

2010 REVALUATION



VP / C / 3 Approved for Publication January 2011

VALUATION OF HEALTH CENTRES, SURGERIES, CLINICS ETC

1.0 Introduction

In recent years there has been an increase in the amount of available rental evidence for these subjects, which now permits the comparative scheme of valuation to be adopted.

The onset of PPF/PFI building contracts has seen an expansion in the provision of larger scale, modern Clinics, Health Centres, Primary Care Centres, Surgeries and the like.

2.0 Basis of Valuation

All Health Centres, Surgeries and Clinics are to be valued on the Comparative basis in line with this instruction with the exception of the exclusions below.

This change of approach to a comparative basis should ensure that properties are valued more consistently throughout the valuation area and at levels in line with market rents.

3.0 Exclusions

Health Centres, Surgeries and Clinics which are operated from shop units forming part of a shopping precinct and having the character of a shop unit. Such units should continue to be valued on a similar basis of the other properties in the street.

Health Centres, Surgeries and Clinics that are situated in typical, city office areas. In typical office locations, the operator will have to compete with other office occupiers and a landlord will expect to receive a rent equivalent to an office use. Therefore, in clear office locations where the rent paid is in line with office levels of value, the property should continue to be valued in line with neighbouring comparable properties.

4.0 Application

The rates set out below are to be applied to the Gross External Area of the property for all floors.

The classification should be selected for each individual building, with any ancillary buildings (typically modular building accommodation) valued at the rate appropriate for that type of subject.

5.0 /...

5.0 Classification

This category of subject covers a wide variety of property types. From large, modern, purpose built centres to adapted Victorian tenement flats. The most appropriate classification should therefore be selected from those shown below.

Class 1 Modern, purpose built properties, built post 2000 and most commonly PPF/PFI funded multi practice centres.

Class 2 Good quality modern Surgeries and Health Centres typically built in the 1980's and 1990's.

Class 3 Purpose built properties built pre-1980. These subjects tend to be utilitarian in design and smaller than modern examples.

Class 3P Properties which fall into this class will tend to be adapted rather than purpose built. Many of the properties in this class will be in the nature of domestic subjects with varying degrees of adaptation/modernisation and generally, though not exclusively, built prior to 1914. Properties of this type will fall into this class unless their modernisation and adaptation has been substantial.

An end allowance of up to 20% may be granted to reflect the disabilities most commonly associated with subjects of this type, such as poor internal layout, thick walls etc.

Each subject in this class should be treated on its own merits with regard to end allowances.

Class 4 All Clinics or Health Centre annexes typically provided in the form of portable or modular buildings or very basic timber pavilions.

Basic Rates to be Applied

CLASS	ALL AREAS
1	£140
2	£120
3	£100
3P	£100 – up to 20% Allowance (see above)
4	£30

6.0 Quantum

Analysis of the prevailing rental evidence suggests that no Quantum/Inverse Quantum allowances are appropriate.

7.0 Ancillary Buildings

Ancillary buildings should be valued in line with their actual use and the nature of the buildings in question.

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8.0 Garages

Any lock up garages within the subject grounds should be added as a pertinent at the appropriate rate for lock up garages in accordance with the Car Parking & Lock Up Garage Instruction.

9.0 Apportionment

Any properties that are occupied in part as a domestic dwelling will require having an entry in the Council Tax Valuation List for the accommodation used as a dwelling house.

The Valuation Roll entry will require to be apportioned with the relative split between Domestic and Non-Domestic elements calculated and shown as an apportionment in the Valuation Roll.

10.0 Rounding

All valuations should be rounded in accordance with the following table:-

START VALUE	END VALUE	ROUND TO NEAREST
0	50	1
51	100	5
101	500	10
501	1,000	25
1,001	5,000	50
5,001	100,000	100
100,001	250,000	250
250,001	500,000	500
500,001	1,000,000	1,000
1,000,001	5,000,000	5,000
5,000,001 and above		10,000

**For valuations and analysis please see
F:/TECHNICAL COMMON/revaluation 2010/clinic and health centres**