Reviewer's report

Title: 'Just another incentive scheme.' A qualitative interview study of a local pay-for-performance scheme for primary care

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Reviewer: stephen gillam

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Originality - While there is a large literature on the QOF (to which some of these authors have contributed), there have been few evaluations of local schemes of this nature.

Context - Local schemes are advocated as a means of enhancing 'local ownership'. The study attempted to establish whether this was true and why but little detail is provided of how priorities were established and negotiated. How were the five indicators chosen, how were they 'evidenced', how were financial incentives agreed? The study was conducted three years ago. Some of these topic areas were subsequently covered by the QOF.

Methods - These are described. Staff from 16 of 83 invited practices participated. A diverse range of personnel participated and recruitment seems to have been more haphazard than purposive. Five interviews were double coded; were the remainder coded by JH alone? No particular theoretical grounding is claimed. Why were different professional groups interviewed? Were particular themes or concerns expected to emerge from different groups?

Results - While there is seldom one best way of cutting the data, these themes were a little unsatisfactory given inevitable overlaps. The findings were largely unremarkable but that is easy to say after the event. Forty four transcribed interviews implies much data analysis.

Some statements were rather ambiguous. For example, did the 'limited availability of supportive resources' refer to the resources needed to manage these conditions? (Variability in access to the services needed for people with obesity or alcohol problems was one of the reasons they were originally rejected as indicators for the QOF.)

Implications - The rationale for local schemes does not seem compelling. There are few causes of morbidity or mortality that are really 'local'. (Even in affluent areas, alcohol misuse is common!) The evidence base in support of national targets is going to be more rigorous given the resources at NICE's disposal to research and develop them.

Presentation - The paper is mostly clearly written but some of the phraseology was unfortunate. Did professionals really suggest that the scheme 'legitimised intrinsic motivation to improve patient outcomes'. The statement that 'even lower
performing practices wished to be seen as putting patients first’ implies limited understanding of what drives ‘low performance’.

Conclusions – These were reasonable and add helpfully to the literature. There were no particular differences between this local and the national scheme. Local schemes could indeed be used to narrow differences in attainments between practices serving deprived and less deprived areas but this raises the age old concern about rewarding ‘failure’. The national scheme has already narrowed attainments. Research is needed to study the impact of differential financial rewards. More detail on the ‘wider range of levers to promote professional understanding’ might help policy makers.

In summary, the authors are to be commended for perseverance and this study presumably complements their quantitative analysis. With minor alterations, I should be inclined to publish this paper.