

GP funding has unfair London bias, finds study

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Credit: University of Manchester

New research led by University of Manchester data scientists reveals that primary care funding in England is not distributed according to local health needs.

GP practices in London where the population is relatively young, they say, receive disproportionately more funding, despite dealing with the lowest level of health needs in the country.

London, they calculate, has a median of 0.38 health conditions per patient based, on a measure of 19 well-recorded chronic conditions.

In contrast, the North East and North West of England have 0.59 conditions per patient and 0.55 conditions per patient, the highest and second highest health needs in England respectively.

The median for England is 0.51 [health conditions](#) per patient.

Both regions receive considerably lower funding per patient than they should, especially the North West, according to the research team from The Universities of Manchester, York, Keele, Michigan and Dundee. This is particularly relevant for Greater Manchester and its devolved health and health social care spending, which is estimated to be £2bn in deficit by 2020, on current trends.

The team also reveal that when health care needs, deprivation and age are taken into account, rural areas receive £36 more compared to urban areas, per patient each year.

The £36 figure is more than a quarter of the median annual primary care spend per patient in England, which was £134 in 2015-16, excluding the cost of prescriptions and drug dispensing.

Practices in rural England tend to look after an older but relatively healthier, more affluent and smaller population, they say, while enjoying similar levels of staffing, when compared to the more hard-pressed practices in urban areas.

The study, led by Manchester's Professor Evangelos Kontopantelis, is the first to evaluate if primary care funding in 2015-16 matched health care needs at geographical areas with an average of 1500 people.

The team examined data from 7,779 GP practices in England, covering 56,924,424 people, over 99% of the population registered with primary care, and publish their findings in the journal BMC Medicine today.

To measure health needs, the team created a chronic morbidity index (CMI), calculated as the sum of 19 chronic condition registers in the Government's 2014-15 Quality and Outcomes Framework, divided by the total [practice](#) population.

By linking funding per person with the overall health needs for the 19 [conditions](#), the researchers say the current funding arrangement for GP practices – known as the global sum allocation or Carr-Hill formula – is unreliable and out of date.

The formula, they argue, may excessively favour practices in rural areas, while patient need—one of the factors on which payment adjustments are made- is based on a single dimension of morbidity—Long-Standing Illness—from the 1998-2000 Health Survey for England.

Numerous calls have been made over the last decade for the formula to be reviewed, and it is expected to be reviewed by the Government this year.

Professor Kontopantelis said: "If as a society we want a healthcare system which is fair, then we must fund it according to need, and ideally account for the impact of deprivation.

"This study shows that the current allocation of resources to [primary care](#) does not do that.

"The strength of the study lies in the quality of the databases and their sizes. We investigated the whole of England: that's over 55 million people served by a universal health system."

Tim Doran, Professor of Health Policy at The University of York, said: "The present funding formula does not provide an equitable distribution of resources across the NHS. It is especially unfair to the North West and North East of England.

"The Carr-Hill formula, which is used to allocate NHS [funding](#), is based on a range of data, some of which are inaccurate, unrepresentative or out of date. As a result, the formula does not accurately reflect the [health](#) care needs of local populations.

"New data sources could provide a fairer allocation of resources."

More information: Evangelos Kontopantelis et al. Chronic morbidity, deprivation and primary medical care spending in England in 2015-16: a cross-sectional spatial analysis, *BMC Medicine* (2018). [DOI: 10.1186/s12916-017-0996-0](#)

Provided by University of Manchester

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