

GP pay incentives have little impact on patient care

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The implementation of GPs' performance management and payment scheme has not had the dramatic impact on diabetes care that was predicted when it was introduced five years ago, according to research carried out at the University of Birmingham.

The Quality and Outcomes Framework (QOF) was introduced in 2004 and rewards GPs for implementing good practice within surgeries. Financial rewards are given to practices for achieving targets that should improve the quality of patient care.

Researchers have found that whilst there has been an increase in the clinical indicators for diabetes covered by the QOF there is little evidence to suggest that this is a direct result of the performance-related-pay initiative.

Dr Melanie Calvert who led the study explains: "The management of patients with diabetes has improved over the last decade, but the impact of the pay-for-performance initiative on care is not straightforward."

This study aimed to assess the prevalence of diabetes, the proportion of patients meeting diabetes management targets from 2001 to 2007 and the impact of the introduction of the QOF on patient care.

Dr Calvert and her team assessed in detail the impact of the QOF on clinical outcomes in people with type 1 and type 2 diabetes. They analysed the findings from 147 practices, which covered over 1 million patients across the UK and assessed the care of patients with type 1 or type 2 diabetes. They measured the annual prevalence of diabetes and attainment of process and clinical outcomes over a six year period – notably three years prior to and three years following the introduction of the QOF. Improvements in all diabetes indicators were observed over the six year study period.

However, this does not appear to be as a direct result of the QOF, says Dr Calvert.

"The management of patients with diabetes has improved, but the introduction of QOF may not be responsible. If anything improvements in care appear to have plateaued since the introduction of the QOF, this may reflect increasing difficulties in target attainments in poorly controlled patients but could also suggest that targets for practices need to be more challenging if patients are to benefit."

Dr Calvert continues: "Our work has also highlighted that a large number of patients in whom care may be suboptimal may not be captured in the QOF assessment. This needs to be addressed to reduce health inequalities."

Dr Melanie Calvert believes that, potentially, QOF could be seen as detrimental to health care provision, and that GPs are focussing heavily on target attainment at the cost of the quality of care offered to patients.

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Notes to Editors *Has the Quality and Outcomes Framework led to improvements in diabetes care in the United Kingdom?* is published in the BMJ online on Wednesday 27th May 2009.

Dr Melanie Calvert is a Senior Lecturer in the School of Health and Population Science, in the College of Medical and Dental Sciences at the University of Birmingham.

Further Media Information Dr Melanie Calvert is available for interview. Please contact Anna Mitchell on 0121 414 6029 / 07920 593946 / a.i.mitchell@bham.ac.uk (<mailto:a.i.mitchell@bham.ac.uk>)

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