

No.	Questions from the PCT's	DH/CHP response	Comments
1	Column AA statutory – if you answer no i.e. there are no compliance issues, the box shows as red whereas if you answer yes i.e. there are issues its green – I (PCT) think this should be the other way around.	This is true but shouldn't affect the data collection process and not worth issuing another version of the spreadsheet.	
2	Column Y – full costs of occupancy passed onto occupiers – where it is a PCT building and we (PCT) are the only occupier should this be answered yes? It's not clear from the options which is best	Please leave blank	
3	In relation to 2 above. – In a fair number of cases – the occupier runs the estate budget, so I (PCT) have no way of telling if cost of occupancy is passed on to [other] occupiers. Can I (PCT) answer 'don't know'?	We need to know if the PCT as landlord is recovering all its costs. Not concerned if they are being passed onto other third parties – therefore it should be possible to answer this.	
4	Column T – majority occupier – is a PCT an NHS Trust or a GP consortia or mixture or other? The building is our (PCT) HQ – also at the moment we have public health – health promotion staff employed by us at sites eg smoking cessation.	Please leave blank where PCT is majority occupier	
5	In the lease break clause column if there is not a break clause you cannot say this as it is a restricted cell – so assume we (PCT) leave this blank. Could you clarify this.	Yes, in this case the cell should be left blank	
6	In relation to 5 above, some of our (PCT) breaks are triggered not by a date but by an event or on giving a certain amount of notice eg 3 months – how would we deal with this?	In this case, leave the cell blank – and record an explanation on the spare worksheet	
7	We (the PCT) were concerned as to why 200 m2 for adhoc sites is used as a cut off, better to have all adhoc sites recorded in our view – some village halls are larger and used very infrequently and would be recorded and some smaller sites are intensely used and would not be recorded so an arbitrary threshold has consequences.	This was DH's attempt to cut down on the detail regarding small sites. If need be we can capture such detail in subsequent collections.	
8	Under the Estates Tab would properties "under refurbishment" include partial upgrades - if so a proportion if not majority of the estate would be recorded under this category, we (PCT) assume not. Would need to be majority or a significant refurbishment.	Agreed. Only record as 'Under refurbishment' if the majority of the building is affected or if it is a significant refurbishment.	
9	Assuming that the purpose of the question regarding "majority occupier" is to inform potential transfers - we (PCT) were concerned this approach may result in a distorted assumption made as many health centres were constructed for the purposes of GP primary care services - and can have several practices occupying one building. The use by the community provider was purely related to historic space availability and not strategic or service need. How will this be captured?	See reply to Q16 below.	
10	PCT is concerned at the request for current rental value - a genuine question which could lead to assumptions of income if vacated – when in fact the current market rental value for some offices is arguably Zero – but would be recorded as £150 -£200 per m – current vacant offices.	As stated in the explanatory notes, please refer to the last revaluation of the building. If there has not been one, or if a rental value was not given then please leave blank	DH to estimate later from Capital Value, where necessary
11	The form refers to Primary and Community estate, and it does mention GPs, I (PCT) assume this is only where they sit within estate owned/leased etc by the	This data collection exercise is only trying to capture details of PCT estate. We are not	

	PCT and there isn't the requirement to include data across all our GP sites? I assume not, as much of the data requested could not be completed for the GP Owned/leased estate as we just don't hold that level of detail for those sites..	seeking to capture details of GP estate where the PCT has no ownership or head lease interest. The first sentence of the first page of the spreadsheet gives the answer to this question and states: " Please complete data sets for all primary and community care property that the PCT either own or have head leases for "	
12	One of the main issues will be separating out costs of the support service on a site-by-site basis (we [PCT] are likely to use a GIA apportionment).	Agreed	
13	The letter from DH refers to the Director of Estates (or Director responsible for estate issues) and the Director of Finance for the cluster signing the forms off. Each PCT within the cluster will be completing this work independently. Will all individual returns need to be signed by the DoF for the Cluster?	Yes. The forms will be forwarded as individual returns for each statutory PCT organisation and so each must be approved by the relevant officer, in their own right as underpinning the audited accounts for the relevant PCT.	
14	Related to 12 above – where do they sign? There is only one location for the person completing the form to be named.	Confirmation of necessary 'sign-off' to be Included in a covering e-mail.	
15	These are electronic returns. What is acceptable as a 'signature'	No need for a 'signature'. Just type the name of the person completing the return in the PCT on page 1.	
16	Column T. The options only give 'GP Consortia' for sites where the main occupiers are GP's. As they are not deemed "consortia" at present and for some of our sites the GP's are the main occupiers is it okay to enter this GP Consortia or otherwise. Equally, we may have two or three sets of GP's in our buildings – collectively they are the main occupiers – but if we take them on an individual basis this would not be the case. So – are GP's per se the right option. As an example: <ul style="list-style-type: none"> • GP 1 has 10% of the space • GP 2 has 15% of the space • GP 3 has 10% of the space • Total 35% • However, our Community Trust is the largest individual user at 18% so should it be them or all the GP's at 35% ? 	For the purpose of establishing the majority occupier, different GP practices and other primary care users should be aggregated and counted as a single occupier as this will point to the property being used primarily for delivery of primary care rather than community care. If GPs and other primary care users are collectively the majority occupier then select the term 'GP consortia' from the drop down menu. If no overall majority (i.e. 50%+ of lettable floor area), record as 'mixture'.	
17	In terms of the data held on our (PCT) database the largest attributable area in a health centre we own is circulation, waiting, toilet, storage, etc. Next largest is the total area three separate GP practices use, then the community provider. Who is the major user?	To be calculated as a % of lettable floor area (i.e. NIA). See answer to Q16 above re aggregation of occupier type.	
18	The definition for shared service and in-house are, in some ways, similar. Should the in-house definition read ' <i>Services provided by a local resource which is funded at a local level by a local NHS body</i> ' be read as <i>by the local NHS body ie the PCT which owns leases the premises?</i>	Agreed. If fully in-house use 'in house' if any other historical SLA or ad hoc agreement, etc. with another NHS body, use shared service.	
19	If a PCT has a 999 leasehold on land (peppercorn rent) on which they have built a property i.e. they own the building, how do they show the leasehold on the land in the forms? Also, the end date of the lease, col J does not allow such issues as 999 year lease being added.	Please treat as leasehold. Enter the latest possible date (01/01/2099) into column J and record the actual end date in the spare worksheet at the back.	

20	Under lease type, col L, there are one or two less obvious categories not identified, including 'internal repairing but <u>not</u> insuring' and 'under negotiation'	If no suitable option, please leave blank and add a note to the spare worksheet at the back. If under negotiation, record the type of lease being negotiated and add a note to the spare worksheet	
21	Column T – Description of Majority Occupier We (PCT) have a few buildings that are vacant – and no option to record that here, and also some buildings where we do not have single occupier who use greater than 50% (so will leave blank in each of these cases),	If vacant leave blank; if no majority occupier, select 'mixture'	
22	Can we (PCT) note number of occupants without leases or form of occupancy somewhere?	Please note in the spare worksheet. DH will pick this up later.	
23	Can we (PCT) provide a brief overview somewhere for sites that may have specific problems that are not covered by the options on the spreadsheet?	Please use additional tab to record brief notes.	
24	Do PCTs need to include all premises waiting to transfer to NHS providers? On what date is the 'snapshot' taken?	Yes. Please complete the Baseline Information section of the Estate Data Set worksheet to reflect the situation as at 1 April 2011. Please complete the rest of the Estate Data Set worksheet as per the existing instructions, i.e. to reflect 2010/11 costs and the 2010/11 PCT accounts	
25	Under the Strategic Estates Management tab: Annual Value (£); is this the annual value to include in-house staff costs, or is it restricted to external costs?	Please use a different row in the form for each provider. Where it is an in house provider, put the value of that in the Annual Value column. Where it is an external provider, also put the value of that in the same column but in a different row.	
26	Under the Strategic Estates Management tab: Staff TUPE-ed over to new TCS provider (whole and part time). Is this staff who is or were engaged solely in "Strategic Estate Management"?	Yes	
27	The total floor areas presumably include areas let-out/ occupied by non-NHS organisations, such as GPs, Dentists, others etc?	Yes	
28	GIA: Is this the area minus the third party spaces? i.e. in LIFT buildings the LPA demise does not include 3rd party space	This is the area which the owner or head tenant has a legal right to occupy. That is in the case of an owner, it is all the space which the owner owns; in the case of a head tenant, it's all the space that is subject to the head lease, excluding third parties.	
29	Where the PCT has made capital contributions and has a peppercorn lease do we put leasehold?	Yes	
30	If there are admin offices in health centres that are predominantly clinical do we put clinical or mixed?	Mixed, as the site " provides a mixture of clinical delivery space and permanent admin	
31	Should capital charges be included now that they are no longer part of PCT accounts?	As capital charges were ultimately taken out of PCT Accounts for 2010/11 and future years due to a change in DH accounting policy, please insert the term 'NIL' in the capital charges column	
32	As no capital charges amount is required should there	The return should be completed by reference to	

	also be a 'nil' return in the depreciation column?	the FIMS forms. Assuming that there will be depreciation on assets even if cost of capital charge no longer forms part of the return, there should be a figure to insert into the data spreadsheet.													
33	Where the return states all costs should be inclusive of VAT, does this mean where the VAT is not recoverable. For example under Contracted Out Services VAT rules, we can recover the VAT on our external FM provider costs and so what is charged to our accounts is the net amount. The same applies to our LIFT Building costs because we have opted to tax the building and can recover the VAT on these payments.	We need it to be fully inclusive of VAT.													
34	<p>In terms of LIFT costs the PCT currently accounts for these buildings under IFRS and the costs for one of our PCT buildings charged to the accounts was as follows:-</p> <table border="0"> <tr> <td>Cost</td> <td>£000's</td> </tr> <tr> <td>Depreciation</td> <td>140</td> </tr> <tr> <td>Service Costs</td> <td>350</td> </tr> <tr> <td>Interest</td> <td>560</td> </tr> <tr> <td>Contingent Rent</td> <td>10</td> </tr> <tr> <td>Total</td> <td>1,060</td> </tr> </table> <p>The PCT actually paid £1,100k (exclusive of recoverable VAT) which matches the definition in the Annual Lease Payment or Rent column. By including this figure and the depreciation figure in the return there would be an overstatement of £180k (£1,100k + £140k less £1,060k) when compared to their accounts. Could a note of clarification be provided please.</p>	Cost	£000's	Depreciation	140	Service Costs	350	Interest	560	Contingent Rent	10	Total	1,060	We need these pieces of information for different purposes so there will not be any double counting	
Cost	£000's														
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35	Hard/Soft FM Definitions (ERIC)	Please see separate spreadsheet													
36	In the introduction tab, does the list of TCS providers include GP and all other primary care contractors?	No, TCS providers are providers of community services that were formerly provided by the PCT and others. Community services are different from GP services/ primary care services.													
General observations and comments from PCT's															
A	It is unfortunate that brief 'comments' cannot be added to cells to clarify where answers given may not relate precisely to the question or the option provided for some reason.	The data collection form could become very unwieldy due to the sheer number of comments. Many of the cells could potentially become unused by the PCTs, thus making simple national analysis impossible.													

		<p>It is suggested that for a personal 'aide-memoire' for the PCT as to why an answer was given, worksheet 2 on the data collection form could be used for simple text to log issues relating to particular cells, and to record comments where suggested above.</p>	
B	<p>Some PCTs are experiencing problems when pasting data from other databases into the current data collection spreadsheet. It may be incompatibility of different versions of Excel or possibly how the data was copied and pasted. However, it appears that, from reports from some PCT's, some data may appear on the final submitted form in a different text, colour or shading as a result of this problem which cannot be corrected once added to the data collection form.</p>	<p>Accepted, however it is the data we are concerned with, not the font or colour.</p>	