

Online Supplementary Material

Gillam SJ, Siriwardena AN, Steel N. Pay-for-performance in the United Kingdom: impact of the Quality and Outcomes Framework—a systematic review. *Ann Fam Med.* 2012;10(5):461-468.

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Supplemental Table 2. Impact of Quality of Outcomes Framework (QOF) on Efficiency and Costs: Description of Studies Reviewed

Study	Condition	Study Period, Design	Data Source	Sample Size, Setting	Results
Alabbadi (2010) ¹	Statin prescribing	2005 Cross-sectional study	QOF data, practice prescribing data	Primary care practices Northern Ireland and England	Significantly fewer statins (defined daily doses/1,000 patients) were dispensed in Northern Ireland compared with the matched region in England both before and after the introduction of QOF ($P < .001$). However, significantly more statins were dispensed in both regions after the introduction of QOF
Fleetcroft (2006) ²	Multiple – 7 conditions	2004-2005 Cost-consequence	Literature review		Maximum payments for the 8 preventive interventions examined make up 57% of the total maximum payment for all clinical interventions in the (QOF). There appears to be no relationship between pay and health gain across these 8 interventions
Fleetcroft (2006) ³	Multiple – 7 conditions	2002-2003	QOF data and routine data on pharmaceutical expenditure	71 Practices Norfolk and Waveney, England	Significant correlations between prescribing quality and expenditure were found in only 1 of the 7 areas. When quality scores were combined into a composite quality index weighted by health gain, a small positive association was found, but this association is lost if all indicators are weighted equally
Shohet (2007) ⁴	Epilepsy	2004-2005 Ecological cross-sectional study	QOF data from the NHS Information Centre and Hospital Episodes Statistics (HES) data	General practices and hospitals in the 3 counties of Norfolk, Suffolk, and Cambridge-shire England	For every 1% increase in the proportion of seizure-free epilepsy-treated patients there was a 0.43% reduction in the number of patients with at least 1 epilepsy-related emergency hospitalization (95% CI, -0.09 to -0.78 , $P = .014$). In other words, the quality of care as incentivized by the QOF system appears to lead to improved outcomes in terms of minimizing epilepsy-related emergency hospitalization
Walker (2010) ⁵	Multiple – 6 conditions	2004-2005 Cost effectiveness	Literature review	Economic analysis UK	Average indicator payments ranged from £0.63 to £40.61 per patient, and the percentage of eligible patients treated ranged from 63% to 90%. For most indicators that can be assessed, QOF incentive payments are likely to be a cost-effective use of resources. However, only a small subset of the indicators was considered, and no account was taken of the costs of administering the QOF scheme

References

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3. Fleetcroft R, Cookson R. The relationship between prescribing expenditure and quality in primary care: an observational study. *Br J Gen Pract.* 2006;56(529):613-619.
4. Shohet C, Yelloly J, Bingham P, Lyratzopoulos G. The association between the quality of epilepsy management in primary care, general practice population deprivation status and epilepsy-related emergency hospitalisations. *Seizure.* 2007;16(4):351-355.
5. Walker S, Mason AR, Claxton K, et al. Value for money and the Quality and Outcomes Framework in primary care in the UK NHS. *Br J Gen Pract.* 2010;60(574):e213-e222.