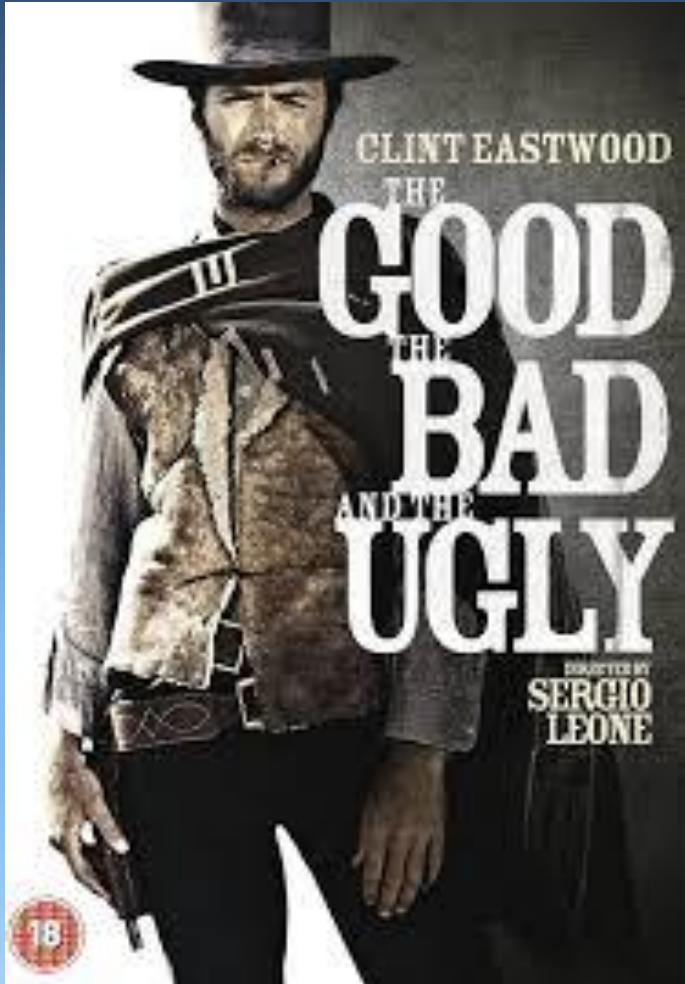


Premises Costs Directions 2024

PCPF Feedback Themes

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(PCPF Committee Members)

The Good, The Bad & The Ugly



Overview

- **The National Health Service (General Medical Services Premises Costs) Directions 2024** – w.e.f. 10th May (2013 and 2004 PCDs revoked)
- **Debated at PCPF London Event, 16th May** – key themes contained herein
- **PCPF asked to submit formal feedback to NHSE...**

The Good?

Grant funding - land included, SDLT allowable and now minimum guaranteed use periods set out

Last Man Standing - recognised as an issue and protocol expected for NHSE to nominate assignee

Sustainability – costs could now be included if they “provide a net financial benefit to the health service”

Rent Review Memos – no longer immediately needed

DV or “Appointed Valuer” – could help with resource issues?



The Bad?

- **12 week initial response period for CMR appeal** – unclear if this is a deeming provision, time of essence or practicable in reality. Queries around intention of clause.
- **Top Up Rents-** amended wording so not only applied in areas of deprivation, open to challenge?
- **NHS & ICBs no direct negotiations with LLs**
how does this work in practice? What stages does it apply to?
- **No mention of EPCs** within minimum standards or improvements.



The Ugly?

- **Rent Reviews require ‘evidence of negotiation’** – what does this mean in practice?
- **‘Minimum Standards’ for improvements** - unclear about how grants can be applied to some works
- **LIFT/PFI definitions added** - end of concessions?
- **NHSPS and CHP** – rents differentiated to 3PD?
- **No new guidance for Lease Renewals**





Your views?

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