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: Ruth McDonald

Reviewer's report:

This is a very interesting paper which deals with a 'local' Pay for Performance initiative. The paper does not explicitly state the research question(s) of interest. I think that doing so would enable a much more focused discussion of findings. As it stands the results section lists various things that have been gleaned from interviews as part of a process of gathering experiences. I think that this dilutes the paper's message. Additionally, I'm not entirely clear what that message is. For example, the paper highlights problems in terms of limited support services (p8) which may undermine credibility of indicators. Is this only an issue for local P4P or does it apply to national QOF? If it applies to both, to what extent is this an important finding for our understanding of the differences between local & national P4P schemes? But the extent to which the various elements of the results section are important depends on the question(s) being addressed.

Is the paper asking whether a local P4P scheme can overcome problems identified in the literature related to national P4P schemes?

If so, it would be useful to know something about how this local scheme was developed and whether it was intended to overcome some of the difficulties previously identified (it would be helpful to know this anyway, even if this is not the question). The paper states that at face value local schemes offer advantages by for example, promoting ownership. Our recent evaluation of CQUIN, a national P4P initiative which centred on locally negotiated indicators (Kristensen, McDonald, Sutton JHSRP 2013) found that although the intention (following Darzi) was that local clinicians should contribute to clinical topic area & related indicator selection, in practice this did not happen. So that the 'local' nature of the scheme was very different from that which policy makers had intended. Therefore, it seems likely that if local schemes are to promote ownership, then mechanisms must be created to engender such ownership. Merely calling something local seems unlikely to do this.

If local scheme developers in Bradford & Airedale intended this initiative to overcome problems related to national QOF, then it is hard to see (from what is presented in the paper) how this was supposed to happen. Were scheme developers simply naive (a 'then a miracle occurs' approach to scheme development) or were there important processes/scheme details explicitly intended to address to anticipated problems?
I think that some discussion of what constitutes a local scheme & the mechanisms intended to produce particular outcomes (i.e. ownership, clinician behaviour change) combined with explicit research questions would strengthen the paper a great deal.

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests.