Author's response to reviews

Title: Expected health gain in the UK Quality and Outcomes Framework is not associated with the size of financial incentives: cross-sectional analysis

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Author's response to reviews: see over
Dear Dr Harold,

Thank you for inviting us to revise this manuscript, and we are grateful to the reviewers for their helpful comments. Our specific changes are listed below in response to the reviewer’s comments.

**Reviewer’s report 1:**

**Major compulsory revisions**

*Comment* - The title is like a simple sentence. Reword it to a catchy title

Response: we have amended the title to “Incentive payments are not related to expected health gain in the pay for performance scheme for UK primary care: cross-sectional analysis”. We have made only minor changes to this title as the second review has commented that “The title reflects appropriately the nature of the work and the abstract indicates the results as they are explained within the body of the paper.”

*Comment* - Change in writing style: (eg. Method section in abstract: Paraphrase as; A cross sectional analysis was done to…. instead of “We did cross sectional analyses….”. The word “we” may be revised in the whole manuscript as it has been many times.

Response: We have followed the instructions in the section ‘Tips for preparing your manuscript’ which recommends the use of the first person and using the word ‘we’ rather than the third person, at [http://www.biomedcentral.com/ifora/report](http://www.biomedcentral.com/ifora/report)

*Comment* - Background in Abstract does not reflect the aim of the study.
Response: We have added this sentence to the background section in the abstract. “Our aim was to test the hypothesis that performance indicators with larger population health benefits receive larger financial incentives.”

*Comment* - Some references are repeated extensively, however, there are some recent relevant references are available.
Response: we have included 4 further references in the background section that are relevant to this paper.

*Comment* - I was little lost in the paper as I could not find the proper harmonization in the overall description and between different sections.
Response: we have restructured the paper to make it easier to read. We have more clearly stated the primary aim, secondary aim and sensitivity analyses. We have also made table 3 clearer in this respect. We have separated out more clearly the primary, secondary and sensitivity analyses in the results section.

*Comment* - Still the result section of abstract is not reflected in the main results section except the first sentence of abstract.
Response All 3 sentences in the results sections of the abstract now also appear in the main results. The second reviewer has commented that “the abstract indicates the results as they are explained within the body of the paper.”
Discussion section is not written as per the standards of such paper. This section needs to be revised with respect to other publication of this area.

We have included a further 4 publications [which have been addressed in the introduction section]. We have made changes to the content of the discussion section to make it clearer to understand.

Footnote of Additional file - Better to write full form of BP as Blood Pressure (Hypertension) and COPD as Chronic Obstructive Pulmonary Disease.

Response: We have made these changes to the additional file.

Follow the BMC guidelines for writing different sections.

Response: we have revised the manuscript in line with the BMC Health Services Research instructions for authors at http://www.biomedcentral.com/bmchealthservres/authors/instructions/researcharticle and made the following changes.

We have removed abbreviations from the abstract. We have added keywords to the foot of the abstract. We have made changes throughout the text to make it easier to understand for researchers without specialist knowledge in this area.

Reviewer 2 report:

1. Discretionary revision: Since data is only available for 28 of the 80 clinical indicators, a reader would have found it useful to see whether these differed in any systematic way from those indicators unaccounted for in the analysis and indeed some indication of how many of these may be mutually independent.

Response: we have added a sentence to the discussion, “Of the clinical indicators that were not included in this study, a further 27 were processes which were related to achievement of these 28 indicators”. We have now included all the clinical indicators in both the 2004 and 2006 versions of the QOF in additional file 1, and placed them into 3 lists which are indicators included in the study; indicators related to those included in the study; and indicators excluded from the study.

The calculation of the marginal incentive payment for the increase in performance is well described and makes the paper accessible and useful.

However the ‘achievable’ lives saved assumes that these are distributed evenly across all percentage increases in performance i.e. more health gains may be achieved in those people reached later rather than earlier.
Response: we have acknowledged this in the limitations and have included the sentence “We have made the assumption that health gains are distributed evenly across all percentage increases in performance.”

Limitations of the study are discussed and qualified, and the authors acknowledge the previous use of data.

The title reflects appropriately the nature of the work and the abstract indicates the results as they are explained within the body of the paper.

2. Discretionary revision: The abstract conclusion intimates a degree of confidence with the results that is not necessarily reflected in the results. This is given that the p values of the Spearman’s tests are non-significant – i.e. absence of evidence rather than evidence of absence. This would point to further work as the authors suggest.

Response: we have revised the first sentence of the conclusions in the abstract to read “In this subgroup of indicators the financial incentives were not aligned to maximise health gain” to account for the fact that evidence was not available for all indicators,

Kind regards

Dr Robert Fleetcroft, on behalf of all authors.