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Online Supplementary Material

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## Supplemental Table 5. Impact of Quality of Outcomes Framework (QOF) on Professionals and Team Working: Description of Studies Reviewed

| Study | Condition | Study Period, Design | Data Source | Sample Size, Setting | Results |
|---|---|---|---|---|---|
| Campbell (2008)[1] | Family physicians' and nurses' beliefs and concerns | 2007<br><br>Qualitative semi-structured interview study | Primary data collection | 22 General practices<br><br>England | The findings suggest that it is not necessary to align targets to professional priorities and values to obtain behavior change, although doing so enhances enthusiasm and understanding. It also led to unintended effects, such as the emergence of a dual QOF-patient agenda within consultations, potential deskilling of doctors as a result of the enhanced role for nurses in managing long-term conditions, a decline in personal/relational continuity of care between doctors and patients, resentment by team members not benefiting financially from payments, and concerns about an ongoing culture of performance monitoring in the United Kingdom |
| Doran (2010)[3] | Clinical activities | 2004-2007<br><br>Longitudinal analysis | Practice QOF data | 7,502 Family practices<br><br>England | The smallest practices (< 2,000 patients) had the lowest median reported achievement rates (83.8% of eligible patients). Performance improved for practices of all sizes over time, but the smallest practices improved at the fastest rate and by year 3 had the highest median reported achievement rates (91.5%). This improvement was not achieved by additional exception reporting. There was more variation in performance among small practices than larger ones |
| Maisey (2008)[4] | Professional roles and the delivery of primary care | 2006<br><br>Qualitative semi-structured interview study | Primary data collection | 12 General practices<br><br>Eastern England | Improvements in teamwork and in the organization, consistency, and recording of care for conditions incentivized in the scheme, but not for nonincentivized conditions. Changed emphasis from '"patient-led" consultations and listening to patients' concerns. Loss of continuity of care and of patient choice. Nurses experienced increased workload but enjoyed more autonomy and job satisfaction. Doctors acknowledged improved disease management and teamwork but expressed unease about box-ticking and increased demands of team supervision, despite better terms and conditions. Doctors were less motivated to achieve performance indicators where they disputed the evidence on which they were based |

| Study | Condition | Study Period, Design | Data Source | Sample Size, Setting | Results |
|---|---|---|---|---|---|
| McDonald (2007)[5] | Practice organization, clinical autonomy, and internal motivation of doctors and nurses | 2004 (after introduction of contract)<br><br>Ethnographic case study | Primary data collection | 2 General practices<br><br>England | Increase in the use of templates to collect data on quality of care. Implementation of financial incentives for quality of care did not seem to have damaged the internal motivation of the GPs studied, although more concern was expressed by nurses |
| McGregor (2008)[6] | Practice nurses, perceptions of the changes in their work | 2006<br><br>Qualitative interview study | Primary data collection | Practice nurses employed in general practices within NHS<br><br>Greater Glasgow, Scotland | Practice nurses were positive about the development of their professional role but had mixed views about whether their status had changed. Most felt under-rewarded, irrespective of practice QOF achievement. All reported a substantial increase in workload, related to incentivized QOF domains with greater box ticking and data entry, and less time to spend with patients. Although the structure created by the new contract was generally welcomed, many were unconvinced that it improved patient care and felt other important areas of care were neglected. Concern was also expressed about a negative effect of the QOF on holistic care, including ethical concerns and detrimental effects on the patient–nurse relationship, which were regarded as a core value |

GP = general practitioner; NHS = National Health Service.

## References

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