

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 4. Impact of Quality of Outcomes Framework (QOF) on Patient Experience: Description of Studies Reviewed

| Study | Condition | Study Period, Design | Data Source | Sample Size, Setting | Results |
|-------------------------------|---|--|-------------------------|--|--|
| Addink (2011) ¹ | Patient access | 2006-2008 Cross-sectional survey | Primary data collection | 222 General practices East of England | There were small improvements in reported access between the 2 surveys, although satisfaction with opening hours declined marginally. Larger practices, a higher proportion of respondents from ethnic minority groups, and higher deprivation were associated with patient reports of worse access |
| Campbell (2010) ² | Patient experience | 2003-2007 Serial cross-sectional surveys in 2003, 2005 and 2007 | Primary data collection | 42 Representative general practices England | No significant changes in quality of care reported by patients with chronic disease (asthma, angina, and diabetes) or random samples of adult patients (excluding patients who reported any long-term condition) between 2003 and 2007 for communication, nursing care, coordination, and overall satisfaction. Some aspects of access improved significantly for patients with chronic disease, but not for the random samples of patients. Patients in both samples reported seeing their usual physician less often and gave lower satisfaction ratings for continuity of care. Most scores were significantly higher for chronic illness samples than for random samples of patients in 2003, even after adjusting for age |
| Checkland (2008) ³ | Practitioner experience of consultations changing as a result of the new contract | 2005-2006 Ethnographic studies | Primary data collection | 4 Practices, 2 in each location England Scotland | Four practices with different organizational approaches and identities have changed their practice structures, consultations, and clinical care in response to QOF in ways that will result in patients receiving a more biomedical type of care. In spite of these observed changes, respondents continued to maintain discursive claims to holism |
| Dowrick (2009) ⁴ | Depression | Pre-2009 Qualitative interview | Primary data collection | 34 GPs and 24 patients from 38 general practices in 3 locations England | Patients generally favored measures of severity for depression, whereas GPs were more cautious about the validity and utility of such measures and skeptical about the motives behind their introduction. Both GPs and patients considered that assessments of severity should be seen as one aspect of holistic care |

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|-----------------------------------|--------------------|-------------------------------------|--|--|---|
| Kontopantelis (2010) ⁵ | Patient access | 2007-2008 Cross-sectional survey | Secondary analysis of national survey data | 8,307 General practices (of 8,403); about 2 million questionnaires (of 5 million) from randomly selected patients England | Younger people, and those of Asian ethnicity, working full time, or with long commuting times to work reported the lowest levels of satisfaction and experience of access. For people in work, the ability to take time off work to visit the GP effectively eliminated the disadvantage in access. Responses from patients in small practices were more positive for all aspects of access with the exception of satisfaction with practice opening hours. Positive reports of access to care were associated with higher scores on the QOF and with slightly lower rates of emergency admission. Respondents in London were the least satisfied and had the worst experiences on almost all dimensions of access. |
| Leydon (2011) ⁶ | Depression | Pre-2009 Qualitative interview | Secondary data analysis | 34 GPs from among 38 study general practices in 3 sites England | Severity questionnaires posed an intrusion into the consultation. GPs discursively polarized 2 technologies: formal assessment vs personal enquiry, emphasizing the need to ensure the scores are used sensitively and as an aid to clinical judgment rather than as a substitute |
| Roland (2009) ⁷ | Patient experience | 2009 Cross-sectional survey | Secondary analysis of national survey data | 2.2 Million responses (38.2%) England | Men, young adults, and people living in deprived areas were underrepresented among respondents. However, for questions related to pay-for-performance, there was no systematic association between response rates and questionnaire scores. Two questions that triggered payments to general practitioners were reliable measures of practice performance, with average practice-level reliability coefficients of 93.2% and 95.0%. |

GP = general practitioner.

References

- Addink RW, Bankart MJ, Murtagh GM, Baker R. Limited impact on patient experience of access of a pay for performance scheme in England in the first year. *Eur J Gen Pract.* 2011;17(2):81-86.
- Campbell SM, Kontopantelis E, Reeves D, et al. Changes in patient experiences of primary care during health service reforms in England between 2003 and 2007. *Ann Fam Med.* 2010;8(6):499-506.
- Checkland K, Harrison S, McDonald R, Grant S, Campbell S, Guthrie B. Biomedicine, holism and general medical practice: responses to the 2004 General Practitioner contract. *Social Health Illn.* 2008;30(5):788-803.
- Dowrick C, Leydon GM, McBride A, et al. Patients' and doctors' views on depression severity questionnaires incentivised in UK quality and outcomes framework: qualitative study. *BMJ.* 2009;338:b663.
- Kontopantelis E, Roland M, Reeves D. Patient experience of access to primary care: identification of predictors in a national patient survey. *BMC Fam Pract.* 2010;11:61.
- Leydon GM, Dowrick CF, McBride AS, et al.; QOF Depression Study Team. Questionnaire severity measures for depression: a threat to the doctor-patient relationship? *Br J Gen Pract.* 2011;61(583):117-123.
- Roland M, Elliott M, Lyrtzopoulos G, et al. Reliability of patient responses in pay for performance schemes: analysis of national General Practitioner Patient Survey data in England. *BMJ.* 2009;339:b3851.