

## **NHS BRENT**

### **Update on developing Locality Health Centres for Kingsbury and South Kilburn 27 May 2011**

#### **Background**

During 2010, groups of general practices in Kingsbury and South Kilburn worked on developing Outline Business Cases to support a locality health development in their respective localities. It is acknowledged that a lot of time and energy was expended in this work. However, the recurrent revenue requirement identified in the resultant draft business cases was over £500k for each development. Given a number of factors – for example, the changed NHS economic climate and infrastructure, the national and local requirement to deliver a challenging QIPP (Quality, Innovation, Productivity and Prevention) plans with 4% savings per annum, it was agreed that a development of that magnitude was unlikely to be affordable without identifying offsetting savings in other budgets.

#### **Current position**

The only source of savings now under consideration is possible savings in primary care services. The maximum that could be released is £167,000. This funding is not certain and would not be available until 2012/13 at the earliest.

#### **Proposal**

Given the available financial envelope for planning purposes, the suggested options are as outlined below:

1. Both localities propose options with a recurrent revenue ceiling of £80k, with GPs and other parties – for example, South Kilburn Neighbourhood Trust in South Kilburn, the Local Authority – closing any financial gap above this (option 1)
2. Both localities propose options with a ceiling of £167k: both locality options are appraised and one of the options recommended for development. Again, any revenue requirement above £167k would need to be non-PCT funded (option 2)

It is suggested that the proposals are assessed against the criteria outlined below.

#### **Criteria**

The proposed criteria against which proposals would be assessed are:

1. sustainability of primary care (e.g. premises, retirements)
2. demand e.g. new housing developments
3. population health need, including regeneration

4. support for collaboration between practices e.g. networks of services
5. value for money
6. affordability

### **Timetable**

It is proposed that the development of the feasibility studies is agreed with the two localities allowing sufficient time for them to develop alternative fully costed proposals and to submit a case for consideration. The localities have been asked to provide feasibility studies. The likely timetable for submission is end of July 2011.

### **Stag Lane Clinic**

We will consider the future of Stag Lane Clinic as part of reviewing the feasibility studies.

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**NHS Brent**