The link between the quality of health care and incentive systems is much debated, and the 2004 General Medical Services Contract in the UK offers a key test of that connection. The contract linked 25% of practice income to performance on 147 publicly-reported indicators that made up the Quality and Outcomes Framework (QOF see Figure 1). Contrary to expectations, most GP practices achieved over 90% of their QOF targets (pushing costs over the level budgeted for by approximately £1.5 billion in 2005*), but what is unknown is how this effect was achieved.

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**Background**

The link between the quality of health care and incentive systems is much debated, and the 2004 General Medical Services Contract in the UK offers a key test of that connection. The contract linked 25% of practice income to performance on 147 publicly-reported indicators that made up the Quality and Outcomes Framework (QOF see Figure 1). Contrary to expectations, most GP practices achieved over 90% of their QOF targets (pushing costs over the level budgeted for by approximately £1.5 billion in 2005*), but what is unknown is how this effect was achieved.

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**Aims**

Against that unexpected outcome, we aimed to discover how the 2004 contract affected the day-to-day operation of GP practices in Scotland.

- Did the QOF lead to improved organisation of care, in the form of registration and recall systems and protocols?
- Did it change the division of labour within practices (to more specialized GPs, nurse-led care, a bigger role for practice managers)?
- What was the biggest motivation in adhering to the QOF (financial advantage, better treatment practice, fear of adverse media comment)?

**What We Did**

- We examined quantitative reported data on workload and activity to produce a before-and-after analysis of clinical quality and determine whether non-incentivised conditions (such as mental health) were being crowded out in favour of incentivised ones (such as cardiovascular disease).
- We studied attitudes and perceptions by a staged process of qualitative analysis in three Scottish health boards with GPs, practice nurses and practice managers (Figure 3), then conducting in-depth fieldwork in two different GP practices in Tayside (Figure 2) to explore changes taking place at the front line.

**Provisional Findings**

- When we put together data on behaviour with data on attitudes we found attitudes varied more than behaviour.
- The public reporting of QOF activity had the unintended effect of making GP practices benchmark their financial performance against their peers.
- Disease registers, recall systems and nurse-led, protocol-driven care were perceived to have led to higher quality care for incentivised conditions, but to have led to other conditions (like depression) being crowded out, and this is supported by our early quantitative evidence.