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Incentivising GPs: Review of the Quality and Outcomes Framework

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What is the Quality and Outcomes Framework?

- Performance-related pay scheme in general practice
- Introduced 2004 in response to under-resourced general practice with wide variations in care standards

Payments to general practices

Global sum

Quality and Outcomes Framework

Enhanced services/premises/ seniority etc

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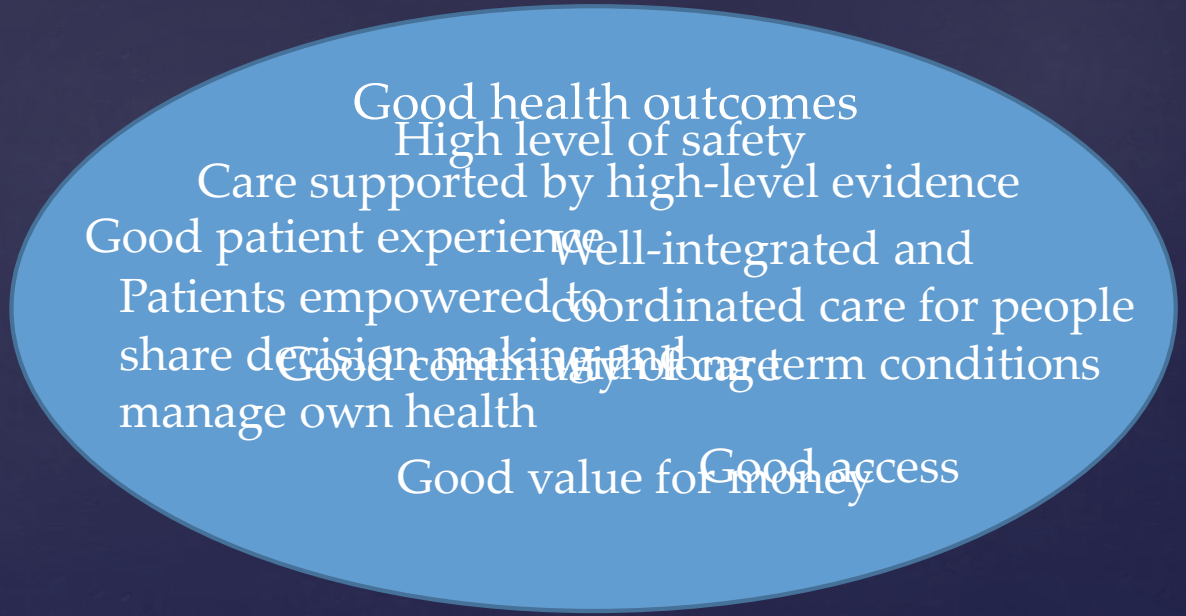
How does QOF work?

- **Practices awarded points for recording**
  - ‘high quality care’ delivered
  - outcomes suggesting ‘high quality care’ was delivered

What is ‘high quality of care’ in general practice?



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‘Not everything that counts can be counted’

attributed to Einstein

Indicators - examples

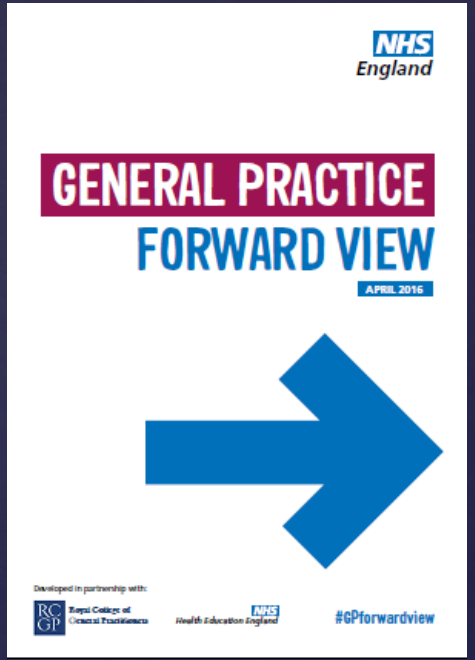
Indicator	Points	Practice threshold for achieving all points	2012/13	2013/14	2014/15
		%	% patients		
% with dementia with care plan reviewed in last 12 months	39	70	83	84	84
% with stroke or TIA taking anti-platelet agent or anticoagulant	4	97	94	96	97
% with diabetes with last blood pressure 150/90mmHg or less	8	93	90	92	91

Effects of QOF in early years

- Promoted nurse-led care of long term conditions
- Promoted better IT
- Promoted culture of record-keeping and transparency
- Reduced variations for incentivised activities

Why review the QOF?

- ‘served its purpose’
- ‘barrier to more holistic care’



Policy landscape – key priorities

- care for long term conditions and multimorbidity
- integrated care
- patient-centred, holistic care
- self-management

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Approach

- Does the QOF promote progress towards the vision of the 5YFV?
- Does the QOF do what it was intended to do?

Does QOF promote progress towards the 5YFV?

- About single disease care
- Not about integration/coordination of care
- Not about patient-centred/holistic care
- Not about self-management

NO

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What was the QOF intended to do?

- Standardise care?
- Improve processes and outcomes of care?
- Motivate and reward primary care professionals to improve care?

Standardise care?

- Almost universal high achievement of QOF indicators
- Effect on between-practice inequalities otherwise? – few data

What was the QOF intended to do?

- Standardise care?
- **Improve processes and outcomes of care?**
- Motivate and reward primary care professionals to improve care?

Weak evidence of very modest effects

- Slowed the increase in emergency admissions
- Increased consultation rates in mental illness
- Increased implementation of some care processes in diabetes

No robust evidence of effects

- Integration or coordination of care
- Holistic or person-centred or personalised care
- Self-care or shared decision-making
- Workload, team functioning, morale

Some evidence that QOF does not reduce mortality

- Why doesn't it?
  - Wider determinants of health?
  - RCTs overestimate effects in real world?
  - Misreporting by practices?

Limitations of the data

- Outcomes studied were QOF indicators, from HES or prescribing data i.e. limited view of quality of care
- No concurrent controls

What was the QOF intended to do?

- Standardise care?
- Improve processes and outcomes of care?
- **Motivate and reward primary care professionals to improve care?**

What motivates health professionals?

- Little evidence that financial reward schemes are motivating
- Other motivators may be more effective?
  - Practice nurses: clinical autonomy, fewer routine tasks
  - GPs: practising evidence-based care, focus on holistic care and relationship with patient

Peckham S, Marchand C, Peckham A, 2016

Does QOF motivate general practice?

- Yes –
  - to maintain practice income by prioritising incentivised care
- No –
  - to deliver care that is not incentivised
  - to improve achievement over highest threshold
  - to prioritise most complex patients (more likely to be exceptions)

Summary

- QOF has led to more standardised care for incentivized activities
- Evidence of effect on unincentivised activities very limited
- No evidence that QOF can promote progress towards vision of the 5YFV
- QOF embodies a narrow vision of quality of care
- Very little evidence of effects on health of population
- Performance-related pay may not be the best way of motivating health professionals and may have negative effects

Acknowledgments

- Linda Jenkins, Public Health Specialist, for extracting and managing QOF data
- Anna Peckham, Medical Librarian, for performing literature searches
- NHS England
- BMA

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