

**NHS England**  
**Business Case Proforma**  
**For Projects Over £250k (excluding VAT)**  
 (Not to be used for NHSPS or CHP projects)

<b>SPONSORING NHS ORGANISATION</b>	The Cottons Medical Centre
<b>SOURCE OF FUNDING</b>	SST Medical Properties Limited – Landlord / Developer Section 106 payments already with East Northamptonshire District Council NHS England (Midlands and East) Nene Clinical Commissioning Group
<b>TITLE OF SCHEME</b>	The Cottons Medical Centre Surgery Extension
<b>CAPITAL VALUE OF PROJECT</b>	£651,856 including VAT and fees
<b>PRACTICE CONTACT DETAILS</b>	Julian Crowe The Cottons Medical Centre Meadow Lane Raunds Northants NN9 6UA Tel: 01933 627141 E-mail: jem.crowe.@nhs.net

## SCHEME SUMMARY

■ What is/are the principal strategic driver/s triggering the need for this business case (e.g. to enable delivery of relevant commissioning requirements, to comply with NHS policy requirements).

The principle strategic drivers are listed below and are described in more detail later, in the Strategic Case:

- Improved access to healthcare services
- Increased capacity
- Increased training
- Increased range of services

■ Summarise the key dimensions of the scheme in terms of both the project to be delivered, and the outputs that will be enabled in service terms as a consequence of the investment with particular regard to the ETTF aims and objectives.

### Existing Premises

The current premises are undersized by circa 232m<sup>2</sup> for the current patient list size of 9,695 patients, based on the NHS Space Guidance (for a new development) shown in the table below. This is ratified by Northamptonshire STP 3-Facet Survey which states “Severe shortage of space throughout. Car park is inadequate, reported issues of traffic backing into gates due to cramped space. Segregation between reception and seating area could be better”:-

Number of Patients	6,000	8,000	Pro-Rata for 9,695	10,000	12,000
NHS GIA Allowance (m <sup>2</sup> )	500	667	806	833	916
Existing GIA (m <sup>2</sup> )			574		

### The Proposals

A single storey extension of 176m<sup>2</sup> to the rear of the existing Cottons Medical Centre. The development includes the demolition of one existing consulting room and the formation of six new consulting rooms, a WC and a store / utility, plus increased waiting area provision. The scheme will also include alterations to the existing reception counter to form a DDA compliant counter and an additional 11 car parking spaces.

This additional space still means the facility will be below the NHS Space Guidance, however, these guidelines apply to new builds and the existing building includes a number of clinical rooms that are undersized compared to current guidelines, hence the shortfall in area. It should be noted that the number of clinical rooms in the proposals (existing and new) are considered appropriate for the current and

additional patients anticipated in the foreseeable future. Refer to item 2 Strategic Case and Appendix E - Existing and Proposed Space Utilisation Table.

The practice has also taken steps to bring 2 rooms – previously the interview room and the podiatrist's room – up to the specification for use as additional clinical rooms.

The benefits of the proposed extension design include:

- 1) Future flexibility – the layout is such that future extensions (if required) can be simply bolted on without incurring disruption to health care services.
- 2) All new consulting rooms are regular in shape (rectangular) and 16m<sup>2</sup> in size, enabling efficient room usage and compliance with infection control and NHS guidance.
- 3) A WC and store / utility have been included. This is useful, as this means that the users of the consulting rooms can access these ancillary rooms without the need to walk through the public waiting area.
- 4) A higher ceiling in the extension waiting room with 2 roof lights has been incorporated to create a much more open waiting environment that is well lit, in contrast to the existing waiting area.

The Cottons Medical Centre is one of two GP Practices in the town of Raunds, but the only one considered as suitable for expansion. The other Practice, Marshalls Road Surgery, is a single handed Practice, in an old building, in the town centre, with no physical expansion potential. The allocation of 106 monies to The Cottons Medical Centre, suggests NHSE considers that the Cottons is more suited for expansion.

Refer to Appendices A and B for existing and proposed plans.

## STRATEGIC CASE

■ Provide a summary of the key strategic drivers and service requirements that support the case for investment.

### **1. To provide improved access to effective care for the local community**

The Practice currently provides extended hours face-to-face appointments on a Thursday evening and extended hours telephone calls on other days of the week; this arrangement will continue until March 2021. The proposed extension will allow the Practice to appoint more clinical staff, which will allow more flexibility to participate in extended access out of hours and at weekends at the locality Primary Care Home.

The proposed extension will create an additional 5 consulting rooms, which will provide additional clinical capacity for GPs, Nurse Practitioners, Nurses, Health Care Assistants, Registrars and other primary care services, to care for the additional needs of the current population (out of hospital) and the increase in patient list size of circa 2,500-3,500 over the next few years.

The Practice already holds monthly multi-disciplinary team meetings to discuss the needs of complex patients, e.g. end of life care or children on the risk register and these are attended by District Nurses, Palliative Care Nurse, Age UK, School Nurse and Health Visitor. The Practice is keen to empower the community to better manage their own health and will be looking to incorporate clear care navigation pathways within the operational systems in the improved premises. The Surgery is ideally positioned to co-ordinate community services, voluntary agencies and carer support agencies to be more accessible to patients and ensure a holistic joined up care model.

MDT's can provide more holistic / joined up care, and improve efficiency / productivity, both for each patient visit and amongst the clinical teams due to co-location of services.

There is a new quality contract in place for improving mental health awareness. The Practice already has a proactive approach for the management of patients with mental health / learning disabilities:-

- Those with mental health issues are offered annual physical health checks
- Liaison with multi-disciplinary teams in the case management of people, including those with dementia
- Signposting patients to various support groups and third sector organisations, including MIND
- Systems in place to follow up patients with mental health needs who have recently attended A&E.

The additional clinical space will enable the Practice to develop these initiatives even more and would create opportunity for increased range

of services, including hosting of community health and social care services (e.g. IAPT, CBT, counselling, etc.)

## **2. Increase capacity of primary care services out of hospital**

The current patient list size is 9,695 and it is estimated that this will increase to between 12,000 and 13,000 over the next few years due to the local Planning Authority awarding planning permission for 4 developments in Raunds, for the creation of 1,068 houses, therefore it is important that the Practice expands to enable us to provide increased capacity for primary care services.

Expansion of the Practice will increase primary care services out of hospital as it will enable us to provide the following:

- The additional 5 consulting rooms would free up the existing “treatment rooms” to enable the Practice to see and treat more patients who would traditionally have attended A&E. There would be more access to the treatment rooms and this would enable the Practice to specifically target conditions such as detection of dementia, obesity, and pre-diabetes, to allow early intervention before morbidity. The practice would also aim to increase opportunistic health advice and self-management by more self-referred NHS health checks.
- Allow us to enhance our existing care services for women and children. The Practice currently have systems in place to identify and follow up children living in disadvantaged circumstances who are at risk, e.g. children and young people who have a high risk of A&E attendances.
- Will take pressure off other locality GPs, who are constrained by the physical aspects of their current sites – The Practice has attended meetings with NHS England, Nene CCG and the Practices that make up the East Northamptonshire Locality, which focussed on capacity issues for Practices to register new patients within the Locality, identifying that there was a current and future need for additional capacity. The only other surgery within Raunds is a single handed GP, whose building is not fit for expansion.
- Interventions and treatment before conditions become chronic and expensive to treat in a secondary / acute care environment.
- More long term chronic disease clinics (diabetes, cardiovascular services), hypertension, respiratory diseases such as COPD and asthma, chronic disease, flu clinics, leg ulcer clinics, dermatology, which would support the Tailored Care and Care Closer to Home initiatives.

- Advanced care planning and follow ups for the avoidance of unplanned admissions, enhanced primary care schemes, reducing A&E and GP “Out of Hours” attendances.

**3. Provide a wider range of services as set out in the local or national guidance, e.g. the Long Term Plan and the Five Year Framework of GP Contracts**

The Practice are committed to breaking down the barriers between family doctors, community services and hospitals. Currently, we provide minor surgery, an IAPT clinic, family planning, health checks etc., however, the proposed extension to provide additional clinical accommodation would allow the co-location of a wider range of services, which will contribute to the prevention agenda, wider community wellbeing and reduce unplanned admissions to hospital.

The Practice recognise that there is a much higher rate of over 65's in residential care and higher rates of hip fractures in this locality than the national average. It is intended to provide podiatry, osteopath and physiotherapy services. Additional clinical space could also allow us to appoint an additional Health Care Assistant to increase the number of health checks available to the population and expand our Wellbeing clinic. We are often approached by various community / acute services, requesting space within our medical centre, but unfortunately we have to turn them down due to lack of clinical space available.

This scheme will allow the Practice to work together with our health and social care partners in an integrated way, to provide:-

- Better patient experience of services.
- Easier access through community based services.
- Better specialist services that can attract and retain the right calibre of GPs and specialists.

All of this will ensure we can provide exceptional health and care outcomes for our patients and that services remain sustainable for the future.

The improved premises will be better suited to accommodate multi-disciplinary teams, including community nursing, etc., to undertake specific care planning work. The Practice currently carry out home visits to 8 care homes. Two Nurse Practitioners visit local care homes daily to determine if there are any issues or concerns and we provide rapid access to appointments for those with enhanced needs, including home visits. A larger facility, with increased nursing levels will allow us to expand this service further.

The Practice can expand our current joint working relationships with Midwives, Health Visitors, School Nurses and Palliative Care Nurses and continue our associations with organisations such as Diabetes UK and MIND.

MDT's can provide more holistic / joined up care, and improve efficiency / productivity, both for each patient visit and amongst the clinical teams due to co-location of services.

Providing care closer to home – increased range of services in a community based setting would be more easily deliverable from improved premises, with a greater range of services.

All of the above would enable care to be more proactive than reactive, and allow primary care to lead the process via joined up care pathways rather than a number of disparate and disjointed pathways (inefficient).

#### **4. Provide Increased Training capacity**

The Cottons Medical Centre is a Training Practice and we currently have year 4, 5 and 6 medical students, however, with the current space restrictions, we cannot take on any more training capacity and may be under pressure to reduce our current commitment if clinical space is required to accommodate the increasing population. The approval of this application means that the Practice can invest in the infrastructure that will support the expansion of training.

Dr Peat is our Medical Student Trainer and Dr Shah is our Registrar trainer. If this application is successful, the plan is to increase our capacity from one to two Registrars and to host additional student nurses to aid recruitment in the area. It will also allow us to increase our medical student intake.

The Practice currently have a high success rate for the appointment of GPs and Nurses, however, we feel that the increasing population and pressures on clinical space could have a detrimental effect on this trend.

■ Provide confirmation of the support of all relevant stakeholders.

The Practice have consulted with the following organisations with regards to this proposal and received letters of support from all of them:

- The GPs of The Cottons Medical Centre
- Patient Participation Group
- The Landlord, SST Medical Properties Limited.
- **Planning Department (East Northamptonshire District Council)**

The Practice have also attended meetings with NHS England, Nene CCG and the Practices that make up the East Northamptonshire Locality. The focus of these meetings was to discuss capacity issues for Practices to register new patients within the Locality, identifying that there was a current and future need for additional capacity

**Stakeholder engagement and feedback to date has been unanimously in favour of the proposed development, from all parties. Further regular and structured engagement is planned with key stakeholders and patients / public as the project progresses. Feedback will be incorporated**

as appropriate, ensuring that stakeholder's responses are factored in to the project design and construction process. It is proposed to hold an "open day" for patients to visit the Practice and view the drawings / proposals, allowing them to complete comment cards identifying their support or concerns about the proposals. The Practice also have details of the proposals on their website.

■ Confirm the support of key clinicians and the way in which the scheme supports delivery of local commissioning priorities.

Items 1-4 above explains the strategic drivers that support the case for the extension to the existing medical centre. They meet the priorities of the Northamptonshire STP (Sustainability and Transformation Partnerships) relating to primary care and the Primary Care Networks (PCN's) long term plans for bringing practices together and working at scale, as follows:-

Northamptonshire STP Priorities:

- Prevention and keeping well. Working together to improve community support and keeping people well through targeted interventions.
- Making sure that people are able to access the right care when they need it.
- Helping people with complex needs to manage their own care and remain independent.
- Investing in staff and engaging communities.

Primary Care Networks Priorities:

- Improving the ability of practices to recruit and retain staff
- Manage financial and estate pressures, specifically a social prescriber and clinical pharmacist in Year 1 and further staff thereafter.
- To provide a wider range of services to patients and to more easily integrate with the wider health and care system.



## ECONOMIC CASE

- Confirm other options considered to achieve the scheme's objectives.

The options considered for this scheme were:

- Option 1 – Do Nothing
- Option 2 – Extend into the roof space
- Option 3 – Extend outwards (The Proposal)
- **Option 4 – Extend outwards & refurbish clinical wing**

Each option was assessed based on both a quantitative and qualitative assessment. Results were combined to provide a cost / benefit for each option (i.e. how much benefit is provided for each pound spent).

### Qualitative Assessment (50% weighting)

The criteria are scored out of a maximum of 10. The maximum score is 50. The minimum individual criteria score to be achieved for the option to be considered further is 4

	Option 1	Option 2	Option 3	Option 4
Compliance with NHS Guidelines	0	7	7	9
Space / DDA	0	8	9	10
Additional Services	0	9	9	7
Location	10	10	10	10
Environment	5	7	7	10
Disruption to Services (10 = no disruption)	10	7	9	5
<b>Total</b>	<b>Option not considered further</b>	<b>48</b>	<b>51</b>	<b>51</b>
Rank		<b>3</b>	1	<b>1</b>

### Quantitative Assessment (50% weighting)

The options were scored out of a maximum of 50. The highest cost received the maximum score and the other scores were adjusted pro-rata to the highest cost.

	Option 1	Option 2	Option 3	Option 4
Costs	N/A	775,000	651,856	985,000
Score	N/A	39	33	50

### Option Appraisal Summary

Option	Qualitative	Quantitative	Cost/Benefit	Rank
1	Option not considered further			
2	48	39	0.81	2
3	51	33	0.65	1
4	51	50	0.98	3

Based on the above, the option representing the highest benefit per pound spent is Option 3, i.e. the proposed option.

Option 4 is the same as option 3, but with refurbishment of the existing clinical rooms added. This is not the preferred option at this stage, but the refurbishment element will be considered separately, when further S106 monies are made available (See Financial Case).

■ Confirm the scheme benefits – including financial (cash releasing and non-cash releasing) and non-financial (quantifiable and non-quantifiable) and how the scheme delivers value for money.

The scheme benefits are:-

- Additional clinical capacity for GP's, Nurses, Healthcare Assistants, Registrars, other primary care services, community services, voluntary agencies, providing more accessible patient care and ensuring a holistic joined up model of care.
- Provides more access to patient care, having an effect of reducing attendances to A&E.
- Allows increased provision of training, assisting retention and recruitment of healthcare professionals.
- Improves the "severe shortage of space" and provides expansion for the certain increase in patient population from the local housing developments.

- Increases the number of car parking spaces for patients, reducing the congestion and safety issues of cars backing up and parking inappropriately.
- Provides better patient access at reception with a DDA compliant reception counter.
- Additional space provided will be compliant with all NHS guidelines and Infection Control requirements.
- Provides flexibility for future expansion.
- Utilises private money, secured from local housing developers through Section 106 payments.

■ Provide supporting value for money analysis as appropriate

The scheme has the benefit of £236,036 of Section 106 moneys from the Developers of local residential properties. Other value for money support is provided in the 2 items above, highlighting the proposed option as having the lowest cost per pound spent and the list of benefits attributable to this scheme.

## FINANCIAL CASE

■ Confirm the capital costs of the scheme and anticipated dates of capital expenditure

The total project costs of £651,856 consist of ETTF capital (£274,441), Landlord / Developer funding (£141,379) and Section 106 payments (£236,036). Refer to Appendix C.

Based on the Project Programme (see Appendix D), the anticipated dates of capital expenditure are:-

Capital Cost Item	2019/20	2020/21	Total
<b>LANDLORD COSTS:</b>			
Construction Costs	0	440,000	440,000
Construction Fees	45,000	10,000	55,000
Construction Expenses (Surveys, Planning etc.)	11,000	0	11,000
Other Fees	18,313	0	18,313
Sub Total	74,313	450,000	524,313
VAT (20%) (None reclaimable)	14,863	90,000	104,863
Total Landlord Costs	89,176	540,000	629,176
<b>PRACTICE COSTS:</b>			
Monitoring Surveyor, Legal and SDLT (Inc. VAT)	20,040	2,640	22,680
<b>Total Landlord &amp; Practice Costs</b>	<b>109,216</b>	<b>542,640</b>	<b>651,856</b>

*Exclusions: New Computers (by NHS IT), New telephones (by Practice), furniture & equipment (by Practice. DV to be appointed by NHS.*

### **ETTF Capital Funding**

NHSE have agreed in principle to fund 66% of the total approved project cost (excluding s106 payments). Refer to NHSE email dated 10 July 2019.

### **Landlord / Developer Funding**

The Landlord / Developer will fund the remaining 34% of the total approved project cost (excluding s106 payments).

### **Section 106 Contributions**

The most important factor concerning the development of this scheme is that a number of Section 106 payments have already been secured and paid early by the developers. Since July 2018, concerted efforts have been made to bring in the payments earlier than the occupational triggers dictate, to allow this scheme to happen. A summary of the Section 106 payments is shown in the table below.

	<b>Payment Secured but not yet Paid (£)</b>	<b>Payment Secured and Paid (£)</b>
58 Dwellings; Former RPC Site, Grove St, Raunds		10,717
240 Dwellings, West End, Kiln Brick Rd		68,000
460 Dwellings, Darsdale Farm. Raunds		157,319
310 Dwellings, Northdale Site, Raunds	136,338	
<b>Total</b>	<b>136,338</b>	<b>236,036</b>

These Section 106 agreements dictate that all of the health contributions will be used for works at Cottons Medical Centre only and also contain a "use it or lose it" provision if the works are not completed within relevant time periods. In practice, this means that the Developers can obtain their above payments back at Darsdale Farm and West End, unless the new block is practically completed by the end of next year. It is therefore very important to the Practice and the patients that this scheme is considered as a high priority in this round of ETTF funding, so that these developer funds are not lost.

Efforts to ensure the Northdale 106 payments are paid early, are underway and hopefully this could happen in the near future, however,

as this cannot be guaranteed at this stage, this application is based on the 106 monies that have already been secured and paid.

- If a new lease is proposed, confirm the whole life cost of the lease

An extension to the current lease is being proposed to NHSE and the Practice, to extend for 15 years from the date of Practical Completion of this scheme. It is considered that this will provide the NHS with long term security for their ETTF grant.

The Heads of Terms / Lease is being reviewed / agreed with the District Valuer.

- Confirm the recurrent revenue costs of the scheme. Where these are anything other than revenue neutral or revenue saving, confirm the source of additional revenue.

#### **Notional Rent**

The additional reimbursable area of the extension is 172m<sup>2</sup> (176m<sup>2</sup>-4m<sup>2</sup> staff WC). NHSE have appointed a District Valuer to calculate the additional notional rent (subject to any abatements). The CCG will pay the additional notional rent to the Practice following Practical Completion.

#### **Rates**

The estimated increase in rates based on a pro-rated area basis would be circa £8,000/annum. If this is added to the current rates reimbursement of £31, 308, the total estimated reimbursable rates will be £39,308 to the CCG.

- Confirm any non-recurrent (e.g. transitional costs) of the scheme.

These will be the furniture / equipment provided by the Practice. This is estimated at £15,000 - £20,000, plus VAT

- Confirm the source of non-recurrent funds to meet these costs.

These non-recurrent costs will be covered by the Practice.

- Provide supporting income and expenditure analysis that sets out clearly the recurrent and non-recurrent costs of the scheme, the sources of funds to meet these costs and which demonstrates clearly that the scheme is affordable.

Above refers.

## COMMERCIAL CASE

- Confirm the commercial arrangements for delivery of the proposed capital investment,

The Landlord will act as Developer to design and construct the works in accordance with the proposal.

All of the funding provisions in respect of this scheme will be in accordance with the provisions of the NHS Cost Directions 2013 and NHS England letter dated 3rd June 2019 – Bid for Improvement Grant – Estates and Technology Transformational Fund (ETTF) 2019-2021).

The total project costs of **£651,856** consists of ETTF capital (**£274,441**), Landlord / Developer funding (**£141,379**) and Section 106 payments (£236,036).

- Confirm when any necessary full planning consent will be achieved.

It is estimated that planning consent will be in place by 08/11/2019. Refer to Appendix D.

- Confirm status of legal documentation and what (if anything) remains to be agreed

The following legal documentation needs to be in place:

1. Arrangements for release of Section 106 payments to the Developer to pay Contractor/Consultants.
2. Deed of Variation of Practice lease to rentalise payment by Landlord, any extension of the term, the revised definition of the property, rentalisation of cost overruns and liability for defects post completion.
3. Arrangements for the Practice to release the Grant monies from the NHS to pay the Contractor/Consultant.
4. Consultant appointments, warranties and novation agreements (where applicable).
5. Building contract amendments (where applicable).

- For new build and refurbishment projects confirm: i) compliant with DH guidance (HBN & HTM); ii) compliant with an approved infection control strategy; iii) in alignment with an approved estate strategy, or equivalent; iv) intention to undertake BREEAM assessment and target outcome if appropriate.

The Landlord / Developer will commission the services of a Project Manager / Cost Advisor / Employers Agent, Architect, Structural Engineer, M&E Consultant and Principal Designer, who specialise in new build, extension and refurbishment schemes, particularly in the primary care sector.

As such, all of the design team will be experts in the requirements of the NHS in terms of NHS guidance (HTM's & HBN's etc.), infection control and estates strategies and will consult with all stakeholders to ensure the requirements are achieved.

There is no intention to obtain BREEAM certification as this project falls below the £2M threshold, **however, in line with DH guidance, we have allowed for providing a BREEAM Pre Assessment, to ensure that the scheme is as sustainable as possible. Additionally, we will ensure BREEAM credit Tra5 Travel Plan is achieved.**

■ Confirm any contribution to carbon reduction plan (if applicable).

Not applicable.

■ Where appropriate, attach site plans and design drawings for the preferred option.

Refer to Appendices A and B for existing and proposed plans.



## MANAGEMENT CASE

- Confirm the arrangements for management and delivery of the capital investment scheme

A Landlord / Developer is appointed to carry out the Scheme. The scheme will be carried out in accordance with the proposals in the Grant application and otherwise agreed between the parties.

### **Project Management:**

The capital project development works will be arranged, managed and funded under the direct control of the Landlord / Developer, with support from local NHS bodies as appropriate.

The Project Management duties will be undertaken by an independently appointed professional construction consultancy, which has the appropriate skills and experience in the healthcare / primary care sector, and this nature of project development work.

The Project Managers will co-ordinate and manage the whole project, ensuring that all the NHS and Practice Requirements are included and the project is delivered in a timely manner. The anticipated timelines are table below and included in Appendix D, which shows a completion date well before the end of March 2021 stipulated in the NHS Bid for Improvement Grant letter dated 2 June 2019.

### **Procurement:**

The Landlord / Developer will procure a Building Contractor for the construction works, under the direction of a professional design and project management team.

The Cost Plan for the works will be updated as the details and design development progresses to reflect accurate out-turn costs at all times.

At an appropriate point within the detailed design stage, the construction works will be competitively tendered, under a JCT "Design & Build" procurement approach wherein design risk is transferred to the Contractor. At this point, the Architect and Structural Engineer will be novated to the Contractor and will complete the remaining design development and post-contract Architectural / Engineering duties as part of the Contractor's team.

All design work will be undertaken by suitably qualified Architects/Engineers, who will have relevant experience of NHS and primary care projects. Tender documents will similarly be prepared by a suitably qualified and experienced professional consultant.

A minimum of 4 Contractors will be included on the tender panel to ensure best value and in compliance with NHS Standing Financial Instructions. All tenders will be subject to independent financial checking and validation prior to appointing any Contractor.

Once a preferred Contractor has been formally appointed, the Landlord / Developer will enter into a JCT (current edition) Design and Build contract prior to the commencement of any works, with the Landlord / Developer. This will ensure that the scope and price of works is recorded and fixed contractually and alleviate any “post-contract” construction risks as far as possible.

### **Process**

The Landlord / Developer and their Team will provide the following information for the NHS during the course of this development:-

- A Schedule of Payments
- Programme updates
- Before and after photographs
- Evidence of minimum 3 Contractors Quotes for the works, plus a Tender Report
- Planning Approval
- Tender documentation identifying the specification of the works
- Practical Completion and End of Defects certificates
- Suitable qualifications of the Design Team
- Agree to publically acknowledge that the development has been provided by the ETTF.
- Complete the ETTF agreement form
- Monthly progress report

■ Confirm the key risks to delivery and measures to mitigate and manage these risks.

The key risks are:

- Completion and budget over-run - To mitigate this, approval of design development by all parties will be strictly controlled and the Contractor will be required to enter into a Design and Build Contract, so that the Contractor is primarily responsible for the design and construction. The risk is considered to be low / medium.
- NHS final approval. The scheme has already been supported in principle by the NHS and this business case has been produced to provide all the required information necessary to pass the due diligence process. The risk is considered to be low / medium.
- Obtaining full planning approval. Pre Planning discussions have taken place and the planners are very supportive. The risk is considered to be low.
- Disruption to service delivery during the works. The extension works will not affect service delivery as it will be separated by hoarding in the waiting room. Other refurbishment works are limited (reception desk) and these works will be carried out outside normal working hours. The risk of disruption is considered to be low.

- Alteration works, contamination and unforeseen ground conditions. The Landlord / Developer will carry out all necessary ground investigations, asbestos surveys and the like prior to tendering the works. The risk is considered to be medium.

■ Provide a simple timeline with key milestones for the procurement and delivery of the scheme.

Key programme milestones are as follows; please refer to Appendix D – Project Programme:

- Business Case Submission – July 2019
- Planning Application – 26 August 2019
- Planning Approval – 8 November 2019
- Out to Tender – 25 November 2019
- Return of Tender – 20 December 2019
- Contractor Appointment – 14 February 2020
- Contractor Start on Site – 9 March 2020
- Contractor Completion – 7 August 2020
- Occupation – 17 August 2020

**LOCAL APPROVAL  
PROCESS**

- Confirm that the scheme has received CCG support, both strategic and financial.

NENE CCG is providing strategic support for this Project.

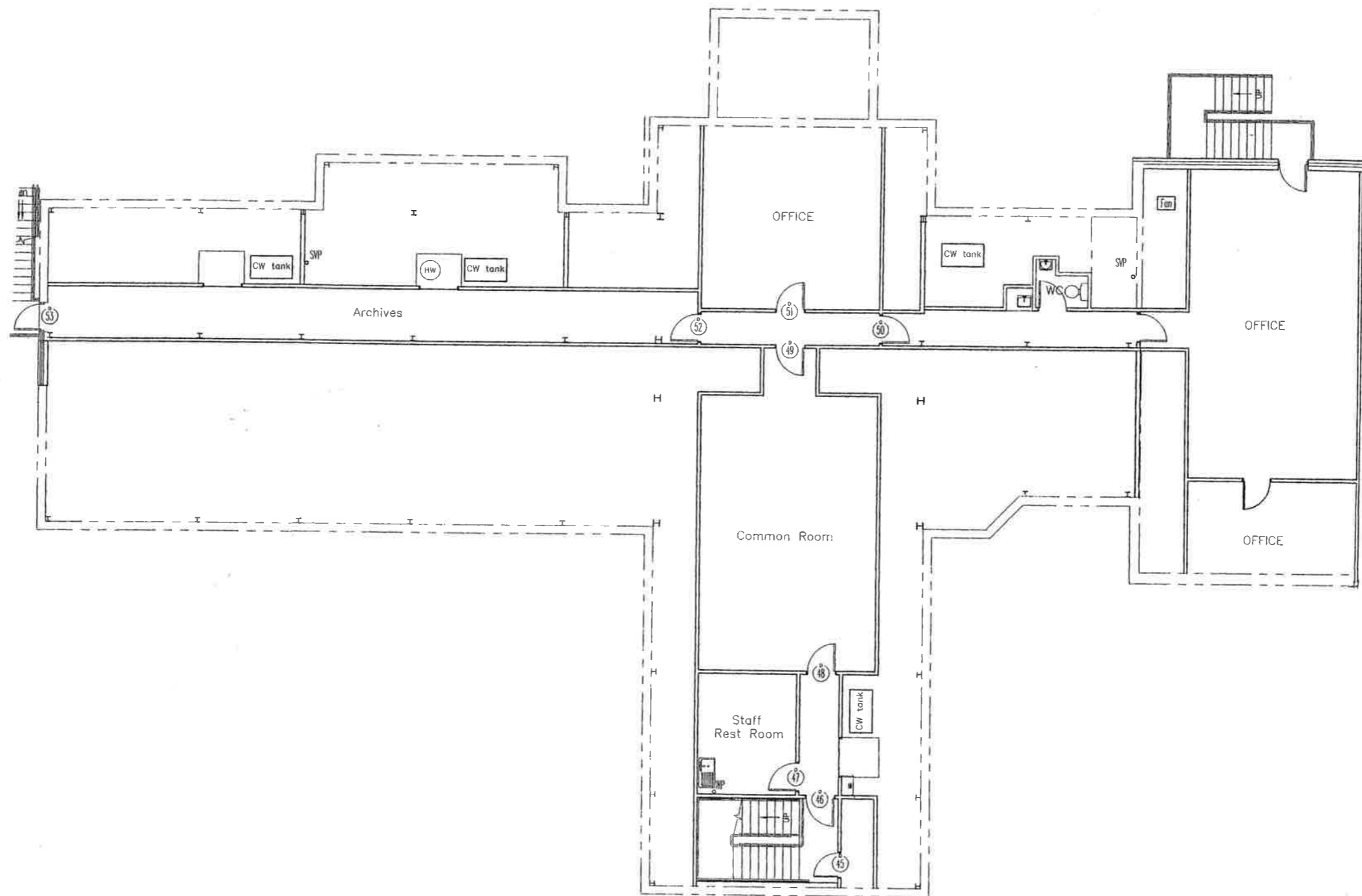
- Confirm that the scheme has received NHS England support, both strategic and financial.

NHS England (Midlands and East) have supported this scheme in principle as detailed in their letter dated 3 June 2019 and email dated 10 July 2019.

<b>PRACTICE SIGNATURES</b>  <b>(ALL PARTNERS)</b>	<b>Name</b>	
	<b>Title</b>	
	<b>Signature</b>	
	<b>Date</b>	
<b>CCG SUPPORT</b>	<b>Organisation</b>	
	<b>Name</b>	
	<b>Title</b>	
	<b>Signature</b>	
	<b>Date</b>	
	<b>Region</b>	
	<b>Name</b>	
	<b>Title</b>	
<b>NHS ENGLAND APPROVAL</b>	<b>Signature &amp; Date</b>	

**Appendix A**  
**Existing Plans**





**The Cottons Medical Centre**  
**First Floor**

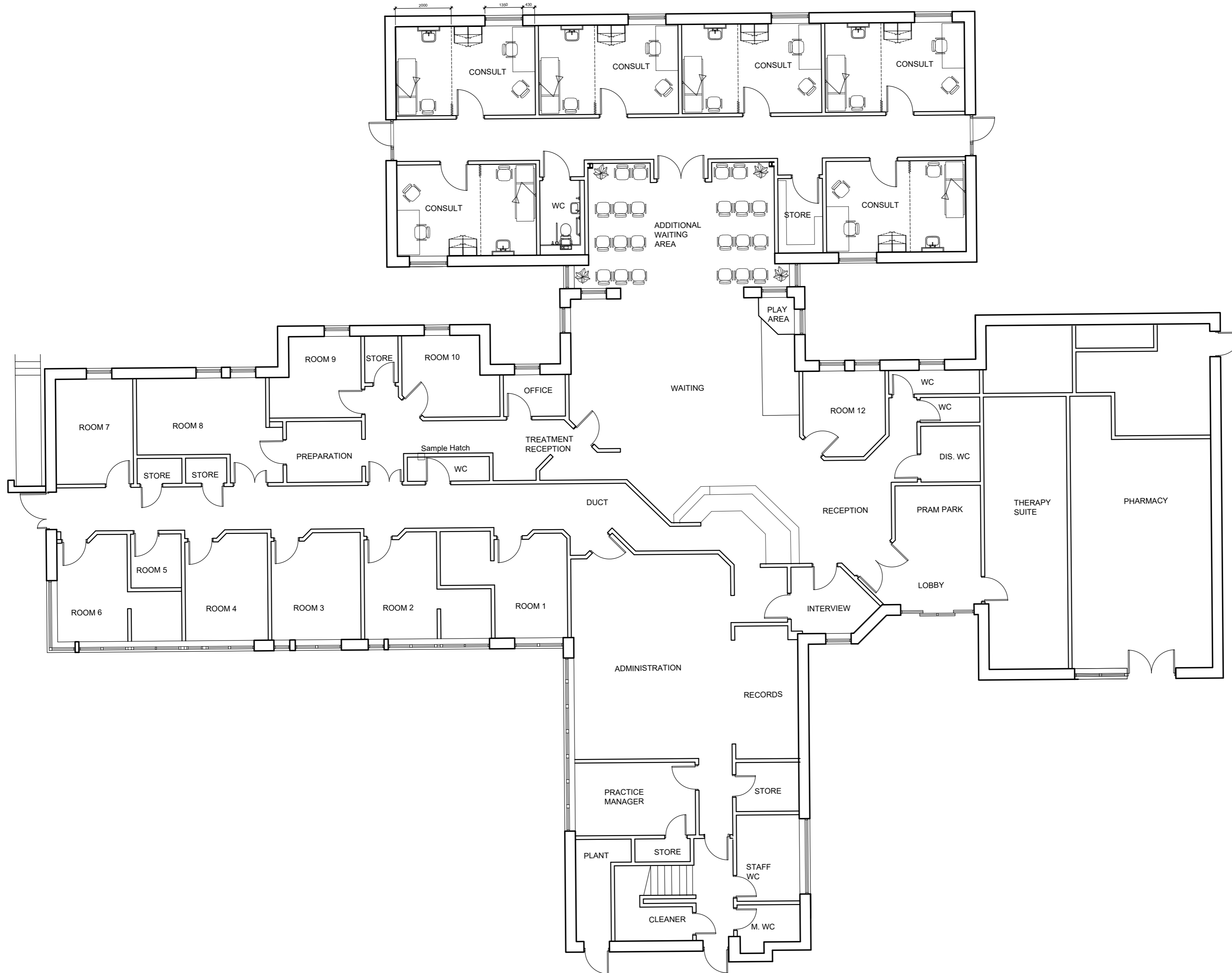


**Appendix B**  
**Proposed Plans**

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DO NOT SCALE - CONTRACTOR / SPECIALISTS TO WORK TO FIGURED DIMENSIONS ONLY ALL DIMENSIONS AND SIZES TO BE CHECKED ON SITE AND THE ARCHITECT IS TO BE INFORMED OF ANY DISCREPANCIES



Status: FOR PLANNING

Client: TCMC

Project: Cottons Medical Centre

Drawing: Proposed Plan  
Ground Floor (Option 3 Layout)

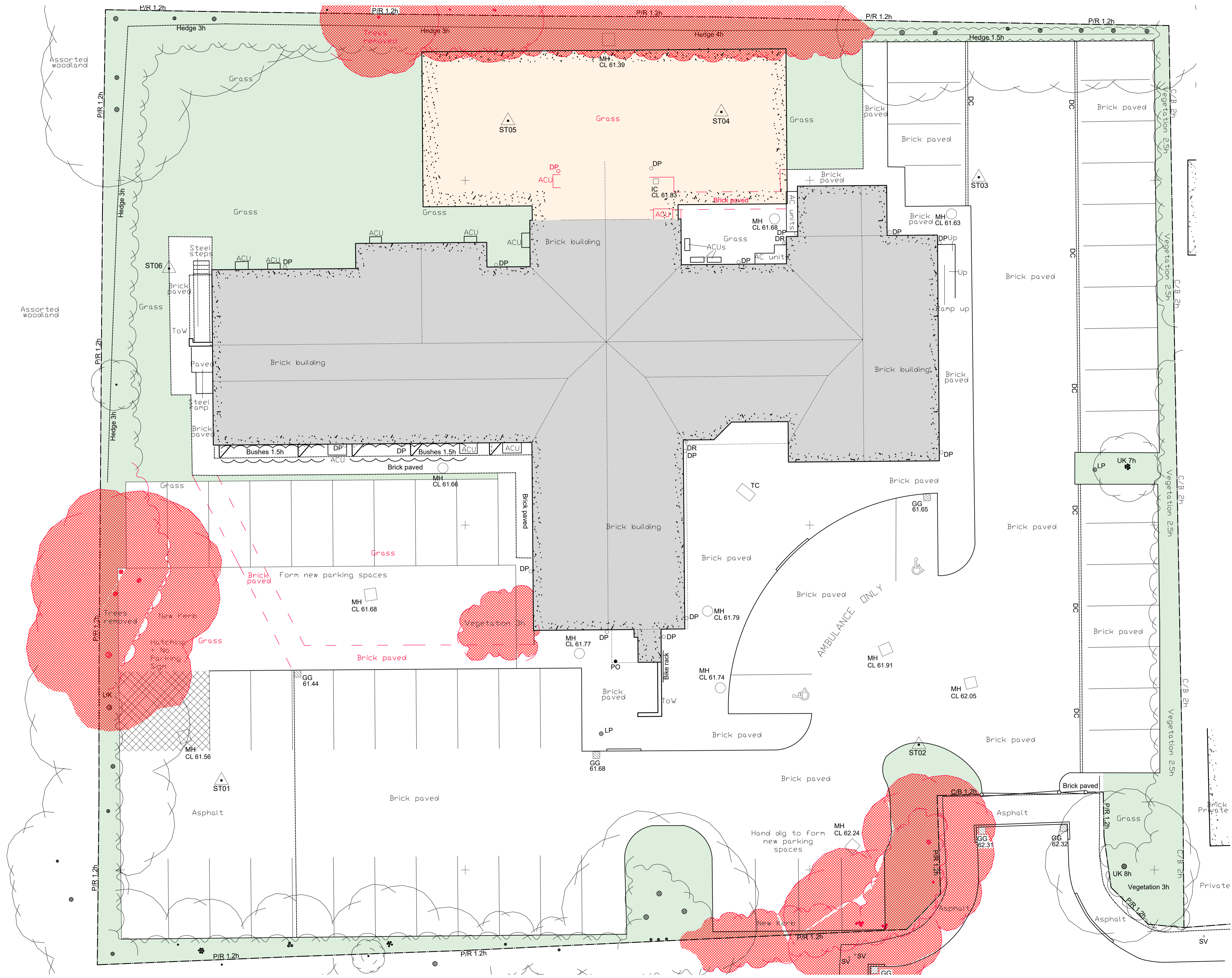
**JTP**  
ARCHITECTS  
JAMES TOTTY PARTNERSHIP LLP  
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38 WILKINSON STREET  
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Telephone : (0114) 2700208  
Email : mail@jtp-architects.co.uk  
Web : www.jtp-architects.co.uk

Date: August 2019 Drawn: DK Project No: 15/1120

Scale (@A2): 1:100 Checked: GN Drawing No: 04

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 DO NOT SCALE - CONTRACTOR/SPECIALISTS TO WORK TO FIGURED DIMENSIONS ONLY. ALL DIMENSIONS AND SIZES TO BE CHECKED ON SITE AND THE ARCHITECT IS TO BE INFORMED OF ANY DISCREPANCIES

- Grass
- Existing Building
- Proposed Extension
- To remove vegetation
- To demolish



Rev	Details	Date	Drn	Chk
B	Extra parking space introduce	06-06-19	DK	GN
A	Trees retained	31-07-19	DK	GN

Status: **FOR PLANNING**

Client: **TCMC**

Project: **Cottons Medical Centre**

Drawing: **Proposed Site Plan**

**JTP ARCHITECTS**

JAMES TOTTYPARTNERSHIP LLP  
 CHARTERED ARCHITECTS  
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 Web: www.jtp-architects.co.uk

Date: July 2019  
 Scale: (GA1)  
 1:100

Drawn: DK  
 Checked: GN

Project No: **15/1120**  
 Drawing No: **07 B**

**Appendix C**  
**Cost Plan**

## CONSTRUCTION COST SUMMARY No. SIX



### PROJECT: EXTENSION TO THE COTTONS MEDICAL CENTRE

<b>GROSS FLOOR AREA</b>	<b>(m<sup>2</sup>)</b>
Ground Floor GMS	176
	<hr/>
	<b>176</b>

	Cost (£)
Construction Costs (see attached)	<b>440,000</b>
Construction related fees (Architects, Employersw Agents, SE, Services Engineer)	<b>55,000</b>
Construction Expenses (Surveys, Planning and Building Regulations)	<b>11,000</b>
Other fees:-	
Legal	<b>5,000</b>
Pre Approval Fees (ETTF bid and Business Case consultancy fees)	<b>5,813</b>
BREEAM Pre Assessment	<b>2,500</b>
Achieve BREEAM credit Tra 5 Travel Plan - Preparation of Travel Plan	<b>5,000</b>
Land Purchase	<b>N/A</b>
	<hr/>
<b>Sub-Total</b>	<b>£ 524,313</b>
VAT (20% - none reclaimable)	<b>104,863</b>
	<hr/>
<b>TOTAL ESTIMATED LANDLORD COST</b>	<b>£ 629,176</b>
Practice Costs for Monitoring Surveyor	4,400
Practice Legal Costs	4,500
Practice SDLT costs (Cost reserved until legals have confirmed exact amount)	10,000
VAT on above 3 items (20%)	3,780
<b>TOTAL ESTIMATED LANDLORD AND PRACTICE COST</b>	<b>£ 651,856</b>

#### Excluded:

- New Computers / Printers and the like (by NHS)
- New telephones (by Practice)
- Furniture and Equipment (by Practice)
- DV to be appointed by NHS

**CONSTRUCTION COST SUMMARY No. SIX****PROJECT: EXTENSION TO THE COTTONS MEDICAL CENTRE**

**FLOOR AREA** (m<sup>2</sup>)  
Ground Floor Extension 176

176

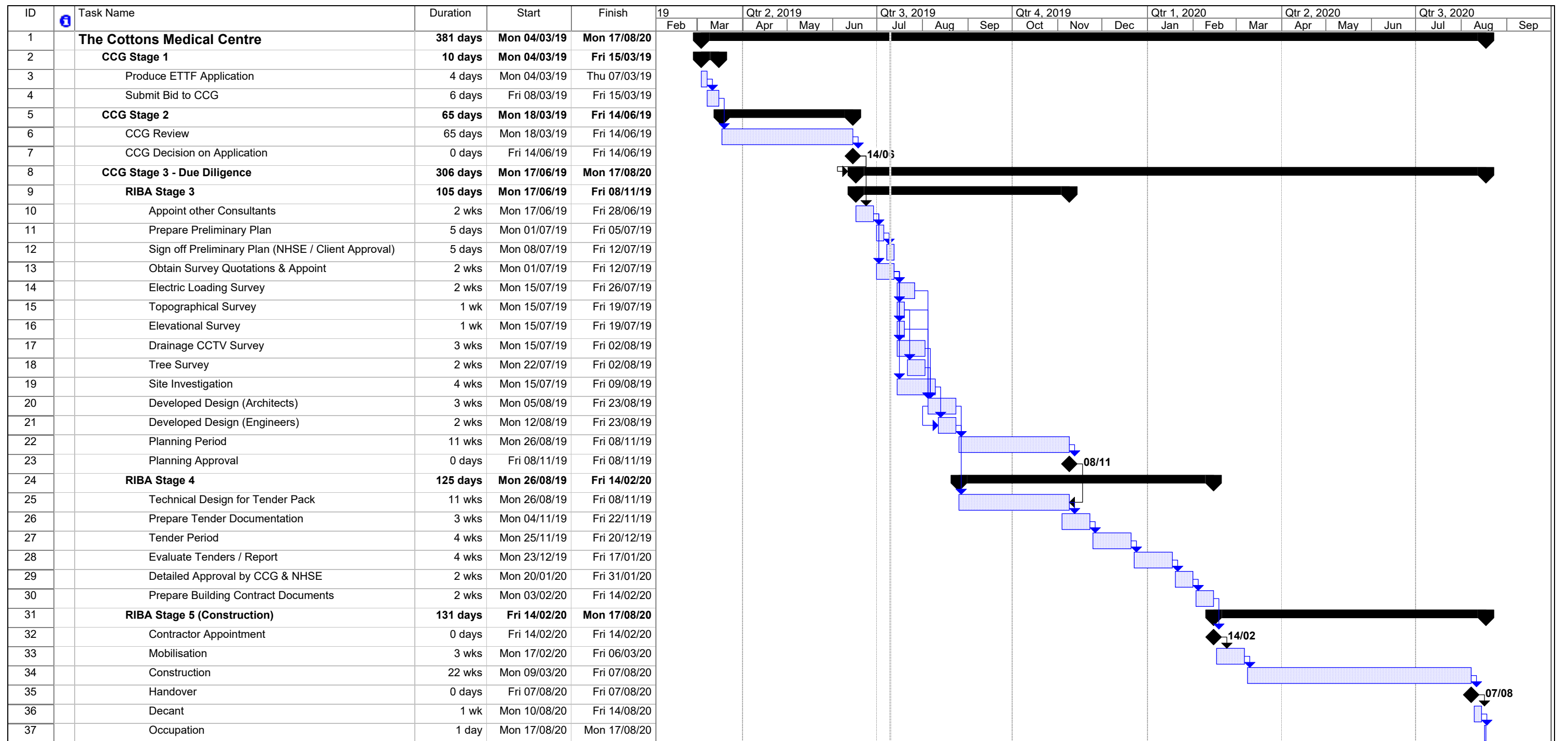
16-Aug-19

Element	Element Cost	Cost/m <sup>2</sup>	% of Cost
0 Demolition and Alterations	7,500	42.61	1.70
1 Substructure	35,000	198.86	7.95
2.1 Frame	2,500	14.20	0.57
2.2 Upper Floors	0	0.00	0.00
2.3 Roof	35,000	198.86	7.95
2.4 Stairs & Ramps	0	0.00	0.00
2.5 External Walls	30,000	170.45	6.82
2.6 Windows & External Doors	10,000	56.82	2.27
2.7 Internal Walls and Partitions	19,000	107.95	4.32
2.8 Internal Doors	9,000	51.14	2.05
3.1 Wall Finishes	8,000	45.45	1.82
3.2 Floor Finishes	15,000	85.23	3.41
3.3 Ceiling Finishes	6,000	34.09	1.36
4.0 Fittings, Furnishings & Equipment	18,000	102.27	4.09
5.0 Services - Mechanical & Electrical	90,000	511.36	20.45
5.1 Sanitary Appliances	Incl	Incl	Incl
5.3 Disposal Installations	Incl	Incl	Incl
5.10 Lift & Conveyor Installations	0	0.00	0.00
5.14 Builders Work	5,000	28.41	1.14
<b>Sub-Total</b>	<b>290,000</b>	<b>1,647.73</b>	<b>65.91</b>
8.1-5 Site Works	45,000	255.68	10.23
8.6 Drainage	30,000	170.45	6.82
8.7 External Services	0	0.00	0.00
8.8 Minor Buildings	0	0.00	0.00
<b>Sub-Total</b>	<b>365,000</b>	<b>2,073.86</b>	<b>82.95</b>
10.0 Preliminaries	55,000	312.50	12.50
<b>Sub-Total</b>	<b>420,000</b>	<b>2,386.36</b>	<b>95.45</b>
13.3 Fees	0	0.00	0.00
14.0 Contingencies & Design Risk@ circa 5%	20,000	113.64	4.55
<b>TOTAL CURRENT ESTIMATED BUILDING COST</b>	<b>£ 440,000</b>	<b>2,500.00</b>	<b>100.00</b>

Estimated contract period (weeks) : **22 Weeks (1 phase)**  
Basis of Contract : **Design and Build**

## **Appendix D**

### **Programme**



Project: The Cottons - Project Program  
Date: Wed 10/07/19

Task		Progress		Summary		External Tasks		Deadline	
Split		Milestone		Project Summary		External Milestone			



**Appendix E**  
**Space Utilisation**

SPACE UTILISATION TABLE OF EXISTING CLINICAL ROOMS													
Room Name	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		
	Morning	Afternoon	Morning	Afternoon	Morning	Afternoon	Morning	Afternoon	Morning	Afternoon	Morning	Afternoon	
Clinical Room 1	GP	GP	GP	GP			GP	GP	GP	GP	CLOSED		
Clinical Room 2	Midwife		GP	GP	GP	GP	GP	GP	GP	GP	CLOSED		
Clinical Room 3	GP	GP	GP	GP	GP	GP				FFW		CLOSED	
Clinical Room 4	GP	GP	GP	GP			GP	GP	GP	GP	CLOSED		
Clinical Room 6	GP	GP			GP	GP	GP	GP	GP	GP	CLOSED		
Clinical Room 7	NP	NP			NP	NP	NP	NP	NP	NP	CLOSED		
Clinical Room 8	Nurse	Nurse	Nurse	Nurse	Nurse	Nurse	Nurse	Nurse	Nurse	Nurse	CLOSED		
Clinical Room 9	Nurse	Nurse	Nurse	Nurse	Nurse	Nurse	Nurse	Nurse	Nurse	Nurse	CLOSED		
Clinical Room 10	NP	NP	NP	NP	NP	NP	NP	NP		Midwife		CLOSED	
Clinical Room 11	IAPT	IAPT	NP	NP	Dietician	Dietician	NP	NP	NP	NP	CLOSED		
Clinical Room 12	HCA	HCA	HCA	HCA	HCA	HCA	HCA	HCA	HCA	HCA	CLOSED		
Clinical Room 14	GP Registrar	GP Registrar	GP Registrar	GP Registrar	Study Leave	Study Leave	GP Registrar	GP Registrar	GP Registrar	GP Registrar	CLOSED		
	denotes room occupied												
	denotes room vacant												
	denotes new staff												
	denotes external clinician												

Notes:- Occasional use by: Students (2 rooms Monday - Thursday), AAA, Section 6

SPACE UTILISATION TABLE OF PROPOSED CLINICAL ROOMS												
Room Name	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
	Morning	Afternoon	Morning	Afternoon	Morning	Afternoon	Morning	Afternoon	Morning	Afternoon	Morning	Afternoon
Clinical Room 1	GP Registrar	GP Registrar	GP Registrar	GP Registrar	Study Leave	Study Leave	GP Registrar	GP Registrar	GP Registrar	GP Registrar	CLOSED	
Clinical Room 2	GP Registrar	GP Registrar	GP Registrar	GP Registrar	Study Leave	Study Leave	GP Registrar	GP Registrar	GP Registrar	GP Registrar	CLOSED	
Clinical Room 3	GP	GP	GP	GP	GP	GP			FFW		CLOSED	
Clinical Room 4	GP	GP	GP	GP	GP	GP	GP	GP			CLOSED	
Clinical Room 6	Shared	Shared	Shared	Shared	Shared	Shared	Shared	Shared	Shared	Shared	CLOSED	
Clinical Room 7	Nurse	Nurse	Nurse	Nurse	Nurse	Nurse	Nurse	Nurse	Nurse	Nurse	CLOSED	
Clinical Room 8	Nurse	Nurse	Nurse	Nurse	Nurse	Nurse	Nurse	Nurse	Nurse	Nurse	CLOSED	
Clinical Room 9	Nurse	Nurse	Nurse	Nurse	Nurse	Nurse	Nurse	Nurse	Nurse	Nurse	CLOSED	
Clinical Room 10	NP	NP	NP	NP	NP	NP	NP	NP			CLOSED	
Clinical Room 12	HCA	HCA	HCA	HCA	HCA	HCA	HCA	HCA	HCA	HCA	CLOSED	
Clinical Room 14	HCA	HCA	HCA	HCA	HCA	HCA	HCA	HCA	HCA	HCA	CLOSED	
New Clinical Room 15	GP	GP	GP	GP			GP	GP	GP	GP	CLOSED	
New Clinical Room 16			GP	GP	GP	GP	GP	GP	GP	GP	CLOSED	
New Clinical Room 17	GP	GP	GP	GP	Dietician	Dietician	GP	GP	GP	GP	CLOSED	
New Clinical Room 18	GP	GP			GP	GP	GP	GP	GP	GP	CLOSED	
New Clinical Room 19	NP	NP			NP	NP	NP	NP	NP	NP	CLOSED	
New Clinical Room 20	IAPT	IAPT	NP	NP	NP	NP	NP	NP	NP	NP	CLOSED	
	denotes room occupied											
	denotes room vacant											
	denotes new staff											
	denotes external clinician											

**Notes:-** Occasional use by: Students (2 rooms Monday - Thursday), AAA, Section 6  
Room 6 - Shared use: Midwife, PCN Social Prescriber & Clinical Pharmacist