐ Yes

☐ No

22. If Leasehold, what is the date of expiry of the lease?

(Note that if the remaining Lease Term is less than 6 years, we may not be able to progress your application)



23. Name of Landlord:

24. Has the Landlord's permission been given for the alterations?

☐ Yes

☐ No

Section 3: Details of Previous Funding

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

25. Improvement grant (including LIG / ETTF funding):

☐ Yes

☐ No

26. *If 'Yes' please provide details including dates, amount and purpose.*

27. Other grants (e.g. university grants, s106, Community Infrastructure Levy payment):

☐ Yes

☐ No

28. *If 'Yes' please provide details including dates, amount and purpose.*

Section 4: Overview of proposed improvements

29. Does the scheme fit with the ICB's and/or PCN's local estates strategy? *

☐ Yes

☐ No

30. Will the improvement proposed by the practice enable the ICB/PCN to secure access to primary medical services for existing and new patients? *

☐ Yes

☐ No

31. Will the improvement enable a wider range of services to be provided from the practice premises to enable equity of access to services across the local area? *

☐ Yes

☐ No

32. Will the scheme improve access for patients with Protected Characteristics (e.g. disability, pregnancy and maternity, age)? *

☐ Yes

☐ No

33. Does the practice have an agreed action plan to make the proposed improvements as a result of a CQC or infection control visit? *

☐ Yes

☐ No

34. What is the estimated duration of the works? *

(Enter the estimated number of weeks or months)

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

(Applications for funding must be for eligible works with a total value greater than £7,500 inclusive of any fees and VAT - quotes are not required at this time, but an estimated cost is)

Your application will be automatically rejected if no estimated cost is given.

36. Do all the costs relate to premises which will be used for primary medical care services?

*

☐ Yes

☐ No

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

38. Has the practice applied/ considered applying for other grants for this improvement to the premises?

☐ Yes

☐ No

39. Will the contractor be claiming tax allowance on any cost elements of the application?

(If Yes, please list elements)

The NHS must not agree to fund the following expenditure with a premises improvement grant:

- (a) any cost elements in respect of which a tax allowance is being claimed;
- (b) the cost of acquiring land, existing buildings or constructing new buildings (other than for the purpose of the improvements referred to in direction 8(1)(a) or the purpose of fit-out works referred to in direction 8(1)(k));
- (c) the repair or maintenance of premises, or the purchase, repair or maintenance of furniture, furnishings, floor covering (with the exception of the specialist floor covering referred to in direction 8(1)(i)) and equipment;
- (d) restoration work in respect of structural damage or deterioration;
- (e) any work in connection with the domestic quarters or the residential accommodation of practitioners, caretakers or practice staff, whether or not it is a direct consequence of work on surgery accommodation;
- (f) any extension not attached to the main building by at least a covered passage way;
- (g) improvements designed solely to reduce the environmental impact of premises, such as the installation of solar energy systems or replacement windows, doors or facades, unless the contractor can satisfy NHS England, acting reasonably, that those improvements provide a net financial benefit to the health service;
- (h) any work made necessary as a result of fair wear and tear; and
- (i) any costs associated with compliance with the minimum standards (excluding any costs to which direction 8(1)(d) applies - the reasonable extension of telephone facilities within practice premises - and any costs which are in respect of improvements which are to be carried out in order to comply with statutory requirements imposed immediately before the time when those improvements and that work is to be commenced).

Bids including any of these elements may be automatically rejected, or at the very least and if part of a wider proposal, the elements will be removed from the bid automatically.

Section 5 – Details of proposed improvements

When applying for a premises improvement grant, the Practice needs to identify whether the proposed works may be eligible for a grant in accordance with the NHS (General Medical Services – Premises Costs) Directions 2024 with which all funding must comply.

The applicant should select the items they wish to apply for from the lists below.

All items that are eligible will be subject to consideration, while items that are 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 eligibility criteria, the investment prioritisation strategy, budgetary targets and the level of funding available.

The applicant should add either the size or number of items, where applicable, and a clear description. For example; if selecting “*Installation of approved clinical wash and hand basin/s*”, add the number of basins applied for and then describe which rooms they will be in and the reason for this item. Another example; if selecting “*Building an extension to existing premises*”, add the proposed floor area of the extension and describe the type and purpose of extension

***Please note:**

- **Funding will not be awarded to works that have already been completed or are in progress**
- **Retrospective claims are not eligible**
- **Any works started before formal approval is given and due diligence is undertaken will automatically be rejected**
- **GP IT costs cannot be included in IG bids. The Practice should liaise with their ICB and Borough teams if there's an IT requirement associated with this application.**

40. Please review the following sections to detail the proposed improvements, you can click the button in front of the sub-sections section below which will forward you to the relevant section or simply click the 'next' button and you can navigate through all sections. Click 'back' from any section to return to this page. *

- ☐ Section 5a - Improvement to practice premises to increase service delivery capacity
- ☐ Section 5b - Improvement of physical access to and within practice premises
- ☐ Section 5c - The reasonable extension of telephone facilities within practice premises
- ☐ Section 5d - Provision of car parking
- ☐ Section 5e - Refurbishment of a building not previously used for primary medical services
- ☐ Section 5f - Improvements which are necessary in connection with emergency planning
- ☐ Section 5g - The Installation of a water meter
- ☐ Section 5h - Fit-out works in connection with tenancy of a new build.
- ☐ Section 5l - improvements which are necessary due to regulatory changes.
- ☐ Section 5m - Professional fees and related costs

Section 5a - Improvements to practice premises

In the form of building an extension to the premises (including the acquisition of any land necessary to build that extension), 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 2024)

[once complete click "Back" to return to the previous page, or "Next" to move to the next section]

41. Building an extension to existing premises to create additional clinical space?

Fully describe the proposed work, including the size (m2), with the number and type of additional rooms.
All clinical rooms in new build spaces should be a minimum of 12m2.

42. If applying for building an extension, please confirm if a Planning Application has been made and provide details, including date of submission and application reference.

43. Bringing into use rooms not previously used to support delivery of primary medical services.

Fully describe the current use of the space and the proposed use of the space, including size (m2), with number and type of rooms (e.g. clinical or admin, etc).
All clinical rooms in existing premises must be a minimum of 8m2.

44. Enlargement of existing rooms to support delivery of primary medical services.

Fully describe the current use of the space and the proposed use of the space, including size (m2), with number and type of rooms (e.g. clinical or admin, etc).
All clinical rooms in existing premises must be a minimum of 8m2.

Section 5b - Improving physical access to and within contractor premises

(Part 2.8.b of NHS (GMS - Premises Costs) Directions 2024)

***NOTE - Non-Eligible Items are:**

- **Any repair, maintenance or like-for-like replacement of premises or equipment.**

[once complete click "Back" to return to the previous page, or "Next" to move to the next section]

45. Creation or extension of equality act compliant parking?
(Subject to agreement of any rent consequences)

If yes, please advise on:

- Number of spaces
- Description (e.g type, location, purpose, reason)

46. Creation of wheelchair and mobility scooter parking?

If yes, please advise on:

- Number of
- Description (e.g type, location, purpose, reason)

47. Installation of permanent access ramp (not portable or temporary)?

If yes, please advise on:

- Number of
- Description (e.g type, location, purpose, reason)

48. Installation of equality act compliant handrail/s?

If yes, please advise on:

- Number of
- Description (e.g type, location, purpose, reason)

49. Installation of automatic entrance doors?

If yes, please advise on:

- Number of
- Description (e.g type, location, purpose, reason)

50. Installation of equality act compliant reception desk?

If yes, please advise on:

- Number of
- Description (e.g type, location, purpose, reason)

51. Installation of permanent fixed hearing loop (not portable or temporary)?

If yes, please advise on:

- Number of
- Description (e.g type, location, purpose, reason)

52. Installation of equality act compliant internal doors, corridors?

If yes, please advise on:

- Number of
- Description (e.g type, location, purpose, reason)

53. Installation of equality act compliant lift/s?

If yes, please advise on:

- Number of
- Description (e.g type, location, purpose, reason)

54. Upgrade of existing lift/s to equality act lift/s?

If yes, please advise on:

- Number of
- Description (e.g type, location, purpose, reason)

55. Creation of equality act compliant WC/s?

If yes, please advise on:

- Number of
- Description (e.g type, location, purpose, reason)

56. Upgrade of existing WC/s to Equality Act WC/s?

If yes, please advise on:

- Number of
- Description (e.g type, location, purpose, reason)

Section 5c - 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 2024)

***NOTE - Non-Eligible Items are:**

- **Installation of a new telephone system**
- **Installation of telephone/data cabling**
- **ICT costs other than telephone system**
- **Handsets or equipment**

[once complete click "Back" to return to the previous page, or "Next" to move to the next section]

57. Extension of existing telephone system/console (owned) – only if associated with new works?

If yes, please advise on:

- Number of
- Description (e.g type, location, purpose, reason)

58. Installation of electronic patient call display?

If yes, please advise on:

- Number of
- Description (e.g type, location, purpose, reason)

59. Installation of audio patient call system?

If yes, please advise on:

- Number of
- Description (e.g type, location, purpose, reason)

Section 5d - Provision of car parking

agreed by the NHS having regard to local circumstances, with access to and egress from each parking space without the need to move other vehicles except where NHS England considers that this restriction is inappropriate, taking into account local circumstances (part 2.8.e of NHS (GMS - Premises Costs) Directions 2024)

***NOTE - Non-Eligible Item is:**

- **Repair of existing parking spaces**

[once complete click "Back" to return to the previous page, or "Next" to move to the next section]

60. Creation of new parking spaces for patient use?
(Subject to agreement of any rent consequences)

If yes, please advise on:

- Number of spaces, including any accessible spaces
- Description (e.g type, location, purpose, reason)

Section 5e - Refurbishment of a building not previously used for primary medical services

but which is to be used as contractor premises on a temporary basis (part 2.8.g of NHS (GMS - Premises Costs) Directions 2024)

[once complete click "Back" to return to the previous page, or "Next" to move to the next section]

61. Applications will be considered as above, however, with the view that the accommodation will be temporary

If yes, please advise on:

- Number of clinical and clinical support spaces, including size of clinical rooms (should be 12m² minimum)
- Description (e.g type, location, purpose, reason)

Section 5f - Improvements which are necessary in connection with emergency planning

such as the provision of electronic storage facilities at a location remote from the practice premises or the installation of a connection for an emergency generator; (part 2.8.h of NHS (GMS - Premises Costs) Directions 2024)

[once complete click "Back" to return to the previous page, or "Next" to move to the next section]

62. The provision of electronic storage facilities at a location remote from the practice's premises? (Excludes any ongoing running costs)

If yes, please advise on:

- Number of
- Description (e.g type, location, purpose, reason)

63. The installation of a connection for an emergency generator?

If yes, please advise on:

- Number of
- Description (e.g type, location, purpose, reason)

Section 5g - The installation of a water meter

(part 2.8.h of NHS (GMS - Premises Costs) Directions 2024)

[once complete click "Back" to return to the previous page, or "Next" to move to the next section]

64. Installation of a water meter?

If yes, please advise on:

1. Number of
2. Description (eg. type, location, purpose, reason)

Section 5h - Fit-out works in connection with tenancy of a new build.

in the case of premises of which the contractor is a tenant or is party to an agreement to become a tenant, fit-out works to those premises during or immediately after their construction; (part 2.8(k) of NHS (GMS - Premises Costs) Directions 2024)

*NOTE - Non-Eligible Items:

- Furniture and equipment

[once complete click "Back" to return to the previous page, or "Next" to move to the next section]

65. Fully describe the proposed work, including the size (m2), with the number and type of additional rooms.

All clinical rooms in new build spaces should be a minimum of 12m2.

66. Does the relocation have the formal support of the ICB?

☐ Yes

☐ No

67. Is a current and valid Lease in place?

(Note that if no valid Lease is in place we are unable to progress your application. We may require a copy of the Lease to be provided as part of this application)

☐ Yes

☐ No

68. Name of Landlord.

69. What is the planned date of occupation?



Section 5k - Professional fees and related costs(Copy)

incurred in occupying significantly refurbished premises (part 3.15 of NHS (GMS - Premises Costs) Directions 2024)

*NOTE - Non-Eligible Item is:

- **Stamp duty & land tax (SDLT) – associated with a renewal of lease on existing premises**

[once complete click "Back" to return to the previous page, or "Next" to move to the next section]

70. Reasonable surveyors', engineers', architects' and CDM coordinator fees (which together are up to a maximum 12% of the total build costs - evidence of competitive tendering required)

If yes, please advise on:

- Number of
- Description (e.g type, location, purpose, reason)

71. Reasonable legal costs in connection with the refurbishment work (evidence of competitive tendering required)

If yes, please advise on:

- Number of
- Description (e.g type, location, purpose, reason)

72. Reasonable costs of engaging a project manager (up to a maximum 1% of total build costs on major projects only - evidence of competitive tendering required)

If yes, please advise on:

- Number of
- Description (e.g type, location, purpose, reason)

73. Local authority fee structure as applicable in circumstances

If yes, please advise on:

- Number of
- Description (e.g type, location, purpose, reason)

74. Stamp duty & land tax (SDLT) – only if associated with a new leasehold surgery premises

If yes, please advise on:

- Number of
- Description (e.g type, location, purpose, reason)

Section 6 - Assurance Matters

75. Are the proposals consistent with the contractor's formal development or action plan agreed for the property?

☐ Yes

☐ No

76. If 'Yes' please give details

77. Will the works improve the overall level of suitability of the premises?

☐ Yes

☐ No

78. If 'Yes' please give details

Section 7 - Scheme History

79. Has this scheme previously been presented and/or supported?

☐ Yes

☐ No

80. If 'Yes' please give details

81. Has any work already commenced or a contract been entered into for the work?

☐ Yes

☐ No

Section 8 - Patient Involvement

82. Has this been discussed with patient reference groups (PRGs/PPGs)?

☐ Yes

☐ No

83. If 'Yes', please provide details of the engagement that has taken place?

Section 9 - Additional documentation

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

Contractors to be notified: if the answer is '**No**' to any of the below, the contractor must be aware that the information may be required at a later stage as part of the approval process

84. If applicable, has the practice commissioned architect's drawings of the proposed improvement?

☐ Yes

☐ No

☐ N/A

85. Has the contractor made an application for planning approval and/or building regulations (plans) for the proposed improvement?

☐ Yes

☐ No

☐ N/A

Section 10 - Support for the Scheme

Note: your application will be submitted to your ICB for their confirmation of support, which must include both strategic and, where applicable, financial or conditional financial support (subject to DV assessment where the proposed improvement to a GP premises may result in additional premises revenue costs).

Applications that are supported will be forwarded to the LIG Team for assessment.

Only applications that have ICB support will be accepted.

SUBMIT ALL APPLICATIONS VIA THIS ONLINE FORM .

APPLICATIONS SUBMITTED IN ANY OTHER FORMAT WILL BE AUTOMATICALLY REJECTED.

THIS FORM IS FOR INFORMATIVE PURPOSES ONLY.

86. Part 1 Declaration - The Practice wishes to submit an expression of interest to apply for an improvement grant *

The Practice has read and understood the National Health Service (General Medical Services – Premises Costs) Directions 2024, specifically Part 2 (7 -13) Premises Development and Improvement and Part 5 (44) Abatement of notional rent payments. Or, if available, the relevant sections within the revised Directions.

The Practice confirms 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.

The Practice understand that as part of the subsequent approval process the Practice 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
- Planning permission, where applicable
- A valid lease for leasehold premises

The Practice understands that if the improvement grant is approved any notional rent reimbursements may not be agreed by the ICB, or, at the least, it will be abated for the relevant minimum period outlined in Direction Part 5 (44).

The Practice understands that it may not be entitled to any funding before the proposal receives final approval, except under rare exceptional circumstances.

The Practice confirms that the premises for which this improvement grant is being applied currently meet the Minimum Standards, which are listed in the Directions Schedule 1, and that funding may not be provided if the premises do not meet Minimum Standards.

☐ I understand

87. Part 2 Declaration - Completion date of proposed investment *

The Practice understand that if it is successful in applying for an improvement grant the proposed improvement should be completed by **31st March 2026, and that funding may not be available after this date.**

☐ I understand

88. Name(s) and role(s) of signatories *

**This form must be signed by all members of the partnership or business owners where appropriate. Please populate additional lines if required.*

***Typed names entered here will be considered as digital signatures*

89. Additional name and role

90. Additional name and role

91. Additional name and role

92. Additional name and role

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