Produced in association with
DarwinGroup


Management in Practice

RENOVATE REVAMP DEVELOP

A guide to improving GP premises


Contents

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Editor's welcome and sponsor's foreword

Rima Evans
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Welcome to our first ever guide on the topic of GP premises – and how to manage a renovation, extension or remodel.

There are so many issues and stages to think through, a project like this takes take a huge amount of time and energy.

Our goal is to provide as much practical support as possible, equipping practice managers and GPs with a clear overview of all the main processes and steps involved, information on the funding options available and how to access grants, advice on working with suppliers, and, crucially, essential expert tips, ideas and pointers that will help ensure the project is a success.

The idea for the guide followed publication of an article we published in 2024 on practice renovations and how they can be funded. The piece proved hugely popular. Its author – Luan Stewart, a recently retired practice manager – has since been inundated with requests for more information and was even contacted by one practice manager who kindly let her know that, on the back of her expert advice, she was able to successfully secure funds to upgrade her surgery.

I'm pleased to say Luan, who is now an estates consultant manager with many GP surgery renovation and extension projects under her belt, has been the main author of this guide too. She has much valuable insight and expertise to share.

Our guide is timely. Earlier this month, the Government announced a cash injection of £102 million for 2025/26 to help more than 1,000 GP surgeries carry out improvement works.

We hope our guide will come in handy for those practices and others taking forward development projects.

Hayley Smith
Strategy & Transformation Director, Darwin Group (part of Portakabin)

Practice managers and general practice leadership across the country face daily challenges with buildings that are not fit for purpose. Inappropriate and inaccessible accommodation for service provision poses serious challenges to care delivery, affecting both patient and staff experiences. Additionally, the increasing demand for services, evolving healthcare needs, and regulatory requirements add to the complexity of managing primary care estates.

At Darwin Group, we work closely with organisations across primary and secondary care throughout England and Wales to identify the most appropriate solutions for your immediate and evolving challenges. As healthcare specialists, we understand how crucial fit-for-purpose environments are to improving patient care and staff welfare. That's why we are pleased to partner with *Management in Practice* on this report.

Undertaking a remodel or new build is a complex and time-consuming endeavour – and accessing information, support and details on the process, including on how to apply for funding, can be challenging. This report is designed to act as a clear, practical guide to help you analyse your healthcare premises' current needs and potential future development.

As partners on this report, we are committed to supporting our health and care colleagues in the continual improvement of primary care estates. By addressing estates' needs, we aim to protect patient care, enhance staff experience, and optimise organisational processes.

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From concept to completion: upgrading your GP surgery in 20 steps

GP surgeries are getting busier, more Additional Roles Reimbursement Scheme (ARRS) roles are coming into general practice and our premises or estates are becoming cramped, even full to bursting.

In addition, we can only assume that our practice list sizes will continue to increase as the Government has said it will build 1.5 million new homes across England before the next general election.

Compounding the pressure on GP premises is the fact that a significant portion are currently inadequate. A survey from the RCGP revealed that four in 10 GPs are seeing their patients in practice premises that are outdated and 'unfit for purpose'. A total of 88% of practice teams say they don't have enough consulting rooms.

Meanwhile, a report released earlier this year on the general practice workforce, which *Management in Practice* contributed to, highlighted that a lack of functional, appropriate accommodation is inhibiting practices' ability to hire GPs, with 37% of practice managers saying not having enough space was affecting recruitment.

One solution is to renovate or extend and modernise current premises.

The benefits of expanding the space available to you is not limited to the obvious one of improving the functionality of the surgery.

It can also allow you to continue to grow your practice and boost income by increasing your list size or by being able to offer more enhanced services. If the project is planned in the right way, notional rent generally covers the money spent.

However, renovations are time consuming, costly and complex projects for practice managers to take on. They involve planning for your needs, getting approval from the NHS, getting the funds together, sourcing suppliers and more – and it can be hard to know where to start.

This article aims to provide clarity on the topic, setting out an overview of all the steps to take from start to finish.

When you are working through any major changes to premises or estates, whether it's a new build project, a remodel, or an extension, there is a basic set of rules to follow. These can help you navigate the difficulties you will face during the lifecycle of the project. They are as follows:

Laying the groundwork and agreeing your vision

1 First, it's crucial to establish exactly why you want to extend the premises or plan a new build surgery. Practice managers need to discuss this with their GP partners to assess what areas they are struggling with. For example, is it admin, dispensary, or clinical space? Ensure that all other options, such as hot desking and sharing of clinical rooms, have been assessed properly too.

Don't rush into adding space until you are absolutely sure you have utilised all of the existing space you have. That might mean opening up corridors and demolishing walls to create open-plan office space, or converting attic areas. Are there any admin areas that can be made into a clinical space? Look at all the options.

2 Going ahead with a renovation/improvement project fundamentally relies on two factors. These are:

- obtaining approval from the NHS
- securing funding.

Of course, there will be many other hoops to jump through too, such as getting planning permission, where relevant. But addressing the above two issues are particularly central to the process.

To gain NHS approval, you will be required to complete a project initiation document (PID), which is a formal business case-type application. The approval process can take some time, and the planning stages are key to helping this go through as smoothly as possible.

With regard to funding, there are GP premises capital grants that can

be accessed from NHS England via Integrated Care Boards (ICBs) to make improvements or increase the size of your surgery.

Availability of funding for GP premises in England is set out under the NHS (General Medical Services Premises Costs) Directions 2024, updated last year. It's important to familiarise yourself with that document. A simpler guide to the changes can be found here.

In your initial meetings with the practice partners, you will need to explore and discuss options for funding, and how costs will be met. For more on this, see Accessing funding support.

3 If the decision to extend/upgrade has been agreed, define your needs and plan exactly what you would like to achieve. For example, how many clinical rooms do you want or how much admin space? If the practice partners own the building those decisions rest only with themselves.

If they don't own the building, you will need to seek agreement from your landlord to make the changes you wish. You will also need the landlord to be available for any meetings with the ICB, so ensure they are on board with that.

4 Consider whether the improvement project requires a purchase of extra land. If so, look at your options. Some practices have chosen to buy up nearby houses to demolish to make extra space available for an extension, for example.

The Premises Costs Directions 2024 now allow for grants to be given to cover land purchases needed for a renovation. However, waiting for a grant to be approved to cover that cost can be a risk since it isn't a fast process, and may mean you will miss out on a purchase.

5 Discuss your initial plans with the practice partners again to confirm they are happy with them. It's vital to make them fully aware that there will be an initial outlay to cover architects' fees and planning requirements that can't be recouped in the event that an application for a capital grant is turned down by the NHS.

In the case of a project such as a two-storey extension this could amount to as much as £20,000 (not including a practice manager's time).

In the case of multi-million pound projects, initial costs and fees can rack up to hundreds of thousands of pounds! Since there are potentially unrecoverable costs involved, the practice partners need to be sure this is a loss they can manage and it's a project they want to go ahead with.

Cementing the plans and getting funding lined up

6 Find an NHS-approved or healthcare specialist architect to work on your plans (see also, How to choose and work effectively with suppliers). An NHS architect will be aware of allowable room sizes for treatment and clinical rooms. They will also have knowledge of compliance with the Disability Discrimination Act (DDA) and infection control requirements that can be covered by an NHS capital grant.

Using a non-NHS architect could have costly consequences if they do not understand the finer rules around room sizes and infection control, as plans will be rejected.

For medium to large upgrades, such as an extension, it is highly recommended (and very common) that your architect also becomes project manager of the renovation work. This means they take on tasks including (but not limited to): completing legal paperwork, seeking planning permission or commissioning land surveys; developing the design brief and coordinating a design team; handling the bids from builders; and overseeing construction works. Although there is a fee charged for this, it can be worth it since it greatly reduces the burden on a practice manager.

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The new plans should again be discussed with the partners. Any late changes made to plans once the project is submitted in your PID will not be reimbursed.

7 Now is the time to start researching in more detail what financial support is available. Again, refer to the NHS (General Medical Services Premises Costs) Directions 2024 and check with the ICB as to what level of funding they offer.

Also start to look up what other local sources of funding and financial assistance you might be able to tap into (see Accessing funding support). Make contact with your ICB estates lead who can help and advise. For example, they can look at whether your plans are likely to be agreed and should assist with the issue of notional rent, checking whether it can be uplifted to cover the extension/improvement.

Do note at this stage, they won't be able to confirm how much extra notional rent will be paid, just that it will cover the financing of the grant and how long a period the rent payments will be abated for (see Accessing funding support for more on notional rent).

8 Start gathering the details you need for completing your PID. Learn more about that in, Writing a winning business case (PID) to secure a grant. One important tip is to ask the estates lead at the ICB to oversee the PID at an early stage – to make sure that there is a good chance of it being successful before you start to incur costs.

9 As the practice manager, you need to keep track of all costs incurred in a spreadsheet and retain all copies of all invoices as these will be reimbursed if the grant is agreed from the PID.

10 Check again that the partners are happy with the final designs from the architect. Take another walk around your building to check whether any details have been missed. Agree design plans and ask your architect to seek planning permission and arrange land surveys, and so forth.

The planning permission needs to be added into the PID.

As the practice manager, you need to keep track of all costs incurred in a spreadsheet and retain copies of all invoices

Gathering bids and finalising paperwork

11 A closed tender process now takes place to find a builder to undertake the construction work (for more on this, see How to choose and work effectively with suppliers). You will have to produce quotes from at least three builders, which will need to be presented in your PID. If your grant is approved, the ICB will only pay the cheapest quote, even if that isn't the builder of your preference.

12 Organise meetings with your patient participation group and primary care network (PCN), to ensure they approve and are happy with the planned work. Approval needs to be included in the PID. For patients, selling the advantages of an upgrade is usually straightforward because they should directly benefit.

Gaining approval from the PCN might be trickier (especially where relations between practices are strained) but they are required to give a genuine and valid reason to object, which there rarely is.

13 The PID includes a section for IT costs. Be assured these don't come out of your practice's budget but are covered by the ICB. Nevertheless, IT needs to be planned for and costed out. Organise an IT assessment of the whole building and new extended space by your ICB IT team, who will be able to assist you in planning for your requirements. If this is not formally assessed by your ICB and you try and do it yourself, the risk is that a key feature is overlooked, potentially leaving the practice with a computer network that isn't properly connected and can't share information (see also Writing a winning business case (PID) to secure a grant).

14 Start to plan ahead for how the building work will affect the running of patient services. For example, will you have to see patients elsewhere in temporary buildings? These can be hired on demand for a time period you specifically need. If this is a requirement, start getting quotes for these. Also plan for storage of furniture that will need to be moved out temporarily.

Both these costs can be included in the PID, as long as they are required to keep services running. If they are excluded from your PID, be warned they are expenses that will have to be picked up by the practice.

15 Submit the PID and wait, wait and wait. Do not be tempted to start the construction process without ICB approval or your grant will not be paid.

Work in progress – managing the build

16 Once the process is agreed via the ICB and a capital grant has been approved, it's advisable to begin submitting invoices to the ICB finance lead so you can claim back costs you have incurred as soon as you can. This keeps income flow steady and helps you manage finances. The renovation or development project could take months to complete but there's no need to wait that long to start claiming the grant payment.

If the grant is turned down, plans can be put on hold and an application can be put in again another year. For other development options that can be pursued, see also Accessing funding support.

17 Inform your insurance company of the building schedule. Failing to do this risks leaving your premises uninsured while work is ongoing. You will also need to review your policy once the project is completed so it covers the additional space and improvements made. For more on this, see Secrets of a successful remodel: 8 essential tips you may have overlooked.

18 Start to prepare the team for the upheaval ahead. Provide regular updates and keep communicating.

When organising the building work, try and schedule it for the

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weekend if possible, and/or avoid particularly busy times such as when you are running flu clinics (see also How to choose and work effectively with suppliers).

Plan your rooms, access for patients and how to minimise noise disruption during the build itself to ensure that your services can run smoothly. Buy a graph book so you can draw plans room by room.

Organise regular meetings with builders or construction partners, the estates team at the ICB and the practice partners.

19 While development is taking place, practice managers will still be busy with meetings, invoicing and reviewing finances.

Remember to let your accountant know about the premises changes and make a plan for how the costs should be phased through the accounts – over the length of the capital grant abatement or in one hit? When deciding on this, consider when partners may be ready to retire.

If close to retirement, are they happy to take the full cost of the building from their profit in one year? Or can your accountants arrange it so the cost is split across the time period in which the grant will be paid back (via abatement)? The latter is generally a fairer way to arrange accounts especially if you have partners likely to retire before the abatement period is completed for the loan. Please take individual advice from your accountant.

Ensure you schedule time for all these extra tasks into your workload. There are managers who will run this kind of project for you to take away the workload pressure.

Consultant estates managers or locum practice managers can do as little or as much as your surgery requires – from PID writing, to working with the estates lead at the ICB, the architect, builders, solicitors and any third-party sectors – to lighten the load on practice managers.

Completion

20 Finally, moving in! Plan your logistics using your graph designs. Move furniture and computers into your new space and, in the case of clinical rooms, remember to get a clinician to check that it is all workable.

Think about all aspects of health and safety in the new areas. You might need new fire extinguishers, signs or fire blankets (see also Secrets of a successful remodel: 8 essential tips you may have overlooked).

Plan your rooms, access for patients and how to minimise noise disruption during the build

Case study

The importance of regular and effective staff communication

Good communication was the key to boosting staff morale during renovations for Godiva Group Practice in Coventry, which serves 21,000 patients. It undertook renovations after a fire in April 2024 affected one of the practice's four sites.

Business practice manager Saddam Hussain says there was uncertainty about how long renovations would take and, alongside the inevitable disruption to working practices, this affected staff morale. So, the practice took steps to address this though improved staff communication.

'We started working more closely with staff,' explains Saddam. 'They wanted to know what was going on, so we introduced a regular catch-up with them on a fortnightly basis.'

Saddam says this eased staff concern.

'There was a sense that at least there's light at the end of the tunnel and they're quite happy and relaxed that things are coming along,' he said.

Communication was also crucial in helping to find somewhere for clinicians to work, especially in the early days. As the practice building also housed the PCN hub, there were around 35 staff members left without a workspace. Saddam, who is also PCN manager for Coventry Navigation 1 PCN, turned to WhatsApp.

'Myself and other managers have a WhatsApp group and we put messages in the group every morning checking to see who's got space. Someone might reply, for example, "I've got someone off today so I've got a room available". We could then easily communicate with staff telling them where they could go for that day.'

To further ease the problem, the practice worked with Darwin Group (part of Portakabin) to put in place temporary accommodation, offering three additional clinical rooms and a waiting area. The extra clinical space allowed them to continue running services while repairs were underway, minimising the disruption for patients and staff.

The team were inventive about making the best use of the space, adjusting clinic times to ensure the rooms were always in use.

'We decided to run clinics during break times. The morning clinic ran from 9am till noon then there was another from 12 noon until 2pm or 3pm,' says Saddam. 'We just wanted to make use of the space at all times.'

To find out more about Darwin Group, see here.

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Accessing funding support

Whether you are organising a new build surgery, an extension or a smaller scale refurbishment, it's essential to be aware of the different funding options and financial assistance that is available.

Especially since one of the very first tasks when planning an upgrade is to explore how it can be made affordable, as well as its impact on other financial factors such as notional rent, in an initial discussion with the practice partners.

What are the different sources of funding? The main options for funding are via NHS grants; self-funding (via bank loans or partner capital contribution); a combination of both of these; and/or Section 106 money.

NHS monies

When it comes to accessing grants, there are various pots of money held by each ICB for assisting with estates, one of which is improvement grants. The Premises Costs Directions 2024, sets out availability of funding. New changes that came into effect last year mean that grants can now be awarded that cover 100% of the project, compared with the previous limit of 66%.

Although this is good news, providing 100% funding remains at the discretion of an individual ICB and with many under financial pressure, they are likely to choose to continue to award grants at the former 66% limit.

You will need to speak to your ICB estates lead to check what level of grants are being offered to practices locally.

Do note, improvement grants can now also be awarded to purchase the land specifically required to build a premises extension, and for tenant fit-out works of new builds.

To obtain the improvement grant funding, you need to write a project initiation document (PID) – see Writing a winning business case (PID) to secure a grant.

For 2025/26, the Government announced a one-off capital investment of £102m into the general practice estate in England. The Primary Care Utilisation and Modernisation Fund was launched to help finance upgrades and refurbishments so practices can develop new consultation and treatment rooms and facilities, and accommodate the expanding GP practice workforce. The money has been fully allocated to 1,027 practices so isn't available to bid for. However, potential future projects have already been identified. And while the Department of Health and Social Care has said there are currently no plans to make this a recurring investment, it may still be worth enquiring about it at ICB level in case money does become available again.

Section 106 money

When new housing estates are built, this can put a further strain on healthcare facilities in the area.

All new housing estates are now supposed to consider health within their planning applications, making more money available for updated buildings and even new health centres. Unfortunately, this money is not widely advertised. It means practices in England and Wales are often unaware that a pot of money outside of NHS capital grants may be available for improving health facilities.

Section 106 agreements are part of the Town and Planning Act 1990. The strong link between local planning authorities and the need to improve health inequalities led to a legal agreement that when proposals are submitted for building housing estates, funding can be negotiated from developers to be put towards the local community and social infrastructure.

This funding, commonly known as 'Section 106', must be spent on infrastructure to improve healthcare, social care and transport links.

In addition, the 2008 Planning Act offered a further source of funding, the Community Infrastructure Levy (CIL), which is also money that comes from the developers (continued on page 13).

Top tip
Alternative models for funding

Flexible, modular buildings

Where a renovation or extension isn't possible, some GP practices have found that hire cabins or modular buildings can be an alternative solution for extending space.

These can be used for consultation and treatment rooms or for admin and reception areas. Some practices have used them so they can more easily accommodate the additional clinical and non-clinical services offered through their primary care networks.

The main benefit of this option is that the organisation supplying the facility, not the GP practice, owns and maintains the buildings and ensures they are fully compliant with NHS regulations around, for example, DDA, infection control and health and safety. The buildings can also be modified or removed to align with the care and needs required.

Building companies you work with should be able to take you through all the stages of construction, including planning and working with architects to come up with designs, through to completion. The monthly costs of these buildings can be covered by notional rent although this will be dependent on your ICB and, of course, the district valuer agreeing to it.

Speak to your ICB about this if it's an option you want to pursue and before making any decisions.

Ensure any company you wish to work with is listed under the Modular Buildings Framework Agreement, drawn up for the NHS and other public sector organisations. It will mean you are accessing 'preferential pricing' without having to do any further negotiating, potentially also speeding up the construction process.

Sale and leaseback schemes

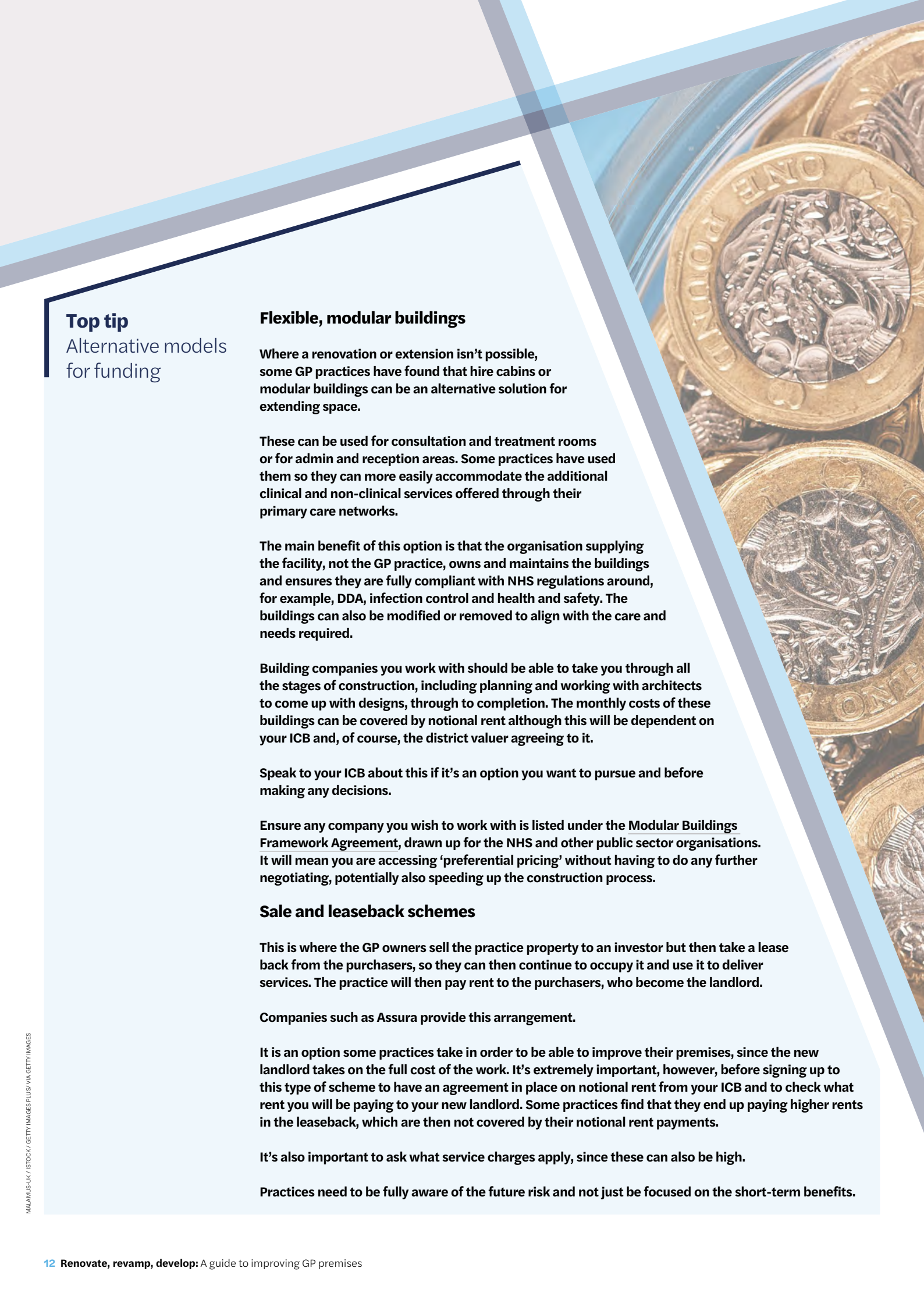
This is where the GP owners sell the practice property to an investor but then take a lease back from the purchasers, so they can then continue to occupy it and use it to deliver services. The practice will then pay rent to the purchasers, who become the landlord.

Companies such as Assura provide this arrangement.

It is an option some practices take in order to be able to improve their premises, since the new landlord takes on the full cost of the work. It's extremely important, however, before signing up to this type of scheme to have an agreement in place on notional rent from your ICB and to check what rent you will be paying to your new landlord. Some practices find that they end up paying higher rents in the leaseback, which are then not covered by their notional rent payments.

It's also important to ask what service charges apply, since these can also be high.

Practices need to be fully aware of the future risk and not just be focused on the short-term benefits.



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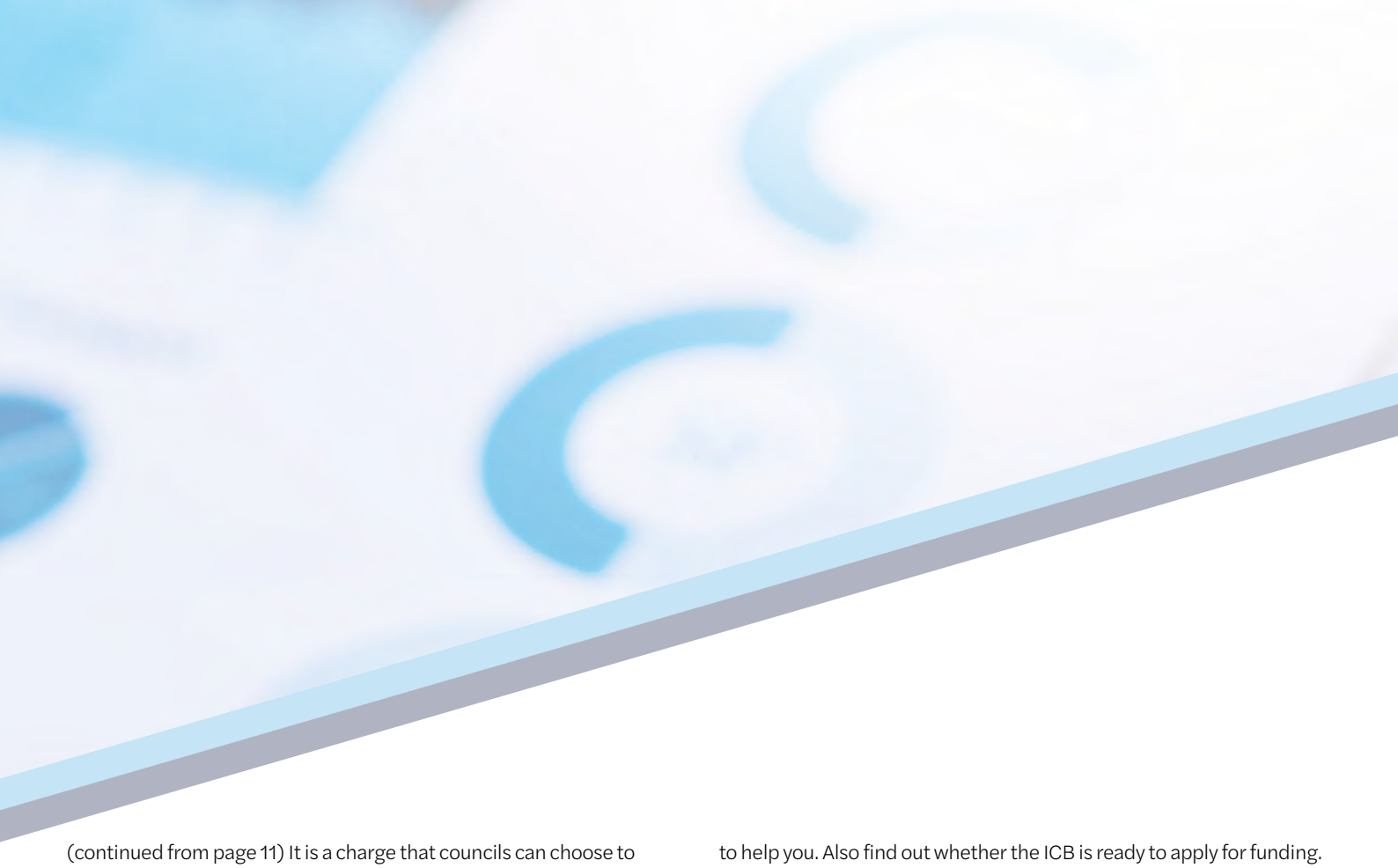

(continued from page 11) It is a charge that councils can choose to apply based on the floor space of new developments to help pay for improved infrastructure or community facilities.

Some ICBs have a strategy for obtaining this funding and claim every penny.

Section 106 funding and CIL pots of money can be used to reconfigure or expand health centres or, where there is a large amount of new housing, build brand new medical centres to meet increased patient user numbers.

The money can also be used to increase capacity by adding extensions or converting admin or storage space (for example, areas used to house patient records) into new clinical space.

Patient increased access is currently worked out based on the average occupancy of 2.4 people per dwelling/home. As an example, 480 new houses could add an extra 1,918 hours of GP and nurse consulting time to a practice per year.

How can the money be accessed by practices?

If your practice is in an area where there are housing estates being built, the process for claiming this money is fairly easy.

To start to gather information, check with the local planning authority (which usually sits within your local council) for any initial plans for new houses being considered. Find out how many houses this would involve.

Your ICB estates lead will need to be actively working with the councils and planning departments under their written agreements. They will also be responsible for working with you to obtain this money where available.

Make contact, ask them to share the ICB's estates policies with you and enquire whether there is any CIL or section 106 funding available to help you. Also find out whether the ICB is ready to apply for funding.

To release the healthcare contributions to the ICB, the estates lead needs to submit a detailed plan of work to the developer, since they pay out the Section 106 money. This plan is something that will have to be drawn up by the manager of the practice/s concerned and then discussed with the estates lead.

There will be a form to complete by the ICB, and once you have successfully secured the money, practices normally have up to 10 years to complete the work.

Practices will need to work with the ICB estates lead to ensure the project is completed. Do be aware that if the work isn't carried out the money secured will have to be paid back to the developer – with interest.

If you are in an area with several housing estates being built, you can make a claim on more than one pot of money. This can be worth thousands of pounds.

Practices can work alone or apply for this funding as a primary care network, provided it benefits the whole network. This can mean sharing the workload and the application process for the funding.

It's important to note that, alongside any improvement grants, practices will be expected to claim further funding under the Premises Costs Directions 2024. Practice managers will need to complete a project initiation document (PID).

Other financial assistance

There are local government initiatives that can be claimed to improve practices. For example, each local council runs green initiatives that have grants attached, such as for making outside space improvements, putting up bike sheds or installing electric charging points. Check with your local council's website to see what schemes may be in place.

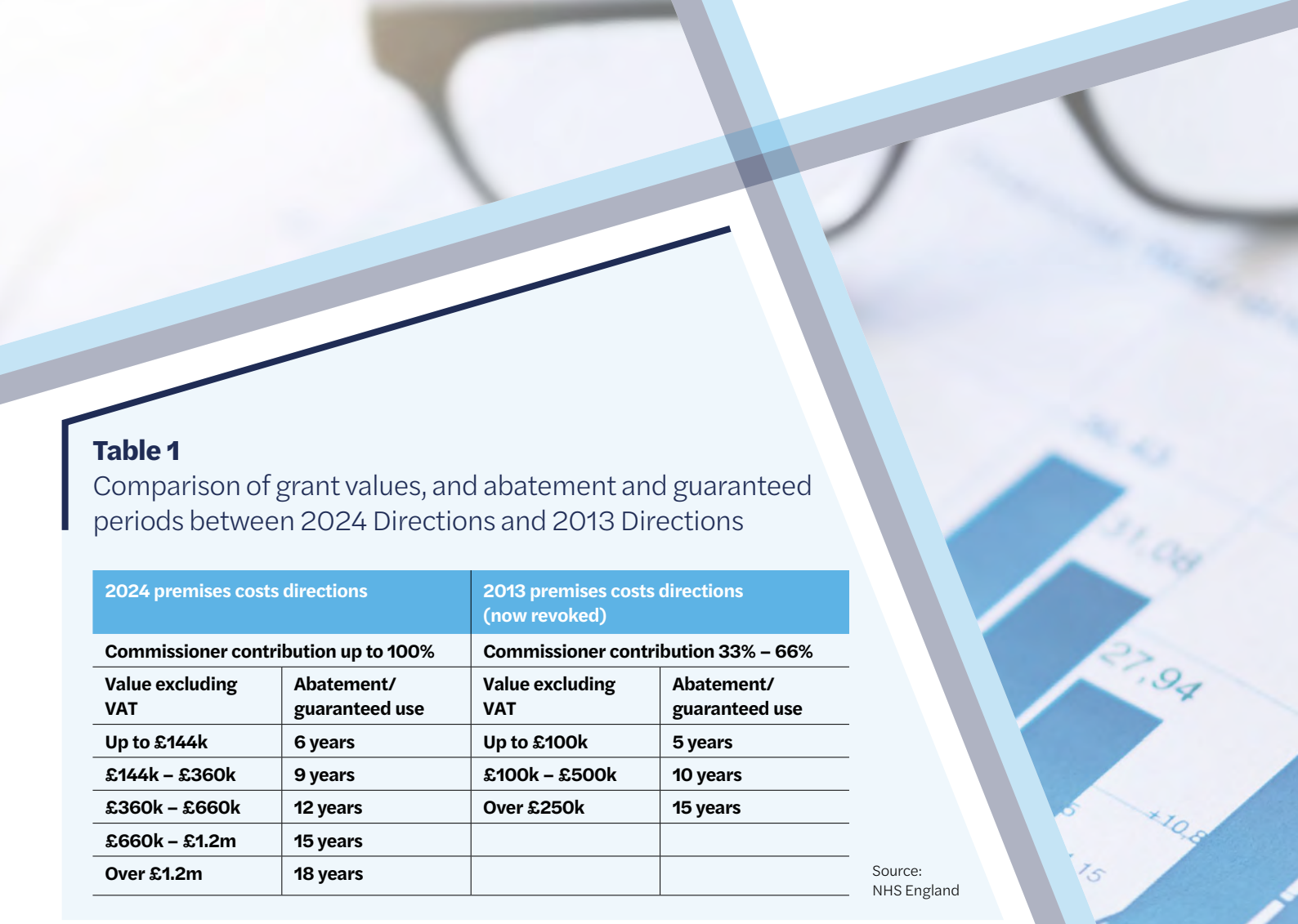

Table 1

Comparison of grant values, and abatement and guaranteed periods between 2024 Directions and 2013 Directions

2024 premises costs directions		2013 premises costs directions (now revoked)	
Commissioner contribution up to 100%		**Commissioner contribution 33% – 66%**	
Value excluding VAT	**Abatement/ guaranteed use**	**Value excluding VAT**	**Abatement/ guaranteed use**
Up to £144k	**6 years**	**Up to £100k**	**5 years**
£144k – £360k	**9 years**	**£100k – £500k**	**10 years**
£360k – £660k	**12 years**	**Over £250k**	**15 years**
£660k – £1.2m	**15 years**		
Over £1.2m	**18 years**		

Source: NHS England

There are also Government grants available for updating your workplace boiler that should be considered as part of any new refurb plans to save the practice money.

Thinking outside the box and checking for all available grants can help, even if it's only for a small part of your project.

Notional rent explained

Notional rent is a reimbursement made to practices that own their buildings and use them to provide either GMS or PMS services.

The amount of notional rent to be paid to the contractor is based upon the CMR (current market rental) value for the property, as determined by a district valuer on behalf of NHS England.

Following, a premises extension or a renovation, a practice may seek to get their notional rent amended to reflect the extra value that has been added to the building.

That increase to notional rent will have to be agreed by the ICB. The district valuer will visit once the work is completed to decide what the rental value of the additional improvements should be.

What is less well understood, however, is that where practices receive an improvement grant, the extra notional rent given to a practice is then abated or reduced for a certain period of time, in effect to pay that grant back (it isn't a gift as some perceive it to be!)

The period for the adjusted notional rent depends on the sum of the grant given. The details are set out in the table above, showing how these were updated in new rules brought in last year.

What about VAT?

VAT cannot be double claimed. If your practice is not VAT-registered (as is the case for most practices) or if it is fully VAT-registered, then the VAT included in costings in the PID can be claimed back in full.

However, for partially registered practices (such as dispensing practices) the situation is less clear cut since there are special rules around all capital grants.

Essentially, dispensing practices that are partially VAT-registered are not be able to claim back all the VAT included in the PID since grants can't be used to cover that.

A key tip, however, is that all dispensary work is fully VAT claimable. So dispensing practices should liaise closely with their builder to ensure that any renovation work on the dispensary area is invoiced separately and clearly includes the word 'dispensary'. It involves a little extra admin work for the practice and the builder but it's worth it since it saves money.

The work carried out in other areas of the surgery is only part VAT claimable, so dispensing practices will receive a percentage of the VAT back. It's recommended that dispensing practices speak to their ICB early on to get a clear idea of how the VAT element is calculated and how much extra cost it could add to any planned building projects.

4

Writing a winning business case (PID) to secure a grant

Practice managers will have to write and submit a project initiation document (PID) to obtain a capital grant fund for upgrading or renovating a GP surgery.

Guidance from NHS England called Primary care capital grants policy sets out a list of what information needs to be included in a PID, such as evidence of planning permission, architect drawings, a full breakdown of costs, timescales and much more.

However, here are some additional pointers on how to write a winning, well-structured PID that clearly demonstrates the need for improvements to your premises and the wider benefits it will bring.

Do your research

Gather all evidence that will make your PID stand out. For example, check your list size, has it grown over the last 10 years? Contact the council to find out if there are any new houses or housing developments planned in your contracted area – this will be evidence that your patient list size is likely to grow and therefore that the premises needs to expand to meet that demand.

The council will be able to give you full details of planning permission granted for any developments, which can be added into your PID.

It can be beneficial to show in your PID that you are trying to secure funds or income for the project from other sources too. Check what grants might be available to you locally. For example, some local councils offer environmental grants available for outside space (such as for bike sheds and electric bike points). Investigate Section 106 money and boiler grants (see Accessing funding support).

What will also strengthen the PID is using NHS-approved architects and builders, as they understand NHS requirements (such as allowable room sizes for treatment and clinical rooms). Crucially, they will also be familiar with what changes can be made for DDA compliance and infection control guidance that are eligible to be covered by an NHS capital grant.

Top tip

Is there help to write a project initiation document (PID)?

There are companies and individuals that write PIDs for you. This can be an extra cost, but they can have a higher likelihood of success because they are often written by someone who is very experienced with the document and the process, and who knows what wording will work.

Outsourcing the work can save you hours of time and is something to consider if you do not have capacity to manage it.

> **Gather all evidence that will make your project initiation document (PID) stand out**

Seek advice early on

Once you have started to make some progress with your PID, but before the processes of obtaining planning permission and commissioning land surveys are started, make sure you're in touch with your ICB estates lead so they can oversee the document at this early stage. They can advise if there is a good chance of it being successful before you start to incur substantial costs.

They may also advise on what improvements to make to the PID, although not every ICB will do that.

Remember to include all costs

Remember that once the PID is submitted, there is no opportunity to add in any other costs, so it's imperative to be thorough and plan ahead. Ensure that you keep a file of all relevant invoices to make sure none are forgotten when you finalise the PID.

Some costs to remember not to overlook:

- Additional 'last minute' improvements to your premises. Review your design plans from the architect and walk around the premises again to check there are no other improvements you want to make. Can you improve DDA compliance by altering countertop heights? Does flooring need upgrading to comply with infection control requirements? Check, check and check again since this is your opportunity to get all necessary costs into the PID.

- The project manager fees if you have hired one (usually the architect).

- Furniture storage costs or the cost of temporary buildings if required to keep patient services running smoothly. Consider quotes for these before you finalise your PID or you will find yourself with extra charges later on and no funding to cover them.

- Fixed furniture can also be included in your grant bid. A useful rule of thumb is that anything that is portable (desks/ beds/chairs) cannot be included, however, built-in desks or examination lights that are fixed into the walls, for example, can be included.

Process pointers

The PID includes a section for IT costs. While these do not come out of your practice costs but are met by the ICB, they will still have to be thought about. The IT team at the ICB should be able to assist you with an IT plan.

All capital grants PIDs need to be discussed with your patient participation group and this discussion recorded in the meeting minutes. Applications also have to be discussed at primary care network (PCN) level to make sure there are no objections. This needs to be minuted too and included in your PID together with a PCN estates plan. If your PCN doesn't have one of these drawn up, it will be a piece of work that needs to be completed (most likely by yourself as the practice manager) before submitting the final PID.

You will have to produce tenders from at least three builders for the planned work, and all need to be in your PID. If your grant is agreed it will be based on the cheapest tender, even if that isn't the builder that you choose to use (see also, How to choose and work effectively with suppliers).

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How to choose and work effectively with suppliers

There are some obvious qualities you will want to look for from people and organisations you work with when carrying out building works to your GP premises. These include reliability, being speedy and flexible, offering good value for money, as well quality workmanship, and being clear and consistent with communication.

Choosing the right supplier can mean the difference between a job well done that transforms your practice and helps it flourish, and one that you will regret for years to come.

Word of mouth along with advice and recommendations from local practice managers or colleagues can be a good place to start when it comes to sourcing suppliers.

But bear in mind that ICBs are always happier to fund estates projects when NHS-accredited suppliers are used. This is because they understand the rules and regulations that are unique to the sector. Your ICB estates team should be able to advise on these.

Architects

Most ICB estates teams will be able to provide a list of local NHS-approved architects that understand the complexities for GP surgeries.

For example, they will be aware of allowable room sizes for treatment and clinical rooms (new extensions or new builds need to have consulting rooms of 16.5m^2 or bigger, while treatment rooms need to be 21m^2. Ceilings also need to be at full head height, so able to allow a person of average height to stand upright without bumping their head).

They will also have knowledge of agreed DDA and infection control requirements that will be covered by an NHS capital grant.

In addition, architects usually offer a project management service where they handle meetings and processes, including ensuring all the legal paperwork is filed at various stages of the build, so funding can be released to the builders.

Once the work is completed, they will also arrange to hold back a percentage (around 10%) of the money owed to builders that becomes payable after a 12-month period provided there have been no problems or issues. It acts as a form of guarantee.

Richard Maudsley RIBA, director and architect at Sunderland Peacock Architects offers this advice on what to look for from an architect:

1 **Collaboration and communication** Effective collaboration is crucial in healthcare projects from an early stage of any project, which can often involve multiple stakeholders. Ensure the architect has excellent communication skills and can work seamlessly with the project team.

2 **Experience and expertise** It is important to work with architects who have experience in designing healthcare facilities. Check their portfolio for similar projects and that they understand the requirements of healthcare environments, including regulations, safety standards, and the needs of patients and staff.

3 **Adaptability** Healthcare is an ever-evolving field and requires adaptability throughout the process. Architects should be open to integrating new materials, sustainability practices, and advanced medical technologies into designs where applicable.

4 **Reputation and references** Seek recommendations from industry peers and ask for references from past clients. Discuss their experience working with the architect, focusing on aspects like communication, problem-solving skills, and adherence to timelines and budgets.

Mr Maudsley says practices can also do their bit to ensure a smoother working relationship with architects.

‘Practices can prepare by developing an understanding of the process and what they are seeking to achieve. Early engagement with an architect will help to structure this process and the running of the

project. A design brief will benefit discussions with all interested parties as well as having ownership and lease plans available.

'It's useful to be aware that an architect can offer a "concept to completion" type approach that includes initial client meetings, developing the design brief, coordinating a design team and then the arrangement of a contractor and overseeing construction works.'

He adds that it's also important to have a clear vision and goals.

'Understand your project's goals. While they do not need to be fully detailed, considerations such as patient care objectives, facility requirements, and budget constraints are good to understand at an early stage.'

Builders

The tender process

There is a structured process to go through when it comes to gathering quotes from building contractors to ensure there is no bias. Your architect would usually fully manage this aspect, assuming they are project managing the build.

At least three contractors should be asked to submit a tender under a closed bidding process handled confidentially by a third party (again, usually your architect). Builders will be asked to quote for the same list of requirements, so they are all providing costings for exactly the same work. However, of course, they won't know the amount other contractors have quoted, since these details won't be disclosed.

If you think you will require some work to be done 'out of hours', which is very often the case for GP surgeries to minimise disruption, it's vital to ensure that the contractors are aware of this. They should be asked to include this cost in their quote since it can make a huge difference to their expenses.

You can request bids from as many builders as you want to, however,

"There is a structured process to go through when it comes to gathering quotes from building contractors to ensure there is no bias

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you need to have at least three for the purposes of the PID. For smaller jobs, worth between £5k and £10k, three is fine. For bigger jobs, I would recommend asking five builders to provide a quote, particularly since some may end up backing out of the process.

Only once all the bids are in, is the practice allowed to see all the various quotes. All of them have to be included in the PID.

If your grant is agreed, it will be based on the cheapest tender.

However, that doesn't mean you have to pick the cheapest builder to do the work. If there is a contractor your practice prefers to work with but didn't come in as the cheapest, you have the choice of topping up the grant money with your own funds.

An important tip: beware of quotes that are unusually low, it could signal the contractor is about to go bust. If you suspect this is the case and a grant is subsequently approved based on that low quote, get in touch with the ICB. In one real-life example of this, an architect fought against the decision taken by the ICB because he had heard the supplier was in financial difficulty and while that discussion was taking place, the contractor went bankrupt and was removed from the process.

If you are aware of any rumours that a supplier might be in financial difficulty, I'd advise staying away.

How do you go about choosing a builder to provide a quote?

It is best to select an NHS-approved supplier since they will be familiar with the NHS' particular requirements. Your ICB estates lead should have a list of these for your area. If they don't, you can search on the internet to look up firms that have built a local hospital or new GP surgery – they will most likely be an NHS-approved contractor. Or, ask for recommendations from your practice manager network.

Take the time, as the manager, to accompany the builders around the premises when they are looking at your plans to extend. Make note of

> **Beware of quotes that are unusually low, it could signal the contractor is about to go bust**

how they talk to your team. Are they people you will be happy to have working on site for long periods of time? A good rapport makes it much easier for the job to go smoothly.

It is also recommended to go and visit other NHS buildings that the company has worked on, if possible, and to speak to the teams at those previous sites to get feedback.

Surveyors

A surveyor provides the professional expertise to assess, manage, and advise on property-related matters, helping GP practices ensure their existing premises are safe, compliant, well-maintained, and fit for purpose.

When practices are planning an extension of their existing facilities, or a new build project, it is essential that surveyors are utilised to appropriately scope the project, consider the impact of the environment on the building's design, and accurately forecast the construction cost of the project.

Adam Brindley, pre-construction director at Darwin Group, advises that when contacting potential surveyors for a quote, GP practices should be prepared to clearly outline the following:

- The type of service required. This can include an existing building survey (condition reports, defects analysis), quantity surveying (cost management, project construction costs, valuation survey) or on-site surveys, including but not limited to a topographical survey to establish the current site levels and landscaping features, a ground penetrating radar survey to identify the location and type of below ground services, and a ground investigation report to understand the below ground conditions when producing a foundation and/or drainage design.
- The property details, including location, size, type of construction, and any previously completed modifications to the original building.
- The purpose of the survey – for example, pre-acquisition due diligence, planned maintenance, project cost estimation.
- Any specific requirements or timescales. This may be of particular interest when there is a critical programme to be maintained.

How can practices find a surveyor?

Adam Brindley says there are a few avenues.

'Advice can be taken from professional bodies and associations, such as the Royal Institution of Chartered Surveyors (RICS). GP practices can use the RICS 'Find a Surveyor' tool, allowing them to search for chartered surveyors based on their specialism (e.g. building surveying, quantity surveying) and also their location. It can often be advantageous to select a surveyor with local knowledge, particularly if the appointment is in relation to on-site surveys where knowledge of the local site conditions will inform the surveys being undertaken and provide a comprehensive report. Surveyors holding a RICS membership will ensure a good level of professionalism, competence, and adherence to a code of conduct.

He adds: 'Alternatively, the use of NHS Frameworks will provide access to pre-approved lists of consultants, including surveyors. For details regarding the use of NHS Frameworks, GP practices can contact their local Commissioning Support Unit (CSU) or ICB.

'Finally, networking within the local business or healthcare sector can be valuable. Architects, engineers, and other GP practices will likely be able to recommend a surveyor that has provided them with a particularly good service previously.'

When choosing who to work with, most important is to check the surveyor's qualifications and experience, ensuring they are chartered

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(MRICS or FRICS) and have experience with similar types of properties or projects, ideally within the healthcare sector. To demonstrate their experience, examples of previous work and references should be requested.

Prior to selecting a surveyor, you should obtain a detailed fee proposal that clearly outlines both the scope of work required and the associated costs, as well as any exclusions. If there are any questions as to whether something is included, or would attract an additional fee, these questions should be answered prior to an order being placed and works commencing. If the exact scope of works is unknown, RICS will be able to assist.

Finally, the surveyor should hold the appropriate level of professional indemnity insurance for the services they are offering, and the anticipated value of the construction project.

It's crucial to look out for certain red flags that could indicate potential problems with a surveyor's service or expertise. These include:

- **Not being RICS accredited** The risk here is that they may not adhere to the same professional standards, code of conduct, and quality assurance. If it is not clear whether the surveyor is RICS accredited, be sure to ask for evidence of their chartership.

- **No relevant experience** A surveyor specialising in residential properties might not be the best choice for a healthcare building survey. A surveyor who is hesitant to share references or examples of their reports may have something to hide.

- **Lack of professional indemnity insurance** This insurance protects you if the surveyor makes a mistake or provides negligent advice. Always confirm they have adequate coverage and ask to see up-to-date copies of their insurance certificate(s).

- **Vague or unclear fee proposals** The quote should be detailed, outlining the scope of work and all associated costs. Be wary of

If it is not clear whether the surveyor is RICS accredited, be sure to ask for evidence of their chartership

unusually cheap quotes, as they may indicate a lack of thoroughness or hidden fees beyond the initial order.

- **Poor communication** Difficulty in getting in touch, slow responses, or unclear explanations can be a sign of poor service. If communication is poor, this can become frustrating and can delay the programme unnecessarily.

- **Pressure to make a quick decision** A reputable surveyor will allow you time to consider their proposal and won't pressure you into an immediate commitment.

- **Overly positive or dismissive attitude** Be cautious of surveyors who downplay potential issues or, conversely, exaggerate minor problems to create unnecessary work. A balanced and objective assessment is key.

- **A very quick and superficial inspection** A thorough survey takes time. Be wary if the surveyor spends a very short time at the property, as they may miss important issues. You can support the surveyor by providing all existing details of the site or property that may provide background information.

- **A report that lacks detail or uses vague language** The survey report should be comprehensive, clearly explaining any defects or issues found, their potential implications, and recommended actions. Avoid reports that are brief, generic, or difficult to understand.

Flooring companies

Fitting new flooring can involve a lot of upheaval as well as expense. Ensure you work with flooring companies that understand the rules around coved skirting in all areas – even in corridors and office areas.

When working with a builder, they will likely be able to recommend a company and will choose their preferred supplier.

In the event of a smaller refurb or wanting to just get floors replaced, you will have to research suppliers yourself. Do an internet search or ask other practice managers for recommendations.

Choose a company that has previous experience of working in NHS buildings and ask them to share the details of the work they did do, so you can gauge if they are a supplier you would like to work with. Also ask them what their understanding of infection control requirements are, so you are reassured of their expertise.

Remember, floors must be wipe clean, safe (slip-resistant), durable and have a coved finish, which means its edges are extended up the wall, making it more hygienic.

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Secrets of a successful remodel: 8 essential tips you may have overlooked

These are the steps you most likely won't have thought about but can help you get the best and most cost-effective result from your building project.

1 **First, clear the clutter and think about digitalising**
Many practices are still full of out-of-date folders and paperwork, stored in giant filing cabinets. Clearing these can instantly expand internal space.

Have you explored all options to make paper notes digital? Invest in a scanner and digitalise HR records. Also, consider archiving and destroying out of date accounts and contracts. Do refer to NHS England's Records Retention and Disposal Schedule if unsure about what needs to be retained and for how long.

2 **Conduct a thorough review of current areas**
Do you have admin rooms that can be repurposed into clinical rooms. Or, do you have old storage areas, such as rooms formerly used to house Lloyd George notes, which can now be made into admin space? These are easier, more cost-effective options than building new spaces.

Walk around the surgery inspecting it as objectively as you can to make sure there isn't any opportunity to make more of what you already have. Even better, ask a colleague or peer to inspect it with you who can look at it with 'fresh eyes' and may come up with ideas you hadn't thought of.

What can help you visualise the space more clearly (or even differently) is to declutter all areas first so you can properly see what you have to work with, which harks back to the first point.

3 **Take the opportunity to address any shortfalls around infection control (or other) requirements**
Early on in the development project, make a list of all items, fixtures and fittings and areas in your current surgery space that need attention in terms of bringing them up to the required infection control levels, or for Disability Discrimination Act (DDA) requirements. For example, look at carpets in clinical rooms, counter heights that are not DDA compliant, or kitchen-style sink units that should be specialised wall units with elbow lever taps.

All these changes or improvements can be made at the same time as the upgrade, killing two birds with one stone! The costs for these should be added into the PID.

4 **Always add contingency costs to your building work quotes**
When organising quotes for the extension or renovation work from builders (which you will need to add into the PID), ask them all to add in a line for contingency costs too. Ideally, each builder will quote the same amount for contingency. This means if there are unexpected costs during the project, these will have already been included in the PID for funding and will be covered by the grant.

5 **Don't forget other extra costs**
There are some key additional costs that should be included in the PID but that can easily be forgotten about. These include a full infection control clean at the end of the build. If you are adding space think about including costs for extra fire extinguishers, health and safety signs, fire blankets etc. And, where applicable, do include fees incurred by your architects for taking on project management duties.

6 **Avoid making further changes to your renovation plans once your PID is submitted**
Agree all changes with your practice partners and keep reviewing them until the very last moment before your application for funding is completed. Last-minute alterations to designs or plans that are not included in the PID will not get funding. These costs will have to be met by the practice making the project more expensive.

7 **Don't ignore insurance cover, it could be an extremely costly oversight**
It's easy to overlook this and some practice managers might not even be aware that when undertaking significant buildings works, you will need to check you have the right insurance cover in place.

If the partnership owns the building, contact your insurance broker with regards to the building insurance. You will typically be asked a series of questions including what work is being planned, if there is structural work being carried out, how much you are spending, who is doing it, and how long the work will take.

Ian Smith, head of primary care at Howden Insurance, advises: 'Depending upon the answers to these and potentially other questions, an insurer may restrict certain covers, such as for storm or flood, if the new part of the buildings is not weatherproof or watertight. For example, an extension may not have an effective roof for a period of time or similarly, if you are adding an extra floor to an existing surgery, the roof may need to be removed and temporarily covered by a tarpaulin. They may exclude malicious damage or increase the excess.'

If the amount being spent on the work is significant, the insurer may ask if you have entered into a JCT contract with your builder (a standard contract form commonly used in the UK construction industry). This sets out responsibilities, among other things, for insuring the work before the structure is completed. It may be that the onus is on the builder to insure the new part of the building until completion after which the practice becomes responsible.

Ian also warns that for major building or refurbishment projects where the surgery is unoccupied, the existing insurer may decline to provide cover. In this case, he says, 'the practice will need to arrange a specialist policy specifically designed to cover unoccupied premises and those undergoing significant or structural work.

'These policies will generally be more expensive but are often available on a six-month basis, which helps keep the cost down,' he adds.

For those practices that do not own the building and are planning a significant refurb at their own expense, such as a new dispensary and so forth, they will need to take out tenants improvements insurance (or potentially increase existing cover). This can be added to your practice insurance. Your broker can help with this.

What are the risks if you don't get the right insurance in place? Ian says: 'In the worst case, it could mean your premises are effectively uninsured. So, if there is a storm, fire, theft, or a member of public injures themselves on the site, no claim could be made. The total insured value of your surgery could run into millions and a major claim without the correct cover would be a financial catastrophe.'

He also advises speaking to your broker in good time. 'One practice came to us literally three days before building work was due to start and the existing insurer said it couldn't provide cover. We had to arrange another policy for the practice but it was very last minute and for them very stressful.'

Ian adds: 'Not all work that you are carrying out will adversely affect your existing insurance or cover, but there's no issue with just checking with your insurer or broker. Given that a specialist policy may be required, the sooner a practice looks into this the better.'

One last thing. Once the renovation or extension is completed, don't forget to increase the building sum insured to take into account the additional or improved structure. And if the increase in space is going to increase turnover or income, remember to check your business interruption cover to ensure it is adequate.

8 Buy a graph book

A cheap one from Amazon (or other retailers) will do. However, it is very useful to have when planning out to scale the layout of new rooms and for deciding where furniture will fit.

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Case study
Splitting the workload to ease the burden

Managing a renovation while maintaining day-to-day practice operations can be a significant challenge. At East Trees Health Centre in Bristol, the solution was to divide the workload among the management team, with each member leading a specific area.

The practice undertook renovation work after a member of the public caused £96,000 worth of damage with a sledgehammer in 2023. Throughout the nine months of work, East Trees continued caring for its 16,000 patients at varying levels as the repairs progressed. Practice manager Val Denton says that splitting responsibilities among the three-person management team was key to coping with the disruption.

Val took on the role of project manager, liaising with suppliers, the insurance company, and the ICB. She was supported by deputy practice manager, Deb Mead, who primarily handled internal staff communications, and operations manager, Helen Abbott, who managed room rotas to ensure clinical services could continue. It was a real team effort.

'We're a really busy building - district nurses, midwives, health visitors, every kind of service operates here,' says Val. 'If doctors could work from home and do phone consultations, we did that - but we didn't really do it that much because our patients prefer to see the doctors.'

The coordination was demanding, she says.

'Helen had to constantly juggle people and rooms. There was a lot of room-hopping — logistically, it was a real challenge.'

To help minimise disruption to the practice and services, the team worked with Darwin Group (part of Portakabin) to bring in a single modular building to act as a supplementary waiting area. This allowed them to assess patients who arrived at the practice, working out whether they could be helped over the phone or needed to be seen by a doctor. This additional space was key to keeping the practice open throughout the process.

'We couldn't send everyone off to hospital who needed to be seen, so we brought in the building to act as a waiting area for patients who needed to visit the practice.'

There was a receptionist stationed in the building, says Val, who was able to book people in and out of the practice. They also escorted patients in the main building, as access was limited for safety reasons. Combined with the skeleton space available inside the existing building, this allowed the practice to continue seeing patients throughout the renovation.

Despite the challenges, Val says that the entire practice team at East Trees pulled together. 'There was a real wartime spirit. There's no hierarchy in our practice; we're all part of a big family, really. And that experience brought us closer together.'

To find out more about Darwin Group, see here.

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