

Service charges: Community Health Partnerships

Information questionnaire

In order for the BMA to assess the extent of the issue being faced by practices' in England in connection with the increase in service charges being levied by CHP we are asking all affected practices to complete the following questionnaire to extract high level information.

Please answer all questions as fully and accurately as possible so we can consider the courses of action required to seek a resolution to the issue.

Where appropriate we will contact you to obtain further information.

Instructions for completion

Due to the high volume of responses we expect to receive please follow the below instructions carefully. Only by doing so can we ensure that we can collate and analyse all relevant information in an efficient manner.

- 1. Please email your responses to gpcpremises@bma.org.uk or send them to Ciara Greene, Policy Directorate, BMA House, Tavistock Square, London, WC1H 9JP.
- 2. At this stage we only require answers to these questions. Please **do not** supply any documents or attachments in support of your replies.
- 3. If you occupy more than one premises where CHP is your landlord, please provide separate replies for each premises.
- 4. To the extent applicable to you, please provide as much detail in a clear manner as possible when answering question 8.
- 5. The maximum size of any one email that we can receive is 20mb.
- 6. The subject line of any email must state your practice name. Example being...

Subject: Apple Tree Surgery: CHP Completed Premises Questionnaire

If you have any questions or difficulties please contact Ciara Greene on 02073836167.

Section 1: Background Information.

Contact information:

Practice name					
Practice address					
Practice telephone number					
Main contact (name and position)					
Name of LMC					
Practice information:					
Type of contract held	GMS	/	PMS	/ APMS	(delete as appropriate)

Type of contract held	GMS	/	PMS	/ APMS	(delete as appropriate)
Patient list size					
No. of partners/practice owners					
Longest serving partner	Name:			Yrs	as a partners:
CQC rating					

Section 2: Specific Questions.

Question 1	If different from the practice address, what is the full address of the premises to which these replies will relate?
Answer:	
Question 2	When did you first take occupation of the premises?
Answer:	
Question 3	Who was your landlord when you first took occupation of the premises?
Answer:	
Question 4	Do you or did you ever have a written document identifying the terms upon which you occupy the premises? (a lease, licence, tenancy etc.)?
If the answer is 'Yes'	What type of document is it? (delete as appropriate)
	Answer:
	Lease <i>or</i> Licence <i>or</i> Tenancy <i>or</i> Other (please specify)
	If required, could you supply a full copy of this document?
	Answer:
	Yes or No (delete as appropriate)



If the answer is 'No'

Have there been any discussions, emails or other communication (whether with CHP, PCTs or otherwise) which identify the terms upon which you occupy your premises (in particular those concerning rental charges, service charges and any services/ repairs etc. to be supplied by your landlord)?

Answer:

Yes or No (delete as appropriate)

If called upon, could you supply clear documentary evidence of the agreed terms?

Answer:

Yes or No (delete as appropriate)

Question 5

Have any separate agreements been made (whether with NHSE, your CCG, your former PCT or otherwise) concerning the level of funding you receive in order to cover rent and/or services for this particular premises?

Answer: Services: Yes or No (delete as appropriate)

Rent: Yes or No (delete as appropriate)

Question 6

Has CHP sought to change the way on which you are charged for rent and/or services?

Answer: Services: Yes or No (delete as appropriate)

Rent: Yes or No (delete as appropriate)

Question 7

If the answer to question 7 is 'yes', do you believe that these changes have been made in contravention to terms previously agreed (whether with CHP, NHSE, PCTs etc)?

Answer: Services: Yes or No (delete as appropriate)

Rent: Yes or No (delete as appropriate)

If the answer to question 7 is 'yes' please use this space to succinctly identify why you think this is the case? (e.g. services we are now being charged for were clearly stated as being included for a fixed sum) **Question 8** Prior to CHP seeking to change their charging methods, had you ever been charged or paid either rent or service charges? **Service charges:** Yes *or* (delete as appropriate) **Answer:** No Rent: Yes or No (delete as appropriate) **Question 9** Prior to CHP seeking to change their charging methods, did you pay anything for services provided by the Landlord (whether for repairs, maintenance, cleaning or otherwise) over and above what you paid for rent? Answer: Yes or No (delete as appropriate) **Question 10** Prior to CHP seeking to change their charging methods, were all services provided by the Landlord for a fixed sum? Answer: (delete as appropriate) Yes *or* No

If the answer is 'yes', how much: £

Question 11

How much have you historically been charged and paid towards rent and services? *Please go back as far as you possibly can.*

	Charged			Paid	Paid		
	Total	(where defined) split as between rent and service charge		Total	(where defined) split as between rent and service charge		
		Rent	Service Charge		Rent	Service Charge	
2016	£	£	£	£	£	£	
2015	£	£	£	£	£	£	
2014	£	£	£	£	£	£	
2013	£	£	£	£	£	£	
2012	£	£	£	£	£	£	
2011	£	£	£	£	£	£	
2010	£	£	£	£	£	£	
2009	£	£	£	£	£	£	
2008	£	£	£	£	£	£	
2007	£	£	£	£	£	£	
2006	£	£	£	£	£	£	

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(If applicable) Please identify the total value of sums charged by CHP that are currently in dispute and remain unpaid?

Answer:	Service charges:	£	Rent :	£
Answer:	Service charges :	I	Kent:	L

Question 13

(If applicable) What is the frequency of your payments towards rent and service charges (monthly, quarterly etc.)?

Answer: Service charges: Rent:



Please identify any specific examples where CHP have clearly invoiced you for charges that you / your practice have not incurred
Answer:
Please identify any other information you feel may be of relevance
Answer:
End. Thank you for you for taking the time to complete this questionnaire.