

Poorest areas of England will lose out under proposed new NHS funding formula, warn experts

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A new formula for NHS funding in England currently out for consultation "could widen the north-south health divide by reducing NHS services in the north," warn experts in *BMJ* today.

Professor Clare Bambra and Dr Alison Copeland from Durham University argue that "the more affluent, healthier south east will benefit most and the poorer, less healthy north will lose out substantially." And they urge worried *BMJ* readers to respond to the consultation.

NHS funding is allocated to areas on the principle of providing "equal opportunity of access for equal need," they explain. To help achieve this, the current NHS allocation formula incorporates a deprivation related measure, known as the "health inequality weighting."

But the relative roles of deprivation and age as determinants of health have been subject to political debate over the past year and NHS England is now consulting on a new "weighted capitation formula." This removes the health inequality weighting and thereby increases the emphasis given to age.

Using the data provided by NHS England, they mapped the difference in funding per person between the current formula and the new formula for clinical commissioning groups (CCGs) and NHS area teams. This showed that the more affluent, healthier south east will benefit most and

the poorer, less healthy north will lose out substantially.

For example, in CCGs like South Eastern Hampshire, where healthy life expectancy is 68 years for women, NHS funding will increase by £164 (€193; \$261) per person (an increase of 14%), they explain. This is at the expense of CCGs such as Sunderland, where healthy life expectancy is 58 years for women, and where NHS [funding](#) will decrease by £146 per person (a decrease of 11%).

More deprived parts of London will also lose out, they add, with Camden receiving £273 less per head (a decrease of 27%).

"Although these changes are not on the scale that a purely 'age only' allocation formula would produce, they are still sufficient to undermine the principle of equal opportunity of access for equal need," write the authors. "They are also potentially a first step towards an age only allocation, and they could widen the north-south health divide by reducing NHS services in the north," they conclude.

More information: www.bmj.com/cgi/doi/10.1136/bmj.f6146

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