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
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?

- Good health outcomes
- High level of safety
- Care supported by high-level evidence
- Good patient experience
- Patients empowered to share decision-making and manage their own health
- Well-integrated and coordinated care for people with long-term conditions
- Good continuity of care
- Good value for money
- Good access
‘Not everything that counts can be counted’

attributed to Einstein
## Indicators - examples

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