The Quality and Outcomes Framework – transforming the face o Primary Care in the UK

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Background

- Introduced in 2004 in the UK
- >£1billion per annum
- 22% GP income
- Domains: clinical, organisational, patient experience, additional services
- Largest natural experiment in pay for performance (P4P) in the world

Methods

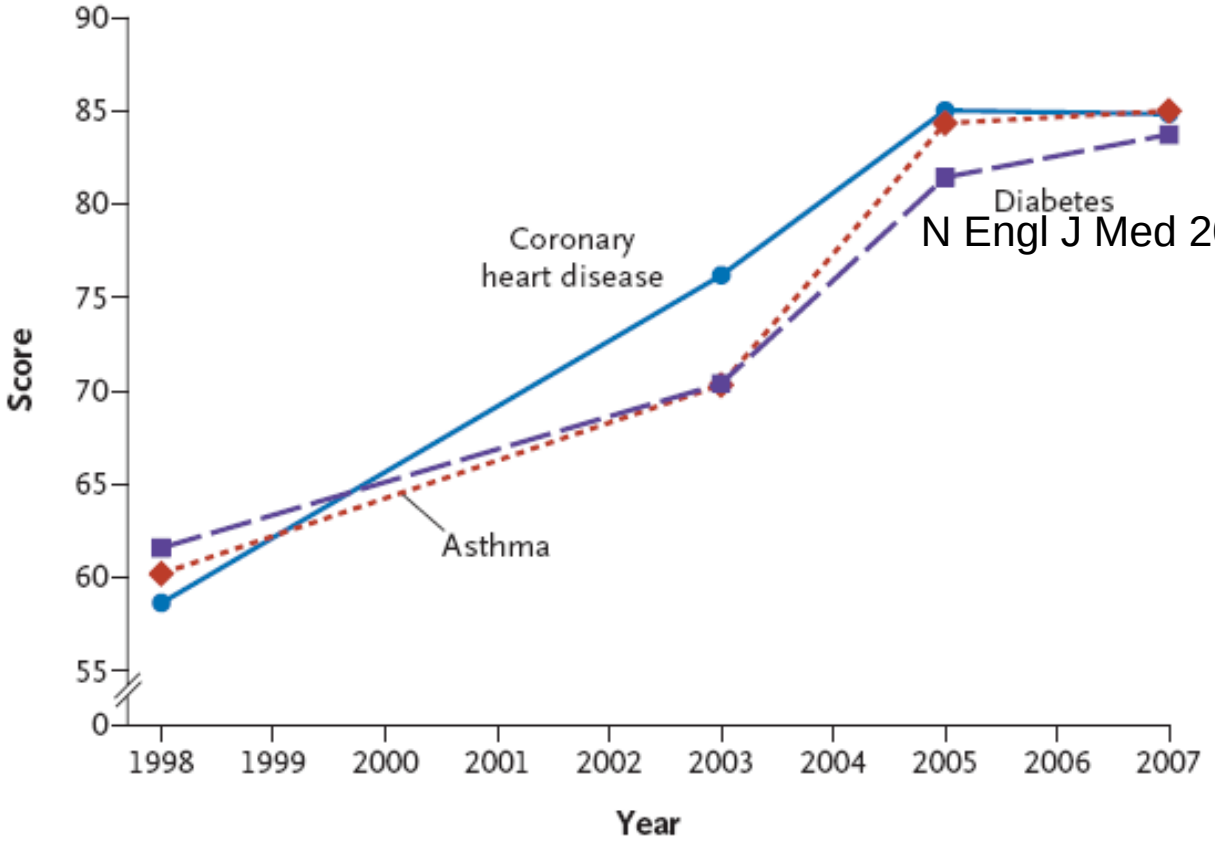
- Secondary analysis of research including quasi-systematic review
- Medline, EMBASE, CINAHL, PsycINFO, Health Business Elite, Health Management Information Consortium, British Nursing Index, Econ Lit to January 2010
- 47 research papers

Results

- Health care gains
- Effects on population health and equity
- Costs and cost effectiveness
- Impact on providers and team climate
- Patients' experience and views

Health gains

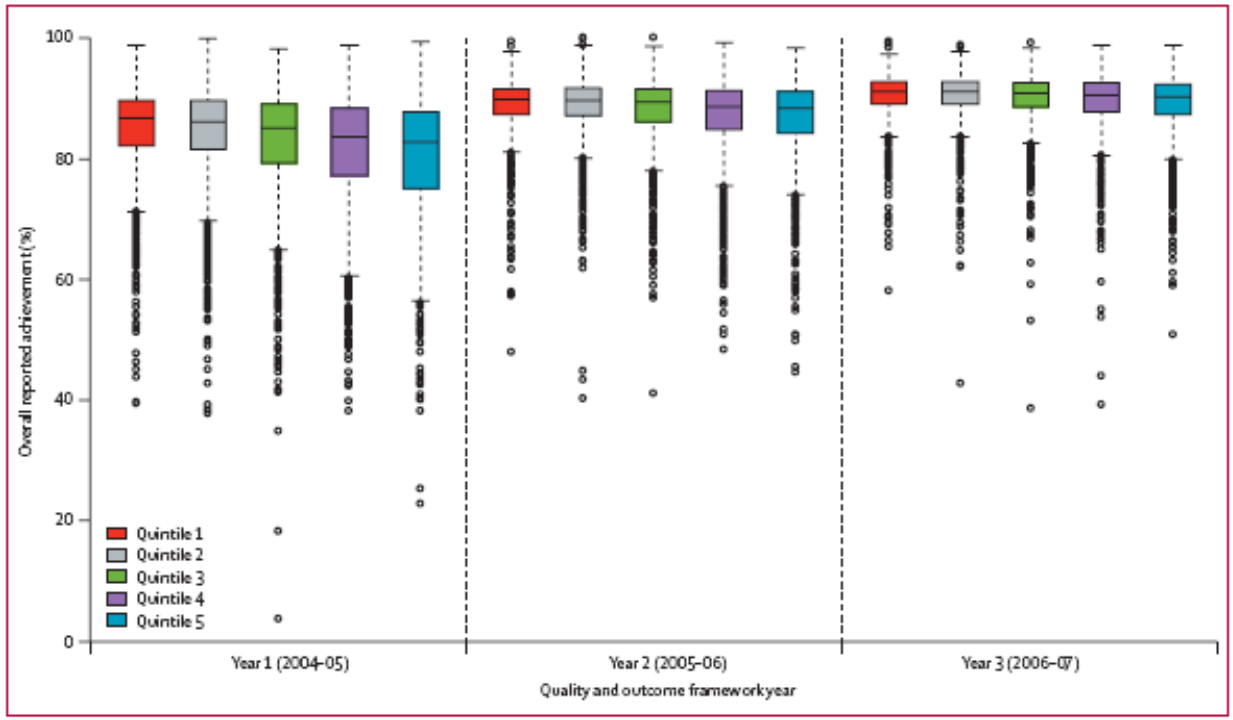
- Real but modest gains in some areas, e.g. asthma, diabetes
- No definite improvement in CHD related to QOF
- Better recording in QOF but not untargeted areas
- No improvement in outcomes, except epilepsy



N Engl J Med 2009;361:368-78.

Population health and equity

- Inequalities related to deprivation slowly narrowing
- Reductions in age-related differences for CVD/diabetes
- Variable effects for e.g. gender related differences in CHD



Lancet 2008; 372: 728–36

Dixon, Khachatryan & Boyce. The public health impact, In Gillam & Siriwardena (eds) *The Quality and Outcomes Framework*, Radcliffe, Oxford 2010.

Cost effectiveness

- No relationship between pay and health gain
- Cost effectiveness evidence for 12 indicators in the 2006 revised contract with direct therapeutic effect
- 3 most cost-effective indicators were:
  - ACEI/ARB for CKD
  - Anticoagulants for AF and
  - Beta-blockers for CHD

Team working

- Changing structures, roles and staff – nurse-led care
- Greater use of information technology
- Restratification: ‘chasers’ and ‘chased’
- Emphasis on biomedical focus
- Commodification of care
- Narrative of ‘no change’

Checkland & Harrison. Impact of QOF on practice organisation and service delivery. In Gillam & Siriwardena (eds) *The Quality and Outcomes Framework*, Radcliffe, Oxford 2010

Patient experience

- Little research on patient related/reported impact
- Continuity and relationship affected
- Fragmentation of care
- Little explanation provided to patients

> "A slim, active 69-year-old patient attending for influenza vaccine was faced with questions about diet, smoking, exercise and alcohol consumption. There was no explanation for why these questions were asked; they seemed irrelevant to having a 'flu vaccine.' Blood pressure and weight had to be recorded and a cholesterol test organised. A short appointment lasted almost 15 minutes without the patient having the opportunity to ask a question about any aspect of 'flu vaccine."

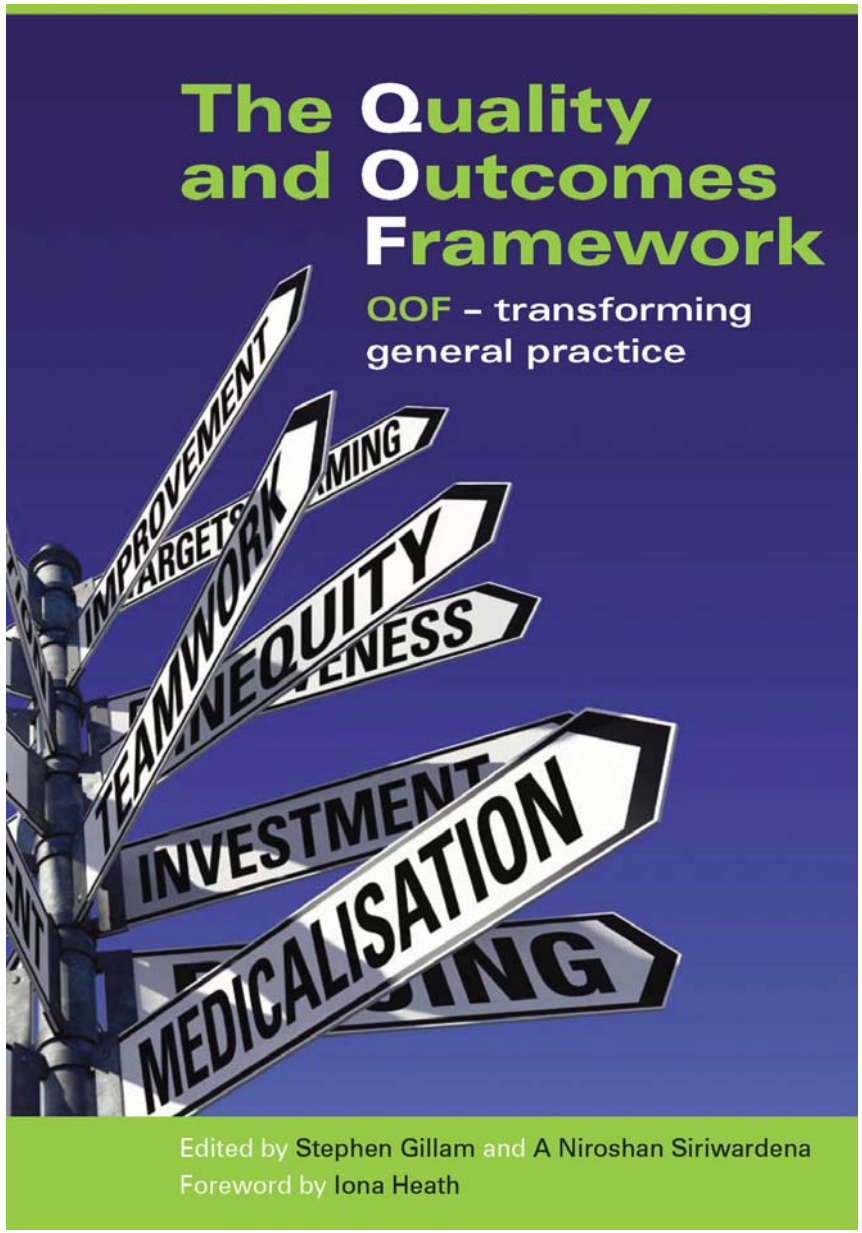
Wilkie. Does the patient always benefit? In Gillam & Siriwardena (eds) *The Quality and Outcomes Framework*, Radcliffe, Oxford 2010

Discussion and debate

- Improved data recording and analysis
- Modest health benefits for individuals and populations
- Narrowing of inequalities in processes of health care
- Opportunity costs contested
- Unintended consequences: on workforce, professionalism
- Negative effect on care: ‘McDonaldisation’
- Re-defined meaning of quality

Conclusions and ways forward

- Leave indicators unchanged and anticipate higher achievement each year
- Add new indicators or conditions
- Remove measures once agreed level achieved
- Rotate from a larger set of evidence-based measures
- New Coalition government has other plans…



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